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# Consistency and change: internationally educated social workers compare interpretations and approaches in Canada and their countries of origin

*Annie Pullen Sansfaçon, Marion Brown and Stephanie Éthier*

## Introduction

This chapter discusses findings obtained from interviews with 19 foreign-educated social workers who took part in a larger qualitative study aimed at understanding professional adaptation to social work practice in Canada. One of the research questions, explored in the context of the larger-scale project, was to investigate how social work experience and education in one country affects perspectives on social work practice in Canada – specifically, the assessment of client issues, social work intervention processes and interactions within the work environment. Following an iterative process whereby data were collected and then analysed in order to inform subsequent phases of data collection, we developed vignettes drawn from clinical cases. During this stage of data collection, we asked the participants to draw upon their knowledge, skills and values, and to reflect on their interpretations of each case's needs relative to the material and discursive conditions of their practice context, both in their country of origin and in Canada. This chapter analyses these data with a focus on knowledge transfer to internationally educated social workers who now work in Canada.

## Transferability of social work

The profession of social work exists in a state of tension at the crux of several compelling forces: the familiar adage that practice is context-specific, referring to the need to understand the lived conditions of

the people with whom we work, geopolitically and socioculturally; the substantive area of practice; and the notion of basic human needs that transcend time and space.

The capacity for social workers to transfer knowledge from one context to another is an important aspect of negotiating this tension, and is known to be an important aspect of professional adaptation overall (Remennick, 2003). Capacity to transfer knowledge may be facilitated by the fact that social work has access to 'Global standards' for practice (IFSW, 2012) and 'Global standards for social work education and training' (IASSW, 2004), which, for countries like Canada, might ensure a certain consistency in education and practice with other countries that adhere to these same principles through their professional associations and regulatory bodies. That said, not all countries adhere to these principles, and when they do so, they might have different standards of accreditation for social work practice and education. With regard to education, differences between countries at the level of standards or programme curricula are highly possible. For example, Spolander et al (2011) examined differences and similarities in social work curricula, regulation and ethical requirements in Canada, England and South Africa, and found that while the programmes examined are all members of the International Federation of Social Workers (IFSW), many differences exist between the three countries (Spolander et al, 2011). Social work practice is also subject to local variations in laws and social policy. Crisp (2009) suggests that the lack of knowledge about laws and the organisation of social services might prevent social workers from practising effectively in new contexts. Languages, as well as professional jargon, can also pose a specific barrier to social work practice abroad (Pullen Sansfaçon and Gérard-Tétreault, 2015). Remennick (2003) asserts that successful knowledge transfer may be closely linked to the similarities of standards between the countries of education and the host countries where social work will be practised. In other words, the more similar the standards are from one country to another, the more knowledge transfer should be possible.

## Methodology

The data discussed here were generated from interviews carried out in the third wave (2012–16) of data collection of a pan-Canadian qualitative study (Pullen Sansfaçon et al, 2012). The 19 participants in this wave had immigrated to Canada after 2002 from Colombia (1), France (5), Lebanon (2), the US (3), Finland (1), the UK (3), the Czech Republic (1), Pakistan (1), Brazil (1) and India (1). At the

time of interview, the participants were practising social work in the cities of Montreal, Calgary, Halifax and Charlottetown. Letters and targeted emails were sent to members of professional associations in the three provinces involved, and we successfully used the snowball method starting from these first contacts. Interviews were conducted in English or French based on the participants' preferences.

Individual in-depth interviews included semi-open questions and the discussion of clinical vignettes. This method allowed participants to reflect concretely on their experiences and compare sites of practice (Finch, 1987), while avoiding socially desirable responses (Hughes and Huby, 2002). According to Barter and Renold (2000), vignettes can be used to achieve three objectives: to put participants in action situations; to clarify judgements; and to be used as an inviting means to explore sensitive topics. The use of vignettes also offers the opportunity to explore the values and ethical dimensions of social work (Wilks, 2004).

Participants were asked to read the vignettes one at a time and to respond to questions about interventions in their country of origin compared to those made in the Canadian context; they were asked to reflect upon their values, their knowledge and the skills that underpin their thoughts on interventions. Congruent with grounded theory, axial and selective coding procedures were used to code the interviews and analyse the data. We analysed the participants' narratives to identify which aspects of their practice in Canada were similar to, and different from, what they experienced in their country of origin. Specifically, we aimed to explore issues related to values, theoretical models, skills, available resources, needs analysis, interventions and possible perspectives on the cases presented in order to identify what remained the same and what changed in their practice across contexts.

## Presentation of data

### *Vignette 1*

Maria is a social worker who works with the Hosta family. The Hosta family lives in public housing in an urban area. Both parents grew up as members of the working poor but managed to complete a high-school education. The family consists of a mother, father and three children under the age of five, including a new-born baby. The mother is not working due to the recent childbirth. The father is also currently unemployed. He was fired from his last job due to difficulties concentrating at work; he also has a back injury that limits the type of work he is able to look for. The oldest child, a four year old, is presenting with behavioural

challenges, including tantrums, resisting the parents' instructions and hitting the younger children violently.

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A common theme emerging in this vignette, wherever the participant emigrated from, was the goal to help the Hosta family. However, looking more closely at the responses, we noticed that participants from the Global North provided marginally differently responses from participants from the Global South with regard to the assessment of the situation, as well as the direction for intervention. Overall, participants from Europe and North America explained that they would act similarly both in their own country and in Canada. Participants from the Global North seem, overall, to apply similar intervention principles whether in Canada or in the country where they were educated: "I don't think I would approach them any different here than in the US, in terms of like ... to me, helping a family, I'm needing to know about that system or what other system they're attached to" (US-3). Participants from the Global North would focus on keeping the children safe, meeting the psychosocial needs of the family and connecting them with resources available to get appropriate support:

"In the culture of England – but I guess I haven't mentioned it because it's so similar to Canada – you would want to support the family and keep them together so long as it is safe and no one's at risk of harm." (UK-2)

"The values and the principles would be keeping the children safe, but also, as we've talked about before, empowering the family to help themselves." (Finland)

Participants from the Global North felt that their practice was similar both in their country of origin and in Canada. One notable exception emerged, however. Participants from France said that while they would want to protect the children in both places, the type of intervention they could provide was different: "I would say that what is different is at the level of funding, since the Canadian model is not only built around troubleshooting. The model is more about finding long-term solutions" (France-5).

Participants from the Global South, on the other hand, felt that their overall practice would be more different in Canada because of the availability of resources. Participants from South America, the Middle East and the Indian subcontinent, when reflecting on their practice

in their countries of origin, paid more attention to meeting the basic needs of the family by increasing their income than to focusing on child protection. In comparison, when they discussed how they would intervene in Canada, they say that they would, instead, focus more on meeting the family's psychosocial needs because resources are more available to do so. Many noted that if they had access to the same resources in Canada as in their country of origin, their intervention would be similar: "I would have wanted to do the same in Colombia for a family like this one, but I did not have any resources to do so" (Colombia).

Many participants highlighted that their home country's government social safety net affects the intervention. For example, participants from Colombia, Brazil and Lebanon explained that the local government there would most likely not offer any financial assistance or social housing for the Hosta family:

"Living in public housing in an urban area, we don't have this there.... If they don't have money, they go to favelas and they live in poverty there but there is no, nothing like group homes or public housing or community housing." (Brazil)

Facing a lack of institutional resources in their home countries, several participants mentioned that they would not hesitate to seek support through their personal networks to help this family.

The specific cultural and policy contexts therefore influence, in this case, the way in which social workers analyse the family's needs, and the possibilities of interventions to meet those needs. The analysis of this particular vignette, with regard to the ways in which people from different countries looking at the same case would handle assessment and intervention, shows that the approach is largely influenced by the context, which determines whether or not it is possible to fully meet service users' needs. Furthermore, while we found some differences in the ways in which assessment and intervention were considered between participants from the Global North and the Global South, both groups are nevertheless influenced by the context, and more specifically by the availability of resources and the social work mandate.

### *Vignette 2<sup>1</sup>*

Jo is a 16-year-old assigned male inquiring about support to begin a medical transition towards affirming her identity as a woman. Jo was living as a boy until she reached puberty and then felt that she could no longer deny her true identity.

At the age of 14, she tried to speak to her mother about this but her father became aware of the situation and disowned Jo. Jo was instructed by her father to leave the community. Since then, Jo has been living on the streets, engaging in prostitution. She is trying to save enough money for medical treatments to undertake reassignment surgery. Jo has also had several episodes of self-harming and frequent suicidal thoughts. Now living as a girl on a full-time basis, Jo comes to see a social worker for a drop-in appointment at a youth counselling centre to get support and counselling.

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The analysis of this vignette highlights that while participants asserted that professional values of respect and openness would be transferable, the lack of social acceptability and the resources available to work with transgender people in their countries of origin mediated their thoughts about how and whether they could intervene. Also, most participants explained that the values of social work would enable them to see the person as a whole, without judging them, but their own limited knowledge about possible interventions and restricted resources hampered their ability to elaborate further about interventions either in Canada or in their countries of origin.

All participants, whether from the Global North or the Global South, discussed the importance of universal social work values, abundantly citing the values of self-determination and respect. Despite some discomfort at first, all participants seemed to perceive the situation of Jo through the lens of social work's universal foundations – Jo is a human being and needs help:

“Social workers have to have a very, very strong value base for [working with Jo] because this is where social work has to deeply move from the worker's personal self to their professional self.” (India)

“I could feel confronted by the situation of someone who changes sex because of my values, but I can still give them support because the most important thing for me is that a person who has needs can have support, whatever their choices.” (Colombia)

“Being open-minded, I think, in a situation like this one, is an obligation to respect, to respect the person and their identity.” (France-5)

Social work values were therefore foundational to their assessment of the situation, and most participants said that they would welcome Jo with openness and compassion, whether in their home country or in Canada. However, although participants were open to Jo's situation, several of them shared their reservations and agreed that this would not necessarily be the same for all social workers in their country of origin:

“As a social worker, you cannot just be openly accepting of everything, you can still have your opinions and views. So you would really have to find a social worker who is a good match to work with Jo because, especially in older generations, you might find very small-minded people towards this kind of, this kind of issue, or this kind of situation.” (Finland)

Besides social work values, which were identified as transferable, if not essential in this case, cultural and social context were said to inevitably impact on the type of intervention that could have been carried out with Jo. While participants refer to Canada as a fairly liberal context within which to intervene with regard to issues facing lesbian, gay, bisexual and trans (LGBT) people, several openly spoke about the difficulties that Jo could meet in seeking help in their country of origin. Jo's reality – that is, being transgender – remains taboo in many societies:

“I know that the concept of sex change would hurt immensely French social values. It is the only thing. And I would not want to be in this person's shoes because ... I would say that society is really in conflict with a situation such as Jo's.” (France-5)

“So people are still living kind of in the shade, they don't come out with this, they don't talk about it, so there's lots of hidden issues.” (Czech Republic)

Given the variations in the level of social acceptability of trans issues in their countries of origin, it is not surprising that participants suggested different types of interventions for working with Jo. Participants from countries where Jo could be ostracised or oppressed largely suggested individual interventions respecting confidentiality. However, when they assessed the same situation with a Canadian lens, participants explored the possibility of combining various types of interventions – for example, family counselling and participation in a support group.



Some wondered about the extent to which social workers are the most appropriate people to work with transgender people.

### *Vignette 3*

Alia is seeking counselling to help her cope with her living situation at her home. Her living situation has become increasingly difficult due to marital conflict with her husband. She and her husband have been married for two years and they have a one-year-old baby boy. She is feeling anxious, depressed and scared because every day her husband criticises her, yells at her and makes negative comments. She wants her husband to stop treating her this way but she is afraid to confront him about it directly. In the past couple of weeks, her husband has also been getting physically forceful with her and she is growing fearful of him. However, she is financially dependent on him and she has not worked in any job for the last two years since they got married.

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The assessment of this vignette was similar for most participants, insofar as they all identified a case of spousal abuse, but they discussed many values and perspectives to support intervention. No common threads emerged from this vignette, whether participants were from the Global North or the Global South. They emphasised the need to provide Alia with a place where she can be safe, and all stressed the importance of establishing trust with Alia. The availability of resources, and the cultural and religious context in which the situation was taking place, strongly influenced the assessment and the direction of intervention.

Some participants raised the question of the service user's religion and cultural context. Many participants identified the sociocultural context as important in terms of influencing the direction of the intervention, sometimes making it difficult to intervene according to professional values: "We can intervene [in Colombia] but we will do it very slowly because we do not necessarily want to break the family. We won't encourage breaking the family even if she is a victim of conjugal violence" (Colombia).

Due to the different contexts, participants explained that they might have to intervene differently in Canada than in their countries of origin. For example, participants from Pakistan, India and Columbia explained how they would draw on the community or the extended family and friends to intervene, whereas in Canada, they would be able to find other resources to help this person.

The question of the service user's religion was noteworthy in this case in a way that was not present in the other two vignettes.<sup>2</sup> Participants

highlighted the importance of respecting Alia's religious affiliation and asserted that this would need to be considered as a significant aspect of their assessment:

“The problem in Lebanon would be, depending, in Lebanon, there's no civil marriage, so there's no civil law. So, for example, if a Muslim gets divorced, they would follow the law of the Sharia, and if a Christian gets divorced, they would follow the law of the Catholic or the Orthodox Church. The custody of the child is the problem because the woman has the right to keep the child 'til age nine; from age nine to 12, it depends on – not religion, but – like in Lebanon, there's 18 denominations, like for Christians, you have Catholic, Mennonite, Orthodox, Protestant, okay? And for Muslims you have Sunni, Shia ... so you have 18, 18 laws.” (Lebanon-2)

When exploring how they would have intervened in their countries of origin, participants discussed other values. Issues around oppression, gender inequalities and the centrality of family were clear in the analyses provided by several participants since these issues are intimately linked to the sociocultural, political and even legislative contexts that influence intervention in their countries of origin. Even when self-determination was identified as an important value for them, they explained that the contexts in their countries of origin often prevented them from intervening according to this value and were not conducive to interventions that would let them work in coherence with their professional values.

With so many values emerging during the discussion of this case, not surprisingly, we observed some differences between participants' approaches in this situation. For example, despite the context of spousal abuse and the imbalance of power between Alia and her husband identified by the participants, some of them suggested moving forward with a meeting between the two in order to facilitate reconciliation. This type of intervention was, however, generally not put forward by the majority of participants when discussing their work in a Canadian context, and most of them favoured Alia's self-determination as long as the child is not in danger. This orientation for intervention was more frequently discussed among the social workers from the Global North, with some exceptions, such as the participant from Brazil:

“I am not here to say what she has to do, I would just show her what the situation is and what resources are available to help her; the decision is hers. But I keep very clear that the boy is my worry. She’s adult, she can run away, whereas the young boy cannot. I would show her that if something happens and the boy’s life becomes endangered, I could easily contact the court and even have the boy taken away from the family.” (Brazil)

“The child is in danger at home, so if the mother does not take any action, I would tell her that we are going to have to take some.” (France-3)

Finally, all participants mentioned that the services available to Alia in Canada are at least equivalent to, and more often enhanced when compared to, those that would be available in their countries of origin, which facilitates intervention with women who are experiencing domestic abuse. Apart from a minority of participants favouring a reconciliation approach to this situation, most advocated measures aimed at getting the violence to end, usually by working towards the goal of Alia leaving the situation and ensuring the protection of the child.

## Discussion

In discussing the vignettes, participants explored a range of possible interventions, which highlight variations in how to engage in complex social situations that are experienced individually. For example, while some participants placed the protection of the child as a priority in vignette 1, others focused on finding financial resources for the family. This finding is coherent with the research findings of Weiss (2005) and Hendriks et al (2008). Weiss (2005) found that students across countries analysed the same case study very differently depending on their academic foundations. Similarly, Hendriks et al (2008), in a cross-national comparative study of social work students in 10 countries, highlighted important differences with regard to the goals of social work interventions to address client poverty.

Digging into the data, however, we identified how the changing context from one country to another impacts not so much on the assessment of cases, but, rather, on the type and direction of intervention. Indeed, the comprehension and assessment of the case tended to remain the same when discussing the case in the participants’

countries of origin or in Canada. However, depending on whether they were discussing practice in their countries of origin or in Canada, it was possible to see how the political, economic, cultural or religious context influenced the intervention. For example, resources and the level of cultural acceptability of a situation helped determine the choice of one type of intervention instead of another. The data obtained in this research allowed us to precisely observe the impact that the context of practice can have on intervention.

Not surprisingly, we have noted major differences related to available resources from one country to another, which also impacted on the capacity, willingness or tendency for social workers to draw on familial or community-based support networks. All participants also stressed the multitude of available resources in Canada for economically or socially vulnerable people. At the same time, there is a concern that Canada's social safety net and community cohesion are eroding compared to those of other countries.

While the various changing contexts required the participants to adapt their practice, the participants' values, on the other hand, seemed to provide the most guidance on how to intervene, and remained relatively stable across the practice in the two countries. When we analysed the responses obtained through the three vignettes presented to participants, it became clear that values play an important role in the intervention process as much in the country of origin as in Canada. In looking closely at the way in which values were discussed in relation to the three vignettes, it seems that they helped participants to adjust their practice to the new context, providing a framework to carry on social work practice locally or abroad. For example, the value of respect and self-determination helped participants make sense of things even in a situation about which most of them were unaware (vignette 2). It also helped them reflect on how service users should be treated even if the user's situation was not socially acceptable in one country or another (vignette 3). Thus, even when the standards of practice may bear a greater difference, for example, as in the case of immigration from the Global South to the Global North, professional values may help internationally educated social workers to adapt. Lastly, participants noted that some of their values had adapted to their new context, but we did not see any evidence of complete value changes as a result of such adaptation. Indeed, looking closely at the description of intervention that was carried out in the country of origin compared to the description of the intervention in Canada, we identified only a small number of participants who explained that they have further developed a value (eg "I have become open"). No evidence of

significant or wholesale value changes came up in the context of our research, which would indicate that social work values are fairly stable even after a process of immigration.

## Conclusion

The data from these 19 social workers shines a light on the long-standing reality in social work that there are both foundational, common principles and context-specific applications to our practice. The analyses presented here make clear that social workers approach their practice in ways that uphold both a commitment to consistency and a willingness to change. A key factor in this ongoing negotiation is the embodiment of core social work values and a commitment to congruence in one's personal and professional ways of being in the world. Ultimately, while contexts and their structural impediments and opportunities shifted, these practitioners stayed true to their values, which formed the bedrock of their confidence and ability to practise in the new Canadian setting.

## Notes

<sup>1</sup> This vignette was abbreviated for the purposes of this book.

<sup>2</sup> Participants talked about the possible impact of religious values on their assessment of Jo's situation in vignette 2, but in vignette 3, the role of religion is important from the service user's perspective, not from the social worker's perspective.

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