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## Book Review: Social Work Practice for Promoting Health and Wellbeing: Critical IssuesBook Review

Denise Raven  
*Colorado State University*

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## Book Review

### **Social Work Practice for Promoting Health and Wellbeing: Critical Issues**

Liz Beddoe and Jane Maidment (Eds.)

2014

New York, New York: Routledge Press

280 pages

Softcover: \$52.95 US

ISBN-13: 978-0-415-53521-2

*Social Work Practice for Promoting Health and Wellbeing: Critical Issues* is a well-organized collection about health and wellbeing from diverse perspectives. In the introduction Beddoe, Associate Professor of Social Work at the University of Auckland, New Zealand, and Maidment, Senior Lecturer in the Department of Human Services and Social Work at the University of Canterbury, New Zealand, point out that all social work is, or should be, concerned with health and wellbeing. Health is much more than the absence of illness. It encompasses the “physical, social, emotional, cultural, spiritual, environmental and economic dimensions” of individuals, families and communities (pg. 2). They recommend bringing this multi-faceted view of health to all phases of direct practice instead of narrowly focusing on specific diseases and practice within medical settings.

This book meets the stated intention of the editors. It presents a broadened conceptualization of health from an international perspective for social work students and social workers that outlines new research and contemporary concerns with diverse populations. Authors of the book chapters were asked not only to consider the health impacts of inequities, inequalities, and oppression, but also of a holistic, social model of health. They were given a list of themes to focus on, including physical place, spirituality, theory, resilience, and others.

The book is divided into three sections. The chapters in Part I present current theories, themes, and debates. Spirituality and the environment in relation to health are described as ways to frame concepts of health and wellbeing. Salutogenesis, a theory of how to promote and maintain health across multiple domains from the biological to interpersonal and socio-cultural, is another perspective presented in this section. These concepts provide various ways to organize thinking about health and potentially guide intervention. Also included in this section is a critical examination of how the label of being at-risk can lead to socially constructed vulnerable groups. Combined with media and government scrutiny, this can contribute to social work practice focused more on avoiding possible risks than on what is in the client’s or family’s best interests, and their unique strengths.

The chapters in Part II address interactions between health, culture, identity, and spirituality in diverse populations. This is the book’s shortest section. Three of the five chapters focus on the indigenous populations of New Zealand and Australia, and Pacific populations that

migrated there almost a generation ago. Unique cultural understandings of health are presented as well as the impacts of history, colonization, and racism on current and future health for these groups. The remaining two chapters focus on disability inclusion and GLBT issues, the acronym more commonly used in Australia. Some of the recommendations for practice include learning about and keeping in mind historical events when working with people who have a history of colonization, and focusing on access and quality of life when working with people with disabilities.

The chapters in the last section of the book use descriptions of studies to illustrate the broadened perspective of health across the lifespan and multiple arenas. The research studies range from collaboration in family meetings to the use of technology to monitor pre-natal health and the lack of collaboration women endure when fetal abnormalities are revealed. A participatory research project to improve public spaces for teens and young adults is included here, and one on providing appropriate service to people with chronic health needs. Another study, on social worker professionalism, describes how it can be a barrier to building relationships crucial to health and wellbeing. Most of the research was conducted in New Zealand or Australia, using qualitative methods.

Two studies focus on migrant populations and highlight issues that will increase with growing globalization. One was a study of how Korean elders in New Zealand fare, from a resilience perspective. Immigration makes it more difficult for elders to seek help when they are abused or financially exploited by family members. They find ways to stop the abuse and seek help, sometimes indirectly. The other was a study of male Sudanese refugees, from a salutogenic perspective. Most of these men experienced trauma in their long journey out of Sudan to final resettlement in Adelaide, Australia. They find support and provide support to each other through their community. The interaction of past events and limited opportunities for employment and education had a greater impact on them than their traumatic experiences alone.

This is not a text about rural populations or rural human services. However, a chapter on disability inclusion in Part II directly addresses issues in rural communities. Two case studies are used to briefly present the experiences of people with disabilities in remote areas of Australia, an older adult who experienced a stroke and the child of temporary migrant workers with cerebral palsy. The chapter in Part III on crafting as a way to improve health through community development is about a study of women in rural areas, many of them ageing, and the social connections they create. The chapter on the relationship between the natural world and health is also relevant. Nature can be a profound source of health and healing. Natural disasters, environmental destruction and contamination can have negative health impacts, as sources of disease and devastation for whole communities.

This book will be of interest to a wide range of readers, including graduate social work students, policy analysts or advisors and direct service providers in urban and rural settings. Each chapter begins with a list of three to four chapter objectives and ends with a list of questions for reflection. For most of the chapters, these questions stimulate self-reflection about relevant

knowledge and skills and outer focus on policy and practice implications. Some point to action steps, and could be the start of initiating collaborative efforts to improve our multi-faceted health and wellbeing.

*Author's Note: Denise M. Raven, MSW, LCSW, Social Work PhD student at Colorado State University Fort Collins, CO email: denise.raven@colostate.edu*