Crossing the borders: A critical approach to social work education

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ABSTRACT

Crossing the Borders: A critical approach to cross cultural social work education

This PhD by project outlines research conducted in 2007 on the Thai-Burma border, introducing social work education to Burmese health and community workers. In addition to experiencing physical and social upheaval, workers have little access to general education or training in relation to their work with refugees and displaced people.

A request from the Mae Tao Clinic director to provide social work education for local workers led to my research question: How do I develop and teach a culturally relevant, cross cultural and sustainable social work curriculum for Burmese health and community workers on the Thai-Burma border?

The project consists of a product: three manuals of curriculum developed on the border and written for use by future visitors or locally trained workers; and an exegesis: an exploration of the research and methodology as well as a detailed analysis of my product in the context of the literature. The exegesis is organised around three main themes.

The first theme is the intersection of social work education and international social work, with a critique of colonialist impositions of Western social work in developing Asian countries. This section considers what constitutes relevant social work and social work education in this context.

The second theme examines the researcher’s attempts to suspend her assumptions and create a learning exchange through culturally sensitive social relationships that acknowledge and scrutinize power relations within the Burma border context.

The third and final theme raises questions of critical pedagogy. Key differences in beliefs about educational purpose and approaches can be identified between Asia and the Western world. The project employed adult learning principles and explored the challenges of teaching critical thinking.

Based on a participatory action research model, the curriculum design process attempted to be collaborative, inclusive and recursive. As a corollary, the project created a community of practice that continues to meet and work together towards social justice for migrants on the border, concepts that were not known to the participants prior to the training program.

The project aimed to connect international social work education to social work’s core missions of emancipation, human rights and activism on the Thai-Burma border. The themes are transferable to other sites of social work in the Asia-Pacific region where social development precedes the practice and teaching of social work.
DECLARATION

I certify that the work in this study was carried out by myself except where due acknowledgment has been made. The work has not been submitted previously, in whole or part, to qualify for any other academic award. The content of this project is the result of work that has been carried out since the official commencement date of the approved research program.

Signed ..................................................................date......10/11/2008............
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ACKNOWLEDGEMENT

This work is dedicated to Dr. Cynthia Maung, whose vision of health care, education and community development has saved and improved the lives of so many Burmese refugees over twenty years.

This project is the outcome of ideas engendered by three social workers, named by pseudonym for security reasons here: Win Thein, who introduced me to Burma; Min Toh, who invited my contribution to social work training on the border; and Dr. Aung Than, whose collegiate support enabled the ongoing resourcing of the Mae Sot Social Work Network. For the opportunity to spend time living and working in Thailand with refugees from Burma, I thank RMIT for granting me six months study leave and Catherine McDonald who allowed me to make this project a priority in 2007 and 2008. Particular thanks go to Julie Faulkner, my supervisor, for her guidance, countless readings and adaptability when I changed topics. Julie has made this experience enjoyable and collaborative, and generously shared her knowledge of teaching and learning.

I am deeply grateful to Nick Gaynor for his continuing encouragement, intellectual challenges and love over the duration of ‘the second thesis’. I appreciate time spent with friends on the border and thank Selia for her wisdom and discretion across the internet table at the Bahn Thai Guesthouse and later; Cho Cho for sharing her lived knowledge and intellectual analysis of the inter-ethnic situation and for the friendship and adventures we shared; Noe Noe for her skills in translating, organising and making the group work; Lisa Houston for easing me into the life at the Clinic; Barbara Eagles for our night market conversations; Trudy Jurianz, Meredith Walsh and Jen Jones with all of whom I spent hours in conversations about Burma and her future.

Many thanks to Amaryll Perlesz and Diana McLaughlan for providing their house at Harmers Haven for me to collect and write my thoughts beside the tree tops and ocean and to Sue Jackson for her gentle questions that made me think more deeply during our weekly morning walks.

To my children, Georgie, Andrew, Liam and Dan, I say thanks for your grace in accepting my move away from mothering into Burma and the border, to Georgie for that first week in Bangkok in 2005, and the boys for their technical assistance with formatting and Dan for delivering the final CD when I was in Burma. Thank you to my brother Mike Johnson for his reading and input on the final version.

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### GLOSSARY: ABBREVIATIONS AND ACRONYMS

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<td>International Organisation for Migration</td>
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<td>JRS</td>
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<td>MTC</td>
<td>Mae Tao Clinic: Health clinic in Mae Sot</td>
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<td>TBBC</td>
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PEOPLE IN ORDER OF APPEARANCE

(Apart from Dr. Cynthia and Lisa Houston, all names are pseudonyms to protect the identity of people on the Border).

Win Thein: Burmese Australian social worker who introduced me to Burma.

Min Toh: Burmese Australian social worker living and working in Melbourne.

Lisa Houston: Financial Manager and liaison person at MaeTao Clinic.

Saw Min Kham: Senior Counsellor at the MaeTao Clinic; interpreter for Clinic Social Work Training Program.

May Paw: Nurse at MaeTao Clinic Child Outpatient Department and training participant.

Cho Cho: Karen woman, multi-lingual interpreter in Burmese, Thai, Karen and English; interpreter for Community and Follow-up Social Work training programs.

Dr. Cynthia Maung: (photo, Figure 1) Director of the Mae Tao Clinic (MTC) and locally known as Dr. Cynthia.

Noe Noe: Burmese woman working with Malaria research and practice; assisted informally with the Community and Follow-up training, coordinated the Community Directory.

Dr. Aung Than: Burmese medical doctor, with social work degree from New Zealand. Works with US NGO in Bangkok and provides monthly supervision to graduates from the Social Work training programs.

Dr. July: Karen woman counsellor at the MaeTao Clinic.

Preface

The clock above the driver’s seat glows 5:23 in the dark. We’ve just come to a halt and the cabin lights and music come on, cheery lilting Thai songs, incongruous with the stern faces of the Thai security soldiers in black uniforms who step decisively past our blanketed bodies. The woman with the kind face next to me startles out of sleep. She’s taken off the eye mask I’d swapped her last night for a tissue and is now sitting bolt upright.

They’re coming towards us. I fumble for my passport but they’re not interested in me. They gesture to my new friend, who obediently gets up, eyes downcast, no goodbye. She joins the line of compliant Karen people filing out of the bus which then moves us on, obscuring my view.

Straining my head around, I watch as soldiers seat their captives in neat rows on white stone benches, branding their left hands with a green pen. Hints of polite smiles veil expressions of fear, reluctance or anger. They just sit there.

Fifteen minutes later, I am in Mae Sot, Thai border town to Burma. Before dawn on my first day back, I am reminded of the differences that give me freedom of passage, thought and association, unlike my Burmese friends who constantly fear arrest as migrants in this town of refuge.

Journal Entry: December 2 2007
CHAPTER 1: INTRODUCTION

In my last position as a social work practitioner before coming to teach at RMIT, my colleague Win Thein began to teach me about his country, Burma. My interest developed as I learnt about the terrible circumstances of the Burmese people and in 2005, I visited the Thai-Burma border with the Australian Karen Youth Program (AKYP). The following year, in collaboration with AKYP, I took RMIT students on a Study Tour to Thailand and subsequently visited Burma on a UNICEF consultancy to the University of Yangon to resource their new Post Graduate Diploma in Social Work. Through these activities, I have made many friends and colleagues amongst the Burmese and Burmese supporters in Australia, Thailand and Burma and have developed some beginning understanding of the situation inside and on the border on Thailand. As this background underpins the need for the project of this thesis, I will briefly outline some salient points.

1.1 Background to the situation in Burma and on the Thailand border

Burma gained independence from Britain in 1948 and the military took over and has maintained rule of Burma since 1958, despite Aung San Suu Kyi’s opposition party winning 82% of the seats in parliament in 1990. The Oxford educated Nobel laureate Aung San Suu Kyi remains under house arrest in Rangoon today, the term extended for another year in June 2008.

The devastation caused by Cyclone Nargis in May 2008 has heightened international interest sparked by Buddhist monk-led protests a year prior, yet the majority of people in Burma remain in poverty.

The State Peace and Development Council (SPDC), allocates 3% of its budget to health and 8% to education, in contrast to the 30-50% spent on the armed forces. In terms of health care delivery, the World Health Organisation ranked Burma at the bottom worldwide – 190 out of 191 countries. In the Eastern states of Burma, the military dominates in a fifty-four year civil war.
against the Karen and Shan people, burning their villages and crops, land mining their land and raping and killing those who do not escape in time (Havel & Tutu 2005).

To escape the conditions, thousands of Burmese flee across the border to Thailand seeking health care, education and safety in the restricted conditions in refugee camps. Some people have spent their entire life in the camps, since their establishment in 1984 for 10,000 refugees. That number grew to 154,000 in 2006 (BBC 2006) and there are two million unregistered refugees, referred to as ‘illegal migrants’ by Thai authorities. With no signs of change inside Burma, the refugee situation is likely to continue (BBC 2006). With limited opportunities for self sufficiency, employment or education, many refugees have taken the 2004 onwards option of resettlement in a third country (after Thailand), draining the border of trained teachers, medics and other experienced workers.

1.1.1 Mae Sot

The town is located two kilometres from the Burma border in Thailand, linked by the euphemistically named ‘Friendship Bridge’. Three refugee camps, Mae La, Nu Po and Umpium Mai camps, home to about 97,500 people, are within a few hours’ drive from the town, in which Burmese nationals outnumber Thais by more than two to one (McGeown 2007). Mae Sot, like many border towns, is the site of illegal, illicit and inhumane activities, including trafficking of people, drugs and gems, prostitution, abduction, assault and exploitation of migrant workers. It is also the place where people first come to escape the worse conditions in Burma (Belton & Maung 2004). The Burmese have established organisations to respond to the social problems on the border which draw international aid workers, journalists and tourists from Western countries. The Mae Tao Clinic is one of the best known and highly regarded community run organisations on the border (Thornton 2006).
1.1.2 The Mae Tao Clinic

In 1989, Dr. Cynthia Maung, a Burmese doctor established the original shop-front clinic twenty years ago in Mae Tao township, near Mae Sot in Thailand. The Clinic is the only free medical service available to refugees who cross the border from Burma seeking health care unavailable inside Burma. The Clinic is funded by non-government organisations (NGOs) around the world and treats 80,000 patients a year, half of whom travel across the border from Burma and half who live in areas around Mae Sot. Responsive to emerging problems, the Clinic is now a vast collection of services around Mae Tao and Mae Sot townships (orphanages, women’s shelters, boarding houses) and inside Burma (jungle clinics, backpack outreach medic teams, jungle health and education programs). Dr. Cynthia, as she is known world wide, has established competency-based training programs to train Burmese medics and other health workers for the Clinic’s work. International professional visitors provide intensive programs to train local staff as medics and teachers of medics (MTC 2006). In 2006, Dr. Cynthia sought the input of a Burmese Australian social worker in Melbourne to expand the program to include social work training to respond to the increasing social issues presenting at the Clinic. Dr. Cynthia’s request was that the program be developed locally so it was owned by and embedded in the community. This request was passed on to me and formed the basis of this project.

1.1.3 The people and terminology

Within the many Burmese ethnic groups living in Thailand, complex tensions and alliances are submerged within their different languages, cultures and ethnicities, obscuring deeper historical dynamics of oppression and power. Inter-ethnic politics and dynamics will be explored further in
the exegesis, but it is important to acknowledge them here in relation to the politics of naming different groups. Suffice to say that I will use ‘Burma’ to refer to the country that has been renamed ‘Myanmar’ by the military, as the community from Burma in Australia prefer the former. On the border, people refer to the country as both ‘Burma’ and ‘Myanmar’. The Burmans or ‘Bahmans’ are dominant numerically and positionally amongst the diverse ethnic groups who prefer to be identified by their ethnic nationality, such as Karen Chin, Mon or Karenni (Figure iv. Major Ethnic Groups of Burma). For the purpose of this project, I will use the term ‘Burmese’ to refer to all people from Burma, acknowledging that some people from Burma do not like its association with the Bahmans.

Terminology on the border categorises people from Burma according to their refugee status or living or work arrangement. The 154,000 people who live in the refugee camps in Thailand (TBBC 2008) are generally referred to as refugees, people ‘who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, (are) outside the country of their nationality, and (are) unable to or, owing to such fear, (are) unwilling to avail themselves of the protection of that country’ (United Nations Convention Relating to the Status of Refugees 1954). Ironically, Thailand is not a signatory to the Refugee Convention, and the Thai authorities instead assess people as ‘Persons of Concern’ as eligible for refugee camps. Around 200,000 refugees live outside the camps (TBBC 2008).

A second group of people for whom health and community workers provide care and services are the 500,000 internally displaced people who live in jungles inside Burma (TBBC 2008), having been forced out of their homes by the military. People in this group become refugees or migrants as they cross the border into Thailand. Those who live in Thailand outside the camps are the third group, known as migrants or migrant workers if they are able to find work. This group numbers over 2 million and includes health, economic or educational refugees who have come to Thailand to survive. An estimated 50% of Mae Sot’s 80,000 Burmese migrant workers do not have official work permits (McGeown 2007) and face the threat and reality of deportation as my friend on the bus experienced. The Royal Thai government has an ambiguous response to Burmese migrants; on the one hand, enjoying the economic benefits for Thai businesses from the cheap labour they provide, while on the other hand, fearing a flood of Burmese into Thailand. Their response is one of constant vigilance, apprehension and deportation of
unregistered visitors, generally in a non-violent way. Immigration officials extort bribes from people anxious to avoid being deported. In most cases, the Thai authorities take migrants across the nearby bridge to Burma and leave them there. On payment of a bribe to the Burmese authorities, the migrant can come straight back. ‘Security’ is a significant and constant issue for the Burmese community outside the camps in Thailand, as described in the opening journal entry. The majority of Burmese people in Mae Sot fit this category. Some people have work permits or Thai passes, which give them security and these documents are precious.

1.2 The need for education for health and community workers on the Thai-Burma border

People from Burma experience many forms of trauma associated with their forced relocation from their homes, the journey to the border, and the insecurity of life in Thailand. Displacement disrupts and damages peoples’ lives physically, mentally and socially. One of the outcomes is their limited access to education. In the camps in Thailand, secondary education is provided to year 10 only, offering varying degrees of quality. Some students apply and are selected for limited ‘Post Ten’ educational programs: one or two year training programs in human rights, leadership, community development or, in the case of the Mae Tao Clinic, medic, nursing, or reproductive health training.

Dr. Cynthia’s training programs offer one of the few career pathways for migrants on the border but with the option of resettlement, many of the people trained have left for other countries, taking their knowledge and skills with them (KWO 2006) and leaving the Clinic depleted of trained staff. There are now continual training programs for medics and nurses and in early 2000, she appealed for training assistance ‘to provide help to the victims of HIV/AIDS, land mines, civilian executions, forced labor, trafficking, rape, torture and imprisonment, domestic violence, drug and alcohol addiction and the pressures of living under conditions of poverty, confinement and illegal status’ (McCarthy 2004:2). In response, a group of psychologists from the USA formed Burma Border Projects (BBP 2006) and provided short course training to paraprofessional counsellors and trainers to address mental health problems on the border.

The evaluation of this training (McCarthy 2004) indicated very positive outcomes. The recommendations were to expand the scope, duration and reach of the training, to increase the broader community presence, to train ‘a cadre of highly skilled mental health counselors’ (US
spelling), to use examples of local culture, to clarify the skills trainees learn from the training, to use highly skilled interpreters, to develop reference materials for trainees and to include more opportunities for practising and reinforcing skills taught in the curriculum. This report was extremely useful in preparing for and strongly influenced the social work program I developed. Similarly, Marina Haikin’s (2006) project developing social studies curriculum for refugees in camps was very useful background in terms of the cultural and pedagogical challenges.

1.3. Description of the research

1.3.1 Intention and planned outcomes

My original intention was to work with Dr. Cynthia and health and community workers to develop and run a social work curriculum relevant to the Mae Tao Clinic staff, community workers and recipients of services. The planned outcome of the project was a module of social work curriculum that could form part of ongoing social work training for Clinic, hereafter referred to as ‘the Clinic’ and other workers on the Thai-Burma border, hereafter referred to as ‘the border’.

To achieve this goal, I set these objectives:-

- Consult with refugees and migrants from Burma living in Australia and on the Thai-Burma border, including those trained in social work, about the types and content of education for health and community workers on the border.
- Develop a framework and inclusive process for developing culturally appropriate education in social work for health and community workers working with refugees and migrant workers on the Thai-Burma border.
- Implement, review and refine a module of social work curriculum for health and community workers. The module needed to be composed in a way that was responsive to Clinic issues and be transferable to changing workers.
- Critically reflect on the theoretical and pedagogical processes and outcomes of the project.
- Publish and present findings.
1.3.2 Scope of study
The research began with a process of enquiry into the situation for people on the border. This involved consultation with refugees from Burma living in Australia and on the border and with academics who had worked on the border and drew on my experience as a consultant to UNICEF Yangon in establishing social work education in Rangoon\(^1\) in Burma.

Preparation for the project in Thailand involved a literature review regarding international social work and culturally-appropriate educational models in consultation with my supervisor. Then, within a framework of participatory action research and community development principles, I worked with Burmese health and community workers on the Thai-Burma border to develop modules of social work curriculum using processes of consultation, participation and capacity building.

The intended tangible outcomes of the project included:

- A module of curriculum in a printed form to be used as a basis for social work education for health workers.
- Documentation of the processes of consultation and discussion with stakeholders.
- An exegesis deconstructing the theoretical and pedagogical processes and project outcomes.
- Publications of articles discussing the process of engagement, consultation and curriculum development with people on the border.

1.3.3 Rationale for the research
On return from the 2006 RMIT Study tour, I met with Min Toh, a Burmese social worker in Melbourne. Min Toh (pronounced 'Joe') is a friend whose opinion about Burma I had sought on a number of social issues regarding Burma. He told me that Dr. Cynthia had asked him to run social work training and professional development in Mae Sot. She had identified a need for assistance with coordinating the many international and local services that visit and contribute to her clinic. As Min Toh was unable to leave his work in Australia, he asked me to go. Min Toh, then I, contacted Dr. Cynthia via Lisa Houston, the (Scottish) Clinic financial manager and

\(^1\) Rangoon is the name preferred by local Australian Burmese for the old capital of Burma; it was renamed Yangon by the Burmese military.
liaison person. They responded to my research proposal with an invitation to establish social work training the following year.

As the literature review reveals, most social work educational programs in Asia have been established through Western academics providing social work education of ameliorative methods (counselling and rehabilitation) in response to social problems. Subsequent research indicates a need for greater ‘indigenisation’ (Gray 2005) of these programs, including consultation with and inclusion of local people’s knowledge, skills and case examples. While Australian academics have engaged in research and development projects, there is little in the literature about working with indigenous communities to develop a culturally sensitive, relevant social work education program. This is the task that this project aimed to address. The following questions identify some of my early misgivings about the dangers of ‘educational tourism’ (Wagner 2008) and the appropriateness of my response to this request.

1.3.4 Research questions
The request from Min Toh, affirmed by Dr. Cynthia, and my research interests led me to my overarching research question:

How can I develop a culturally-sensitive, relevant and sustainable social work program for Burmese health and community workers working with refugees and migrant workers on the Thai-Burma border?

The project was motivated by three goals:

- To conduct research that benefits ‘the researched’ and responds to a genuine need;
- To respond to a request for such a project from Dr. Cynthia at the Mae Tao Clinic; and
- To address a gap in health and community workers’ equitable access to education as a basic human right.

These goals will be now expanded. First, Sheil and Cartwright (2005) challenge universities to produce research that is relevant to and conducted in collaboration with the communities it researches. Universities have a responsibility to develop ways of imagining and creating communities that pursue diversity, that value and respect differences among individuals and that articulate the values that members of the community share as scholars and as citizens.
Garlick and Pryor (2003) urge universities to ensure that communities they research gain access to university-based knowledge, teaching and learning. In selecting this project, I aimed at developing a product that would address inequities and be practical at the same time.

Dr. Cynthia’s request met Bradshaw’s (1972) four categories of need for the program – expressed, felt, normative and comparative needs, which constitute the second point:

1. A need for education of health and community workers was expressed formally through the Annual Report of the Mae Tao Clinic (MTC 2005) and McCarthy’s (2004) report. Health and community workers explicitly expressed their need for training in many of the topics identified in the training programs I delivered.

2. Dr. Cynthia, BBP and other workers on the border and in Australia have specifically requested social work input to the Clinic and the NGOs on the border and this matches my experiences on study tours to the border when many people expressed their felt need for education.

3. Dr. Cynthia identified the need for professional social work education of her workers – a normative need based on her professional judgement and knowledge of social work, despite the general lack of awareness of social work on the Border.

4. A delegation from UNICEF, the Myanmar Social Welfare Department and the University of Yangon visited RMIT in August 2006 to consult over setting up a social work diploma and child protection services inside Burma. From a comparative need perspective, projects on the border of Burma and Thailand are providing services to thousands of refugees who are equally, if not more so, in need of support and assistance with education and professional development as those inside Myanmar/Burma.

The second point of rationale is the fact that I was asked to contribute to this project by significant people (Min Toh, Lisa Houston and Dr. Cynthia) based on my experience as a social worker practitioner and educator with some knowledge of and a strong interest in Burma and her people.
Third, as Article 26 of the Universal Declaration of Human Rights states: everyone has the right to free education and nation states should provide technical and higher education equitably (UDHR 1948). In lieu of both Burma and Thailand’s failure to provide education for Burmese health and community workers beyond Year 10, Dr. Cynthia has generated training programs within the Burmese community in Mae Sot, relying on international assistance, in order to provide the best care for recipients of Clinic services. As an educator, I share her belief that these workers are entitled to professional development.

1.4 Ethical Issues of the research
The project raised several ethical issues regarding Burmese people living on the border. These people already face daily risks associated with living in refugee camps or as migrant workers, including the risk of being returned to Burma as described earlier. It was crucial that this project did not increase their exposure to risks of security by exposing them to Thai authorities, or by recording visual or identifying data that may be used against them. At the same time, the limited access to education for adults made it important to offer the training in equitable and accessible ways to include the diversity of Burmese people on the border.

As a Western outsider, I risked imposing a new body of knowledge on people who have been deprived of education. Thus, consultation with and inclusion of a critical local reference group was important to raise my sensitivity to the impact of my actions on all the processes of the project. The issues of ‘risks for the researcher’ was raised by the RMIT Ethics Committee, as Mae Sot where I was to live, is a border town where illicit and dangerous activities occur. As an adult woman, I took responsibility for my own security and was careful in where I lived and how I conducted myself. Finally, there were potentially risks of vicarious trauma through my witnessing the trauma of others’ lives, which would be beyond those experienced as a social worker in Australia. I addressed this by developing local supportive friendships through which I could debrief, make sense and respond with activism where possible.

1.4.1 Inclusion/exclusion criteria for participants
It was difficult to predict many details before I went to Thailand, including the size of the classes. In one of their projects, Bartolomei and Pittaway’s (2005) initial expectation that they would facilitate training with 20 people extended eventually to 120 people. I considered the numbers one of the many aspects to be negotiated. My planned criteria for selecting participants were
• Competent level of spoken and written English (to enable discussion in English)
• Successful completion of ‘Post Ten’ education (the highest level attainable)
• Selection of participants by Dr. Cynthia
• Potential role as ‘social worker’ or working with a community or health organisations addressing social issues.

The first of these criteria was revised once on site to de-emphasize the dominance of English. While many people on the border are prepared to make the extra effort in order to understand and speak in English (Hakim 2006), it is not the common spoken language. Therefore, interpreters were needed for the workshops and translating. They were remunerated via the payment for my consultancy with UNICEF Myanmar and from the research funds allocated for this purpose.

The participants from the Clinic were selected via a process overseen by Dr. Cynthia. Participants from the subsequent community training were those selected via an invitation to Community organisations to send 1-3 people which resulted in 30 participants. No-one was turned away. Participants from the first two trainings self selected for the final training, six months later.

Support for the project was provided via my thesis supervisor, the Mae Tao Clinic team and various other support networks on the border. I had access to health care through the Mae Tao Clinic or Mae Sot and Chiang Mai hospitals with which I was familiar through the RMIT study tours.

1.4.2 Data Collection timelines
During the second half of 2006, I
• consulted with Burmese refugees in Australia, on the border in Thailand and within Burma where possible about the educational needs of health workers in the Clinic and in NGOs on the border.
• sought and secured approval for the research project from the RMIT Ethics Committee.
• reviewed preliminary literature about the situation on the border, international social work and educational frameworks appropriate for that context.
• developed a participatory action research framework and process to develop culturally appropriate curriculum to use in the specific context.

From January to June 2007, following the RMIT Study tour to the Thai-Burma border, I lived in Mae Sot in Thailand and
• conducted a process of consultation with local health and community workers who formed the Reference Group
• developed a program of social work curriculum responsive to local issues for the use of local and NGO workers, recipients of services and others on the Thai-Burma Border.
• identified key workers to be responsible for continuing the program.
• produced three manuals of core social work curriculum relevant to workers on the border. The manuals were composed for use by subsequent educators and were partially translated to Burmese.

On return to Melbourne in the second half of 2007 and early 2008, I continued to analyse the process in this exegesis, reflecting on and deconstructing the theoretical and pedagogical processes involved in developing this curriculum.

1.5 Overview of thesis

The exegesis follows the following format: Chapter 2 reviews literature about international social work and pedagogy explored prior to the field work in Thailand. Chapter 3 argues for the participatory action research framework underpinning the project, including research relating to theatre methods and group work. The process of consultation in Thailand that preceded the training is described in Chapter 4, while Chapter 5 describes, analyses and critiques the processes of the training programs against a participatory action research model. The final chapter draws conclusions about the transformative outcomes of the process and makes recommendations for future international social work education programs.
CHAPTER TWO LITERATURE REVIEW

2.1 Introduction

This chapter covers my exploration of literature in preparation for ‘doing’ the project. While in Thailand, immersed in the cycles of action research - consultation, teaching and reflecting - and on return to Australia six months later, I continued to research, re-read, reinterpret and adapt my thinking and actions. Later literature discoveries are described within the description and analysis of the learning and teaching processes consistent with the spirit of action research methodology outlined in chapter 3 as that knowledge was integral to decisions I made during the project.

This chapter represents the reading in preparation for the challenges of the project which were outside the scope of the average university course development process. The social work brief was different. In Australia and the Western world, social work is a vocational discipline and as such is taught through didactic, practical and work integrated methods. The content and methods of teaching are prescribed and monitored through accreditation by the national association, the Australian Association of Social Workers. The context for the project on the border is very different. There is no accreditation. Anyone can teach anything, and they do. The lack of guidelines for what I should teach led me to research what other Western social workers had considered relevant international social work in other Asian countries.

The Mae Tao Clinic is staffed by medics and others with 6 month to 2 year competency-based training developed to efficiently transform willing refugees into health practitioners to respond to overwhelming numbers of patients. Education is instrumental, expert based, with foreign professionals flying in for 1 to 6 month teaching periods. At best, they mentor graduate medic practitioners to teach with them at the Clinic. Other times, Clinic staff dutifully attend Western-oriented training programs and continue in their own ways of practice once the teacher has left. The Clinic resists pressure from the Royal Thai government for registration as a legal health clinic, which would necessitate the employment of university trained and qualified doctors. This would compromise their employment of predominantly Burmese staff working with and for Burmese people.
This first foray into social work education at the Clinic raised critical pedagogical questions about what teaching methods were appropriate in this medical, positivist educational environment where workers’ education has been compromised by military repression.

The chapter reviews literature that explores the potential imperial and colonialist risks of cross cultural, interethnic, international projects by exploring issues of race, ethnicity, racism and culture.

2.2 International Social Work

It is a challenging task to introduce social work as a concept, discipline and field of practice to people who are not familiar with the profession. It is difficult enough in the classroom in Melbourne when local students come to the program with concepts of social workers ‘rescuing’ people. There are others who come from countries where social work does not exist. In Australia, at least, there are examples of social work in common language although it is generally not well understood as a concept or occupation. Social work in Australia is commonly associated with negative connotations of ‘the welfare’s’ intrusion into families’ lives, rather than with its commitment to social justice. It is the latter that renders it appropriate for international projects (George 2000), which brings us to a discussion of the term ‘international social work’ since I claim this project as an international social work project.

2.2.1 Conceptualisations of international social work

The meaning of international social work varies considerably across the world both conceptually and in delivery. Describing social work as ‘international’ is confusing as the term ‘international social work’ is controversial with at least five possible interpretations (McDonald 2006, Burkett and McDonald 2005; Healy 2001; Midgley 1990). It can refer to social work performed in Australia in organisations such as International Social Services that provide services to local people with issues to resolve in different nations, such as inter-country adoption or child abduction. Second, it can refer to social work with and for people who are migrants or registered or unregistered refugees or asylum seekers in Australia or in transition, for which the term ‘cross cultural social work’ can also apply.

A third area of international social work considers international social work as ‘the exchanges that take place between social workers from different societies and cultures’ (1997: 295) and
attempts to unify social workers around the world through organisations such as the International Federation of Social Workers (IFSW) via conferences, meetings and journals. While the IFSW has established a set of international social work principles and ethics, they are not monitored and the IFSW does not have a significant role in international national social policy and social justice advocacy. As McDonald (2006) relays, social work squandered its opportunity to take a lead in post World War Two United Nation’s initiatives in the social development of Third World nations, focusing instead on psychological and interpersonal social work. There remains an unclaimed unifying role for social work in influencing global initiatives in social justice.

The fourth area of international social work involves Western social workers transporting social work education and the fifth, social work practices, to other countries. Practices may entail social or community development work with volunteer programs or international organisations such as World Vision or the UN (McDonald 2006). These descriptions of international social work are most relevant to this project and its practices will be explored next.

Cox and Pawar (2007) cite four perspectives necessary for international social work: social development, human rights, global and ecological perspectives, all of which I will expand on.

### 2.2.2 Social development

Cox and Pawar (2007) criticise international social work for its focus on the consequences of poverty (child labour, street children, trafficking, illiteracy and discrimination) rather than developing policies and programs addressing the causes of poverty in ‘least developed countries’ (my quotations marks). Similar to Midgley (1990) they bemoan the lack of a clearly acknowledged, focused set of principles and practices for international social work, which leaves it open to social workers in large international or volunteer programs imposing Western psychological models on displaced and impoverished people. This critique is confronting in that Dr. Cynthia’s request was for social work education for Clinic and community workers whose primary work is with ‘the consequences of poverty’ and oppression. Addressing the causes of their poverty would require working with the Burmese military and Royal Thai government. This was beyond my brief in Thailand and inciting such action could have jeopardised the training program. Chapter 4 explores my attempts to address the causes of poverty and oppression
through raising awareness and problem solving exercises during the social work training program.

Midgley’s view of social development includes social welfare policies and programs that contribute positively to economic development (Midgley 1990) and facilitate the creation of social capital in the form of education and skills (Midgley & Livermore 2004), amongst other things. Social development differs from social work, philanthropy, social administration and economic development in its emphasis on social investments to enhance people’s capacity, participation and benefit from economic policies. Social development is a legitimate role for international social work because of its positive direct impact on local people’s welfare. Midgley’s (2003) critique of social development ideologies provides a useful framework from which to analyse various countries’ adoption of social work.

2.2.3 International Human Rights

As world citizens, we are entitled to the protection of the international community, while at the same time, as citizens of a state, we belong to a specific homeland (Cox & Pawar 2007). This perspective is difficult to assert in the context of Burmese people in Thailand, many of whom are stateless, and have no citizenship or security of place. They thus have a precarious relationship with world citizenship protection. Ife (2001, 1997) and others (Cox & Pawar 2007; Gray 2005) suggest that social workers should promote a universalist view of social justice recognising the complexities and diversities of people’s lives and needs (McDonald 2006). The transferability of the Western notion of human rights is contentious as the following discussion illustrates.

During the 1990s, political leaders of various Asian states, headed by Malaysia and Singapore and supported by China, repeatedly criticised the idea of human rights as being too Western and opposed to community-oriented ‘Asian values’. In China, Vietnam and Burma, political leaders used this argument to distract attention from violations of human rights in their own states or to escape international criticism (Shmidt-Leukel 2006). They criticised the individualistic focus of human rights that contradicts, for example, the collective harmony of Confucian philosophy. Writing as Singapore’s ambassador to the UN, Mahburubani (2004) suggested that aggressive Western promotion of democracy, human rights and freedom of the press impedes economic development. He warned against the human rights democratic framework for Third World countries, citing the selectiveness of Western governments’ human
rights practices when weighed up against other national interests. He recommended that Western development promotes Third World economic development through good governance, rather than promoting democracy and human rights and expecting Third World nations to skip a step in development.

Mahbububani (2004) has a point here. Western capitalist democracies’ exploitation of human rights in the name of the free market does not attract the same level of criticism as is levelled at non-Western states. I write this as the 2008 Olympic torch relay is disrupted daily by protestors seeking human rights for Tibetans mistreated by the Olympic host country, China, yet note that such protests did not disrupt Australia’s Olympics in 2000, despite our mistreatment of indigenous Australian and refugees. Sewpaul (2007) relocates the human rights discourse back to human rights that entitle oppressed people to economic justice and the freedom to think, rather than the free market interpretation of human rights and capitalist exploitation, thus providing a framework for social work to embrace this contentious discourse. Her claim returns human rights to the people rather than complying with politicians’ misuse of the term.

2.2.4 Global perspective
The global perspective refers to our connections as human beings, such as our universal subjection to the impact of macro political and economic structures of international competition, which often results in political, economic, social, cultural conflict (Midgley 2003). This can be oversimplified when social work’s quest for universalism finds thin commonalities across divergent contexts in order to identify shared values and goals (Gray 2005). This puts international social work at risk of ‘promoting the dominance of Western world views over diverse local and indigenous cultural perspectives’ (p.231).

International social work should honour both the local and global levels of experience – a ‘glocal’ perspective (McDonald 2006). Midgley (1990) advocates promotion of indigenous strategies to meet the needs of communities rather than Western imposed casework. He suggests social workers became involved in prevention and support programs such as child nutrition, maternal and child health, adult literacy education, family planning and other community initiatives that minimise costs and make extensive use of local resources. Some social work practitioners in developing countries have questioned their training as
caseworkers without resources or auspices from which to practise. Midgley outlines some of the knowledge that Third World social workers can offer Western social workers, based on their experience in working to improve the living standards of whole communities rather than responding to destitute individuals.

Dominelli (1998) recommends that to address oppression in international contexts, social workers should first recognise social differences arising from structural issues such as gender, class, ethnicity, sexual orientation, disability, religion, mental health, age and so on. Second, social workers should see personal experiences in a wider social context. Third, they should understand that the social process of power operate in all arenas – public, private, personal and structural. Fourth, they need to understand the effects of prevailing ideas, social facts, cultural differences and the historical and geographic location in which individuals’ lives are given meaning. Fifth, social workers should understand interactions between social workers and service users within their sociological, historical, psychological, ethical and political contexts. Dominelli’s (1998) ideas alert me to the risk of my internalised assumption of liberty on the basis of my experiences living and practising in a democracy.

It is presumptuous to assume I can arrive in an area of displaced people and expect that my experiences of social work and teaching will be applicable, ideologically or politically. The best that I can do is to listen and learn about the context and share differences and similarities through conversations about our cultures and countries. This needs ‘an attitude of humility and curiosity and as a learner rather than an expert’ (Gray 2005), ideas that emanate from the participatory action research methodology of this project (Kemmis & McTaggart 2005). The following section will keep the above considerations in mind as I explore how other social workers have addressed these and other dilemmas in the development and practices of social work internationally.

2.2.5 Examples of international social work education and practice

What can this project learn from studies of social work education and practice in neighbouring Asian countries? Interested to see what Western social work knowledge and skills have been useful and relevant in the international perspective, I reviewed literature discussing the development of social work in the Asian context, seeking examples that could guide or be replicated or avoided in my project. I specifically sought international projects that worked
collaboratively with and responded to the wisdom and knowledge of local people in China, Vietnam, the Philippines, Thailand and Burma, acknowledging both the limits and freedom of working with displaced people in a small town on the Thai-Burma border compared with the formal, institutions of professional social work in these countries.

Historically, in many developing countries, social work began in response to health or social issues with organisations, such as UNICEF, promoting the profession for this purpose (Hugman, Nguyen & Nguyen 2007). China is a useful country to start in that it has a repressive ruling party and an oppressive human rights record in common with Burma. As outlined earlier, there is no precise definition or interpretation of international social work. It is a ‘contingent activity, conditioned by and dependent on the context in which it engages’ (McDonald, Harris & Wintersteen 2003:192) as this project demonstrates.

2.2.5.i China
Social work first emerged in China in a hospital in Beijing in 1921, led by an American who set up casework, adoption, rehabilitation services and training. There was little adaptation to the needs of the majority of rural Chinese, comprising 75% of the population (Yip 2007). After the Communist takeover in 1949, social work was abolished as an ‘unnecessary and bourgeois profession’. In its early phase of communism, the state assumed total control of the welfare needs of its citizens when increased economic development exposed poverty and post disaster problems in the 1980s, requiring counselling (Tsang & Yan 2001). At that time, Hong Kong University set up teaching and fieldwork processes for social work in China, again with minimal cultural adaptation from the urban context of Hong Kong to the rural context in China (Yip 2007). Like most countries, the government in China inveigled social work as one of the mechanisms of social control, precluding the social change and human rights missions of social work (Sewpaul 2007).

Tsang and Yan (2001) suggest that Western social workers’ role in contemporary China is to encourage and facilitate debate rather than provide conclusive solutions to the human rights abuses. Gray cites this as an example of the way in which considerations about culture can promote universality while avoiding imperialistic applications of Western notions of social work (Gray 2005). Debate however, requires a capacity to think critically with freedom of expression that China does not currently allow. That this is all they feel social work can do in the face of the
magnitude of suffering of the Chinese (Tsang & Yan 2001) is either defeatist or profound in its valuing of dialogue as a force for change, but worth remembering for this project.

This brief review of social work in China has highlighted the contextual interpretation of social work and the need for international social work educators to engender debate, critical thinking and dialogue as ways of engaging participants with social work’s mission of human rights and social justice.

2.2.5.ii Vietnam

UNICEF Vietnam and government welfare organisations appointed Hugman, Nguyen and Nguyen ‘to ascertain the current situation regarding human resource and training issues for social work in Vietnam as the basis for developing a national strategy for the creation of a social work profession’ (Hugman, Nguyen & Nguyen 2007:199). Their findings indicated that the range of fields of practice, methods of practice and employing agencies (both government and non-government), as well as the emphasis on university-based professional training, has strong similarities with the structure of social work in most Western and many Asian countries.

Hugman et al (2007) identified a similar history of social work in Vietnam to that of China, where economic reform resulted in waves of social problems and policy responses. Vietnamese social policy makers categorised the problems as, first, needing social protection for people in poverty; children in need of special protection, including street children, children who suffer abuse and neglect and children with disabilities; adults with disabilities, including war veterans and other older people with no family assistance.

They categorised the second problem as ‘social evils’, which include trafficking of children and young women, HIV/AIDS, drug misuse, prostitution and crime. A final category of problems arose from the increasing economic prosperity of many Vietnamese families: access to illicit drugs, increased sexual activity among teenagers, long working hours and absent parents leading to increasing rates of family breakdown and divorce (Hugman et al 2007).

The process of categorisation fulfils a key step identified by Payne (1998) as critical to establishing relevant forms of social work internationally: defining issues as social issues. The next step is identifying and resourcing social work to resolve the issues. This occurs when social work is ‘symbolized’ as a professional identity, enhanced, says Payne, by affiliation with the
international profession of social workers. This process is still evolving in Vietnam, with social work performed by any interested person, only some of whom have professional training within a growing system of charitable and voluntary programs (Hugman et al 2007).

Hugman et al (2007) claim that indigenisation of social work occurs, but they do not give examples where international models are being adapted to local communities. They advocate including local welfare workers’ work, based on their innate capacities and personal qualities, rather than offering education or training. Key challenges to the professionalisation of social work in Vietnam are the absence of laws and policies to determine citizen entitlement that social workers can enact, a lack of a common understanding of social work and inadequate financial and material support for social welfare agencies, resulting in workers being poorly paid or volunteers (Hugman et al 2007). Although broad in its conception of social work’s mission to respond to social problems, social work in Vietnam appears to be reactive rather than preventive or developmental in terms of practice, one of Cox and Pawar’s (2006) and Midgley’s (2004) criticisms of international social work.

Hugman et al’s (2007) survey of Vietnamese social workers is useful as a guide for curriculum choices in the project in Thailand. Hugman et al suggest that beyond the reactive responses to social problems, social workers in Vietnam would benefit from training and opportunities in advocacy, social policy and community work to address people’s rights. They noted the need for social workers to have a commitment to their work with humanity, ethics and empathy, implying that these responses are not always present. However, Vietnam has a national process of reviewing and resourcing social work and the fact that the government is working collaboratively with UNICEF, welfare organisations and Australian social work academics committed to promoting local knowledge and skills, augurs well for the future of social work in Vietnam. Whether social workers will be free to function as human rights advocates is unclear.

2.2.5.iii The Philippines

Yu (2006a) provides a scathing attack of the way Western social work practice and education was imposed in the Philippines, first by Spanish and then by American colonialists. The Spaniards introduced Christian values and charities that provided for the ‘moral frailties of society’ as a means of atoning for sin and ensuring eternal salvation for the helper. Under the Christian rubric, suffering was seen ‘as a virtue, fate as the will of God and misfortune and
poverty as punishment for sin or a test of character’ (Yu 2006a:562). Welfare focused on helping the deserving poor cope with their fate.

The American colonial government from the end of the 19th century introduced a functionalist conception of welfare based on the view that social problems came from ‘the backwardness of the unschooled savage’ (Yu 2006b:565). Publicly funded and administered health and education programs were initiated for colonial institutional ends, but these gains were ‘negated by the costs and consequences of American colonial rule, not the least being the deaths of countless Filipinos’ (Yu 2006b:564).

From this welfare background, claims Yu (2006b), Philippine social work maintains its focus on improving individual functioning rather than addressing the economic, social and political conditions that create social problems. In Yu’s view, the key social work text book written by Mendoza (2002) promotes a residual, individualist and functionalist view of social welfare.

Mainstream Philippine social work never directly questioned the human rights violations or critically position itself against the Marcos dictatorship, ‘contributing instead to its legitimation’ (Yu 2006a:259) until the very end of the dictatorship. Yu’s research attributes this behaviour to Filipino social workers’ fears for their safety, plus the depiction of underdevelopment, malnutrition and social injustice as technical rather than political problems requiring planning rather than social work. Yu notes the lack of the Filipino professional community’s commitment to the concept of human rights: Filipino social workers did not see defending human rights as part of their professional responsibilities. Yu also notes a congruence between the ideologies of mainstream social work at the time and the Marcos regime based on social work leaders’ stated views in the professional journal supporting the imposition of martial law for the ‘diffusion and democratisation of wealth’ (Yu 2006a:258).

Although some social workers, university social work staff and students protested and advocated against the repressive regime, it was members of the religious sector who led the fight against human rights abuses that eventually ended the Marcos dictatorship (Yu 2006a). Yu’s challenge is disturbing in relation to Burma where current atrocities by the military continue without effective international intervention. However, I argue that addressing the atrocities of the
Burma’s military is beyond my brief both as a direct action and in training ‘social workers’ in Mae Sot; therefore, I bracket my activism to Australian activities.

In light of Yu’s critique, it is heartening to read of the project by Frederico, Picton, Muncy, Ongsiapco, Santos & Hernandez (2007) with ‘internally displaced people’ (IDPs) in a post-conflict transition project on one of the Philippines islands, Mindanao. The project was developed by Community and Family Services International (CFSI), a Philippines-based international humanitarian non-government organisation.

Contrary to the individualistic charitable approach espoused by mainstream Filipino social workers during Marcos’ reign, Frederico et al (2007) worked with community organisers, using their knowledge and skills to build capacity through networks and community participation structures. The focus was on assisting IDPs and their communities by listening to and then addressing their needs. The outcome was support for economic independence and ongoing sustainability of social institutions. The program components included: psychosocial, livelihood, information about security, peace education and reconciliation.

A key element in promoting the sustainability of the positive changes made was participation of the IDPs who were included in all aspects of the project. Partnerships were formed with local and international NGOs and this facilitated a holistic, grounded and integrated approach. IDPs were encouraged and assisted to take part in policy debates and to develop the skills in ‘to advocate to local and national governments for their needs and to seek resources’ (Frederico et al 2007:181). Establishing community committees capable of promoting community rights was a key component of the exit strategy.

This second example of empowering social work practice by Australian social work academics is encouraging for their values of collaboration, respect for local culture, holistic approach and built in sustainability.

2.2.5.iv Thailand
Like Vietnam, Thailand is a traditional agrarian country based around villages where extended families work together for mutual support. Buddhism unifies and maintains community life with care of the needy seen to earn merit in the spiritual ledger. Buddhist temples function as
centres for social welfare providing education (for boys only), traditional health care and refuge for travellers, orphans and needy children (Phongvivat 2002).

Social work training was established at Thammasat University in Bangkok in 1952 with input from the UN and UK. At the time of writing (2002), Phongvivat identified two social work programs in Thailand that between them have produced 4000 graduates, 60% of whom work as social workers, mostly in government departments. Yet, like Vietnam, social workers in Thailand are seen as volunteers, upper class women doing the charitable work so approved of by Buddhism. The university has hosted international meetings of the International Federation of Social Workers IFSW and the Asia Pacific Journal of Social Work (Phongvivat 2002).

Phongvivat (2002) feels that the over reliance of Thai social work education on Western theories and practices means social work has yet to prove its relevance to Thai society. She recommended revising the key social work program to identify social work theories that acknowledge local wisdom and respond to Thai psychology and social structures. These should be taught with a ‘student-centered atmosphere and other teaching methods that maximize students’ capacity’ (p.303). These ideas are also part of Pawar’s list and will be explored briefly in the following section on Eastern Psychologies.

On the Thai-Burma border, Australian social worker Linda Bartolomei and Eileen Pittaway, director of the Centre for Refugee Research at the University of New South Wales, conducted collaborative action research projects over five years, exploring the needs of Burmese refugee and migrant women living on the border, the effectiveness and implementation of policy to address these needs and the role of ideology and discourse in the policy process (UNSW 2008). Their community development model included consultation and training in human rights, empowerment and capacity building for Burmese refugees in camps near Mae Sot. They used story boards, roleplay and small group discussion with Karen and other women’s organisations to identify the multiple risks for women in the camps and in Mae Sot. Small groups developed strategies to implement the recommendations then developed roleplays to

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2 Women identified the following as some of the risks they are facing in the camps: lack of community support or safe spaces for women who had been raped, risks for women and girls with disabilities, inadequate food and pregnancy from rape and in the town: trafficking, forced prostitution, sexual abuse and harassment at work and lack of access to health services.
model different responses to risk. The workshop developed a case management system to respond to women and girls at risk (Bartolomei & Pittaway 2005).

Story boards depicting the identified issues and recommendations were collated and women were chosen and supported to present the ideas to a meeting with local and international organisations, the UNHCR and governments in Bangkok and eventually to the UN in Geneva. For many women, this was the first time they had been consulted about plans for their future (Bartolomei & Pittaway 2005). The project was astutely attuned to respecting refugees’ privacy. Bartolomei and Pittaway have subsequently visited and documented the plight of Rohingya people living in squalid refugee camps in Bangladesh (UNSW 2008). They provide a strong voice and advocacy for Burmese refugees.

2.2.5.v Burma

Literature on social work in Burma is extremely difficult to find. The project in 2005 where RMIT psychology professor, Trang Thomas and I consulted to UNICEF and the University of Yangon (Rangoon) and taught in the new Graduate Diploma of Social Work is, as far as I am aware, the first international initiative in social work in Burma.

As in China, social work in Burma emerged first as medical social work, with one two-week trained ‘medical social worker’ employed at the Yangon Hospital and now one of the first graduates of the Graduate Diploma. Like Vietnam and Thailand, social work was introduced in Burma with the financial and ideological support of UNICEF. Two Indian-trained Burmese social workers contributed to the diploma program, resourced by an Australian social work UNICEF staff member. Whilst one might assume that human rights is core to a UN initiative, the UN being the auspice body for the international convention of human rights, this was not straightforward in Burma where the words ‘human rights’ were not to be spoken, yet were taught by all UNICEF staff.

2.2.5.vi India

Alphonse, George and Moffatt (2008) describe conditions in India that warrant high standards of social work – the high incidence and spread of HIV AIDS, the high rate of suicide among

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3 This was a contested consultancy, mirroring debates about sanctions versus ‘constructive’ engagement regarding Australia’s role in relation to Burma. It illustrates the depths of concern about the power of the military in Burma but there is not scope within this thesis to discuss the historical, ideological and political disputes surrounding this debate.
farmers, poor treatment and malnutrition of women and children – but say that current social work focuses on adjustment of the person to the environment. Given the disruption to traditional forms of social organising and culture that has occurred in India, resulting in confusing expectations of individual responsibility for social problems, Alphonse et al recommend a shift to a more politically aware definition of the Indian social work profession, one that addresses human rights, what it is to be human and the exploration of critical theories. Social work education should, argue Alphonse et al, promote an understanding that integrates the broadest social relations with communal, personal and Eastern concepts of self, rather than Western capitalist focus on the competitive individual.

Midgley (1990) on the other hand applauds Indian social workers’ focus on income generation programs, disaster management, water and sanitary facilities and children’s nutrition and health needs, rather than abuse or neglect.

Whether the difference in these contrary views relate to the dates of writing or different areas of social work is not clear but both raise points for consideration for this project. Midgley continues to advocate for infrastructure development, while Alphonse et al (2008) raise the interesting contradictions of east and west. This will be explored elsewhere.

2.2.6 Reflections on international social work

International social work is a contested term and there are examples of diverse interpretations and practices even within one country. As we see in China, Vietnam and Burma, social work can coexist with an oppressive state, not as a force for justice or prevention, but focusing on people’s adjustment to the problematic environment. Communist countries like China and Vietnam prioritise Western individualistic psychological approaches to social problems, despite their country’s aversion to the individualistic values of capitalism, their espoused philosophy of shared ownership, albeit state controlled, or their Eastern traditional family and collective values. Advocacy for human rights is not tolerated; social activism is considered ‘disruptive to the social order’ (Leung 2007:394). Asserting human rights is difficult without a functioning civil society to respond with laws and consequences.

This resonates with my personal experiences of needing to feel connected to at least one other person in a learning situation to really engage with and make sense of the process. I try to build this into the classroom situation with interactive exercises, group projects and
encouragement of social events in line with Lave and Wenger’s (1991) location of situations of 
learning as laying beyond the classroom: ‘Learning is an integral part of generative social 
practice in the lived-in-world’ (p.35) rather than within the confines of teaching environments. 
Learning ‘can take place where there is teaching’ (p.40) but the two do not necessarily co-
exist. Schools can be sites of alienation that prevent participation; the expectation that 
knowledge will be absorbed in an institution for learning denies the impact of unequal relations 
of power between the learners that prevent people participating in learning situations. Ichiyo 
(1998), however, critiques the concept of civil society, noting its creation by the modern 
nation-state, demarcated with national borders and carrying strong European flavours. Ichiyo 
notes some un-civil aspects of civil society, including the exploitation of labour, dominance of 
the poor by the rich, of women by patriarchy and the exclusion of some residents in its 
territory such as ‘illegal’ migrant workers. Civil society, argues Ichiyo, is no panacea for the 
modern global society and proposes an ‘Alliance of Hope’ social movement to transcend 
party-controlled ‘statist tendencies’ (p.354).

Social movements autonomously start changing existing relationships and can build 
alternative societies with the capacity to resolve problems for themselves. The People’s Plan 
for the Twenty First Century (p.21) in Thailand identified NGOs as making people visible 
(Ichiyo 1998). Ichiyo calls on NGOs to take a mediating role in this process:

Being NGOs, they do so by bringing the communities on both sides into productive, 
dynamic, and dialectical interaction, developing means, devices, and institutions to narrow 
the scandalous inequalities, and thus helping the Alliance of Hope gradually to emerge 
(p.356).

The brief review of international social work in six Asian countries: China, Vietnam, the 
Philippines, Thailand Burma and India revealed the limited formal adoption of social work 
based on human rights or social justice. Instead, these military dictatorships or fledgling 
democracies (Gaynor 2008) strategically condemn human rights as anti-Asian, despite 
Eastern ideologies of collective harmony such as Confucian philosophy or the spirituality of 
Buddhism. I faced an ethical, ideological dilemma over whether to bracket my social work 
avtivist and Freirian commitment to ‘conscientization’ of workers deprived of education, or risk 
proselytising about human rights and social justice. What constructive role can Australian
social workers play in countries where social work takes an ameliorative function, providing individual and family counselling, social education and rehabilitation for ‘social evils’ such as child abuse, malnutrition, suicide and HIV AIDS? I will discuss later how I resolved this dilemma.

Hugman et al’s (2007) work in Vietnam at least challenged the status quo in documenting workers’ requests for the inclusion of human rights, social justice, law and policy, advocacy, community work, program management and administration in social work education and practice. Their project was well positioned to be effective with a UNICEF and government auspice for a national strategy for social work.

Other forms of effective social work projects were exemplified in projects described by Frederico et al (2007) in the Philippines and Bartolomei and Pittaway (2005) in Thailand which worked collaboratively to empower and build capacity with local people and community organisations, independent of state sanction. Whether these are examples of international social work or fit more within Midgley’s description of social development conducted by social workers, and others, will not be debated here as they provide useful guidelines for this project.

These projects work from core social work principles of human rights and social justice. While interacting with local people with respect, ethics, humanity and empathy, the facilitators employed community work to identify and name the social issues and social policy advocacy to address people’s rights. Our right to ‘impose’ the Western human rights framework, which is not shared by some Asian countries, raises questions of colonialism and other paradoxes of imperialism and indigenisation (Gray 2005) to be discussed later in the literature review.

This section explored the broad historical, religious and attitudinal histories of social work practice and education in developing Asian countries. It critiqued models of social work imposed on developing nations and concluded that Western social work practitioners should consult and work with local and traditional community workers who are aware of and practise culturally relevant methods. In the following section, I consider the challenges of teaching and learning in ways that are appropriate and useful for the adult learners on the border.
2.3. Critical Pedagogy: What forms of pedagogy are most appropriate in this context?

The previous section highlighted some of the contentious aspects of defining social work’s territory. Now I return to my project and describe my thinking about what and how I would teach about social work to people in Mae Sot. This conjures images of a teacher in front of a classroom, telling students what they should know. Yet, how would I know what refugee workers on the border need to know? This section contemplates the pedagogical challenges of this project. It critically considers some fundamental questions: what is knowledge, how do people learn, what is the teacher’s role? How can this be mediated in a cross cultural context?

2.3.1 The nature of knowledge

The foundation of modern Western knowledge was defined by the Enlightenment principles of rationalism and empiricism in social and political thought. Individuals were seen capable of defining or interpreting reality objectively as ‘truth’ or knowledge. Scientific knowledge and objective reality were promoted as means of achieving progress and industrialisation, superseding traditional, agrarian and superstitious ways (McDonald 2006). The rational discourse is dominant in the political and economic arena of Asian countries as reviewed in the previous section. It prevails in Western democracies, alongside constructivist interpretations of knowledge held generally by social workers, as explained in the methodology chapter.

Critical social work acknowledges that power always underpins the process of knowledge production through language and social practices. The values, views, actions and language of the most powerful majority determine the discourses that render the experiences of subordinate minorities invisible (Lundy 2004). Multiple stories, full of contradiction and ambiguity, occurring at any one time will be interpreted according to the narrative, story line or plot that is dominant at the time. Dominant stories have the power to minimise other forms of knowledge or experiences (Morgan 2000). As meanings gather strength and numbers, they prescribe and preclude social actions, which in turn determine dominant meanings or discourses (McDonald 2006) and are held as histories that construct the past.
To develop new knowledge about social work with the workers in Mae Sot, it is crucial that I explore the social practices and histories that construct meaning and knowledge for the local people. With little access to education, workers are likely to construct knowledge as rational and empirical, reinforced by the scientific medical training discourse of the Clinic. One aspect of teaching critical social work involves opening conversations to critique what is assumed to be ‘the truth’ through the emancipatory and societal change methods of participatory action research. The next section will explore how the above might be achieved with adult learners.

2.3.2 Adult learning
This section reviews the contribution of critical pedagogues who describe liberatory and emancipatory forms of education with adult learners: Freire, Vella, Knowles, Lewin, Wenger and Lave.

2.3.2.i Paolo Freire and followers
Freire, the multi-cultural educator from Brazil, asked and answered this question: ‘How do adults learn?’ in the 1970s. His ‘liberatory education’ for the oppressed argued that Western education systems perpetuate dominant structures of power, which exclude and further marginalise people. Having observed that people without education lacked civic rights, Freire established a form of teaching for illiterate people using dialogical conversations, diagrams and ‘cultural circles’ where people could participate in debates to clarify and seek action for situations in their lives. ‘(T)he education our situation demanded would enable men (sic) to discuss courageously the problems of their context’ (Freire1974:30). Freire was exiled for these liberatory educational practices that aimed at developing critical consciousness or, to use his word, ‘conscientization’.

Freire’s life project in critical pedagogy for the oppressed is superbly applicable to this project for its timeless synergy between the transitional contexts of Brazil in the 1970s and the struggle of people in and from Burma in the 2000s. Freire’s (1974) description of Brazil as a ‘society in transition’ or ‘closed society’ where ‘splits between different interest groups, the small elite and masses of submerged people’, ‘the lack of critical awareness or democratic experience’ (p.19) and ‘the people’s entrenched habit of submission, adaptation and adjustment to oppression’ (p.21) seem apt descriptions of the dynamics of power, politics, elitism and oppression operating in Burma and on the Thai-Burma border.
Freire worked with people living in poverty in Brazil whom he believed were oppressed by the social, economic and political situation from which they were excluded because of their illiteracy. He explored participatory ways for them to learn. He criticised the ‘banking’ model of teaching where information is ‘deposited into’ an object, the student, who has no opportunity to think or voice his/her own ideas or opinions because the teacher is the expert and always right.

Freire preferred a method where there is two-way dialogue. The teacher’s task, he argued, is to ask questions that the students can consider and analyse as subjects, not objects, of their learning. When the poor began to speak, they showed they were experts on their lives and able to express their knowledge of life and problems.

Freire (1972) argued that until the oppressed discover their oppression, they nearly always express fatalistic attitudes towards their situation. This leads to the oppressed eventually identifying with the oppressor as they do not see the social order that is in place to serve the oppressors’ interests. By internalising oppressors’ opinions of them, the oppressed come to believe in the power of those oppressing them and lack confidence in themselves. The effects of oppression range from health, hopelessness, internalised rage, despair, depression, suicide, war and death. Critical pedagogy analyses and addresses dynamics of power and oppression.

As outlined in the literature review, Boal (1979) translated these ideas into theatre, an aesthetic space set apart as a place of representation where knowledge is constructed through the interaction of actors and spectators thinking, feeling and acting together to see the world differently. In Boal’s theatre of the oppressed, the actors become spectators – ‘spechtactors’ – in creating new knowledge about themselves and their situations.

Inspired by Freire’s emancipatory educational philosophy and practices and Gramsci’s (1957) ideas of internalised hegemonic oppression, British social worker Leonard (1997) sought to develop a critical social work practice that could contribute to the working class struggle in the UK. He applied Freire’s ‘conscientization’ to the practice of social work to help service users and others experiencing oppression to develop their consciousness of the structural forces that shaped their lives and deprivations. Leonard advocated non-hierarchical relationships between social workers and the oppressed where they talk and listen to each other through ‘dialogical relationships’.
A follower of Freire’s, bell hooks (2003), found his ideas of pedagogy for the oppressed more relevant to her situation as a black American woman than the messages from (middle class white) feminists. Agreeing with Freire, hooks says: ‘conversation is the central location of pedagogy for the democratic educator’ (2003:44). The democratic educator values diversity in language. Students who speak English but for whom English is a second language are strengthened in their bilingual self-esteem when their primary language is validated in the classroom (p.44). These ideas by hooks preceded the concept of ‘situated learning’ described by Lave and Wenger (1991) but name similar views: progressive education may be the only location where individuals can experience support for acquiring critical consciousness.

Therefore, hooks (2003) encourages teachers to commit to ‘radical openness’, the will to explore different perspectives and to be able to change one’s mind as new information is discovered. ‘Education as the practice of freedom affirms healthy self esteem in students as it promotes their capacity to be aware and live consciously, to reflect and act in ways that further self actualization rather than conformity to the status quo’ (p.72). Democratic education cultivates a spirit of critical, independent thinking that can release internalised oppression and collectively challenge the status quo.

2.3.2.ii Vella, Knowles and Lewin

Freire’s empowering philosophy of critical pedagogy underpins critical social work and this project. Jane Vella (2002) collated Freire’s (1972) ideas, his American counterpart Knowles’ (1970) and Lewin’s (1951) principles of adult learning into the practical application of ‘dialogical education’, via examples of adult teaching projects in 140 countries (Vella 2002). Vella (1995) challenges traditional teachers to remove barriers that constrain learners’ creative minds, souls and bodily engagements with their own education. She draws on Lewin’s (1951) idea that people believe more in knowledge they discover themselves than in knowledge presented by others; adults want to test out a theory before they believe it; learning is more effective when it is active rather than passive - acceptance of new ideas, attitudes and knowledge needs holistic recursive opportunities for thinking, feeling and doing, the action research cycle; it takes more than just giving information to change people’s ideas, attitudes and beliefs, and more than one person’s experience to generate valid knowledge: theories need to explain common experiences; the more supportive, accepting and caring the environment, the freer a person feels to experiment with new attitudes and ideas.
For sustainability of new behaviour, ideas and attitudes (knowledge), the underlying ideas and attitudes must change and be sustained, both within the person and the environment, echoing the transformative aspect of participatory action research. If the person changes and the environment stays the same, the person will be prevented from using her new ways; it is easier to change someone’s ideas, attitudes and behaviour when she becomes part of a new group that provides opportunities for safe discussion and agreement. This is more convincing than when one person learns on her own; new groups create new role identities and expectations for individuals and the whole group (Vella 1995). These principles resonate with Wenger’s (1998) theory that learning occurs in ‘communities of practice’.

2.3.2.iii Wenger and Lave: Communities of Practice
Wenger (1998) argues that engagement in social practice is the fundamental process by which we learn and become who we are as humans. We cannot become human by ourselves; it depends on engaging in social practices to develop a sense of who we are. Learning is in itself a transformational experience. We define our identity through negotiated experiences: the ways we experience our selves through participation; the ways we and others project our selves. We define our identities via trajectories: where we have been and where we are going; through a nexus of multimembership and through relationships between.

The particular contribution that Wenger and Lave (1991) provide is the depth of their analysis of the dynamics of participation as a precursor to learning. Their concepts are complex yet capture the exercise of power in learning environments more astutely than groupwork or social work literature and will be used later in analysing the group dynamics in the training program.

2.3.3.iv Summary of Adult Learning
Three connected ideas have emerged from this review of critical educators which extends the notion established earlier and articulated above that learning is intrinsically tied to social practices, power and identity. First, Freire’s analysis of education for the oppressed identifies the discursive barriers to socially and educationally marginalized people, an apt description of the health and community workers in Mae Sot. Freire suggests removing the educational, social, hierarchical teacher / learner barriers to enable liberatory education. Second, Wenger extends the focus on the power dynamics to those within the group and across the social barriers that affect participation in communities of practice. Third, Vella translates the theory of
critical pedagogy into respectful practices for inclusion of and collaboration with adult learners with clear and transferable methodologies that will be explored further in their application to this project in Chapters 4 and 5.

2.3.4 Curriculum Design and development

2.3.4.i Curriculum design theory: an overview

There is no single Burmese culture or identity on the border, just as there is no single form or curriculum of social work, which raises questions posed by Sewpaul (2007) about what aspects of social work to teach – fields of service, methods, generic or specialist courses - and at what levels? Do we teach theories or skills? Do we locate interventions at micro or macro levels? The following section will explore how others have thought about and developed curricula for cross cultural, diverse populations, both in their own countries and internationally.

Back in 1949, Tyler posed four fundamental curriculum questions:

1. What educational purposes should the educator seek to attain?
2. What educational experiences can be provided to attain these purposes?
3. How can these educational experiences be organised effectively?
4. How can we determine whether these purposes are being attained?

Missing from Tyler’s (1949) questions are questions about power, about who defines how these questions are determined and why, but the four categories provide a purposeful beginning focus for developing an educational program. The first question, says Tyler, requires a statement of aims and objectives (goals) derived from the culture and values of the social community. It is a difficult issue to reconcile in relation to my project on the border, as ‘the social community’ is not easily definable. Dr. Cynthia’s goals were the starting point yet they could have differed from those of the ‘social community’ and mine if, for example, her goals were to provide adaptive counselling to help people adjust to their oppressed situation. My goals - to introduce critical social work – come from another ‘social community’ and at a fundamental level, as the educator, prioritise the goal to run an educational program to fulfill the requirements of this PhD.

The second question about educational experiences to attain these purposes again is not a question for the educator to decide alone. In Mae Sot, aims and objectives and curriculum
content and activities to achieve them were developed with the combined experiences, expertise and creativity of Dr. Cynthia, workers on the border and me. Although we all participated collaboratively, each of us had different roles and different levels of power in the process. Dr. Cynthia’s role was to determine and monitor the purpose and scope of the project, based on her experience and long term strategic plan. Mine was to listen to, reflect on and implement emerging views using my expertise as a social worker and teacher and the workers’ role was to contribute ideas and participate in the curriculum outcome.

The third issue is a pedagogical one that demands curriculum decisions on the sequence and structure of learning experiences. The point here is that the program should be well organised, but also flexible enough to be responsive to issues that arise in the border context. The last question, about collecting evidence of learning that serve a recursive or formative purpose, relates again to power as Bishop (2005) raises in relation to ownership of cross cultural research decisions and outcomes.

Tyler’s (1949) prescriptive steps for planning curriculum, such as establishing objectives and outcomes and using a rational process to specify learning activities to achieve these learning outcomes, seem positivist and outdated. Yet this is precisely what we as academic teachers are required to do in producing consistently structured course guides before we begin teaching. Once established, they become a contract with the students and must be adhered to. I agree that it is useful to articulate learning objectives and expectations but, as Smith and Lovat (2003) argue, laudable logic and intention assumes curriculum development is a static and linear process; that it is teacher rather than learner directed; and that, in its specification of the learning objectives of complex knowledge, a prescribed curriculum trivialises learning and education.

As far back as 1980, Stenhouse was wary of the objectives model for its standardising distortions of knowledge. He disliked the power and authority ascribed to teachers over students to set ‘arbitrary solutions to unresolved problems of knowledge’ as learning objectives (p.86). Stenhouse preferred to see curriculum as a set of ideas or aspirations, the meanings of which must be negotiated and interpreted with others (Smith & Lovat 2003). Giroux (1990) is similarly skeptical of curriculum design that locks teachers into their own understandings and assumptions. He recommends ‘border pedagogy’, a form of deconstruction which views
curriculum and its impact and effects from a distance, rather than being too close to its operations. This can be achieved, say Smith and Lovat (2003) through self-reflectivity as described by Stenhouse (1980), where the teacher is a researcher of her own practice, ‘gathering knowledge and learning independently, solving problems on-site, stimulating pupils with innovative thought and consistency in content and pedagogy’ (Smith & Lovat 2003: 136).

This is consistent with action research methods (Kemmis & McTaggart 2005) and the practice of the ‘reflective practitioner’ (Schon 1983) as discussed later in the methodology. ‘Reflection in action’ (Smith & Lovat 2003:137) involves the teacher interacting with pupils at a level that goes beyond the bounds of the traditional teaching role, where the teacher reframes the learning activity according to the problems, moods or interests of the students and observes and actively seeks student responses.

Smith and Lovat (2003) ask: whose cultural experiences have been included in the curriculum and with what consequences? Curriculum choices are situated in a cultural and historical continuum:

> It is what the older generation chooses to tell the younger generation…(it) is intensely historical, political, racial, gendered….and international. Curriculum becomes the site on which the generations struggle to define themselves and the world (Pinar, Reynolds, Slattery & Taubman 1995:847-848).

With this theoretical framework of liberatory curriculum design and teaching in mind, how does one actually decide what to teach? Smith and Lovat (2003) review research about the ways that teachers undertake curriculum planning, a summary of which follows. The most significant point is that, while teachers do make plans to clarify their purpose and direction, their mental plans and images are most important in providing a picture of what is intended to take place in the classroom. Teachers’ mental plans are influenced by the options available, called ‘perceived decision-making space’ (p.25) and defined by the system, the educational context, the learners and the teacher self. This notion is explored in application in Chapter Five.

The actual planning process of planning the curriculum then is one of recursive problem-discovery and problem-formation cycles that result in the selection, organising, sequencing, pacing and assessing of learning tasks. This is then implemented in the classroom, usually in
modified form in response to students’ behaviour, moods, interests or non interest and feedback, the teacher’s mood or beliefs, or outside factors. Smith and Lovat (2003) offer a critique of this critical reflection model. First, they say, it is demanding of time, energy, resources and commitment of the practitioner. Second, teachers may think they are being critically reflective as they fine-tune their strategies, planning and resources without making the quantum leap required for the depth of reflection that locates their own actions and those of the students in a wider historical and socio-political context. There is minimal evidence of teachers using this level of critical reflection, claim Smith and Lovat, and a need for research into teacher critical reflective practice of the order outlined here.

Despite these limitations, Smith and Lovat (2003) believe that when teachers embrace a truly critical approach to their curriculum practice, especially when done in collaboration with others, they are likely to produce effective practice that is educationally desirable and justifiable in humane and ethical terms. That is certainly what I am aiming at. Their ideas have been useful in thinking through the complexities of critical pedagogy although their book is aimed mainly at student teachers of school pupils and they do not refer to the body of literature on adult learning, or cross cultural education which I consider in the following section.

2.3.4.ii Developing and implementing curriculum in cross cultural contexts

Writing from the position of an ‘outsider’ involved in research with indigenous Maori people in New Zealand, Bishop (2005) raises concerns about five areas of potential misuse of power and poses a series of questions as a means of evaluating ‘researcher positioning’ (p131). Bishop points out that both insiders and outsiders are vulnerable to assuming a homogeneity that ignores the diversity and complexity of indigenous people’s lives. Complexities include the impacts of gender, race, ethnicity, age, class, education and colour. Bishop’s (2005) research is deeply grounded in Maori spirituality and culture but the principles are transferable to this project. His critical questions add layers of depth to Tyler’s basic question:

*Initiation* - Who initiates and sets the goals, questions and design for the project?

*Benefits* - What benefits will there be and who will get them? How will they be evaluated and what difference will it make for local people? How does the research support the indigenous culture and language?
Representation - depiction of reality: How are the voices and views of the indigenous people represented compared with the ‘expert’ voice of the researcher? How are indigenous people involved in developing project goals, questions and tasks?

Legitimation - what authority does the text have? Who will process and analyse the data and theorise the findings? What happens to the results?

Accountability - Who is the researcher accountable to? Who has access to and control over the distribution of the findings? (p.131)

These questions will be used to evaluate the extent to which my project in Thailand is locally and culturally accountable.

Curriculum development in post colonial nations in South East Asia tends to follow conservative Western models with their aim to ‘legitimize the economic status of the colony’ (Marsh & Morris 1991:256). The post colonial nation relevant here is Burma, the place where most of the refugees and migrants were educated. Thailand has never been physically colonised by Western powers (Siriyuvasak 1998) and the Thai government does not provide education to people from Burma in their country. The Burmese themselves have always managed the education in the camps or in Thailand, with the aid of international organisations. However, as Marsh and Morris describe, there are problems in implementing governments’ or overseas-expert designed curriculum policies in the reality of the school context. For example, text books are prescribed without consultation with local teachers who often lack training or experience and teachers are discouraged from or reluctant themselves to take a pro-active role in curriculum development or innovative teaching.

Marsh and Morris (1991) call for the involvement of practitioners (meaning teachers) to achieve a greater contextual fit when developing curriculum at the same time incorporating change as a goal in education. This does not occur in South East Asia where teachers aim to promote unity and nationalism through students accumulating and memorising the maximum amount of knowledge as opposed to an alternative approach, where the teacher’s purpose is to foster independent thinking through ‘the use of logic and empirical investigation’ (p.5). As a social work educator, I took up Marsh and Morris’ invitation and planned to promote unity and nationalism through critical thinking and learning where students can form, express and
exchange opinions about issues in their lives through dialogue. Chapters 4 and 5 describe the application of Marsh and Morris’ ideas in the educational program in Mae Sot.

Pawar’s (1999) suggestions for points of reflection for social work educators in non Western contexts are particularly useful in conceptualising this project and align with Bishop’s (2005) cross cultural design methods discussed in the following chapter. Pawar suggests that social work educators begin by acknowledging that they are teaching a Western social work model that should be questioned as to its relevance in the local context. The educator should identify what is and what is not relevant in the model, subjects and specialisations and the factors, conditions and circumstances that render aspects of the model irrelevant. Pawar suggests that social work educators discover solutions, perceptions and coping strategies that exist within the local culture, traditions and practices and document and incorporate them into teaching, using micro level exercises to facilitate the development of indigenous curricula. The curriculum should be documented and disseminated to other educators and students at interschool levels. Good ideas are dependent on the educator’s capacity to engage with local people (Pawar 1999). Therefore the following section explores cross cultural engagement, issues of race, ethnicity, racism and culture pertaining to the border situation, issues in teaching social work across cultural, ethnic, racial and linguistic divides and cross cultural social work practice.
2.4 Engagement across race, ethnicity, racism and culture

2.4.1 Definitions The terms ‘race’, ‘ethnicity’, ‘racism’ and ‘culture’ overlap, and are contested, blurred and used with a range of meanings (Quinn 2003), some of which I will now explore.

The term ‘race’ implies categorising and distinguishing people on the basis of differences in language, culture and physical attributes, such as skin colour (Quinn 2003). Being ‘racist’ refers to actions of withholding, exclusion and denial of opportunities based on the belief that members of some races are intrinsically superior or inferior to others. I am clearly an outsider racially and ethnically as a non-Asian of fair skin colour and am aware that I am likely to have internalised aspects of white privilege that may emerge inadvertently.

‘Ethnicity’ is a modern designation that emerged in the 1950s and 1960s (Gravers 2007). It refers to a sense of ‘belonging and commonality regarding factors such as national origins, historical experiences, shared culture or physical type’ (Quinn 2003:80). Ethnicity is ‘a political mode of identification’ and ‘of high emotional significance’ as an ‘important source of identification, solidarity and empowerment in terms of belonging to a community and a common culture and history, which is reinforced by migration and displacement’. It is ‘an essential part of the way people imagine their place in the world and the way they reflect upon and sense their position’ (Gravers 2007:3). Burmese people categorise themselves according to ethnic nationality on the border. To write about ethnicity is ‘to enter the political field of ethnic difference at its core where it is formed and articulated’ (Gravers 2007:3). Ethnocentrism considers the characteristics of one’s own group or race as superior to those of other groups or races. It is accompanied by an acceptance of those who are culturally like oneself and rejection or dismissal of those who are different (Mills & Smith 2004).

The complexity of ‘culture’ may include ‘the distinctive ways of life and shared values, beliefs and meanings common to groups of people […] It is accompanied by a web of complex meanings which underlie everyday life and behaviour, the understandings and expectations which guide actions and interactions with others’ (Quinn 2003:81).

Cultural ignorance and ethnocentrism result in the values, beliefs and cultures of minority groups being marginalised, unrecognised, undervalued or not accepted, regardless of the culturally dominant person or group’s intention (Quinn 2003). For example, it is important to be aware of white Australian values that emphasise ‘individualism and the nuclear family; particular gender arrangements and patterns of marriage and child rearing; higher esteem for youth than
elders; democratic processes of participation and authority and a secular rather than religious or spiritual approach to life’ (p.82).

Joan Laird (1998) offers a number of metaphors to think about culture. She says that ‘if we are to unpack cultural stories, we need to know enough to ask good questions, to “notice” culture in its many guises’ (p.22). ‘Knowing enough’ means being reflective and aware of our own cultural selves. It also involves taking a position of ‘informed not knowing’ (p.23) where we find out as much as we can then listen in a way that can alert us to our own cultural biases and recognise the cultural narratives of the other.

These ideas alert me to the reality that my own cultural narratives may blind me to unfamiliar and unrecognisable meanings and cultural practices (Laird 1988). I may be unaware of what I need to know to make sense of people’s lives and ways of living on the border. How have others addressed these issues in working and teaching social work across cultural, ethnic and racial divides? I will explore this in the following sections by reviewing the literature on cross cultural social work in Australia then in the international perspectives.

Howard (1999) describes the transformative experience for the teacher and multicultural students: ‘Once we become aware of the persistent and pernicious nature of dominance, we begin to realise that each choice we make regarding educational structure, process, content, curriculum, or pedagogy has implications for equity and social justice’ (p.78). He identifies five key areas of learning for the teacher to consider in the multicultural educational process: teachers should know who they are, racially and culturally; learn about and value cultures different from their own; view social reality through the lens of multiple perspectives; understand the history and dynamics of dominance and nurture in themselves and students a passion for justice and the skills for social action (p.81). These goals describe the critical reflexivity central to social work (Fook 2002) in their acknowledgement of the potential misuse of power and dominance in the international educational process.

2.4.2 Cross cultural social work practices in Australia

Engaging people from different cultures in social work presents many challenges. This section will explore literature about social work practice in Australia with refugees, asylum seekers, migrants and indigenous Australian to elicit ideas about Australian cross cultural social work practices.
Lynn, Thorpe and Miles (1998) outline approaches for non indigenous social workers to engage with Australian Aboriginal and Torres Strait Island people. Workers should work indirectly, share stories about their family, their age and finances, when asked, and relate in friendly, non ‘professional’ ways in order to build trust and rapport. They advocate a yarn, a joke and a cup of tea, rather than formal contractual, problem-focused approaches. With a series of colloquial expressions, the indigenous people in collaborative project suggest the need for talking plain, yarning and story telling, ‘sussing out’ and being open to scrutiny to establish trust and credibility. Spirituality is one of the bases on which Aboriginal and Torres Strait Island people form connections when first coming together, and in family and kinship connections. The meaning of spirituality differs from cultural ways, beliefs and religion. Respect for each other and laughter in the face of great sorrow are cited as examples of spiritual connections with kin, land and culture (Lynn et al 1998).

Similarly, Nguyen and Bowles (1998) argue that the central issue in engaging people cross-culturally lies in the establishment of trust and rapport. They suggest that social workers be open about their personal information as a way of establishing trust and move slowly and gently, with the right timing to ‘save face’ for people in the community. They identify Asian ways of dealing with problems. The prominent features include ‘indirect expression of feelings, reluctance to confront conflictual situations, preference for allowing time to work out seemingly insoluble problems, and reliance on personal inner strength in facing difficulties’ (p.44).

Workers must present themselves as ‘first of all a friend, only secondly a professional’ (Bang 1983:11-14). Bang emphasised the need for emotionally articulate Western workers to understand the importance of non-verbal communication in Asian cultures, such as warmth, friendliness, empathy, interest in people’s extended family and stories, as well as honest and open responses to questions. Responding to day to day requests, offering practical support and working with the family are ways of building trust and rapport in a culture where the open expression of emotions and problems is uncommon. These ideas may well be relevant to refugees working on the Thai-Burma border.

These indirect methods of engagement differ from the direct approach often taught in Australian social work schools where consciousness raising and ‘naming’ of problems is part of the process of addressing injustices (Mullaly 1997). They also differ from my direct personal style of ‘telling it like it is’, informed by a feminist mission of ‘giving women voice’ (Taylor 1990).
indirect approach is therefore part of indigenisation, the adaptation of social work to the local context such as the border, to include respect for collective or village culture and religious and spiritual beliefs that are part of caring and healing traditions.

2.4.3 Eastern philosophy, psychologies and ‘The Asian Way’

Coming from a secular society, I need to be open to the significant role that religion plays in the sense making and spiritual wellbeing of people in Eastern cultures. In Thailand and Burma, Buddhism is the spiritual unifier with 80% of people Buddhist and Buddhist temples in Thailand providing spiritual support to deal with their suffering (Phongvivat 2002) as well as traditional healing and support services to the community (Devore & Schlesinger 1999). The meditative aspect of Eastern psychology is said to create changes in consciousness and wellbeing. Bankart (1997) distinguishes five qualities common to ‘spiritual’ experiences: ‘feelings of intense relatedness, unusual modes of perception, feelings of being at one with something or someone else, ineffability, and trans-sensate phenomenon’ (p. 403). From an Asian perspective, these are ‘glimpses of the mind’s potential and our deeper nature, and they can produce significant insights and transformations” (Walsh 2000: 419).

Where do critical social work principles fit here? How can these ideas be linked to responding to and understanding injustices or deprivation? D’Souza and Rodrigo (2004) describe spiritual cognitive behaviour therapy which combines east and Western approaches, placing great emphasis on people finding ‘meaning, purpose and connectedness in the context of the person’s belief system’ through individual healing processes which emphasise cultural practices. They use problem solving to reduce existential anxiety and increase mastery, and social connectedness to reduce isolation and anxiety and give meaning through identity as part of a family and community.

In their longitudinal scholarly research with refugees, asylum seekers and displaced people in many locations across the world, Miller and Rasco (2004) identify the lack of cultural fit between Western and non-Western approaches to mental health. Western psychological approaches require high levels of formal education, whereas Eastern rely on traditional healers; Western therapists use individual and scientific explanations (psychodynamic, psychobiological and rational approaches such as Cognitive Behavioural Therapy) for symptoms of trauma and loss, whereas Eastern emphasize religion and supernatural explanations of mental health; Western
cultures value self-autonomy and individual wellbeing, whereas in Eastern cultures the Self is embedded within community and culture; Western cultures treat dysfunctional psychological or biological processes in individuals, whereas in Eastern cultures there are community spiritual rituals to restore healthy relations between people and supernatural entities. Finally, professional treatment is a generally accepted response to mental health issues in Western cultures, whereas in Eastern communities psychological stress is kept private and not revealed to strangers.

The key consideration here for my project is the awareness that workers will construct meaning through their spiritual beliefs and their knowledge and social practices must be encompassed in the training programs.

2.5. Summary and discussion

The review of the literature identified significant cultural, ethical and pedagogical challenges for this research project. First, deciding what aspects of social work are relevant in this international context raises questions about the scope and role of international social work, a contested concept, within which individually orientated Western exported counselling programs are criticised for their lack of preventative, holistic or structural intervention. Critics condemn international organisations for failing in their leadership in social work’s mission of social justice and human rights. A brief review of social work in six Asian countries locates their origins mainly in medical social work or Western imposed models, selected by governments for their capacity to ameliorate social problems as personal deficiencies. These are the same governments that reject human rights values for their individualistic focus. Encouraging examples come from projects conducted in Asia by Australian social workers that respect, include, empower, and benefit local indigenous communities.

Second, I reviewed literature about what forms of pedagogy are most appropriate in this context and considered the constructed nature of knowledge, adult learning principles and the need for engagement and participation via communities of practice. An overview of literature about curriculum design explored the limitation of the objectives model compared with a critical reflective model, aspects of both of which are relevant to this project. The third aspect sought ways to apply these pedagogical approaches to the international experience, consulting writers who identify Asian-specific educational values and ways of engaging across
issues of race, ethnicity and culture. Local Australian practitioners provided practical guidelines for establishing trust that is so essential in relationship development.

A constructivist analysis of power and oppression underpinned the literature review. Neither Western social work nor the communities on the Thai-Burma border are monolithic and, in transferring social work internationally, the teacher has the power of selecting what to teach. My embracing of critical social work inevitably guides this choice and the literature search has alerted me more astutely to the need for liberatory, participatory forms of education.

2.6. Conclusion
The literature raised questions about ownership, accountability and indigenisation of the project and curriculum. The lessons from previous social work initiatives in Asia prescribe a process of consultation and inclusion in an effort to indigenise the project. Of the many aspects of social work to be transferred to this site, there is a strong case for preventative approaches that address the causes of poverty and deprivation rather than reparative programs of counselling and rehabilitation. Ideally, this project can assume aspects of social development in empowering and developing skills in the participants and community to enhance their income.

Whilst unswayed in my commitment to critical pedagogy, discovering Asian ways of thinking, such as the contestation of human rights, the prioritising of rational over critical thinking and the multiple interpretation of Buddhist spirituality, makes me mindful of the need for critical self-reflection and observation of participation patterns within the training programs. My goal was for the process of learning and teaching to be transformative. I attempted to suspend my assumptions, engaged via self-reflection through the action research processes as described in the following chapter on methodology where I review participatory action methods of research.
CHAPTER 3: METHODOLOGY

3.1 Introduction and epistemological framework

As an Australian social work practitioner, family therapist and teacher, human rights activist and mother, I conducted this research from a set of values, beliefs, biases and experiences that have shaped my research goals, methods and actions. In this section, using Mason’s (1996) classic set of questions, I articulate how my epistemological perspectives are integral to my research topic, questions and methodology.

Social work is my original discipline and critical social work, post modern and systems theories inform my world view and practice. Critical social theory derives from Marxist theory in its emphasis on ‘the interconnectedness of economic, social, political and cultural realms’ (McDonald 2006:172) and people’s unequal locations within changing macro structures of power: gender, class, race, culture, ethnicity, political and other decision-making institutions (Pease & Fook 1999). Central to critical social work is ‘the analysis and transformation of power relations at every level of social work practice’ (Healy 2005:172). Critical social workers seek to understand the origins of oppression, transform structures that divide the ‘haves’ and ‘have nots’ and, through human rights and anti-oppressive practices, empower oppressed people to act for their own goals or achieve social change collectively (Healy 2005).

Critical, anti-oppressive social workers reflect critically on the influence of personal, cultural and structural processes on their practices and on the experiences of service users (Thompson 1997), including social work’s participation in the control and surveillance of the people we seek to assist (Healy 2005). The process of critical reflection includes analysis of the power that language has in shaping knowledge (Lundy 2004). The values, views and social practices of the most powerful majorities determine the discourses that render minorities invisible.

In the international cross cultural educational environment on the Thai-Burma border, I aimed to seek the voices and experiences of diverse Burmese people. This called for continuous awareness of power dynamics between me, as an Anglo researcher, and the multi-cultural participants.
Core to my social work thinking is an ecological or systems analysis, which describes the interconnection and relatedness of space, geography, biological to human systems, recognising patterns of connections and inter-related dialogue between people and organisations in different parts of the world: researcher, participants, refugees, migrants, schools, teachers, principals, health and community workers, community and international organisations and political bodies (Borrell & Boulet 2004).

As an educator, I am guided by critical pedagogy practised within adult learning principles. I believe learning occurs through experience: doing, feeling and thinking and action. I am committed to teaching through ‘praxis’, the Greek word that means ‘action with reflection’ (Vella 2002), providing opportunities for participation and reflection based on respect and collaborative relationships between teachers and learners (Vella 1994). Vella (2002) applies concepts from quantum thinking to the process of adult education: relatedness, holistic perspective, duality, uncertainty, participation and energy.

As an activist, I see my position as an educated privileged woman carrying a responsibility to share my knowledge and power and advocate with and for people who have not had access to education and economic or physical security. In the context of the border, direct action was not appropriate, so activism generally took the form of ‘conscientization’ (Freire 1974) or raising critical consciousness.

3.2. Research framework and questions

Within the above epistemology, my standpoint for this research is one of inclusion, collaboration, empowerment and participation. As the researcher, I went into the research ‘not knowing’ many things: how a cross cultural educational collaborative venture may evolve; who the people on the border are or what their needs for education about social work were or what aspects of my experience in the classroom in Melbourne would transfer to the context in Thailand. Therefore, I was constantly learning about my research subjects, and my actions as a researcher were changing as I learnt more. I was ‘shaped’ as I shaped the experience of the research.

Moon (2004) defines experiential learning as processes where students ‘individually or with others, engage in direct encounter, then purposefully reflect upon, validate, transform, give
personal meaning to and seek to integrate their different ways of knowing’. She emphasises two aspects of experiential learning: one, students are required to leave the classroom and two, they need ‘raw, direct experience’ complemented with ‘careful thought and reason’ (p.110). I attempted to provide both of these requirements for the training participants in Mae Sot.

As a social worker, teacher and activist, I subscribe to the empowering qualities of education. Knowledge is power and knowing one’s rights, options and how to achieve them is transformational. This research comes from the conviction that educating people on the border can contribute intellectual empowerment towards the liberation of Burma through creating a group of confident, critical thinking leaders working at the front line as health and community workers.

3.3 Ethical Issues
The ethical issues outlined in the introduction are expanded here:

3.3.i Security Burmese people in Thailand are under constant scrutiny by the Thai authorities and risk having to pay bribes, being arrested or deported if apprehended. It was important to choose an accessible and safe venue for and provide safe passage to and from the training.

3.3.ii Access and equity There are few opportunities for tertiary education on the border, so the chance to be involved in this project was valued by health and community workers. The Clinic and community organisations took responsibility for selection and ensured diversity in relation to gender, age and ethnic and language groups. A transparent and equitable selection process was an important aspect of establishing the training group.

3.3.iii Culturally relevant social work education As an outsider, a foreigner, I carry the risk of imposing Western forms of social work and education on a vulnerable group of people from a non-Western culture. Dr. Cynthia’s idea of social work education may have differed from mine, so it was important to consider interpretation of languages, local understandings of social and community work and differences in presenting issues in a population recently escaped jungle war, diseases, torture and trauma.

3.3.iv Raising awareness Students and activists in Burma are imprisoned for gathering
meetings of five or more are forbidden) or for expressing criticism of the Burmese military. They have learned not to express opinions. Social work education alerts students to human rights and social justice and the consequences of consciousness-raising and activism need to be explored to avoid increasing students' vulnerability to imprisonment through discussion or published statements if they return to Burma.

3.3.v Representation and inclusion In order to address the cultural relevance of this project, I planned to establish a reference group of local and international educators, including social work educators to critically review the cultural appropriateness of the process, content and outcomes.

3.3.vi Visual recording As part of developing the teaching material, I planned to take still photographs and film aspects of the process, to be used as resource material for education of future health workers. I informed people and sought their consent via a written form, being aware that some people (unregistered migrant workers, sex workers for example) may choose not to be filmed or identified because of the risks of being identified. Alternative methods such as not filming faces, using pseudonyms and not filming or photographing were employed. My previous experiences on the border indicate that people are well aware of whether they can be filmed or quoted and able to be clear with visitors about this. The group of people on the border provided a final safety net to censor potentially identifying data (Consent Forms Appendix 6).

3.3.v Social problems and issues As well as needing to approach issues gently and indirectly, I was aware that I might be exposed to issues outside my experience despite my years of social work practice. Thirty plus years as a practitioner, supervisor and trainer in public welfare in Australia has equipped me to respond to domestic violence, child abuse, drug and alcohol abuse, depression, suicide and mental health issues. In the brief time (two weeks) I spent in Myanmar in October 2006, however, these problems were multiplied, for example by one in four families being affected by HIV/ AIDS, sexual exploitation and trafficking of children and women and the absence of legal, child protection, health, educational systems to respond to deprivation, patriarchy and ethnic cleansing. I expected that there would be similar problems and lack of coordinated responses on the border to those I observed in Myanmar.
3.4 Research Questions As a project in education, the research asked questions about pedagogy, cross cultural learning and critical thinking:

- How can I, an Australian social work teacher, develop and teach a culturally sensitive social work program in the cross cultural, multilingual, refugee, undeveloped context of the Thai-Burma border?
- How can a foreigner find out the needs of local health and community workers on the border?
- What teaching methods serve to engage, stimulate and extend the knowledge and skills of health and community workers in that context?
- How relevant and appropriate is it to attempt to teach critical thinking to people who have been deprived of education through the politics of their own country?
- In what ways should my expectations of participants’ capacity to think, learn and practise ethical, activist social work be altered by my knowledge of their traumatic and oppressive backgrounds?
- What aspects of social work theory, practices and teaching methods are relevant to community and health workers on the Thai-Burma border?
- In what ways can education empower people towards the liberation of their country?

These questions were considered within the key research question that drove this research project:

How can I develop and teach a culturally sensitive, sustainable social work curriculum for health and community workers on the Thai-Burma border?

To respond to these questions, I selected a methodology that could involve and empower local people and where I could reflect on this and other questions as they evolved.
3.5 Methodology

3.5.1 Participatory Action Research

Participatory Action Research (PAR) was selected for this qualitative project because of its distinct integration of political and methodological intentions (Kemmis & McTaggart 2005), its social and community orientation and its emphasis on emancipation and societal change (Creswell 2005). As a form of qualitative inquiry, it aims at developing and sharing interpersonal, political, emotional, moral and ethical skills between researchers and research participants (Finley 2005). PAR combines the recursive processes of action research with the community focus of participatory research (Kemmis & McTaggart 2005).

The process of action research can be described as a continuous feedback loop of planning, action and review of the action whereby ideas, reflections and planning influence action, and action in turn changes ideas and planning (Cherry 1999). Action research had its origins in community activism with ideas from Kurt Lewin’s (1952) classic seven steps of ‘identifying the problem, fact finding, hypothesising, testing hypotheses, selecting and allocating tasks, implementing the action plan, then interpretation and evaluation’ (Lewin 1952:566), revised in 1964 to the ‘plan, act, observe, reflect’ cycle. Combined with Moreno’s psychodrama, sociodrama and roleplay inter-action research methods (Cherry 1999), action research aimed at challenging the mindsets of organisations and whole societies. It felt presumptuous to claim this aim given my limited brief; at the same time, these grand aims identify the transformative potential of any teaching project and re-emphasised my responsibility in introducing new ideas in a cross cultural context.

Kemmis & McTaggart (2005) identify seven features of participatory action research:

1. It is a social process that explores the ‘relationship between the realms of the individuals and the social’ (p.566). The project aimed to analyse how the participants and I were transformed as individuals and in relation to each other through the processes of the trainings.
2. It is a participatory form of inquiry where the researcher does research ‘on’ herself to reflect critically on the ways that knowledge frames and constrains her actions. The project challenged so many of my assumptions and teaching practices, as described in chapters 4 and 5.
3. It is practical and collaborative in that it involves stakeholders in examining social practices to explore how to improve their interactions by changing the acts that constitute them. The combination of social work and education demanded that this project be practical in its examination of the health and community workers’ local practices.

4. It is emancipatory in its aims at identification and release from ‘unjust structures that limit self-development and self-determination’ (Creswell 2005: 556). Burmese migrant workers in Mae Sot are well aware of the injustices of the military regime in Burma but this project aimed at transcending the constraints of inadequate, unavailable education and professional development.

5. PAR is critical. It deliberately contests and reconstitutes unjust, unproductive or alienating ways of interpreting and describing the world. It addresses unequal power relations embedded in the social media through which people interact – language, work and social relationships. My commitment was to observe, reflect, name and address unequal power dynamics as well as raising awareness of internalised oppression as they emerged within the process of the training programs.

6. It is reflexive, recursive and dialectical in its design to help people transform their world through an interacting spiral of looking, thinking and action as described in the following section on methods.

7. Action research also aims at transforming the researcher’s social and personal experiences through action, analysis and reflection, learning and more action. It includes the researcher as a ‘reflective practitioner’ (Schon 1983; Alston & Bowles 2003) and involves ‘praxis’

Burns’ (2000) four basic characteristics of action research reflect the principles of this research project. First, the research is situational in diagnosing and attempting to solve a problem in a specific context; including, in this case, the lack of professional development education for workers in responding to social problems in at the Clinic and the community of Mae Sot. Second, it is collaborative, involving researchers and practitioners working together to develop the training program. Third, it is participatory in its involvement of local people as the critical reference group plus continual consultation with and response to participants about the program.

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4 Marx (1844) used the notion of praxis as ‘the socio historical context for a materialist account of consciousness and the making of history’ (Wenger 1998:281).
so that they play a direct role in implementing the research. And fourth, the process is self-evaluative of my teaching methods and processes with systematic and continual modifications based on consultation and feedback.

There are different and contested definitions within academic literature for terms that describe this type of research: action research, facilitated action research, participatory action research, critical action research, participatory, collaborative, co-operative inquiry and community-based research and community based inquiry (Stringer 1999). All involve ‘varying degrees of community participation, collaboration between co-researching participants and a commitment to social change’ (Pyett 2002:333).

As discussed in the literature review, power is a major consideration in relation to this research project. Power differentials fall across the teacher-learner relationships, between different Burmese ethnic groups, between Thai, Burmese and English speaking people, between community organisations, NGOs and international organisations, between medical, psychological and social approaches, social work and community development, between Australia and other states’ roles in Burma and on the border, age differentials, privileging youth over age and wisdom over lack of experience, and between Australian university-funded researchers offering education to people in Thailand who have few other opportunities for training.

Participatory Action Research fits with my epistemological position by questioning relationships between knowledge and power. It legitimises local knowledge and questions the superiority of Western ‘ways of knowing’. The researched become ‘subjects’ rather than ‘objects’ of knowledge production (Vella 2004). As a researcher, I must be aware of my subjective role in producing knowledge that carries the bias of my particular social, political and economic milieu (O’Brien 2003). Social work researchers Alston and Bowle’s (2003) goals for PAR in cross cultural environments are therefore useful in considering the international transfer of Australian social work. They recommend:

- tailoring programs to include culturally specific, appropriate and sensitive components
- conducting ongoing evaluations and refinement
- empowering marginalised multi-cultural groups in the project
addressing inequalities between people from an ‘Australian’ culture and those from other cultural backgrounds
- enhancing social harmony and tolerance between all groups through education
- acknowledging that the facilitator of the research is also a worker participant
- ownership of the research by all involved and/or interested.

These ideas concur with Bishop’s (2005) ideas discussed in the literature review about the exercise of power on and by Western-trained and positioned researchers of indigenous peoples. Participatory action research methods appeal to me for the immediacy, creativity and possibilities of response to issues that emerge in discovery. The risk I see for myself using this method is the potential over-reliance on emerging ideas and spontaneity rather than sound planning and preparation. This project challenged this tendency in me, particularly in light of McCarthy’s (2004) recommendation to clarify the skills trainees will learn, all of which will be discussed in chapter 5.

3.5.2 Other participatory theories
Within the process of PAR, I also engaged in aspects of:

3.5.2.i Open ended inquiry The research employed aspects of open ended participatory inquiry in that it embarked on a journey of discovery, was flexible and not constrained by existing conclusions and established goals (Wadsworth 1997). Open ended inquiry valorises the knowledge of a critical reference group in informing the need for and the processes and outcomes of the research, as opposed to assuming the superiority of ‘expert’ knowledge. Driven by the perspectives of the critical reference group, the research was participatory, democratic and collaborative (Wadsworth 1997). Dr. Cynthia’s role was crucial here. I was reliant on her to link me with a reference group in the guise of Clinic and community workers, for her approval and permission for me to teach and her approval for ongoing teaching.

3.5.2.ii Reflective relational research Critical reflective research is a collective social act that brings people together. As Punch (1994) explains, ‘the investigator engages in a close, if not intimate, relationship with those he or she observes. Crucial to that relationship is access and acceptance’ (p.84). The researcher is simultaneously a practitioner, a researcher and a participant learner doing classroom action research (Kemmis & McTaggart 2005), critically
reflecting on her own theories and practices of liberatory education for social change. The emphasis is on the practical, first in the sense of the interpretations that the teacher and students are making and acting on in the situation. Second, it is practical ‘in Aristotle’s sense of practical reasoning about how to act right and properly in a situation in which one is confronted’ (Kemmis & McTaggart 2005:561). The researcher works with participants to identify their training needs and develop and implement the curriculum. Through ‘engaged research’ (Bourdieu & Wacquant 2005), researchers aim to transform practices but also understand that their research project is constructed and open to reconstruction.

3.5.2.iii Transformational research Action research is about ‘changing or improving a social situation, and involving those most affected’ (Alston & Bowles 1998:164) collaboratively to develop the skills and knowledge to bring about change in their own environment. The researcher’s learning is included in the transformative nature of the research.

3.5.2.iv Co-operative inquiry Pyett (2002) distinguishes participatory action research from co-operative inquiry. PAR involves a collaborative partnership between academic researchers and more marginalised and disenfranchised groups, whereas co-operative inquiry (Reason 1994) involves ‘groups of professionals co-researching their own practices in systematic, rigorous and reflexive ways’ (p.333). While the intention of the current study fits the former genre, the latter process emerged as participants in the social work training programs became more like colleagues, as described in Chapter 5.

3.5.2.v Action science is research in practice rather than research on practice (Friedman 2001). The role of the researcher is to create conditions under which practitioners, such as social workers, can build and test ‘theories of practice’ for learning by creating ‘communities of inquiry within communities of social practice’ (Argyris, Putnam & Smith 1958:34). A community of practice involves professionals who share a common language of practice learned in their course of education and apprenticeship. Language represents the shared values, knowledge, terminology and procedures that constitute the boundary of the community of practice. Practitioners are problem solvers and researchers committed to critically examining their practice through building theories in practice (Friedman 2001). This description of action research seemed useful for introducing social work to a group of practitioners, albeit initially unaware of the meaning, language or values of social work prior to my training program.
3.6 **Methods of Participatory Action Research**: education, group work, community development, theatre, role play and art.

This research project continually acknowledges and reflects on my professional and ethical beliefs, knowledge and values and those of the participants, as well the interplay of these subjectivities on the research. This stems from the belief that research and human interaction can never be value free (Alston & Bowles 1998). People experience and interpret their own reality subjectively which is inseparable from the world in which they live. There is no ‘objective reality’. It was important for me to get to know and enter the world of the community from Burma in order to see and assess people’s perspectives as closely as possible as, in the spirit of action research, it was difficult to know what I was getting into (Friedman 2001), even when I was in Mae Sot.

3.6.i **Groupwork** is a social work practice method concerned with the recognition and use of processes that occur when three or more people work together towards a common purpose (Doel 2000). Understanding individuals in the group requires knowledge of psychosocial functioning, developmental cycles and the impact of the group’s structure and process on the members’ behaviour. Individuals and their interactions and connections in a group cannot be understood accurately without awareness of their social contexts (Northen & Kurland 2001).

Group work counteracts the individualization of problems and solutions where ‘public issues’ are cast as ‘personal troubles’ (Mills 1959). Blaming individuals for social problems renders the policies of governments beyond scrutiny and accountability (Trevithick 2005). It leaves people ‘divided from one another and isolated from those who share similar experiences’ (Fook 2002: 24). If neglected, divisions caused by social inequalities can lead to a breakdown in social cohesion in ways that fracture and destabilise social relationships and social stability (Trevithick 2005). Group work has an important role to play in addressing social fragmentation and building social cohesion but requires practitioners with sufficient training, skill and experience to work creatively with people to help overcome these divisions (McDermott 2002).

Group work can address a broader range of social and personal problems than those designed for group psychotherapy, including the desire to:
- achieve personal change (i.e. changes in attitude or behaviour)
- achieve social, environmental or political change
- foster relationships/gain support
- pool resources
- facilitate learning (Trevithick 2005).

As most teaching and training take place in groups, the extent to which the dynamic of the group enables or inhibits learning is attributable partly to group dynamics, processes and development, so an understanding of group processes is important (Doel & Sawdon 1999). When group work is used in research studies, it is important that the facilitator knows how to ‘read’ the group dynamic and processes that influence the outcome of the group’s deliberations (Ward 2002:154). Working in a cross cultural international context adds a layer of complexity to this task.

3.6.ii Learning Circle processes (Collay 1998) constitute a group work method of adult education and participatory community consultation based on collaborative and democratic principles. Learning circles have been used for community and international problem solving in many countries and in Australia, as part of Reconciliation processes (Shires 2006; Crombie 1999; Collay 1998). Basically, learning circles use alternating small and large groups to identify issues, brainstorm the facts and solutions, then define and allocate tasks to implement an action plan.

During the 2005 and 2006 study tours to the Thai-Burma border, I participated in learning circles and community theatre exercises with RMIT and refugee students in refugee camps. This process consisted of small and large group tasks, eliciting ideas for recursive discussion and problem solving. The process commenced with cross cultural exercises across language divides between, in this case, Karen and Australian students, swapping stories from their respective cultures (Sheil & Cartwright 2005). Then a large group (circle) brainstormed ‘issues of concern’ for refugees in the camp, eliciting a list of issues. I planned to use similar learning circle processes to identify educational and service needs for refugees from Burma and to facilitate the discovery of ways for participants to respond.
3.6.iii Community development principles are integral to social work but are considered by some to be a separate body of knowledge from traditional social work (Ife 2002; Sheil & Cartwright 2005). Paulo Freire, introduced in Chapter 2, is credited with the genesis of community development approaches in Latin American grass roots organisations, working towards social reform in Brazil in the 1960s through liberatory forms of education (Freire: 1974; 2005a; 2005b).

Community development approaches entail a conscious move away from ‘expert-based’ knowledge, instead seeking the involvement of community members to identify their own needs and assets. These approaches contend that people should be empowered to represent their own reality in their own voice and language. The objective is that through the process of participation, community members are empowered with knowledge and sustainable structural change (Ife 2002). Dialogue or conversations can bring people together to challenge social issues such as racism, sexism and other forms of exploitation present on the border. Empowering and resourcing local people, such as health and community workers, through education can produce more sustainable and positive outcomes individually and collectively than high cost conventional and remedial welfare services (McDonald 2006).

While the liberatory approaches of community development lend themselves aptly to this educational project, Midgley (1996) would say they do not go far enough in their social development aspirations to address the systemic poverty and deprivation on the border through income generating projects. The educational mandate of this project precluded Midgley’s suggestion to include economic issues in a practical sense. His message, however, was heeded in terms of raising awareness and providing opportunities for training participants to practise income generation activities. These are described in Chapter 5.

3.6.iv Theatre I used drama as a form of participatory action research through role plays, community theatre and ‘Theatre of the Oppressed’ methods to identify ‘the problem’ and generate responses (Duch, Grolh & Allen 2001). The method was based on the work of Brazilian theatre director Augusto Boal who, in collaboration with Freire, developed alternative forms of participatory approaches in Peru in the 1970s to engage poor and illiterate people in literacy programs. His book, Theatre of the Oppressed (Boal 1979) describes his form of community-based theatre and education.
Theatre of the Oppressed emerged originally as a form of political theatre to explore the social and political conditions experienced by peasants and workers. Boal was interested in theatre as a means of giving voice to those who were silenced or less powerful in society. Boal began experimenting with forms of theatre that offered opportunities for dialogue or interaction between audience members and the actors. He felt that traditional forms of theatre were monologues rather than dialogues, the former contributing to the maintenance of oppression, whereas dialogue allowed change to take place (Paterson & Weinberg, 2003).

Boal invited audience members to exchange places with the actors to contribute their solutions to the problems posed in the drama. Boal called this person a ‘spect-actor’, someone who is an active observer, able to bring her/his thoughts and desires to the unfolding drama. Sessions are led by a director) whose role is to lead the session but not to influence the outcome of any of the improvisations (Proctor, Perlesz, Moloney, McIlwaine & O'Neill 2008).

Later, Boal’s (1992; 1995) image and forum theatre addressed actors’ ‘internalised’ oppression such as fears, voices of self-criticism and self-doubt and aimed to empower individuals to take charge of the ‘oppression in their head’ (Proctor et al 2008).

Boal (1995) developed physical exercises, aesthetic games, image techniques and special improvisations ‘to safeguard and reshape the practice of theatre into an effective tool for the comprehension of social and personal problems and the search for their solutions’ (p.15). Boal claims that, like a good cook, users of his technique should be prepared to ‘vary the recipe to suit the ingredients and the tastes of the eater, because the work is always about what is going on in the moment, not the stated description of it on the page’ (p.xxiv). This stance provides a tool to elicit and respond to emerging local wisdom and fits well into this project’s research paradigm.

Boal’s Theatre of the Oppressed (TOTO\(^5\)) has been used in Australian contemporary community drama projects to identify and address homophobic discrimination in rural areas of high youth suicide and depression (Contole 2004, Proctor et al 2008). Working with a TOTO facilitator, young people in secondary schools developed a series of role play dramas

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\(^5\) The acronym TOTO was used by the Australian theatre director who adapted Boal’s Theatre of the Oppressed techniques in his training of the Breaking Though Facilitators. In some of the literature, Theatre of the Oppressed is referred to as TOTO. For the purposes of this paper I will use the acronym TOTO when referring to Theatre of the Oppressed.
depicting their experiences of oppression. These become mini plays performed publicly to the community, including many of the oppressors. The key transformational action occurred when the facilitator invites the audience to step into the shoes of the ‘actors’ and play it differently. Through experiencing young peoples’ perspectives and offering alternative responses, ‘oppressive’ parents, police and teachers can gain insight and empathy which can have positive effects on their behaviour.

In Thailand, the Makhampom Community Theatre Company runs community empowerment and awareness training with marginalised Thai communities and Burmese migrants and refugees in the camps. I trained with this company as part of the RMIT study tour and we used the methods three years running in two-day workshops in the camps with Karen and RMIT students. Their model, as I experienced it, is more akin to the learning circles approach where intercultural connections, problem definition and solving are generated through drama and collaborative cross cultural conversations.

Community theatre has been used by members of Karen River Watch inside Burma to alert riverside dwellers to the impending damming of the Salween River, the second longest river in Southeast Asia (KRWF 2003). Thousands of people have already been displaced with loss of livelihood, home and culture. The TOTO process assists these people to develop awareness, action and escape plans.

One of the powerful aspects of TOTO is its emphasis on ‘exploration’ without a prescribed outcome, so that the process can generate multiple perspectives on a situation, rather than find a right or true understanding.

3.6.v Role play is another method of drama used for participatory research. Venable (2001) identifies the benefits of role play as a group problem-solving method and tool in achieving critical thinking, promoting risk taking and reducing student anxiety. The teacher’s role is one of facilitator, allowing students to direct the dialogue as much as possible. Roleplay is a core form of experiential learning with the RMIT social work courses I teach and a method that I am familiar and confident in using. As an adult learning method, roleplay works best when it is introduced with safe sequencing. The safest starting point I have found is for the teacher to demonstrate first, ‘taking the risk’ of exposure and purposefully being imperfect so that students have an experience of critical reflection and learning about giving constructive
feedback in preparation for working with their colleagues. The additional complication of working with an interpreter can add the benefit of slowing the process down which enhances the reflective process.

3.6.vi Art and Methods of Arts-based Inquiry

This project employs arts-based research which values the skills of imagination, perception, interpretation and artistic representation (Eisner 1998) and seeks ‘to construct action-oriented processes for enquiry that are useful within the local community where the research originates’ (Finley 2005:682). Rather than truth finding, proof or conclusions, arts-based enquiry portrays the multidimensionality of expressions of human life. Garoian (1999) describes activist art as performance as pedagogy:

... art work is performative curriculum because it opens a liminal space, within which a community can engage in a critical discourse, a space wherein decisions are contingent on the collective desires of its citizens, as well as an ephemeral space because it is applicable to the particular time and place for which it has been designed ...communities are contested sites, and performance art is a function of community development (p.128).

This project sought to structure the research around arts-based enquiry via art and drama in the forms of artistic activities, storyboards, roleplays and theatre.

Before I left for Thailand, I wondered if these ideas would be applicable in an international social work training program where there was no perceived audience. Can theatre methods be transformational without an audience? Edmond and Tilley (2005) say that theatre can be transformational at many levels and in different spaces, even in the workplace:

first, it gives instruction in communication and teamwork skills; second, it provides immediate opportunity to put those skills into action (learning by doing); third, it opens up unconventional communication opportunities (by levelling participants – all are novice actors...); fourth, it unites employees by superimposing a shared goal onto groups who may previously have viewed themselves as working in unconnected, competing, or conflicting roles; fifth, it provides opportunities to thematically articulate communication
problems; sixth, it encourages the suggestion of solutions in order to give the play shape and conclusion; seventh, it provides opportunity to test those solutions by acting them through; eight, changes can be incorporated immediately into a new script during both rehearsal and performance (p.9).

The following chapters consider the impact of theatre methods on the workplace and community sites of the social work training participants in Thailand.

3.7 Conclusion
Consistent with my epistemological position located in critical social work theories and practice, I selected PAR as the methodology for this project because of its inclusive, collaborative, empowering philosophy. The experiential methods of group work, role play and drama and artwork derive from a similar history of emancipatory approaches within social work, education, community development and drama. They were attractive to me for their capacity to create opportunities for praxis, the integration of theory and practice, thinking and doing.

In relation to this project, questions arose about the suitability of PAR in the cross cultural environment of diverse ethnic groups on the border. Was it realistic to expect creative responses to roleplay, drama and arts based activities across barriers of language, cultural and ethnic tensions? Is participation realistic in the context of migrants, living in constant fear? What was achievable within a limited timeframe? The full force of these theoretical and practical tensions came into play as the trainings began. Chapters 4 and 5 describe the extent to which these ideas were relevant and applicable with health and community workers in Mae Sot.
CHAPTER 4. THE PRE TEACHING CONSULTATION PHASE

4.1 Introduction
The proposed outcome for this project was a module of social work curriculum, developed and trialed with workers on the border, that could be used as part of ongoing education at the Clinic and possibly other workers in NGOs on the border. The actual outcome was three iterations of social work curriculum, each comprising several modules. In the spirit of participatory action research methods, each curriculum builds on the experiences and learnings from the previous one.

The pre-training consultation process determined the dates, length of time, potential content and range of participants of the trainings. Despite my vision and availability for a program of one or two days a week over three or four months, extensive consultation indicated a preference for shorter targeted training programs.

This chapter outlines the participatory action research cycles used in the consultation processes prior to the teaching program. It is predominantly a narrative description and reflection of the steps in consultation about what and whom to teach, whereas Chapter 5 analyses the processes of teaching and refining the curricula.

4.2 The consultation processes
From the beginning, Dr. Cynthia’s key instruction was that I consult, collaborate with and involve stakeholders in examining their social practices of ‘communication, production and social organisation’ in order to improve their situation by changing ‘the acts that constitute them’ (Kemmis & McTaggart 2005:567). This early excerpt from my journal describes the brief Dr. Cynthia gave me:

Today Dr. Cynthia returned from a trip to Norway to receive the World Children’s prize for services to children.

We met to discuss what she wants me to do. She explained that people in refugee camps are quite well serviced by NGOs, but there are not services for the thousands of migrant workers living
on the border, exploited by Thai bosses and with no access to health care or assistance. They come to the Mae Tao Health Clinic but their social needs are too much for the health workers who are dealing with 200-300 patients a day arriving from the jungle with malaria, Hepatitis, TB, HIV/AIDS, skin diseases and injuries from landmines and gunshots.

The Clinic started many of the services on the border - they set up orphanages, women’s shelters and migrant schools. Now, Dr. Cynthia wants to establish a coordinated social service system and training, with the hope that another community organisation will take it over once it’s up and running. Although there are many services, they don’t meet all the needs, are not coordinated and there is no system of referral between them. Some organisations don’t know about the others.

Dr. Cynthia would like me to start by mapping and documenting social needs and services. This is not quite what I envisaged in terms of setting up social work training but it does make sense to become familiar with the scene and consult with the workers about how they see things first. So my first task on Monday is to meet people at the Clinic, with an interpreter called Moonstar. Dr. Cynthia asked if I would try to distinguish health needs and responses from social needs and responses as, at the moment, everyone tries to do everything.

Dr. Cynthia had already fulfilled the first step in establishing relevant forms of social work internationally: defining issues as social issues (Payne 1998). Payne’s next step is identifying and resourcing social workers to resolve the issues. Dr. Cynthia’s strategic directive to me - to consult with and involve stakeholders inside and outside the Clinic about their needs - now seems an essential part of the PAR process. As Punch (1994) explains, access and acceptance are crucial outcomes of relationships established through reflective relational research projects. I had not expected this to be as protracted and broad as it turned out to be, as other international educators seemed to arrive, teach and go. In hindsight, my extended time of six months allowed us to set in place principles of respect for local wisdom and practices and to strengthen the current services through coordination and training.

I was surprised that Dr. Cynthia would entrust this consultative process to me as an outsider, given Bishop’s (2005) questions about outsiders undertaking research with culturally diverse
groups. I was relieved to be able to answer Bishop’s first question: ‘who initiates and sets the
goals, questions and design for the project?’ with this story of following Dr. Cynthia’s
directives for ‘indigenous people (to be) involved in developing the goals, questions and tasks
of the project’ (p.131). This meant, however, that the consultation process was far more
prolonged than I had envisaged and privileged the ‘voices and views of the indigenous people’
compared with my potential ‘expert’ voice as the researcher (p.131). I attempted to be
accountable to Dr. Cynthia throughout. I provided a copy of the curriculum and a report on
completion so that she had ‘access to and control over the distribution of the findings’ (p.131)
and in an attempt to make it available to others in the interests of sustainability of the
program. (This report is listed as Appendix 7. Excerpts and elaborations are included in the
following section).

4.3. Tasks within the consultation process

The consultation phase from February to April 2007 involved several unexpected practical
tasks. I am still not sure whether these tasks arose just because I, a literate, English speaking
volunteer, happened to be at the Clinic or whether Dr. Cynthia wanted to test my capacity to
connect and work respectfully with local people. This was certainly one of the benefits. She was
away a lot of the time, seeking funding, receiving prizes or renewing her visa, so it was hard to
meet with her and I did so formally on only four occasions. During the time I was conducting
formal consultations with the Clinic staff about their responses to social problems as directed by
Dr. Cynthia, I also worked with Clinic staff on various other tasks:

4.3.1. Map of the Mae Tao Clinic

I worked with two young people to develop a map of the Clinic for the benefit of the many
visitors and newly arrived volunteers, including myself. This process gave me access to people
in physical parts of the Clinic that I might not have visited, such as the Water Sanitation block
and mortuary, which became relevant when staff from that section turned up at the training two
months later. It seemed an odd job to start with but as things evolved, space became a
significant issue (Map of Mae Tao Clinic: Appendix 1).
4.3.2. Documentation of cases for MTC Annual Report & Burma Children’s Fund

Lisa Houston, liaison and finance manager for the Clinic, asked me to write some stories to use in the Clinic Annual Report (MTC 2006) and Kanchana, the Thai Australian-trained nurse asked me to interview families with sick children and write their stories as a means of fund raising in order to pay for the medical care they needed beyond the scope of the Clinic. Mae Soe, the head of Child OPD, the Children’s Outpatient Department, interpreted during these interviews. These stories gave me invaluable insight into the circumstances of people’s lives and the different conceptualisations and responses of the staff. One significant example occurred when I was interviewing a mother and toddler.

While I was interviewing Htwe Htwe and her son Pai Pai, aged 3 (Appendix3), Htwe Htwe cried as she told her story of loss and hopelessness. My response of concern for her situation was no contrived social work strategy. It was for me a natural empathetic response that any human being would have hearing her story. So when I noticed Mae Soe and May Paw smiling and giggling, I glared at them. Afterwards, I asked them why they were laughing. ‘Because’, said Mae Soe, ‘You were making her cry by asking her those questions. We were trying to cheer her up’.

The nurses’ response shocked me in its apparent lack of empathy for the mother and their accusation of my improper behaviour left me feeling bewildered. I don’t know how to judge whether I am being culturally inappropriate, if the nurses have compassion fatigue or if it is something else.


At this point I re-read Nguyen and Bowles’ (1988) and others’ ideas about ‘Asian ways’ in an attempt to understand the emerging theme of avoiding emotion. These writers emphasise the need for empathetic listening and moving slowly with the right timing. My timing in this situation may have been too fast but Nguyen and Bowles say that ‘a sure sign that Vietnamese clients are ready to talk about something is the rare occasion of them losing control and crying’ (p.45), which provides an opportunity for them to share their pain. The cultural norm is to ‘save face’ and not discuss personal affairs with strangers; confrontation can risk shame for the client and destroy the relationship.
Perhaps the issue here was that neither of our ways – empathy or diverting emotion - was more right or wrong in the situation; it was the fact that both happened at the same time across our cultural traditions with a displaced grieving and fearful mother. I was a passer-by in this woman’s life, whereas Mae Soe and May Paw had ongoing relationships with her that needed preserving in the interests of her access to further health care for her son. The ethics and dilemmas from this experience grounded Nguyen and Bowles’ advice and made me wary of responding too quickly in ways that felt natural.

4.3.3. Consultation with Dr. Naing (pronounced Nigh) is a Burmese medical doctor who qualified in New Zealand as a social worker. He visits Mae Sot each month from Bangkok where he works with International Rescue Committee, an influential American NGO that provides most of the funding to the Clinic. His Thai wife works in the office at the Clinic. Dr. Naing became a crucial social work ally to consult and debrief with, and his input to the curriculum was invaluable. At my request, he worked with one of the counsellors to create two case studies for the social work training program. He provided them in English and Burmese.

4.3.4. Counselling Training

Two weeks after I arrived in Mae Sot, an American psychologist, Jack McCarthy, arrived to run a week’s counselling training for people waiting to do nursing training (McCarthy & Bacon 2006). I had read and been influenced by the evaluation of Jack’s many previous trainings on the border (McCarthy 2004) as explained in the introduction, so was pleased that Dr. Cynthia suggested I attend, and that after meeting me, Jack invited me.

The training was arranged and catered for by the Clinic with two of the best English speaking young male interpreters. They organised, interpreted and translated the curriculum for Jack as they had done on his previous trainings, resulting in strong relationships between them. Jack’s curriculum (McCarthy and Bacon 2006) was written in English and Burmese and the content was familiar to me as a family therapist. Jack generously invited me to participate as a trainer, but, keen to learn, I observed unless he or a participant asked me specifically to comment. This occurred towards the end when I made a comment ‘from a woman’s perspective’, feeling that this was something I could offer that was different from Jack’s contribution.

During his week in Mae Sot, Jack informed me that an American benefactor was considering Jack’s request for funding for him to stay in Mae Sot for two years, running the Counselling Centre. He said Dr. Cynthia had asked him to be Director of Training at the Clinic and that he
would return in August to take up that role. In light of my proposed social work training program, Jack, Dah O, Dr. Naing and I met to discuss a possible training curriculum (Dr. Cynthia was away). While Dr. Naing concurred with my suggestion of a three-tiered training program of counselling, legal processes and social work as part of the Clinic training, Jack was focused on his task of teaching counselling and Dah O supported him in this. This left me confused about my mandate to develop a social work training program. In a recursive loop, I went back to where I began, to Dr. Cynthia when she returned from overseas and asked her to clarify the direction she wanted for the training. She reiterated her earlier and consistent message: see what people want. The PAR method thus assisted in enriching the consultative process. My reflections on my conversation with Dr. Cynthia alerted me to her strategy of community ownership more clearly and the ongoing process strengthened the sustainability of the program.

4.3.5. Involvement with Clinic Counselling Team

Dr. Cynthia suggested I attend the Clinic’s Counselling Team’s meetings. Dah O was the Clinic ‘Organiser’. One thing that Dah O was trying to organise was the use of the Counselling Centre for counselling as few people ever came to the newly built centre. Over time, I came to understand that Dah O had influenced Dr. Cynthia to build the Counselling Centre in December 2006 and he therefore felt responsible for its effective functioning.

The Counselling Team comprised three women and three men, all of whom had multiple roles at the Clinic. Only Saw Min Kham, the Counselling Team leader, worked full time, upstairs as a counsellor, and downstairs providing ‘Voluntary Counselling and Testing’ VCT to people who chose to have their HIV status tested. This distinction between counselling and VTC indicated different interpretations of what counsellors did.

*Saw Min Kham said in my first interview with him as part of the Clinic consultations:* ‘it’s easier to see people who are HIV+ as you know what to tell them - get plenty of sleep, eat good food, don’t injure yourself… but what do you tell someone with a mental health problem?’

Journal entry Feb 15th 2007

Anti retroviral medication was available through Medecins Sans Frontiers, only for patients who also had TB, resulting in some patients exposing themselves to those with TB in the hope of qualifying for life-saving medication. Saw Min Kham’s response indicated a directive, advice-giving counselling approach to his work with people, similar to the approach taken by the medics at the Clinic. There was no talk of empathy or structural analysis of their problems, and
no advocacy for appropriate treatment for HIV + people for whom they were few resources. Dr. Naing discussed other forms of ‘counselling’ in his monthly supervision sessions with the counselling team. On one such occasion Dr. Naing asked the team to brainstorm their understandings of counselling:

_The main definer of counselling was that it was’ done in the Counselling Centre’, despite the many counselling conversations that occurred naturally while the workers were handing out nutrition (food parcels), talking to people on the wards or visiting people in the HIV houses. Dah O advised the team not to record those situations as ‘counselling’ in The Book, despite the broader version of counselling that emerged from Dr. Naing._


On reflection, I was appalled to find myself slipping into the colonialist tradition of privileging ‘the expert’, but I confess I was surprised that ‘an organiser’ had the power to define counselling overt a Burmese, Western-trained social worker who was also a doctor? I resented the prioritising of clinical counselling that discounted Saw Min Kham’s supportive conversations and humanitarian practice because they were not conducted in the Counselling Centre, yet I toiled with my easy rejection of the local view, which may, unbeknown to me, derive from cultural origins.

4.3.6. Saw Min Kham’s work

Saw Min Kham organised many forms of response to people’s material and physical needs. He oversaw a weekly distribution of food parcels to people with malnutrition, many of whom had HIV or AIDS; he delivered medication to patients too ill to attend the Clinic; he participated in World Vision’s local community education programs about health, hygiene and nutrition and organised a day a month where his many HIV+ patients could relax, have a meal together and play games without the prevalent discriminatory attitude. Saw Min Kham had adopted one of the babies abandoned at the Clinic a year earlier and his son accompanied him on these outings with the other families.

4.3.7. Social work practice

There were several occasions where I ‘did’ social work. Two are relevant to discuss here. The first related to the above discussion about where counselling could be practised. I had offered to sit in the Counselling Centre using my mobile phone and call the ‘on call counsellor’ if anyone
dropped in. On this occasion, the head of public relations came up the stairs very agitated about a man in the OPD (Outpatients Department). Saw Min Kham was on call but asked me to handle it:

*Three men were holding down a man in OPD. The man appeared terrified, shouting at someone or something that no-one else could see. He lunged out, tried climbing up the wall and constantly tried to take his pants off. OPD was full of about thirty people watching this episode. I asked the ‘holders’ if they could escort the man to the Counselling Centre (one more for the stats!) and they carried or dragged him to the downstairs rooms. There was no-one present who could speak his language – Karen – so I asked someone to find a Karen English speaker, knowing there were many such people.*

Meanwhile, the head of public relations asked me should they medicate him and knock him out. I asked that he wait until someone could interpret what the man was saying. A Burmese Karen nurse who spoke English came and I sat beside the man, held his arm gently and spoke to him while she translated. He calmed down and stared at me momentarily then rolled over, muttering to himself.

‘What did he say?’ I asked the nurse.

‘He said we should ask his wife and sons’, she said.

‘Where can we find them?’ I asked and then found that the men restraining him were his sons and the woman with the distended stomach on the chair next to us was his wife.

The wife said that since their village had been attacked and they had fled the soldiers, her husband had these sorts of episodes monthly. Usually, she and her sons could manage him at home, but home was three days away in the jungle in Burma and she needed to stay to collect medication for the stomach illness that had brought them there. She said the family could manage him if they could have some privacy.

As the Clinic provides accommodation for patients, a place was found, the sons carried their father away and the wife seemed much relieved. I asked the Karen nurse if she was able to follow up and see the family as they all had connected warmly to her. When I saw her two days later,
she told me that the father had recovered and the family was going home as the wife’s stomach cancer was inoperable.

I found this episode confronting on so many levels. No-one seemed to have any idea about what to do! There was no system of interpreters, despite the rich diversity of Clinic staff. Medication was the quick fix response, not unusual in a medical setting, but the family was there and no-one included them in the discussion. I decided that as I was not in a counsellor’s role at the Clinic, I should stick to teaching social work and just use the experience to guide my thinking about the training coming up.

Journal entry April 11th 2007

The second piece of social work involved advocacy:

Whilst visiting the Clinic’s orphanage, I asked the director if there were things she needed, knowing how moved the Study Tour students were in meeting these abandoned or orphaned children and that once home, I might raise money. What she needed, she said, was help with the disabled children. There were three boys, two beyond the age range of the orphanage 0-10 who had nowhere else to go. The director felt they could not help the boys because they were not trained in disability. There was no organisation that was. The Handicap International (HI) office was nearby but the director said they could only work with people in the camps so they were unable to help. After many dead ends, in my last week in Mae Sot, I returned to HI and recruited a wonderful Thai physiotherapist who agreed to see the boys in exchange for a tour of the Clinic. Apparently, he returned to the orphanage after I had left and arranged a specially tailored wheelchair for one of the boys. He maintained contact with the orphanage and HI agreed to the orphanage staff attending their next training in one of the nearby refugee camps.

Journal Entry June 28th 2007

This service happened because of the position and influence I held as a Western social worker with experience in networking, advocacy and disability work. For these reasons it was hard to replicate in terms of practice but useful as an example for teaching in the final training program in terms of persistence, networking and inter-organisational relationships.
4.3.8. Minute taking at MTC first Donors’ meeting

At the end of March, the Clinic held their first Donors’ meeting and at Dr. Cynthia’s request, I shared the minute-taking with an Australian nurse volunteer. This was a fascinating insight into the politics of aid and useful in identifying critical local issues relating to program planning, management, evaluation and funding. The documented minutes provided good case material to use hypothetically in the trainings.

4.3.9. Consultation with workers from community organisations

Dr. Cynthia suggested three processes of consultation with workers from community organisations. First, I was to meet and ask people in community organisations about their work and needs. I did this on the back of Dah O or Saw Min Kham’s motor bike. They provided transport, introduction and interpretation. Second, I attended two bi-monthly meetings of the Migrant Rights Group (MRG) for 20 or so locally run Burmese organisations known as community based organisations (CBOs). I met several significant people at that meeting, including a Canadian, Meredith, who was the coordinator and Cho Cho, later to be my interpreter, both of whom became my friends. Then, having met many people from CBOs through the motor bike tours as well as others from international organisations INGOs, I initiated a series of community networking meetings.

This process was confusing and confronting to my desire to be respectful and collaborative. Saw Min Kham was extremely busy working with people while Dah O tended to be distracted. He was available to take me on the visits but often left me outside while he chatted in Burmese to the young women in the organisations. Dr. Cynthia had allocated him to me and I was dependent on him for transport, communication, letter writing and for his good will with community staff. I wanted to arrange the next stage, the community meetings, but Dah O said we needed more time and I felt powerless to move it along.

After five weeks of two or three visits and individual consultations with community staff a week, however, I was frustrated as there seemed no prospect of moving on to the larger meeting. I had given Dr. Cynthia reports of my findings and when she returned from one of her overseas trips, I made an appointment to see her. This did not happen. Instead, on the day I was leaving for Bangkok, Dah O informed me that the meeting with the community organisations would take place in a week, on the morning I was to arrive back on the overnight bus from Bangkok. He asked me to write the invitation and agenda, which I did via email from Bangkok.
4.3.10. Community Meetings

There were five meetings at the Mae Tao Clinic with people from the Clinic, local community organisations and INGOs. The minutes for these are in Appendix 4.

4.3.10.i Social Issues Meeting (Appendix 4.2)

Thursday 15th March. This meeting invited people to discuss the social issues facing migrants and refugees from Burma living on the border, discuss their needs and develop some outcomes. Based on an example from Jane Vella’s (2002) international teaching experience, I provided the opportunity for everyone to contribute ideas in learning circles (Shires 2006; Crombie 1999; Collay 1998) of four language groups: Burmese, Karen, English and Thai, having heard from Meredith who coordinated the Migrant Rights (MRP) meetings and a local health organisation that the INGOs had not been included in the (MRP) meetings because their English-speaking staff tended to take over. Despite being asked for feedback last (purposefully), the English-speaking group was louder and more long-winded in their opinions. However, the meeting generated an extensive list of social issues and potential responses.

I shared the chairing of the meeting with Dah O and Saw Min Kham and I took the minutes, which meant I had some control over shaping the way things were named. For example, as people brainstormed their issues, I could check with them if they agreed with the categories I was putting them into as social issues. When the list was on the whiteboard, the group made decisions that a) the Social Issues Group would focus on people living outside the camps (migrants) as opposed to people inside the camps who were supported by the large international NGOS; b) the group would form subgroups to focus on five areas: legal status of migrants, women’s rights, child protection, men’s health and training; c) we would work together to develop a Community Directory; and d) there would be a subsequent meeting to address the key training needs identified in the meeting to report back to the next Social Issues Group meeting. I paid someone to translate the minutes into Burmese and distributed them to the email addresses collected at the meeting as well as via the Migrant Rights Group.

It was after this meeting that I had a phone conversation with Jack, now back in the US. We realised we were unclear about each of our training roles so we agreed that I should seek advice from Dr. Cynthia about how she wanted us to proceed. Her direction was consistent in its reiteration of the need to hear from the community what they wanted. The Community Training
meeting was scheduled for a week away, so the timing was right in alerting her to the progress of the project and inviting her to this meeting. Fortunately she attended, thus publicly conveying her approval and giving a mandate for social work training to go ahead:

4.3.10.ii  **Community Training Meeting** Wednesday 4th April. (Minutes Appendix 4.3) This meeting was the interim meeting initiated at the Social Issues Group meeting with the agenda to plan the social work training program and feedback to the wider group. Dr. Cynthia attended with 15 others from the Clinic, CBOs and INGOs. Conscious of curriculum design as ‘decision-making action that integrates both intention and the manner in which the intention becomes operationalized into classroom reality’, and that it must be negotiated and modified in the socio-political context (Smith & Lovat 2003:25), I devised a process to elicit ideas from the group. First, I distributed copies of a proposed curriculum I had written, for discussion in Burmese and English. Discussion focused on content, venue, timing and training approaches. My fear that I might not get to teach unfortunately constrained my previously more consultative approach. I made a tactical error in gathering feedback first from the English speaking group (including Thais) as time was running out. This meant that Dr. Cynthia’s Burmese speaking group went second, by which time the key ideas had been suggested by mainly foreign workers. I felt I ‘lost her’ due to that move, despite her agreement to the group outcomes that were to be finalised at the follow-up Social Issues meeting on 19th April.

The leader of the Prisoners group suggested a venue and offered to coordinate and interpret, which provided the ‘community ownership’ that Dr. Cynthia wanted. On top of Dr. Cynthia’s mandate, there was now a community mandate and a list of topics developed through community consultation from which to proceed. I was relieved that after two of my five months in Mae Sot, I had a mandate to run a social work training program.

I was therefore shocked two days later on Friday evening when Dah O informed me that Dr. Cynthia was not sure the training should go ahead in the community. I felt quite desperate. There were only eight weeks till I was to leave and two weeks of that time would be taken up with the public holiday Songkran\(^6\) Water Festival. At that stage I did not care what training I did

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\(^6\) Songkran is the Thai word to describe the Buddhist New Year festival of cleansing, symbolised by the throwing of water. It takes place between the 13 to 15 April each year with the purpose of water play and drenching for everyone who ventures into the streets. [http://www.bbc.co.uk/dna/h2g2/A371620](http://www.bbc.co.uk/dna/h2g2/A371620)
where or for whom. I confess I used my most persuasive strategies in suggesting to Dah O that perhaps we should run the training at the Clinic as a means of recruiting more counselling staff to his centre. He like that and arranged a staff meeting the following Monday with Dr. Cynthia to discuss a training program at the Clinic.

4.3.10.iii Mae Tao Clinic Training Meeting 9th April The outcome of this meeting was the decision to hold a two week 30-hour Social Work Training for Clinic staff, after the Songkran water festival. With a decision finally made, I had a week to prepare.

4.3.10.iv Follow up Social Issues Meeting on Thursday 19th April at the Clinic (Appendix 4.4). The meeting continued the collation of information for the Community Directory and finalised the Social Work Training plans. There was a clear request for two weeks of intensive training conducted over three weeks, to commence on Monday 7th May till 11th May, then Monday 21st May till 25th May. The meeting established the four interest groups that I had defined earlier and agreed to merge with the Migrant Rights meetings.

4.3.10.v Link to Migrant Rights Meeting Friday 11th May at BLSO office. Meredith Walsh, Dah O and I planned the merger of the Social Issues Group with the Migrant Rights Group in order to maintain the momentum established in the wider community organisations. Originally, the Migrant Rights meetings included only community-based organisations, whereas I had invited all organisations working with migrants on the border to the Social Issues Meetings. In the interests of networking and interagency collaboration, the Migrant Rights meetings decided to expand their invitation to all organisations. The first combined meeting occurred on Friday May 11th with 60 people attending. The four interest subgroups established in the Social Issues meetings - legal status of migrants, women’s rights, child protection and men’s health - were expanded to include workers from the wider community (these groups are still meeting at the time of writing in July 2008).
4.4. The Training Program

Following extensive consultation, two training programs were planned in April and May 2007, one at the Clinic and one in the community (see p.82 for overview). One person from the Clinic attended both.

4.4.1 Introduction to Social Work Training for Mae Tao Clinic staff

The training was advertised as a 10-day (30 hour) training with the aim: To introduce clinic staff to the principles and practices of social work to improve social responses to patients, increase referrals to the counselling service and to recruit people to be counsellors. The process of this program will be discussed in Chapter 5.

4.4.2 Social Work Training for Community Organisations

With only a weekend between the Clinic and Community trainings, there was not much time for recursive cycles of reflection. All organisations that were represented at the Social Issues or Migrant Rights meetings were invited by email to send up to 3 staff to the training held at the Human Resource Development Centre in the centre of Mae Sot. Thirty people attended from 17 organisations, including 4 international NGOs. There were people from 9 Burmese ethnic groups as well as Filipino, Thai and English speakers. The 60-hour community training took place over three weeks (one week, a week off, then another week) immediately following the MTC training. Cho Cho was the interpreter.

I re-used and adapted the modules I had prepared for the Clinic training. At the end of the first week, my computer crashed, my USB picked up a virus and I subsequently developed curriculum in an internet café till 11 pm. As I will explain in the next chapter, this disaster freed me up to be more creative in my teaching and response to the participants.

4.4.3 The Third Training – Follow up Training

On return to Australia to teach in second semester, I constantly reflected on the experience in Thailand and read extensively about liberatory, cross cultural pedagogy and decided to return to see how the participants were using the ideas. Dr. Naing had been meeting monthly with 15 of the community training group who expressed interest in further training. I therefore ran a week of morning sessions 9.30 -12.30, with lunch afterwards. Of the 30 who attended, half were from
the Clinic and half from the community. This was held at the Backpack Medic training school, an off-site subsidiary of the Clinic. Cho Cho organised and interpreted again. Saw Min Kham attended as one of the participants this time. Dah O had gone back to Burma to see his mother.

4.5 Summary and conclusions

Bishop’s ideas about indigenous ownership of cross cultural research were central to the process of establishing the social work training programs. Dr. Cynthia provided good leadership throughout the process, with a clear vision conveyed to and confirmed with me despite minimal contact. Her vision of spawning a service in the community worked. It took time to establish credibility and to learn what I needed to know to be able to develop a community owned, relevant program. The pre-teaching activities were invaluable in making connections, learning about the place, the people and the social problems and community responses.

Although I thought there was community endorsement for a social work education through the process of the Social Issues Group, when this endorsement was negated by Dah O reporting that Dr. Cynthia did not think community training should precede Clinic training, I was reminded how little power I had in this process of decision making. It was fortunate for the PhD aspect of this project that Dr. Cynthia was in town at that pivotal time and could legitimate the mandate to proceed. Dr. Cynthia’s commitment to community consultation allowed me to navigate my way around the ideological hurdle of Dah O and Jack’s prioritizing of psychological counselling as the primary response to social problems. There were competing agendas and, when it came to it, the need to complete the PhD took precedence over cultural correctness. The eventual mandate from Dr. Cynthia, Dr. Naing (local social worker) and representatives from community organisations to run social work training occurred with very short timelines, requiring efficient, focused curriculum design and delivery, the processes of which will be discussed in the Chapter 5.

Chapter 5: Methods and Processes of Teaching
5.1 Introduction

Social work was an unfamiliar entity to most participants prior to the training programs that I conducted. Most people had not experienced participatory processes of education or critical thinking and learning. The task of developing and teaching a body of knowledge of social work across ethnic, cultural, linguistic and international boundaries required constant reflection and review of the ways I conceptualised and practised social work, teaching and learning.

This chapter analyses the process of developing and teaching three social work training programs during 2007 within the framework established in Chapter 3. It reflects on the processes of deciding which aspects of social work were relevant to this audience, how the training programs were indigenised in the local context and the pedagogical theories and processes I employed. The methods of participatory action research (PAR) are woven into the discussion. I will refer to the training programs as the Clinic program, the Community Program and the follow up programs as explained in chapter 4. Figure 9 presents an overview of the 3 training programs with dates and participants:

<table>
<thead>
<tr>
<th>The Social work Training Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mae Tao Clinic: Introduction to Social Work</td>
</tr>
<tr>
<td>(Thirty Hour Training Monday 23rd April to Friday 4th May from 8.30 -11.30 for two weeks).</td>
</tr>
</tbody>
</table>

2. Introduction to social work: a training program for Mae Sot community workers
(Week 1 Monday 7th - Friday 11th May and Week 2 Monday 21st - Friday 25th May 9.30-4.30)

3. Follow up social work training for Mae Sot health and community workers  (Monday 10th To Friday 14th December 9.30-12.30).

Figure 5: Overview of Social Work Training programs
5.2 The participants and their relationships

Health and community workers on the border come from many ethnicities, languages, cultures, religions, spiritualities and countries. Within these differences, there are differing political alliances and tensions, as described, which played out within the training participants and the interpreters.

There were thirty participants of the Clinic training program, all Burmese employees7 of the Clinic. They were invited to attend the training through invitations distributed by hand by Dah O. Those who chose to attend the social work training worked in different departments of the Clinic: the blood laboratory, predominantly with HIV, malaria and TB patients; water sanitation; the prosthetics department where they made new limbs and worked with land mine victims; three nurses, from Child OPD and Reproductive Health IPD and four counsellors. There were no medics. There was a group of elders: the head of Public Relations, the cook, the principal of the school attached to the Clinic and others. All spoke Burmese, the designated Clinic Burmese language but were from various ethnic backgrounds. A few spoke some English and many attended English classes in the evenings.

Saw Min Kham, the coordinator of the Counselling Centre, was the interpreter. Dah O attended the first three days as an observer and interpreted on occasions when Saw Min Kham did not know the word or phrase.

Participants of the Community and Follow up training programs came from CBOs and INGOs such as IOM, JRS and World Vision. Two nuns from a Filipino lay missionary attended. They spoke Thai and English. The group included people who were Arakan, British, Burmese, Canadian, Dashelay, Filipina, Karen, Mon, Pa O, Paulong, Tavoy and Thai. Several women from women’s organisations immediately felt familiar to me from my years working with domestic violence services in Melbourne. As outlined in chapter 4, the invitation to attend went to the networks of CBOs and INGOs who had attended the Social Issues meetings, the combination being unusual on the border where INGOs were treated with suspicion, for all the reasons Midgley (1990) describes in relation to development agencies.

The Follow up program brought together 30 trainees from both the other trainings. Cho Cho, a thirty year old multi-lingual Karen woman was the official organiser and interpreter in English

7 Employment at the Clinic meant that a worker received a ‘stipend’ of THB1600 per month, had options to live on site or nearby at the Clinic and had completed various training programs to equip them for their work.
and Burmese. She also speaks Thai and her own language. Cho Cho arranged the advertising and was the official organiser and interpreter. This time we identified people’s religious backgrounds as Animist, Buddhist, Christian, Jewish and Muslim. Two young men from the Clinic who had not attended previous training attended for the first time.

I invited Cho Cho to work as the interpreter because of her good English and her astute critical analysis of Burma, the Karen situation and ethnic relations on the border. Cho Cho’s father was killed in action when fighting with the Karen National Army (KNA) and Cho Cho and her family had grown up as a soldier’s family. She and I established an excellent collegiate relationship and friendship of mutual respect and shared values, which we still maintain.

As already explained, health and community workers who attended the training programs live in Thailand because they are unable to live in their own country, Burma. Some have lost family members in armed contact or illness. Some have not seen their family since leaving their village years ago. Many grew up in refugee camps and some have been assessed by the UNHCR as one of the 151,894 refugees entitled to refuge in camps (TBBC 2008). These health and community workers left the camps and most now live as unregistered refugees, although some have Thai or Burmese passports, yet all live constantly in fear of being apprehended and deported back to Burma by the Thai security police. Many are involved in some way in the struggle for democracy for their people and country. All, however, would rather live peacefully and safely on the other side of the border in Burma. No one chooses to be a refugee or migrant without significant reason.

5.3 Developing the curriculum

5.3.1 Including the views of participants in developing curriculum

With 25 years experience as a practitioner working with diverse communities and 7 years formally teaching social work, I am confident in teaching the principles, values, theories and practices of social work in Australia. Midgley (1990) and Gray’s (2005) critiques of colonialist impositions of Western social work on developing countries, plus their recommendations of indigenising the transfer of social work via participatory processes, however, cautioned me against designing a training plan or curriculum prior to the training. Whilst I had my laptop with lectures and class plans for teaching social work to RMIT students in Melbourne, I did not want to lock myself into my own understandings and assumptions, preferring Giroux’s (1990) recommendation of ‘border pedagogy’, a form of deconstruction that views curriculum and its
impact and effects from the margins, in this case literally, from the perspective of people on the border in Mae Sot.

As described in Chapter 4, the topics for the curriculum evolved through participatory action research methods, through initial consultation with Dr. Cynthia, the Social Issues Group, the participants (Clinic staff, community organisation staff and the combined group), Dr. Naing (Burmese social worker) and my own ideas, enhanced by the literature review. The consultative process provided a mandate plus an initial set of topics with which to begin. However, thinking through Bishop’s (2005) questions about ownership, auspice and benefits, I wanted the initiation process to include the participants in goal setting and curriculum design. As front line workers, they would, I assumed, have ideas about what they wanted to learn, being the ones who would benefit from the training and then, ideally, pass the benefits on to local people.

Bishop (2005) asks how indigenous people’s voices and views are represented in projects, compared with the ‘expert’ voice of the researcher and this led me to begin each program with a process of goal and curriculum setting with the participants and adapting the program in response. To do this required a starting point and Tyler’s (1949) prescribed steps for curriculum planning - establishing objectives and outcomes and using a rational process to specify learning activities to achieve these learning outcomes – was a comfortable place for me to begin.

On the basis of this old but useful framework and, as a means of accountability, integrity and evaluation of the training program (Vella 1998), I wrote learning objectives and outcomes for each session, cognizant of the debates about codifying knowledge (Wenger 1998) in a formal curriculum. I agree with Wenger (1998) that overinvestment in codified forms of knowledge can detract from practice and does not guarantee that relevant or applicable learning will take place. Codifying knowledge is useful as a tool of reflection: manuals are important artifacts that capture the content of training programs and provide a ‘product for analysis’ for this project. I found writing the session goals and objectives to be a complex, challenging task but, once done, useful as a starting point in finding a balance with participants between planned and emergent curriculum (Wenger 1998).

Prior to commencing international training programs, Vella (2002) established the practice of seeking participants’ goals and does not plan the curriculum until she has ‘a clear conceptual
framework for the skills, knowledge and attitudes’ participants want to learn (Vella 2002:59). From their feedback, she sets specific achievement based objectives and outcomes.

My attempts to do this with participants did not produce the clarity of goals that Vella seemed to elicit. For the Clinic training, the organiser Dah O translated and distributed these questions:

| Q1. What do you hope to have learned at the end of this (training)? |
| Q2. What do you hope to have practised? |
| Q3. What do you see as the most critical problems (for migrants on the border?) |


No responses were returned. This could be explained by the short timelines (a week), the unfamiliarity for Clinic staff of being asked for their personal goals by someone known only to some or the confronting request to consider their needs legitimate rather than ‘the teacher’ knowing and deciding what they needed to know. The unfamiliarity of the concept of social work probably meant that Clinic staff ‘did not know what they did not know’ about social work.

One of the dilemmas in the co-construction of curriculum is knowing when to rely on participation as a means of knowledge generation (Wenger 1998). Kemmis and McTaggart (2005) suggest that a facilitator can be a co-participant but also has expertise that may be helpful to the group, so I used the list of topics developed in the Social Issues meetings and used a democratic process to select the ten most popular topics. This followed an individual written goal setting exercise that was used as part of the evaluation:

| At the end of this training, I would like to know............ |
| I would like to be able to............................. |
| In pairs, discuss: What knowledge and skills do you want to learn from the workshops? |

(Vella 2002: 137).

This process worked well in involving participants with their own learning and with each other, including them as decision makers in identifying the issues that concerned them. Some topics eliminated through the process were those that Dr. Cynthia had requested (civil society, the law, and networking), so without naming them as such, they were included in the training. Perhaps
this made the whole consultative exercise unnecessary, since most of my original topics were included. Overall, I believe the process was an important step in inclusion and negotiation.

Smith and Lovat (2003) argue that curriculum is a decision-making process integrating intention and practice, negotiated within the socio-political context. If too wedded to logic and intention, curriculum design can be a static and linear process. Within and between the trainings were cycles of meaning making and reflection with participants and other stakeholders. For example, at the pre-training request for the follow-up training program, I invited participants to write one training goal or expectation on ‘post it’ sticky notes which I then spent the afternoon by myself organising into ‘a workshop that reflected their needs’ (Vella 2002:137). Table 10 outlines the final curriculum content for the three programs.

<table>
<thead>
<tr>
<th>MAE TAO CLINIC</th>
<th>COMMUNITY TRAINING</th>
<th>FOLLOW UP TRAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction, goal setting</td>
<td>Introduction, goal setting, research project</td>
</tr>
<tr>
<td>3</td>
<td>Social Work Principles and Ethics</td>
<td>What are Social Problems?</td>
</tr>
<tr>
<td>4</td>
<td>Human Rights</td>
<td>Needs Assessment</td>
</tr>
<tr>
<td>5</td>
<td>Developing Empowering Relationships</td>
<td>Social Work Principles and Ethics</td>
</tr>
<tr>
<td>6</td>
<td>Needs Assessment</td>
<td>Developing Empowering Relationships</td>
</tr>
<tr>
<td>7</td>
<td>Group Work</td>
<td>Trauma, Loss and Grief</td>
</tr>
<tr>
<td>8</td>
<td>Program Planning and Research</td>
<td>Worker Care</td>
</tr>
<tr>
<td>9</td>
<td>Community Development &amp; Networking</td>
<td>Migrant Rights Meeting</td>
</tr>
<tr>
<td>10</td>
<td>Worker Care, Evaluation &amp;Certificates</td>
<td>Child Rights and debrief from meeting</td>
</tr>
<tr>
<td>11</td>
<td>Review of Week One and research projects</td>
<td>One week Break</td>
</tr>
<tr>
<td>12</td>
<td>Group Work</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Gender Awareness and Research</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Strength-based approaches</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Community Development</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Training and presentation</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Presentations of Speeches</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Community Management</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Program Planning and Evaluation</td>
<td></td>
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<tr>
<td>20</td>
<td>Program Planning presentations</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Research presentations</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Evaluation and Certificates</td>
<td></td>
</tr>
</tbody>
</table>

Figure 6: The Curriculum for the Social Work Training programs
5.4 Teaching Social work

In the following section, I will describe and analyse the process of teaching the following topics in the three training programs: human rights, counselling, worker care, research and program planning and evaluation.

5.4.i Teaching Human Rights (HR)

Despite the centrality of human rights principles in social work’s mission, I had not deeply considered or taught it before. As a practitioner, I had been alerted to a rights-based approach through working with women living in domestic violence as I witnessed their transformation when they were informed of their rights - for safety, for assistance, to charge their partner with support from the law and to know that the violence was not their fault. I had not generalised women’s rights to human rights prior to including it in the program on the border.

My experience in Rangoon the previous year, as a UNICEF consultant/ teacher to the University of Yangon’s new Graduate Diploma of Social Work, had re-familiarised me with the UN conventions on human rights. The UNICEF staff member was a social work graduate from Sydney and was well versed in human rights conventions. The irony was that I was instructed not to mention the words ‘human rights’ in my teaching, but I was to teach the principles. On the border, human rights (HR) was spoken of freely and often and many people seemed to have had human rights training. So, following Ife, Cox and Pawar (2007), Yu (2006a;2006b), Tsang and Yan (2001), Hugman et al (2007), Dr. Cynthia’s and the social issues group’s suggestions, I included human rights as a topic as part of the introduction to social work principles.

In the Clinic training program, Dr. Cynthia had requested human rights be on the agenda along with the roles of civil society and community justice systems, UN Conventions, migrant rights, Thai Law and strength-based approaches. I was impressed by her grasp of contemporary theory and took these suggestions at face value, having not yet read the Asian critiques of human rights (Milner & Quilty 1996; Muzaffar 1990) and civil society (Ichiyo 1998). As Dah O was present at the Clinic training and had referred to the human rights trainings he had completed, I invited him to run that session. He created an excellent session of lively participatory activities identifying what it is to be human and the elements of human dignity and rights, using art and Burmese posters of the UN Convention of Human Rights. Participants rated that session equally as important as the session on ‘What are social problems?’
reflections on that session were about Dah O's well structured session, the basic level he used to engage everyone and their response of surprise and excitement about the ideas:

*I realize that I’ve been assuming knowledge that people don’t have so I need to simplify the content and the complexity of the ideas. When Dah O asked people to draw and describe what it means to be ‘human’ and what it means to have ‘human dignity’, I cringed as I thought these seemed too basic for adults to draw. In fact, it generated a broad discussion and good understanding of the human rights framework, without which the group finds it hard to understand and apply concepts from social work.*

Journal Entry 26th April 2007

*After the session on social work principles, Dah O asked if being a social worker was like being a ‘human rights defender’, a term used in the human rights training he attended. This became a most useful descriptor, bringing together the human rights language familiar at least in name on the border, and the advocacy practice of social work.*

*The human rights poster became an artifact (Wenger 1998) or shared point of reference for ongoing consultation for the group. A disagreement developed during a discussion of domestic violence scenario. The group identified the woman’s right to ‘security of person’ and freedom from ‘cruel, inhuman or degrading treatment’. Then one of the men said that if she had slept with another man, her husband was justified in beating her. This provided an excellent opportunity for critical thinking as there were clearly differences of opinion in the group. I asked everyone who believed there was ‘never any justification for hitting and abusing a woman’ to stand up. All the women stood and the men stayed seated. There ensued a long discussion about the effect of being hurt, the right to be safe and differences between women’s and men’s choices. We personalised the debate by discussing what to do if someone close to you was being hurt with the outcome that identified a gap in legal or community responses to male violence against women and violence in general.*

*After the discussion, we called for another statement of position. This time half of the men stood with the women. I praised their courage in taking a new and difficult position and invited the men to cross the floor and stand beside the women. Mindful of Nguyen and Bowles’ (1988) suggestion that non-Asian social workers should move slowly and gently, with the right timing, to ‘save face’ for people in the Asian community, I told the men who remained seated that I respected their capacity to hold their position.*
Fundamental to the Asian Confucian moral convention, ‘saving face’ values respect for the teacher, hard work, discipline and harmony of the group (Goodfellow, O'Neil & Smith 1996). In most Asian countries, education is a one-sided imparting of knowledge through the medium of textbooks (OECD 1994). The teacher acts as a model and the student’s job is to copy. If the teacher makes a mistake or admits they do not know, he or she will lose respect in the eyes of students (Kowalski 1999). This message was conveyed to me often in the training program:

After a couple of interactive exercises that were either resolved far too quickly and simply, or were met with total blankness on their faces, I’m reviewing my curriculum and breaking it down to minute sections. They want facts, they want to be told what to learn. They do not want adult learning principles. They want me to be a professor and talk down to them. It’s very hard. Journal Entry Clinic Training 25th April 2007.

Here I was at risk of disqualifying myself as a teacher by encouraging different positions, ‘disharmony’, through debate and not teaching fact, which in Asian countries, conveys a well organised, knowledgeable teacher.

I also risked disqualifying myself as a feminist or human rights defender by not maintaining a moral position on the men’s statements about abuse of women. My decision not to use feminist confrontation fits with Habermas’ (1996) notion of communicative action where people ‘interrupt what they are doing’, or about to do, to reflect on whether their ‘understandings are morally right and appropriate under the circumstances in which they find themselves’ (Kemmis & McTaggart 2005:576).

In Australia, with a well developed civil society and years of feminist activism, there is in my mind no justification for domestic violence, but I felt at that point the need to suspend my criticism in this culture where violence against women is condoned and my mission was education through respect. Further challenge was not in the interest of the group. It was more important to demonstrate that this was a safe learning environment (Vella 2002) and a communicative space where people were free to have their own viewpoints (Kemmis & McTaggart 2005). I used this exercise to convey the message that difference of opinion was welcome, valued and safe. It was part of our human rights (Article 19: freedom of opinion and expression) to be able to disagree safely. Identifying differences can make the difference.

Based on the above experience, in the community training, I used Dah O’s class on human rights on the first day. I expanded the case study exercise (Mahmood and Ah Mina’s family) to
people identifying each family member’s ‘rights, responsibilities, duties and obligations of man to
his fellow human beings, to nature and indeed to God and the whole of creation’ (Muzaffar
1990:135-6). The exercise indicated that participants did not consider familial and child abuse
as human rights violations as this journal entry describes:

People here have a strong sense of injustice about the way they have been treated by the military in
Burma, and anger at the mistreatment of Burmese factory workers by the Thais but people don’t seem to
consider abuse in interpersonal relationships as breaches of human rights. They don’t seem to consider
that women have equal rights with men and no-one even considered that the children had any rights,
responsibilities or choices whatsoever. Children seem invisible here.

Journal Entry Community Training Program 7th May 2007

On this basis I devoted an afternoon to the Rights of the Child, using an illustrated Burmese
cartoon booklet obtained in Rangoon the previous year. In groups, people read stories from the
booklet, relating to the Convention on the Rights of the Child and then presented a summary of
how the story related to the situation on the Border.

In the end, this and Dah O’s inductive approach to human rights training was more engaging
than the deductive form I used in the final program. I used a PowerPoint slideshow illustrating
significant Articles of the Convention on the Rights of the Child applied to photographs I had
taken on the border articulating the meanings and articles of human rights and applying them to
the particular context (Ife 2001). I had developed this for social work students in Melbourne and
while the border participants enjoyed seeing familiar people and places and the idea that their
stories were traveling to Australia, the earlier experiential activities grounded the knowledge.

Contentious aspects of human rights did not arise in human rights specific discussions except
for a session about Maslow’s hierarchy of needs on day 4 of the community program. I gave
‘access to education’ as an example of self actualization, the highest ranked need, locating
participants’ denial of education to date as an infringement of their human rights. One
thoughtful, fluent English speaker questioned this notion:

Than Moo described his deep sadness at the sense of loss he’d experienced since he left his village in
Karen state three years ago. He now works in a senior position with an NGO, having been selected for

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8 Ife (2001) describes the obligations that accompany rights but I prefer the word ‘responsibility’ for its use in domestic violence
literature with which I am familiar (Jenkins 1990; Wirtz & Schweitzer 2000; Costello 2006).
the Post-10 education program in leadership, human rights and critical thinking. Now, he said, he finds it almost impossible to go back to his village, not because of the dangers in getting there through soldier infested jungles but because when he goes there, his family and community seem like peasants. He feels ashamed of their simple uncritical life. Yet that life existed for centuries, he said. Sons take over paddy farming from their fathers and grandfathers with a certainty that was now missing from his life. He feels his individual desires to be educated have disrupted a culture that he yearns for but no longer feels part of. He questioned the right of this process.


Than Moo’s critique is justified in raising the contradiction between the individualistic, liberal-democratic traditions of the West versus traditional Eastern values of community rights, such as village egalitarianism, relational and familial obligations and identities, and the commitment to harmony and solidarity (Milner & Quilty 1996). It is a circular argument, one that he found difficult, because despite his criticisms, he has chosen and benefited from the educational pathway. In Asia the dignity of the human being is integral to all the main religious traditions—Islam, Buddhism, Taoism, Hinduism and Sikhism (Milner & Quilty 1996). Than Moo’s dilemma exemplifies the ‘masochistic ritual which underlies all great intellectual efforts in the West, [which is] a circle of intellectual torture’ (Kowalski 1999:205).

A ‘human rights perspective …provides a strong basis for an assertive practice that seeks to realize the social justice goals of social workers, in whatever setting’ (Ife 2001:1). In the context of the border, with people who live without many of the basic human rights that we in Australia take for granted, it was important to relate the principles to local examples in order for participants to sense the relevance in their work and in community life.

5.4.2 Teaching Counselling

My experience indicates that counselling can be blaming, demeaning and disempowering or it can be respectful, encouraging and empowering when practised as an essential part of casework (Furlong 2000). As the newly appointed director of training at the Clinic, Jack McCarthy planned to return later in the year and run counselling training, so I did not want to double up. Nonetheless, it was necessary to include some micro counselling skills development in the program in response to participants’ requests. I, consequently, found myself disguising counselling with different titles in the early trainings.

I called it ‘Introduction to key skills for developing empowering relationships’ in the Clinic program, attempting to convey a set of micro skills we teach at RMIT: empathy, listening,
believing, exploration, open and closed questions, confidentiality, affirmation, non-verbal communication and creating safety. This list was overly ambitious and we only really covered ‘empathy’.

The social work approach of ‘working with’ people was a difficult one to convey in the medical framework of the Clinic. Staff spoke constantly of patients lying in order to access food and benefits. Most people had not considered patients’ social needs as distinct from their health problems and found it difficult to think of solutions other than giving advice, trying to cheer people up or telling them what to do. Listening was not considered an intervention by many outside the counselling team.

My goal was to focus people into the emotional world of the patient (Waddell 1989) and to redress the ‘don’t make her cry’ message that I had experienced when working in the Clinic. I had conflicting thoughts about this. I wanted to respect local customs (of laughing off sadness) (Nguyen & Bowles 1988; Lynn, Thorpe & Miles 1997; Bang 1983) and yet I believed in the universality of the human need for empathy. From a personal point of view, laughing off sadness was a quality I had learned from my mother and although it served me well in putting on a brave face and not causing others to worry, it often left me isolated with a problem. It took counselling in my thirties to really be able to feel and express emotion and through this to understand who I was and to feel confident. So, when I heard of others teaching counselling as a single methodology - a psychosexual therapist from the UK (Mellis 2007) teaching trauma counselling to local women’s organisations and an Australian nurse family therapist with Medicines Sans Frontier training Karen workers to counsel people dying of TB, HIV and AIDS in the camps - I felt that counselling from a social work perspective should be included as participants had requested.

My experience, described in Chapter 4, of nurses from the Child Outpatient Department (Child OPD) laughing as a woman cried telling her sad story then telling me not to make her cry by asking questions, alerted me to local cultural differences in expressing emotions. I grappled with what seemed to me universal humanist constructions of grief and trauma versus respect for local ways of surviving horrors of which I knew little. This seemed an important issue to discuss yet it was difficult to have such conversations.

Whilst Bang (1983) stressed the importance of non-Asian workers respecting non-verbal communication in Asian cultures where the open expression of emotions and problems is
uncommon, she also suggested that workers be friendly and express empathy with clients. The exercise I developed to convey ‘empathy’ was based on the Clinic staff’s appreciation of Dah O’s drawing tasks, using the symbolic non-verbal power of art to draw connection with emotions. Using the case scenario developed for the program, participants were asked to draw one of the feelings that Ma Phyu may have about her situation and write what they would say to her about that emotion to demonstrate empathy. We then went around the circle hearing from each person as described in my journal:

*The first problem was that the ‘emotion’ that many described was ‘crying’. This produced another one of those ‘where do I go with this?’ moments that are becoming quite common. I sidestepped a grammar lesson and moved on to their responses, the second problem. Their ‘empathetic’ response to Ma Phyu crying was to say: ‘Stop crying’, ‘there’s no point crying’, ‘crying isn’t going to help’ and another bright suggestion further along the circle which was at least different: ‘you can cry if you want’. I gave up hoping they would say something empathetic so modelled it myself, repetitively: ‘you seem really sad’; ‘I can see you’re sad’; ‘the situation has made you really sad’; ‘no wonder you’re sad’……*

*I became hopeful when the 27th, 28th and 29th participant actually reflected the feeling they had identified and said something empathetic. I’d like to rate that as a successful class, despite Empathy being the only one of 10 responses I’d planned to cover. However, I can’t tell if they understood Empathy or if it was ‘empty verbalism’ (Buckingham 1993).*  

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Their lack of empathy surprised me although they were consistent with the dissociative impact of trauma that migrants experienced in Burma or in coming to Thailand. Lack of empathy or the lack of emotional expression is also culturally prescribed. It is a matter of pride (keeping face) to keep your feelings private for women and men. Expressing emotions is frightening under these circumstances. It is natural to fear they will take over and the crying will never stop. Normalising a grief response to people who are acculturated not to feel or express emotions is even harder than with stoic Australian men.

After another cycle of observation, evaluation and concluding and asking ‘what should be done differently?’ (Cherry 1999:2), I took another tack to develop awareness of Empathy via an analysis of the circumstantial and structural factors affecting Ma Phyu, then a roleplay demonstration of an interview with her, hoping to elicit at least a problem solving response,
rather than dismissal as previously. This experience was based on adult learning principles involving cognition, affective and active aspects that Vella (1995) suggests.

May Paw, the nurse from Child OPD, volunteered to play Ma Phyu and did so convincingly. I surmise that she volunteered because she was curious to learn more about the crying issue. People were assigned to observe examples from the long list of ‘skills of respectful engagement’ and report back to the group. I worked from an empowerment model of affirming strengths and identifying structural and circumstantial barriers.

Feedback indicated that people were surprised that ‘Ma Phyu’ was not just lying to get a service from the MTC and that she had a genuine problem. In the debrief, May Paw told the group that although she felt very sad ‘being’ Ma Phyu, she had gained hope through thinking about the strengths Ma Phyu had, despite her seemingly hopeless situation. She remained an enthusiastic participant and was one of the Clinic staff to reappear in the third training program in December.

Continuing the action research process of making ‘practices and the values they embody explicit and problematic’ (Cherry 1999:6), I conducted a demonstration roleplay earlier in the community program. I developed a written table of skills for participants to observe which worked better to focus observation and comment. This group was different in that workers from women’s organisations understood empathy well. The community program roleplay was about a situation that one of the men spoke about. He described a boy who did not go to school, who was a ‘thief’ in the market and used drugs. Spontaneously, I asked him to ‘be’ the young man he was describing and I played the counsellor, aiming to demonstrate a social analysis by locating the boy’s problems within oppressive dominant discourses. I introduced a strength–based approach (as Dr. Cynthia had requested), using ‘curious questions’ (Morgan 2000) with ‘the boy’, such as: ‘if you could choose your life, what would you be doing instead of this?’ ‘What prevents that happening now?’ ‘Who could help you achieve those goals?’

Afterwards, the worker commented that he was surprised at the hope that he, as the boy, developed in this session. He had seen the drug using market boy of 12 as beyond redemption. His inclination was to punish the boy for his behaviour. In the role of the boy, the worker said he could see that the boy’s situation was beyond the boy’s control; that the boy had some hopes for himself and that he, the worker, had a role to play on working with and supporting the boy
and his family and also articulated that there needed to be a systemic response to the large number of working children who did not attend school. ‘To successfully do the work of unlearning domination, a democratic educator has to cultivate a spirit of hopefulness about the capacity of individuals to change’ (hooks 2003:72). The experience of the role play seemed to be a turning point for this worker. From that day, he asked many questions in class, led several initiatives in the group and emailed me to say that he was working inside Burma so was unable to attend the Follow up training. He is clearly a participant in this community of practice.

5.4.3 Teaching Worker Care

This was identified as an issue for learning by participants in each training program. While worker care is not core social work knowledge, it makes sense that workers identified it as knowledge they wanted, given the intensity of the work and the lack of support or supervision for workers on the border. This was a topic where the recursive cycles of participatory action research enriched the community of practice.

The session in the Clinic program expanded a session on trauma to discuss secondary trauma of workers (Stanley & Goddard 2002). Clinic staff identified their own experiences of stress, burnout and secondary trauma working with grieving and traumatised patients and developed strategies to care for themselves. This research was used to recommend more staff debriefing and support in my report to Dr. Cynthia and Dr. Naing.

In the Community training, I used a similar process with more detail and group discussions as a means of beginning support systems. I had been talking with a French psychologist working in the camps with traumatized refugees. She advocated Eastern psychologies using meditation, relaxation and spiritual responses. Instead, they advocate finding out local people’s traditional ways of healing and using or combining them with Western ways. I had just read Miller and Rasco’s (2004) book repudiating the applicability of Western approaches to trauma so this session included a guided meditation, with the aim of replicating aspects of Bankart’s (1997) qualities description of Eastern psychologies. While everyone enjoyed the calmness that a meditation session creates, the session did not elicit the cognitive connections between what we were doing and anyone’s traditional forms of healing.

The use of drama to address worker care in the third training program is explored later in this chapter and illustrates a style that I found more integrated and useful.
5.4.4 Teaching Research

When research came up as one of the requests in the Community program participant audit of topics, I was surprised and somewhat unprepared. I resorted to a recent experience I had with Thein Naing who had invited me to run a session with his trainees on adult learning skills, the format of which I used in the community and follow up training programs. He described his 5-point version of research which he used to generate his trainees’ research and publications in a local Burmese educational research journal. I used this model with the Community Trainees and set step one as a task on the first day:

4. Teaching research processes
   (1) Develop a question
   (2) Decide on method to find an answer to the question
   (3) Collect data
   (4) Analyse data
   (5) Report on what you have found

Activity: From the list of topics identified, select an area of interest for enquiry- eg Women’s Issues, Crisis, Law or Community issues. In groups, develop a question that is answerable and a method of collecting data for a small project during the week between the two training weeks. The goal is to gather data that testifies an aspect of life on the border for migrants from Burma that you can analyse and present in the second week.

Projects identified:
1. Research into Thai Police stopping Burmese people in Mae Sot.
2. Community Organisations in Mae Sot
3. Legal and community responses to women who experience gender based violence


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9 Thein is the person I found to take over coordination of the Open University Australia (OUA) scholarships that I initiated during my six months on the border. He was a 1995 AusAid scholarship recipient who returned to the border with three degrees from Australian universities, including a Masters in Education from RMIT. Wanting to ‘give back’ to his people, he has established an institution to train teachers who work in the camps, inside Burma with internally displaced people and in schools set up by Burmese people for the children of migrants along the border.
This was an ambitious spontaneous decision for the first day but on meeting the participants I was immediately aware of their practice wisdom and capacity to think in ways that the staff at the Clinic did not immediately demonstrate. I attributed this to their engagement in the community, rather than the confines of the Clinic where positivist medical responses were seen as panaceas for medical problems. Since research was requested, I took Wenger’s (1998) view that students need ‘first hand experience of what it takes to accomplish something on a larger scale’ (p.273).

We spent four sessions on this topic. It was complex work, introducing the notion of research through an interpreter under pressure of time. My own experience as a PhD student had grounded my thinking in the need to ask a question specific enough to be achievable so that all 3 topics generated a focused question, a method for gathering data, analysis of the data and presentation of findings in the final day to an outside audience. The research project took the participants into the community, thus giving social work a profile in Mae Sot and bringing people together in teams to demonstrate to the training participants and the audience that they can do research. The Community Directory (included as one of the products of this thesis) originally begun in January by RMIT students on the Study Tour, expanded in the Social Issues Group, was used in the MTC training program to raise awareness of outside organisations and continued in the community training program in May as a research project. On my return in December, the Directory was ceremoniously ‘launched’ and 100 copies distributed to community organisations, having finally had permission from all organisations for their information to be made public, a complex issue of security.

This describes an example of formal research. However, as I learnt more about researching practice, I gained more confidence in trusting the process to generate knowledge from within the group, or informal research. This worked well in the follow-up training program in response to the request for a session on health education. Jane Vella’s ideas (1995) influenced this session, almost exercise by exercise. The process consisted of participants identifying a past good learning experience, identifying the factors that made it good, writing these on post it notes and explaining them as they stuck them on the wall. Cho Cho had translated Knowles’ (1970) adult learning principles into Burmese on the board and the list was in their books so they could add the translation in writing themselves. I was surprised at the power of this process. My congratulations for their research on their own practice and knowledge that generated a
comprehensive list of learning principles was genuine – they surpassed Knowles. They loved this process. As Dr. July, one of the Clinic counsellors attending the Follow up Training program reflected: ‘We have no education so we don't think we are intelligent. This class makes us feel we can think well. It’s good to think we can make theory’.

5.4.5 Teaching program planning and evaluation

Knowing how to envisage a program need, apply for funding and evaluate it effectively is the bread and butter of social work in the current era of managed care (McDonald 2006). Right back in the Social Issues group meetings, people were identifying the need for training in developing and administering programs so, for each of the training programs, I adapted a process developed by my colleague June Allan in the course Social Work with Groups at RMIT. In the Clinic program, the exercise was used to generate creativity about moving from medical to social responses and the Clinic staff planned to take the outcomes generated to Dr. Cynthia.

I took the process further in the Community training program, teaching a program design format then giving four groups ‘a budget limit’ to design a program and compete for the funding. The competition liberated people from any reluctance towards critical thinking. This was based on Freire’s (1972) ‘problem-posing education’ (p.74) adapted by Vella (2002) to look at ‘potential within contexts, inviting learners to use their creativity and imagination to perceive viable alternatives’ (p43). We set criteria for the proposed ‘programs’ – clear goals, achievable and measurable objectives, clear timelines and responsibilities - and two out of the four groups achieved the outcomes that warranted ‘the funding’. This was again a big project; each group worked on the floor with many sheets of paper and calculators, met after hours and kept the final presentation to take back to their organisations to share with colleagues. At one stage I was reminded of a comment by Jane Vella (2002) to a colleague who popped his head into her classroom saying: ‘what’s all the noise about’? to which she replied: ‘It’s the sound of learning’. Comments in the final evaluation ranked this as one of the most useful learning experiences, particularly understanding the link between goals, outcomes and evaluation.

5.4.6 Conclusion to Teaching Social Work

The process of developing social work curriculum in the context of health and community workers in Thailand raised issues of ownership of knowledge, Eastern versus Western notions of knowledge and culture, and expert versus experiential knowledge. This discussion analysed
the way knowledge, skills and experiences of five topics – human rights, counselling, worker care, research and program planning and evaluation – were developed over the three programs. My goals to teach social work based on human rights, a structural analysis and an empowering, strength based approach to practice that involves people in activism, challenging policy and institutional oppression, required an astute awareness of cross cultural social work and education, which the following section will explore.

5.5 Cross Cultural Education: Considerations in teaching across international, cultural, ethnic, racial and linguistic divides

This section considers the dilemmas of engagement across ethnic, cultural, religious, national, international and linguistic divides where internalised histories of fear and the politics of difference among ethnic nationalities maintain hostilities. How can a foreign, white social work educator who does not speak Thai or any of the Burmese languages create meaningful educational exchanges across these barriers? In the following section, I will describe and analyze the complex connections between the participants and the relationships with and amongst them. This will begin with the challenges of working with interpreters and translators and identify some inter-ethnic and cultural barriers to learning and teaching.

5.5.1 Challenges in working with interpreters and translators

Interpreting is relational (Blackwell 2005) and working with an interpreter is a tandem of verbal and non-verbal communication, timing and mutual respect. As described in Chapter 4, despite their minority, English speakers tend to dominate in mixed groups of the four main languages spoken on border: Thai, Burmese, English and Karen, a vestige of the international organisations’ money and positional power.

The relational politics of language played out in the trainings. I was totally reliant on the interpreter to convey what was said. In each training program, the interpreter was part of each group and known to most people beforehand, so was involved in engaging the participants with each other and the ideas. They live and understand the politics, culture and personal experiences of the participants and are a source of expertise if they will share what is relevant with me as facilitator. It was frustrating and isolating when Dah O, the interpreter, did not interpret conversations during the community visits. Fortunately, the interpreters for the trainings were more focused on the task.
Interpretation is a complex intercultural process. Burmese is apparently a beautiful language with many more descriptors than English. Social work is an esoteric body of knowledge with complex abstract language. Matching these two was sometimes problematic. Saw Min Kham, who interpreted for the Clinic training, spoke and understood English in a literal way. Sometimes he did not understand the new concepts I was trying to convey. With a background in Engineering in Rangoon, he was a concrete thinker and fulfilled his work requirements diligently, as this incident showed:

The second morning of the Clinic program an overview of social work principles, values and ethics. It all seemed to be progressing well so when we stopped for morning tea an hour and a half in, I asked Saw Min Kham how it was going. He said ‘fine, only one question: What is Etics (sic)’?

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Blackwell (2005) describes the importance of negotiating beforehand how the worker and interpreter will work together; whether the interpreter is to give an exact replication of what is said and if you want transcultural as well as language interpretations. I never quite worked out how Saw Min Kham had been translating ‘ethics’ to the group, but it taught me I needed to give him the lesson plans well in advance and go over the lesson with him before the class. I had naively assumed that working with an interpreter on the border would be like working with interpreters in Melbourne, but had not thought this through. In Melbourne people must complete a certificate in translating and interpreting (from our university) and have experience working as an interpreter. This was, as it turned out, Saw Min Kham’s first formal job as an interpreter.

With Cho Cho, our friendship, gender and shared leisure time meant that we understood each other and communicated well. I initially befriended Cho Cho because of her intelligent, critical analysis of the situation in Burma and on the Border. She was my teacher about Karen and Burmese politics and dynamics in the town. She was well read and involved in writing at that time. We discussed education, schools and our children and shared many of the same values and ideas. There were many times as the community and follow-up training proceeded that Cho Cho took over, with my blessing. She asked for lesson plans before the classes. She read them, translated some aspects into Burmese for distribution and asked me to explain anything that was new to her. She was charming, playful and strategic in the way she handled the group. She and Noe Noe, one of the participants, worked out how to create Burmese phrases or words to match English expressions that were new to them.
For example, I used the word ‘collaboration’ for which there is no direct Burmese translation and noticed that Cho Cho was conducting a conversation with several of the Burmese to work out how to convey the concept and what it might mean. They eventually chose words that sounded like ‘a dtdtoo boobaung’ that translated as ‘joined together’. As I spent longer working with interpreters, I became aware of how much I did not realize, linguistically and culturally and contextually. To describe concepts such as collaboration, ethics and social work, new words and phrases needed to be invented. Some words and ideas had contextual connotations which took time for me to become aware of, such as fearful reactions when I suggested ‘police’ be involved against domestic violence or people’s expectation that a man who has raped a woman should marry her rather than let her suffer the stigma and exclusion that befalls a ‘spoiled’ woman.

As time passed, I began to read the non verbal cues to know when to stop and ask why people looked worried, were laughing or looked uncomfortable. I was pleased that we could have the ensuing conversations so that I could learn about my cultural ignorance and blind spots. The essence of what was being interpreted was culturally strange. Personal and family business stays within the family or if necessary, village leader can give advice or instruction on what to do. People were mystified about the idea of a social worker listening with empathy without telling someone what to do. In that setting, with people facing so many structural and survival issues with resolve and determination to be brave and save face, I sometimes felt reluctant to impose foreign words, values or concepts that seemed so alien. Cross cultural interpretation is complex and a mutual learning exchange.

Conscious of the strain on the participants of hearing my spoken English translated to Burmese, then having to translate in their heads from Burmese to their first language, I avoided the large group translation back to English when there were large amounts of feedback from the group. Instead, I asked Cho Cho or Noe Noe to whisper the translation into my ear as people spoke. This reduced the amount of English that the Burmese speaking people had to listen to, since English was spoken just for my benefit. At times, I listened without translation so Cho Cho could participate in the conversation. In a way, this strengthened my connections with people as I mirrored the emotions they communicated through body language and intonation. By removing

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10 Noe Noe translated many of the handouts and other parts of the manual into Burmese which made it more accessible to participants, but largely it is still in English. The curriculum is with Dr. Naing and Dr. Cynthia, who can translate it if it is used again.
myself and the interruption of English, I enabled connections to be made between the participants as a group. The following section will analyse some other ways that I engaged and connected the learners.

5.5.2 Addressing inter ethnic & cultural barriers between & with participants

Inevitably, as the group forms, dynamics of relationship are revealed. I have described some of the hierarchically prescribed tensions in the introduction and literature review. Now I will analyse how these emerged and were addressed during the trainings. In doing so, I will consider how well I achieved equitable relationships across cultures and to what extent was I able to fulfil Howard’s (1999) four principles of cross cultural engagement: honesty, empathy, advocacy and action.

Over the course of the three training programs, I became increasingly aware of previously unknown tensions and alliances. It reminded me of the sense of ‘not knowing what you do not know’ in working within the interfamilial inter-community tensions within Aboriginal people in Australia (Costello, Berry, Briskman & Ngwenya 2002). No amount of research, reading and dialogue can fully inform an outsider of the cultural realities, including unresolved differences, between aboriginal communities or Burmese ethnic groups. I remain an outsider culturally, linguistically and ethnically. Additionally, my privileged positions of education, employment, housing and the other invisible racist benefits of whiteness (McIntosh 1988), including the ability to go back to Australia at my whim, separate me from the groups’ sense of shared oppression. I have no lived experience of racial oppression, war, murder, torture or poverty of the level experienced by the participants.

Authors who consider cross cultural work recommend awareness of one’s racial and cultural position, self reflection and constant questioning of and acknowledging the limitations of one’s culturally conditioned assumptions (Laird 1998; Howard 1999:69; Pawar 1999; Kemmis & McTaggart 2005). The challenge is to balance this with confidence that I have something to offer. What I felt I could offer in this situation was respect for difference, acknowledgment of tensions and opportunities for dialogue. I came to believe that ethnic reconciliation between people on the border is a crucial step for the liberation of Burma. This does not mean ‘social forgetting and … silent … sufferings and grievances’ (Gravers 2007:27). No, along with political dialogue, ‘a community of trust must be created and those who suffer must have an experience of relief and security’ (p.27).
The process of reconciliation involves the very difficult task of detaching past violence ingrained in the social memory of the present actors from their ethnic identification (Gravers 2007). As a social work educator, I took up Marsh and Morris' (1991) invitation to promote unity and nationalism, not through students accumulating and memorising vast amounts of material but through critical learning where students can think and exchange opinions about issues in their nation, through dialogue. This was difficult at times across the language divide as discussed in the following sections. Examples for each program illustrate recursive cycles adapting the program to ethnic issues as they emerged. My earliest intention was to create a safe and culturally respectful learning space. I did not have any plans to address ethnic reconciliation at the outset but the PAR method led me in that direction.

5.5.2.i The Clinic program. The opening exercise on the first day with staff at the Clinic asked people to identify the name, place and nature of their work, where in Burma they were from, their ethnic group and the languages they spoke. This now seems a very one dimensional way to acknowledge the diversity in the group and went no further then nor throughout the training. I attribute this limitation to two factors: one, my lack of awareness of the underlying ethnic tensions at that stage and two, the fact that in the multicultural space of the Clinic, Dr. Cynthia had established Burmese as the spoken language, despite her Karen ethnicity and people from all over Burma, and the world, worked and lived there. My impression was that there was less inter-ethnic tension at the Clinic than elsewhere in Mae Sot.

The group did identify one cultural gap at the Clinic in response to a planning exercise to design programs at the Clinic for children’s art, income generation farming and activities to connect and empower patients who must stay at the Clinic. Their recommendations included religious centres for Buddhist, Christian, Muslim and animist groups to provide spiritual support guidance, and traditional healing for people to deal with their suffering. Dr. Cynthia was somewhat dismissive of the idea in my subsequent conversation with her, however, perhaps not wanting the Clinic to try to do everything, and I suspect it has not been followed up.

5.5.2.ii The community training program. The community group comprised Arakan, Australian (me), Burmese, Karen, Mon, Pa O and Paulong, Filipina, Thai and British people. An early request from one of the group for time to talk about his ethnic political organisation inspired an exercise when I asked people to form cultural groups to discuss their culture’s beliefs, rituals and customs in relation to grief. Miller and Rasco (2004) argue that interventions should target the ongoing sources of distress experienced by people living in exile, as well as
the psychological consequences of exposure to the violence and destruction of wartime experiences. They encourage attention to local beliefs and practices that codify culturally constructed meanings and responses to potentially traumatic events. There are often rituals and ceremonies performed around death and calamities that are useful resources for psychosocial support, so I asked people to identify them.

Seven groups formed: Thai Buddhist, Arakan, Burmese, Pa O, Paulong, Mon and Karen. The Philippina nun identified with the Thai Buddhist group, with whom her work of twenty years occurred. This grouping made me aware of my oversight in not asking people to get into religious or spiritual groups, which I did with my next class back in Melbourne. When I use this exercise with students or advanced practitioners in Australia, it usually takes about 30-40 minutes in total. In the community training program, it took 2 hours and generated fascinating information (See Appendix 8: Responses to Cultural Grief Questions). People presented their culture with great pride, and the audience listened with reverential respect. They seemed genuinely fascinated to hear about each others’ communities’ ways of responding to life and death.

Three days later, I modified the curriculum to repeat the ethnic group format to discuss gender roles and rituals. The groups seemed pleased at the chance to talk to each other in their own specific language and be in their comfort zones again. I noticed in one group, however, some wriggling and tense body language, so via Cho Cho, asked what was going on and heard that one of the women in the Burman group, Win Win was objecting to another woman Mi Yin, joining them because last time she was with the Mon group. Mi Yin looked embarrassed. Through Cho Cho’s interpreting, she told us that last time she was with the Mons as her mother was Mon. Today she wanted to be with the Burmans, like her father. Win Win objected – no, you’re Mon!

This seemed an appropriate time for the modified curriculum problem-discovery process in response to students’ behaviour, moods and feedback, described by Smith & Lovat (2003). Remembering also that ‘(a)cts of acknowledgement [...] can serve a strong educative and transformative function’ (Howard 1999:78), I pursued the issue in dialogue with, by now, the whole group. Who else has two or more ethnic identities? A third of the group responded, including Win Win whose father is Chinese: ‘but I’m not, I’m Burman like my mum’. This led to a theoretical discussion of the constructed nature and politics of ethnicity. What was it like for Mi Yin’s Mon friends for her to want to leave them and join the Burman group? They felt hurt and
insulted. What were the dilemmas for those with multiple ethnicities? Some told stories of
confused loyalties, not belonging and feeling embarrassed. People listened. One man, however,
celebrated his multiple ethnicities: ‘I’m part of many groups, not just one’. He was a popular,
funny member of the group and his viewpoint had an impact. We returned to what we knew
about human rights. Do Min Yi and Win Win have the right to decide their ethnicity? Do they
have the right to change their mind? Win Win then invited Min Yi into their group. Mi Yi had a
tearful conversation with her Mon friends and then joined the Burman group for the exercise.

This exercise had all the elements of ‘Kurt Lewin’s Dozen’ (1951) as Jane Vella calls the twelve
principles for adult learning (1995:21-27). This session of ‘thinking, doing and feeling’ heralded a
change in the group dynamics, which I wanted to promote so two days later I adapted the
session on ‘Training’ to include an exercise where people taught each other some phrases from
their own language as a way of practising different teaching methods of teaching. Students for
whom English is a second language are strengthened in their bi-lingual self esteem when their
primary language is validated in the classroom (hooks 2003). The session was fun, risky and
forged new connections. Now we could greet each other in multiple languages.

Laird (1998) describes the fluid, contextual performance of culture. She describes it as
intersectional in that no one fits only one category: a woman has a race, class, sexual
orientation and age, with meanings contextually ascribed. Culture is political in that people do
not have equal voice in shaping their personal narratives. These narratives are embedded in
larger social discourses that become known as ‘truths’. They can be liberatory and open
possibilities or subjugating and limit the range of possibilities for ourselves and lives. While Laird
was not only referring to the literal performance of culture, an incident on the final day captured
the liberatory possibilities of naming culture in the way people did in this program:

The culmination of the celebration of diversity was on the final day. When I returned from the lunch
break, the room was alive with music and dancing. Each group was demonstrating their ethnic songs and
dancing, teaching each other the moves, laughing at funny actions and hugging. It was a wonderful way
to end our three weeks together. Afterwards we (me, Dr. Naing, Si Thu and Cherry from the HRDP) gave
out the certificates, asked people what they had gained from the training, completed the evaluation and
said our goodbyes.

In the verbal evaluation of the Community training program, a Karen woman spoke first saying
that until this training, she had never spoken with a Burman because she’d been told they were
the devil. Now she had discovered that they are people ‘like us, just trying to help people’. Win
Win spoke next. She had been told that the Karen were unintelligent peasants. Since making
friends with Karen people in this training, she realized they were smart warm people doing good
work for their people.

One of the challenges Laird poses is how to respect different cultural practices that do not sit
comfortably with us, for example one that privileges the position of one group over another.
White (1995) argues that every action or non-action is political; not commenting on oppression
condones the status quo.

Graver’s (2007) description of the legacy of armed combat and cease-fire attempts over the
past 54 years between the Burmese military and the Karen ethnic minority group provides
insight into the tension between the Burman and Karen participants. Gravers notes
‘unacknowledged biases’ internalised in social practices where ethnic Burman and Karen do not
associate even in areas of safety such as the border. The dominant discourse of ‘the evil
Burman’ and ‘the Karen victim’ is sustained in ‘regimes of truth’ (p.7) despite local knowledge
that contradicts the stereotyping of Karens as victims of violence and Burmans as the sole
perpetrators. Burmans also suffer under the military; for example, the majority of political
prisoners are Burman activists against the military; Burman boys are forced into the army at the
age of 11 and the Karen will torture them if they fall into their hands; young Karen men join the
Burmese army to prevent their families being attacked by the Burmese army.

Gravers (2007) notes that subordinated groups, such as the ethnic minorities on the border,
bond on the basis of shared negative beliefs and understandings about oppression yet in so
doing, they reinforce the ‘power’ of those who dominate. hooks (2003) identifies this process
where the oppressed invest in the notion that they can only be ‘victims’ in relation to those who
have power over them and lose sight of the possibility that they can intervene and change the
perspectives of those in power.

Deconstructing dominant cultural narratives and discursive practices can be emancipatory in
opening up new possibilities for hope and alternative meanings (Laird 1998). This learning
opportunity, replete with affect, action and cognitive content created a connection that has
persisted through a monthly supervision group facilitated by Dr. Naing (still going at July 2008).
5.5.2.iii The Follow Up Training Program.

Between the Community Training and the Follow up training, I read Miller and Rasco (2004), Devore and Schlesinger (1999) and Blackwell (2005) in relation to responses to refugees and displaced people. I felt that although the previous trainings had identified cultural differences they had not tuned in sufficiently to ‘local idioms of distress [...]’, culturally specific ways of help-seeking behaviour and traditional ways of coping with emotional distress’ and that we needed to ‘identify locally available resources within communities that can promote healing and adaptation (Miller, Kulkarni & Kushner 2006:409-410). I attempted to acknowledge local wisdom, Eastern psychology and social structures as Phongvivat (2002) suggests. By the third training program, I realised that the ethnic identity was complex. Each time I suggested self-selected groups, a new category emerged that I previously had not heard of. People would group according to non-ethnic categories such as religion or the geographic area they came from, and there was always a group of people who did not fit into any of the identified categories, so they became a group of their own, different each time. I decided that being flexible was most respectful to the diversity in the group and that they select groups that represented the communities with which they most identified - their communities of practice.

I therefore asked people to form cultural, ethnic or spiritual groups, and discuss how their traditional communities respond to some of the social problems they had identified as wanting to learn about on the first day: aggressive people, migrant workers, AIDS, HIV, alcoholism, mental illness, poverty, security, unwanted pregnancy and abandoned babies.

I was influenced by Chan, Chan and Ng’s (2006) model to respond to trauma drawing on Eastern philosophies and concepts from traditional Chinese medicine. Chan, Chan & Ng propose methods to address the physical, mental and spiritual needs of people affected by trauma. They emphasise restoring the client’s mental strength through meditation, healing rituals, social support and philosophical teachings that can facilitate growth (p.21). My Western over reliance on verbal communication may have precluded the discussion of alternate forms of responses to issues so this exercise aimed at providing opportunities for self-selected cultural groups to share their village and cultural practices.

Rather than discover useful traditional ways to promote healing, this exercise produced a range of discriminatory, excluding and inhumane ways of responding to vulnerable people – for example, this was the response from 2 groups to 2 of the issues:
Notes from participants in ethnic religious groups about their communities’ responses to people with social issues: Follow up training: Day 4 13th December 2007.

HIV AIDS: (Thai-Burma and Indian Jewish) We don’t dare to be close to them, don’t touch them, look down on them, hate them, feel they are dirty, I know I shouldn’t look down on them but in practice I can’t be near them. Can give education how to prevent HIV.

Unwanted pregnancy Abortion: (Tavoy) we look down on them, say bad things about them, they are bad, don’t make friends, they are bad women. We punish them, kick them out from the village, some are tied in rope and thrown with stone but not in our village.

So much for respecting local culture! Blackwell (2005) describes the need for people working with refugees to be aware of their own well developed defences in preparation for being unprepared. This was one of many examples where my role as teacher rather than social worker or therapist ‘protected’ me against some of the horrors that local people experienced. The revelation of the inherent discrimination within the group was useful in further dialogue with the group.

5.5.3 Conclusion of Cross Culturally Education

My goals for cross cultural engagement were strongly influenced by Howard’s (1999) five suggestions with the result that (i) I challenged my assumptions and learnt about myself racially and culturally. The exercises provided opportunities ways for us all ii) to learn about and value cultures different from ours and (iii) to view social reality through the lens of multiple perspectives.

While I pursued the project of (iv) understanding the history and dynamics of dominance for people on the border, the training did not specifically engage with the historical generation of the current intercultural tensions. They were however acknowledged, a transformative act in itself claims Howard (1999). Did the training nurture in myself and the students (v) a passion for justice and the skills for social action? Hopefully, yes to justice but I would say minimally in relation to my right as an outsider to encourage activism on the border. While I am in Thailand, I am a participant in the group and my being part of it adds an element of protection. Once I leave, I am peripheral and leave them vulnerable.
I witnessed this first hand when Thai security police stopped us when I was on the back of Saw Min Kham’s motor bike. Dah O was with us. While they checked their MTC passes, which are acceptable, they did not ask for anything from me and let us go. Usually, said Dah O, they would have had to pay THB 1000 each or be taken for questioning. The privilege of my whiteness in that situation was humiliating for all of us.

This and other power dynamics focused me on McLaren and Leonard’s (1993) wordy question: ‘How to struggle for the social transformation of our postmodern and post colonial world in the interests of the liberation of subordinate populations and cultures from the structures and ideologies which dominate them’ (1993:1). What risks might I create for participants in creating expectations for activism as part of social work? My own activism occurs in the safety of Australia. The only risk I have taken was in inciting rejection by some of my colleagues by going to Burma to work with UNICEF because of their ideological opposition to Australia’s engagement with Burma. Yu (2006) is entitled to her accusation that Filipino social workers did not speak out against the Marcos dictatorship in the Philippines, by virtue of her Filippina origins. But I am an outsider and it is not my right.

Of Pawar’s (1999) suggestions for social work educators to reflect on projects teaching social work in non-Western contexts11, I feel I achieved some aspects of 1-9 and 10 will occur with the completion and publications and presentations from this exegesis.

5.6 Critical Pedagogy.

Jane Vella’s writings (Vella 2002, 1998, 1995), based on her experiences as a teacher of adults for over 50 years in countries all over the world, greatly influenced the way I constructed the training programs and the way I have written this exegesis. Her ideas about liberatory education strongly resonate with the transformational principles of social work and cross cultural educational practice.

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1. acceptance by social work educators of the fact that they are teaching a Western social work model, resulting in 2. a questioning of the model and the local relevance of the various subjects and specializations; 3. identifying what is and what is not relevant and why; 4. identifying the various factors, conditions and circumstances that result in aspects of the model being irrelevant; 5. discovering solutions, perceptions, and coping strategies that exist within local culture, traditions and practices; 6. documenting these and incorporating them into classroom teaching and field education; 7. undertaking a micro level series of exercises that will facilitate the development of indigenous curricula; 8. documenting and disseminating effective social work practices; 9. revising subject curricula to incorporate the above; and 10. organising curriculum development workshops at the school level, involving educators, and students; and later at interschool levels (Pawar 1999:9-10).
In this section, I will analyse how the participants and I were transformed as individuals and in relation to each other through the processes of the trainings. The pedagogical questions are how did we construct knowledge together? What role did I fulfil as teacher given the power and cross cultural, Asian context? How did educational theory inform the teaching and learning? What ideas from local and international social work colleagues were useful?

5.6.1. **How did we construct Knowledge?**

Although many social work students come to class on the first day in Australia with naïve notions of what constitutes social work, most have some ideas of what social workers do and certainly an idea of what a social problem is. I was frequently dumbfounded by wrongly assuming participants on the border would know certain things. While I knew that their education was limited, I had not contemplated its manifestation in a lack of familiarity with Western classroom practices, such as raising your hand. I was surprised by their lack of foundational knowledge that we gain in primary school, such as nutrition and food groups, the brain and memory, the Darwinian concept of evolution and the functions of civil society. This raised pedagogical questions about the process and content of teaching and required critical reflection:

*From the first day of teaching, it became clear that practices that work to engage Australian RMIT students in discussion, such as breaking into pairs or small groups to start discussion do not necessarily transfer here. The non-verbal cues are different and it’s hard for me to read them. Classroom idioms like asking for a show of hands meet with silent inaction. One of the dilemmas is how to teach things that seem basic without insulting their intelligence by making it too simple. As I taught this week, I realise that, as well as the language barriers, sometimes my work was not clear enough, or not well enough linked or sequenced and I wonder what sort of teaching I’ve been doing till now anyway. I can see my teaching will benefit from this challenging task. There have been times when I’ve thought that I shouldn’t be teaching at all.*


By the time I ran the community training program, I knew I needed to explore the notion of ‘the social’ with the group but rather than teach definitions as I had tried to do in the Clinic program, which, on reflection had not gone far enough, I constructed a sequence of exercises to build the group’s awareness of problems being socially constructed according to power (See the follow up training program session 2). The group thought mainly in binaries of good people / bad
people with no concept of the social or structural ordering of people’s experiences. I had given them a written definition in Burmese that described the unequal distribution of resources and power, but even English speaking students would have found that too intense. The border participants however, completed the task of relating these descriptors to examples on the border through drama.

The drama process was based on Theatre of the Oppressed (TOTO) methods as described in the literature review (Boal 1979, 1998, 1992, 1995) where participants in groups depict a still image of a problem to the wider group, then create a resolution image and one or two images that may be steps towards the solution.

As with solution-focused approaches (De Jong & Berg 2002), the art is in creating a realistic future image to aim for. This is difficult to do realistically. For example, in each training program, when invited to show a situation of oppression, participants enacted the scene of being stopped by security police and taken away. The Clinic group found it difficult to imagine living without this constant threat:

The ‘resolution’ image for 5 years hence ‘when the problem is resolved’ was to have THB1000 to pay the bribe so they were not locked up. The discussion elicited no further suggestions so, conscious of imposing an outside view, I suggested the option of migrants attaining legitimacy via a Thai pass, refugee status or work permit so they were permitted to live in Mae Sot without fear and set the task of enacting a transitional step to achieve that goal. I was aware of a similar process achieved temporarily in 2004 by the Free Trade Union of Burma (FTUB), but no-one in the training program seemed aware or held any hope for the possibilities of change.

I was surprised at people’s lack of understanding of the possibilities of democracy, despite all the talk about democracy for Burma. I suppose that if you haven’t experienced it, you don’t know what it’s like, you can’t visualize it. Most people in the program are in their 20s and 30s and have grown up in camps, in fear in the jungle or as migrants in Thailand so have no lived experience of life without oppression and they have internalised the limited expectation of that life.

Journal entry Clinic Training program 24th April 2007

A second Clinic group’s depiction of a scene of domestic violence showed a final resolution image of everyone hugging. Their transitional scene was one of the neighbours talking to the couple. The transformational part of the exercise was in the discussion eliciting new meaning:
how might such a resolution happen in this patriarchal context where a man’s home is his private space and women have no rights? How would the woman respond, given her likely internalised view that she deserves it and that it’s his right? How does this relate to the human rights principles we had studied the day before? What rights does the woman have? What responsibilities does the man have? What would have to happen for a neighbour to take the first step?

The discussion explored how much violence participants thought could occur before it goes beyond the realm of the home. Who should intervene? The women’s views were useful in relaying the need for support for the woman. We admired the neighbour from the drama scene as a good friend and neighbour but the group decided it needed more than one person, in fact a community or social response. There are no effective laws pertaining to domestic violence within the Burmese community, in fact civil society is sparse on the border, but I was aware of a program of community response to violence developed by women’s organisations in Chiang Mai (Automatic Response Mechanism to Violence Against Women (ARM) 2004) that had useful documents on their website, copies of which I had downloaded and copied in five local languages and made available to the Burmese male coordinator of the Migrants Rights Group for a meeting he planned to hold to discuss implementing. This was more my idea than his and the meeting did not happen.

However, the Community Training program participants were excited to think they could be part of a community response and they took the proposal to implement ARM (2004) to the Violence Against Women’s subgroup of the Migrants Rights Group after I left Thailand, bridging the group identity across the boundary of the group, to Wenger’s (1998) ‘multimembership’. We referred to the list of principles of social change they had generated in the third day of the program through TOTO session and were still on the wall on butcher’s paper12.

12 PRINCIPLES FOR SOCIAL CHANGE
1. Find root causes of problems and analyse
2. Start with small steps – gather information; meet and work together
3. Use human energy and power
4. Gain education and knowledge
5. Find opportunities for people to speak, give opinions and suggestions
6. Change attitudes – correct misunderstandings; share positive aspects
7. Find out and inform people about your / their rights
8. Network with others; form partnerships and unities
9. Change attitudes of people who have power eg government, fathers
10. Advocate to those in powerful positions
Rethinking this exercise, having subsequently run the follow up training, I realise that I missed a crucial opportunity here to name the learners as generators of theory, which worked so well in the Follow-up training. Their list is a sound collection of community and policy development principles and I could have linked them to theorists to ratify the power of their collective thinking, but I did not discover that technique till the third training program, despite all that Vella had said.

At that stage in April, I had not read about Frederico et al’s (2007) project in the Philippines, where IDPs were encouraged and assisted to take part in community committees, policy debates and to develop skills to advocate for their needs and resources to local and national governments. The advocacy process is a minor version of the process initiated by Pittaway and Bartolemei (2005) in taking community concerns about women’s safety to the UN in Bangkok and Geneva. Such advocacy is part of ‘glocal’ social workers’ responsibility to ‘act as interpreters of the global and advocates of the local’ through relationships where ‘potential disruptions of the dominant regime become possible […] in ways which encourage the development of local critical consciousness […] as the basis for transformative action’ (McDonald 2006:198).

Together the group had generated the knowledge that social problems need social and policy responses, that ‘private problems’ exist because of unequal power dynamics, that the personal is political and that mobilising community responses is possible and could be done in the Burmese community. Yet I was again conscious of my privileged access to knowledge of ARM, of the different community organisations in Mae Sot, of the processes of mobilising communities and my capacity, financial and technological, in being able to download and distribute copies to local people in their languages.

5.6.2. How were the libratory educational and adult learning principles employed?

The examples above demonstrate some attempts to generate critical consciousness with the participants. The training programs were based in adult learning principles in that participants’ practice and life wisdom was acknowledged, respected and extended. As social work requires judgment and ethical decision making, the training aimed to model participatory learning and involve the participants in decisions about the content and process of their education.

Discussion and debate were crucial to the group process of negotiating meaning (Wenger 1998), to create opportunities for people to participate in debate, to clarify situations, seek action and ‘discuss courageously the problems of their context’ (Freire1974:30). Tsang and Yan (2001) suggest that Western social workers’ role is to encourage and facilitate debate
rather than provide conclusive solutions. Gray (2005) sees this as a way to balance cultural considerations with universal social work concepts, without imperialistic applications of Western notions of social work.

But debate requires critical thinking and discussion and this was not possible early in the Clinic training, as this excerpt from my journal demonstrates:

*Today when I asked people to discuss social problems listed on a handout translated to Burmese, which I had just explained and distributed, no-one moved. I asked Saw Min Kham if he had told people in Burmese to discuss the handout and yes, he had. Still they all just sat there. I asked what was the problem and he said: ‘We do not understand ‘discuss’’. Oh! I thought, relieved, a translation problem. ‘Okay, well it means you talk to each other about what you think’. ‘But’, asked Saw Min Kham, ‘how do we know what to think if you don’t tell us’?*

Journal Entry Clinic program April 24th 2007

As Kowalski (1999) describes, ‘the ubiquitous ‘what do you think’ and ‘why’ turns the wheels of communication and underpins education’ but is confronting to Asian learners (p.211). On the other hand, in the West, ‘why’ questions are encouraged from early childhood and are reinforced through education systems that foster critical thinking. The Socratic Method is ‘the lifeblood of the West’ (p.204). By seeing behind something, supposedly understanding will eventuate and be seen more clearly and objectively. Reasoning should be based on evidence or facts, but evidence is subjective and can be arranged to support different positions. If society values critical thinking and the possibility of admitting something is wrong, then there is the possibility of finding new ways of doing it (Kowalski 1999). The following section will assess my role as a critical teacher.

**5.6.3. How did I fulfil my role as teacher?**

As the literature review indicated, the teacher’s role is to engage participants, facilitate learning and challenge learners to think critically through discussion, questions and debate. This differs from the traditional method of presenting facts and a set of instructions or competencies to be followed under prescribed situations, as the medic training at the Clinic does appropriately for the context.

The first form of engagement is the warm up ‘to focus people on the topic, to divest them of preoccupations and distractions, to move them into the learning action’ (Vella 1995: 195) and to connect them as a group. Warm up tasks were part of each session. They should be congruent
with the topic, which mine were not always. The ones that worked best elicited experiential knowledge that could be applied immediately in the next exercise, such as the ‘trust’ and ‘lying’ games in the follow-up training program. Some games were unrelated to content and were purely playful. These served to re-energise and reconnect the group when the energy dropped.

Our task, says Vella (2002) ‘is to show adult learners how to learn’, to demonstrate ‘our respect for them as subjects or decision makers of their learning’, following the axiom: ‘Do not tell what you can ask. Do not ask if you know the answer; tell in dialogue’ (p.233). The deployment of drama techniques and role play particularly enabled this process.

Versions of TOTO were used in all three trainings but my confidence and competence in using the mode increased over the year. My own learning of this model was experiential. I attended a workshop at Bouverie Family Therapy Centre in Melbourne where therapists taught about the models they had used in community development and family therapy projects. I participated in, then facilitated learning exchanges between university study tour students from Australia and secondary school students in refugee camps on the Thai-Burma border. These were facilitated by Dr. Richard Barber (2007), director of Makhompom, a Thai-based community theatre organisation, which demonstrated its use in multilingual, cross cultural refugee contexts. I used the approach in social work classes in Melbourne, once with a facilitator from Bouverie and then as myself as the facilitator. While I read Boal’s books, I learnt how to use his ideas through practice and conversations with the facilitators.

Significant in my learning about the practice of TOTO was a conversation with Kerry Proctor from Bouverie Family Therapy Centre on my return from Thailand after the first two training programs. She reminded me of several of Boal’s key principles. For example, the approach should aim at creating hope and generating ideas for action, rather than providing a solution for the problem. Second, I had been thinking of the audience in the traditional sense as spectators, inviting their comments and opinions, rather than inviting their active participation as ‘spechtactors’ (Boal 1992). The following example describes the deepened opportunities for relevant learning that emerged with the addition of this dimension:

Worker stress was a topic that people identified in all of the trainings because of the intensity of the work and the lack of support or supervision. In the follow-up training program, one of the counsellors who I knew well from my time at the Clinic depicted an image of a worker being pulled in many directions. The worker’s hands were spread, uplifted in front of him in a gesture of helplessness. The resolution image
was having money to give to everyone - magical thinking! I opened the drama to the group: what can this worker do to look after himself?

This time, having spent the time with Kerry consulting about the creative aspects of TOTO, I invited people who made suggestions to try them out in the drama scene. ‘Leave work? Come and show what that looks like? To the worker with the new actor in place: How does that feel? ‘Like I’m abandoning them’. Who else has an idea? Someone puts all the ‘pulling people’ in a line so they are not all demanding at the same time. Ok, how would this work at the Clinic? A discussion ensues about waiting lists and appointments. Because I know the worker is from the Clinic, I assume his notion of response to patients is predicated by the medical setting of the Clinic, where it’s ‘okay’ for people to sit for hours waiting for treatment as they still do in Outpatients Departments in Australia.

A third person placed herself outside the group, reaching out to the worker through all the pulling arms. This opened a discussion of peer support, supervision, professional development or more training, out of which comes the invitation from the people in the community training for others to attend their monthly sessions with Dr. Naing. Someone suggested the group meet between his visits.

Journal Entry Follow up training program Day 4: 13th December 2007

Compare this to the worker care sessions from the previous two trainings where I ‘taught’ the ideas of peer support and supervision, using an exercise from Protective Behaviours training, where you draw your hand and write the names of people you could seek support from in your work. That exercise was fine but the idea that you can seek support without seeming incompetent is much better emerging as new group knowledge rather than me telling them. The group has greater legitimacy to define practice for itself than I do. The curriculum design benefits from this process of co-creation:

During the debriefing at the end of the exercise on worker stress, one of the Clinic workers made an interesting statement. She said that it had never occurred to her that you could talk about work problems with other workers.

How do you survive without that? I asked.

We just think it’s our fate. You just have to bear it but doing this, talking with others makes you feel better and you can work out some good ideas together.

At this point, people from the Community Training program explained and invited her and
others to attend the monthly supervision groups with Dr. Naing.

Journal Entry Follow up training program 16th December.

5.6.4. Spatial Aspects

Spatial theory sees space as a social product that is created through political, economic, cultural and social processes, but they also create us and in so doing, challenge us to transcend the dominant ‘social modes of regulation and reproduction’ (McDonald 2006: 197). Lave and Wenger’s (1991) situational learning is a useful analytic tool in considering the three sites of learning in this project and how the space affected relations of power relations between me as the teacher and between the participants.

The Clinic program The Clinic training took place at the Mae Tao Clinic which is like a village. It is at the end of the main road across a bridge on the outskirts of town, near the big bus station. You pass it if you don’t know it as it is not registered with the Thai authorities, yet has their tacit approval. It is an oasis of safety in an otherwise insecure environment for migrants from Burma. Some people rarely venture outside its gates.

The Training Center is imbued with legitimacy through its historical training of medics. It is constantly in use. Thin metal tables and chairs are arranged in rows in the classic teacher student classroom. Outside, blank faced one-legged men sit waiting for prostheses to be completed; women nurse tiny listless babies and potential American funders peer at us as they marched by on tour of the Clinic grounds.

In the session on ethics and confidentiality, an unfamiliar practice where gossip is the norm, we discussed the need for privacy when talking with patients about their personal and social problems. We took an audit of private places in Clinic, using the MTC map. Participants identified only four confidential places at the Clinic for private conversations, apart from the Counselling Centre. This was helpful in achieving one of the original goals of increasing awareness and use of the counselling Centre.

When I arrived on the first morning, the floor was filthy from training or events on the weekend – the space is used for weddings, meetings, conferences and training. Like all buildings in Thailand, shoes were left at the door. I asked the office manager where I could find a mop and started mopping the floor. It is a large room and I was still going after twenty minutes by which time, Dah O and training participants started arriving. They stood watching. I worried what message seeing ‘the teacher’ mopping the floor
would convey versus conducting the training in a room where our bare feet would have to walk across dark sticky patches. This was not my space. I was a visitor to the Clinic and had no authority to delegate this task to anyone. Eventually, one of the participants found another mop, and gradually there were ten of us, men and women, mopping and smiling together. The first subgroup was formed across a universal human connection of getting in and helping. The next morning, the floor had been cleaned before we started.

Journal Entry Clinic Training 27th April 2007

Each morning, our wall posters were stacked on the front table. Evidence of medic training, conducted the previous evening was strewn around the room: problem-based learning sheets depicting symptomatic presentations with questions asking for right and wrong answers: If the sputum is yellow, do you use this or that medication? Which one if it is green? This was a site of learning facts that would save lives. The teachers had the knowledge and were giving it to trainees with undisputed authority.

The demonstrations of measurable medical learning outcomes affected my confidence in using adult learning principles. Old scripts about the legitimacy of social work in the doctors’ domain lay beneath the surface. Added to this was peripheral presence of a man of significant position at the Clinic who attended for the first two days. He and Dah O talked non-stop throughout my teaching and neither participated in the games or exercises, stepping outside the room to talk whenever possible. When I asked Dah O why they were talking all the time, he said he was trying to keep him involved so he would keep coming. The next day neither attended and the other man did not return. There was an explanation for his ‘peripheral participation’ which I will not go into here. Suffice to say, I felt more comfortable with those two men not present but the culture of the group needed some reparation. The group warmed up over the next week and I began to feel ownership in creating a positive communicative space as we drew to the close.

Dr. Cynthia was unable to attend ‘the closing ceremony’, a ritual part of all Clinic training, but a month later, in response to my enquiry about whether the training had met her expectations and needs, she called a meeting with participants.

The feedback indicated some positive impact to my relief. I felt guilty that my lack of confidence might have meant that I did not give my best for this precious opportunity of education for the people who attended. I was certainly aware of my fallibility as a social worker and teacher, as Burkett and McDonald (2005) recommend when they suggest there be new spaces of tension for social work ‘in which practitioners engage reflexively, are able to situate themselves socially,
spatially, historically and politically can recognise the fallible and unfinished nature of themselves and thus of their practices’ (p.179).

Fine and Turner’s (1991) dialectical method for opening space for difficult conversations in therapy are useful here. They make the point that therapists (we will assume social workers) inadvertently impose their own ideas on clients through directives, prescriptions, advice and questions and should be reflective, evaluate their ideas and be mindful of the impact of their assumptions and expectations. Giving up or changing an idea that is integral to one’s personal or professional core experience is like undoing part of one’s experience – letting go part of one’s self. They use the analogy of tyranny and freedom, somewhat apt in this context. Tyranny, the oppressive rule by a government or a person in power, can be equated to the way social workers describe ‘a particular idea or set of ideas that appear to be ruling a person’s thoughts and actions, leaving little room for the consideration of alternative points of view’ (p.309), thus closing space for alternative ways of relating.

Fine and Turner (1991) suggest ‘closing space’ on socially or ethically unacceptable actions while ‘opening space’ about people’s underlying feelings. Sharing such dilemmas in a non-imposing way acknowledges differences that can then be discussed.

Howard (1999) describes feeling competent in the white world but totally ignorant in ‘the other’. This ‘simultaneous sense of intelligence and ignorance is an appropriate and healthy realization of white educators today, reminding us that intellectual achievement as measured from the perspective of Western institutions does not necessarily confer wisdom in the multicultural dimension’ (p.69). I was encouraged in solidarity with this viewpoint.

**Community Training:** The first thing I did with the community training was ask the participants to help me move the tables aside. This immediately threw us straight into physical activity together and changed the dynamic of the space, a cool tiled third floor room in the newly established Human Resource Development Program (HRDP). Si Thu, the director, had recently returned from refuge in Japan with a commitment and funding to establish educational opportunities for migrants on the border, hence the HRDP. The space was free, clean, well equipped and we were welcome there. There was overnight accommodation for people for whom it was not safe to travel across town to attend. This, plus Cho Cho, my friend, interpreter and chosen organiser, create a safe and comfortable relational community for learning.
By this time, newly established cross ethnic friendships had developed out of the trainings as a transformed community of practice. Now we identified as the ‘Mae Sot Social Work Group’, reified by name cards and a logo we developed in response to one of the suggestions in the ‘Ideas for Security session’. The logo was a bridge, reifying the border bridge, bridging friendships and stretching out to reach people finding a bridge across racial, cultural, political divides.

**The Follow up training program:** The follow-up training was held at the Backpack Training area, part of the enclave of the Clinic but physically a 10-minute bike ride away, a significant distance for some of the participants who were fearful of security. Cho Cho and Noe Noe found and arranged the venue.

By the third training, our community of practice had transcended the dominant modes of regulation. My return within six months validated my commitment and this time, I felt included within the periphery of the community organisations on the border. For the participants, each space affected them differently, the main issue always security.

5.6.5 Group dynamics

Lave and Wenger (1991) analyse the dynamics of participation and learning with the esoteric term of ‘legitimate peripheral participation’. By ‘legitimate’ they refer to the need to and different ways that someone can feel he or she belongs in a learning community. ‘Peripherality’ refers to extent to which people are engaged in their community of practice, albeit there is no real centre. Together, ‘legitimate periphery’ depicts the relations of power that indicate someone’s situational capacity to participate in the community of learning and can be extrapolated to social work situations that variously share or assume power and invite or prevent participation.

Lave and Wenger’s (1991) qualification of ‘participation’ does not work for me. They argue that complete participation is impossible as it suggests ‘a closed domain of knowledge’ (p.37) but that full participation is possible. I cannot see the difference but take their point that people’s differing degrees of participation in a learning situation are determined and affected by the legitimacy of their being there and how well or able they are able to be part of the group or community.

Wenger (1998) uses the term ‘reification’ to explain the process of giving form to an experience by producing objects, artifacts or products that ‘congeal this experience into ‘thingness’ (p.58).
Creating new meaning involves engaging in a social process that recognises mutual ability to negotiate meaning through negotiating, interpretation and action. Participation can involve conflictual, harmonious, intimate, political, competitive or cooperative relations. The project of establishing social work on the border requires the reification of the unfamiliar term ‘social work’ as a profession, along with medicine and law, which operate without state sanction, so who, how far and to what extent people participate in this process is significant.

The shared and contrary historical, cultural, ethnic and social perspectives and practices of workers in Mae Sot will determine people’s engagement in the process of learning. Practices are evolving forms of mutual engagement that involve ‘discovering how to engage. Communities of practice develop their repertoire, styles and discourses by ‘renegotiating the meaning of various elements; producing or adopting tolls, artifacts, representations; recording and recalling events; interviewing new terms and redefining or abandoning old ones; telling and retelling stories; creating and breaking routines’ (Wenger 1998:95). This is a pithy description of what happens in groups and is useful in tracking the processes of establishing group identity.

Processes of identity formation and learning occur, says Wenger (1998), through three modes of belonging: engagement, the active involvement in mutual processes of negotiating meaning; imagination, creating images of the world and seeing connections through time and space by extrapolating from our own experience, important as a learner of practice; and alignment, coordinating our energy and activities to fit within broader structures and to contribute to broader enterprises. The methods of drama describe attempts to implement these processes.

Wenger (1998) uses the term ‘generational discontinuities’ (p.99) to discuss the processes of changing membership of practice communities. People can come and go because the social processes of shared meanings and values initiate and hold the new generation of members or new comers. This is a useful concept through which to view the changing membership of the three iterations of the social work training programs in Mae Sot.

Communities of practice develop their own boundaries and discontinuities, sometimes ‘reified with markers of membership, such as titles, […] degrees, or initiation rites’ (Wenger 1998:104). Boundaries can also be unmarked, a clique within the group for example, or between those who have participated and those who have not. Participation and reification can create connections across boundaries into other communities of practice through brokering and complementary
connections. Wenger does not discuss the bridging, bonding, building and scaling aspects that make up connections in the social capital model (Woodcock & Dixon 2005). Participation in a training experience such as the social work training hopefully opens up relational connections for the participants beyond the training group.

5.6.6 Conclusion

Within a constant dilemma about imposing Western social work philosophy and values in this Asian context, the training programs achieved some of the pedagogical goals of adult learning methods, liberatory, education based on participatory relationships. Knowledge was presented as ideas for discussion rather than ‘The Truth’. This seemed particularly appropriate in a situation with a foreign teacher teaching new concepts (such as social work), which may not translate culturally or contextually in the border situation. There are indications that a safe atmosphere was created for new ideas to be discussed, questioned and disputed.

Curriculum is a set of ideas or aspirations, the meanings of which must be negotiated and interpreted with others (Smith & Lovat 2003) and participants rated their involvement in shaping the curriculum as one of the best points of the program. Other opportunities to negotiate and include their ideas occurred via drama, group work activities, discussion, debate, brainstorming and practical exercises. Games were used to engage, connect, relax, induce laughter and fun and to provide a safe environment and as a basis for communication. Participants were able to contribute their experience in responses to local case studies, role plays and problem solving exercises.

I found the human rights framework essential in teaching social work and the notion that social workers are human rights defenders was a powerful reification for social work. As an introductory program, the training covered topics at a broad practical and theoretical level. The impact of educational deprivation in Burma was evident in some people’s lack of foundational knowledge. It was challenging to open space for the Socratic approach to critical thinking with a group of people where the majority subscribed to traditional thinking that saw flaws in individuals the outcome of sins in a former life, or just their fate. Role plays and drama provided opportunities for people to step into others’ shoes and respond with empathy, as well as addressing their practical and material needs for housing, food, education and security.
Teaching social work required introducing sociological concepts such as society, culture and structures of power, constructions that were alien to these people. The program included a theoretical critical constructionist approach to social problems; analysis of the exercise and impact of power on gender, ethnicity, dis/ability, class; values, ethics and confidentiality; strength-based and anti-oppressive approaches; community development approaches, family inclusiveness and needs assessment. Practicalities as basic as record keeping and service data collection and analysis were covered tangentially via research projects.

Along with the list of topics requested through consultations, several unrealised goals emerged as the groups coalesced, such as public speaking, security, how to deal with crying and inter-ethnic tensions. There were opportunities for participants to plan and then attend a networking meeting of local organisations having completed a quiz where participants identified 20 previously unfamiliar community organisations in the Mae Sot Community Directory, produced by the Mae Sot Social Work Group and launched at the closing ceremony of the final training group. The group identified gaps in policy in relation to child protection, sexual abuse, domestic violence, worker exploitation and security through the training program and generated suggestions for ways forward.

Knowledge generated by group processes is more powerful than knowledge deposited, as Freire demonstrated years ago. It has legitimacy; it demonstrates that the group can exercise its power in creating theory and its own knowledge. It is inclusive in that everyone is involved and able to participate, in action, thought or feeling. It relies on the freedom to think and exchange ideas that generate active solutions, the basis of liberatory education.
CHAPTER 6: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction
To conclude, the process, my exegesis will reassess the research question:

How can I develop a culturally-sensitive, relevant and sustainable social work program for Burmese health and community workers working with refugees and migrant workers on the Thai-Burma border?

I considered asking this question in the past tense, as if I had developed such a program, but whether I did, how, or the extent to which I did, are different questions. This exegesis is interested in the ‘how’, exploring the participatory action research processes that I engaged to achieve what I set out to do. This chapter will summarise this process, draw conclusions around some emerging themes and make recommendations for the future of this project and other social work educational initiatives in the Asia Pacific region.

6.1. The project
The request for this project emanated from Dr. Cynthia Maung, Director of the Mae Tao Clinic in Mae Sot on the Thai-Burma border. The Clinic provides free medical services to Burmese refugees and migrants who cross the border from Burma and who are often in poor physical and mental health after their jungle travels to escape the atrocities from the Burmese military or economic or educational deprivation. After many years of running competency-based programs to train Burmese medics, Dr. Cynthia requested a locally-developed social work training program and this project is the response to that request.

There were three training programs: one for Clinic workers in April, one for community workers in May, and a final one combining Clinic and community workers in December 2007.

6.2. Attempts to make it culturally relevant
My initial views about ‘making it culturally relevant’ were based on cross cultural experiences in social work in Australia, brief experiences in Rangoon and with Burmese refugees on study tours and a review of the literature. What ensued on site in Mae Sot went layers beyond these initial plans for respectful consultation with local people. The lengthy process of inclusion of
local people’s customs, language and practice wisdom expanded from an information-gathering exercise to a deep exchange of knowledge, values, experiences and respect. I had to establish credibility, discover what I did not know and let go of assumptions through action research cycles of planning, reflection, action, observation and further reflection, whilst conducting a training program.

Cross cultural practice was not simply a matter of teaching people who spoke a different language in another culture. Teaching in Mae Sot fundamentally challenged my teaching practice; it involved conveying new ideas to people from several different ethnic and language groups, through a Karen or Shan interpreter translating my English to Burmese, their second language. In the end, the capacity and motivation of the interpreter to understand, conceptualise, anticipate and translate my ideas determined whether meaningful concepts were conveyed. An example was the Burmese word to convey ‘networking’. It was not until I happened to draw a web-like ecomap on the board that the interpreter asked me to clarify the concept and informed me he was using the Burmese word for ‘fishing net’. Like me, interpreters are not aware of what they are not aware of, until we become aware. Ironically, the metaphor of a fishing net serves some function in relation to ‘networking’, but we discussed and substituted the word for ‘web’ instead.

As a means of cross cultural accountability, I return to Bishop’s (2005) concerns about potential misuse of power by ‘outsiders’ involved in research with indigenous people. Bishop evaluates ‘researcher positioning’ (p131) through these questions:

(i) Initiation - who initiates and sets the goals, questions and design for the project? Whilst Dr. Cynthia clearly initiated the project, her insistence on community input meant that the goals of the social work training were community determined, but I designed the training program, albeit on the run and in response to daily feedback and information. In the end, I used my power as a teacher and social worker to direct the project but always with Dr. Cynthia’s vision of meeting the needs of community-based workers who would own the program.

(ii) Benefits - what benefits will there be and who will get them? How will they be evaluated and what difference will it make for local people? How does the research support the indigenous culture and language?
My intention was for the training program manuals to be of benefit to local people - the participants, future trainers and future participants. In fact, the evaluation at the conclusion of each program indicated learning in knowledge and skills but I believe that the key outcome is the evolution of an inter-ethnic community of practice that emerged from the process of the training programs. The benefits to me will be discussed in the final part of this chapter.

(iii) Representation - depiction of reality: How are the voices and views of the indigenous people represented compared with the ‘expert’ voice of the researcher? How are indigenous people involved in developing project goals, questions and tasks?

The processes of drama, networking, research and the use of local examples fulfilled this criterion in representing local views along with mine.

(iv) Legitimation - what authority does the text have? Who will process and analyse the data and theorise the findings? What happens to the results?

As described in Chapters 4 and 5, the findings were the process of teaching and learning for me and the participants. I provided a full report of the Clinic training program to Dr. Cynthia, Dr. Naing, Lisa Houston, all the participants and, on request, to a psychologist who came to the Clinic after I left, but I suspect that it has been shelved. Finishing, submitting, presenting and writing from this exegesis seems a more relevant means of disseminating the findings, and that process is underway.

(v) Accountability - Who is the researcher accountable to? Who has access to and control over the distribution of the findings?

The formal accountability requirements for the project lay with my compliance with the RMIT Ethics standards, the AASW and the PhD procedures. However, on the border, I felt accountable to Dr. Cynthia and her clear vision, despite minimal contact with her. She can ‘control the distribution of the findings’ in her ongoing work with Dr. Naing, using the electronic and hard copies of the training manuals.

6.3 What forms of social work were relevant to teach in that context?

Social work had no credibility on the border. It was unknown and culturally unfamiliar to most people apart from Dr. Cynthia and Dr. Naing, which posed many dilemmas; first, what aspects of social work should be included? In framing the scope of social work for this project, I drew on findings of projects conducted in Asia by Australian social work academics and was guided by
the International Federation of Social Workers (IFSW) principles of human rights, social justice and professional conduct. These provided a starting point for conversations with stakeholders but it was the actual participants with whom I decided the final topics, some of which I would not have predicted and certainly had not planned for, such as security, public speaking and dancing.

A second dilemma emerged in relation to adapting Western social work to the Eastern context where the participants were displaced refugees and migrants, with limited formal education. Many subscribed to Eastern philosophies that believe that past sins and life experiences determine fate and that if suffering is your fate, it is to be endured, not avoided. My perception of their lack of empathy and some discriminatory, excluding and cruel treatment of people was a Western-centric view of what is right and contradicted my commitment to respect local customs. Wary of ‘tyrannising’ (Fine & Turner 1991) the nascent social work trainees, my role became one of opening space for the group to discover alternative ways of thinking, through drama, art and discussion about local case examples. We co-constructed new meanings about people’s situations, thus embarking on a process of using critical thinking for social issues. This opened the way for participants to identify the need to listen and witness stories of trauma, as a form of healing.

In addition to this, the Western notion of human rights, fundamental to social work’s mission as explained above, is rejected by some Asian authorities for its individual focus that is seen to disrupt the Asian emphasis on community and family hierarchies of loyalty and harmony. Guided by Sewpaul’s (2007) assertion of the people’s human rights rather than the politician’s human rights, I included the human rights discourse in all programs, but the notion of individual rights over village or community rights was difficult for participants to come to terms with at times.

A third dilemma was how to respond to criticism of international social work’s record of offering reparative rather than preventative interventions. While the curriculum encompassed political and policy principles of human rights, social justice, civil society - advocacy, law and policy, structural analysis of power, gender and ethnicity – it focused equally on reparative responses to ‘personal’ problems, including counselling, rehabilitation and worker care. Practical aspects of program management, supervision, administration, networking, groupwork and community work
were also included but in terms of immediate application, it was the reparative approaches that would have first transferred to practice, since most participants were front line workers.

Related to the reparative, preventative challenge was a fourth dilemma, the fact that there were limited avenues for policy changes to build preventative programs as Cox and Pawar (2007) propose. It was difficult to convey the notions of civil society or democracy in a location with an absence of governance structures, particularly legal systems that social work relies upon to enact its social justice commitment. Whilst the Australian institutions of civil society are flawed and often fail to meet the needs of the marginalised, the alternative of no structures makes it difficult to advocate for social justice and change, as there is no hierarchy through which to advocate.

Furthermore, the Burmese live as unregistered refugees outside the camps in Thailand, so advocacy to the Thai authorities is tactically hazardous. The Burmese community instead becomes the locus for change but galvanising this community is a complex process and one that cannot be imposed or driven from the outside, despite Midgley’s expansive call urging social development by international social workers. It needs to evolve within local peoples’ knowledge and safe networks. The danger of doing social development or implementing change policies is that they have no local ownership. In the short time that I had available, I considered that the process of working with local people to identify their issues, work with them to categorise and generate ideas for desired outcomes for them was an appropriate legacy. Educational opportunities provide pathways to production and income as well as educational outcomes. Social work always struggles with generating income, and in this situation, I provided the funds for the training but generated educational, rather than financial capital.

In the end the process of consultation, inclusion, collaboration and indigenisation enabled a curriculum consistent with International and Australian social work principles and practices. My aim to include the broadest definition of social work – the personal and political aspects - was realised theoretically but difficult for participants to implement as policy change or activism.

6.4 How to teach in ways that fit in with local culture?
Three things stood out about the experience of teaching and learning with Burmese migrants in Mae Sot. The first is that in order for people to engage with the constructs necessary for critical
social work, I had to teach critical thinking. Second, adult education principles worked well in achieving this goal. Third, the process reinforced the relational aspects of teaching and learning.

6.4.1 Critical thinking After 50 years of an oppressive government that imprisons people who speak against them, people have become used to not feeling, thinking or talking. Deprived of education, many people from Burma have an acceptance of their world and see things in varying shades of good or bad. Many of the exercises involved people feeling, thinking and discussing and, over time, there was an increase in participation in discussion, debates and open disagreement - all exercises in critical thinking. I embarked on a process of encouraging critical reflection and analysis, despite a growing awareness of local traditional philosophies of respect for authority, obedience and subordination for the collective harmony of the community. I challenged this through questions, dilemmas, contested ideas that underpin the Socratic Method. We exchanged knowledge and skills. I shared what I had learnt about resources and practices and they shared their local knowledge, their languages and skills. Knowledge generated by group processes is more powerful than knowledge deposited, as Freire demonstrated years ago. It has legitimacy; it demonstrates that the group can exercise its power in creating theory and its own knowledge. The process was deeply grounded in adult learning principles.

6.4.2 Adult education principles The project followed Vella’s (2002) adult education principles of participation, safety, relationships, sequencing, praxis, respect for learners as subjects of their own learning; application, clear roles, teamwork, accountability and evaluation. It was inclusive in that everyone was involved and able to participate, in action, thought or feeling, with the freedom to think, exchange ideas and construct knowledge about social problems.

In the culture of educational deprivation and internalised oppression, Freire and Boal’s methods for generating hope and alternative pathways were effective. The context was ripe for the application of Theatre of the Oppressed drama methods which brought together so many of the adult learning principles, and provided a way to negotiate and generate new knowledge based on participants’ lived experiences. The learning for me in this process was to trust the group’s capacity and I was impressed at the depth of ideas that was generated either first round or in response to my questioning. Learning increased as our mutual respect grew.
6.4.3 Relationships have already been mentioned as one of the key principles in adult learning, but warrant further acknowledgement here for their particular significance in this context. Dr. Cynthia understood the need to establish relational credibility in setting the pre-training projects of consultation and coordination and, as described in Chapter 5, the relationship with the interpreters was pivotal to the successful exchange of information and ideas. I was entirely dependent on their interpretation of language, context and culture. Negotiating difficult relationships alerted me to power dynamics and created other openings. The collegiate support of a local social worker who had status as a man and doctor, Dr. Naing, was an unexpected blessing.

6.5. How was the social work training program made sustainable?
Originally, I envisaged the social work training program at the Mae Tao Clinic becoming equivalent to the medic training, that is, a regular occurrence of internationally taught curriculum. I planned to indigenise it through pre-training consultation and in delivery. My idea of sustainability was to leave an electronic and hard copy for other visiting social workers to use in future social work training programs. That Dr. Cynthia set the task to conduct training outside the Clinic surprised me but made sense in embedding social work in community organisations, rather than the health Clinic. It is not until now when I reflect in retrospect that I see a pattern in Dr. Cynthia’s role. As the director of a 50 million US dollar NGO, her role is one of strategically positioning the organisation to attract funding, balance its profile as an unregistered Burmese organisation in Thailand and maintain its function as a health facility. She uses her time efficiently. She sparks an idea, sets the wheels in motion and delegates its implementation, stepping in only when necessary. While her support was crucial for the initiation and progress of the social work training program, I had to seek it at difficult times, rather than work alongside her as a mentor as I had hoped. From my first contact with her, Dr. Cynthia was clear in her vision for a community-owned social work training program, rather than an extra task for the Clinic to auspice.

Whether Dr. Cynthia arranged my discovery of Dr. Naing as part of this plan I am not sure. The strong collegiate relationship that Dr. Naing and I established certainly opened further possibilities for a sustainable program in Mae Sot, in ways that were initially unpredictable:

*There was a significant moment of transition of ownership towards the end of the Community training program. I had asked Dr. Naing to join us when he was able and encouraged his participation as a*
teacher and Burmese speaker. I sat down as he took over a brainstorm of ideas and enjoyed watching as the participants debated and laughed together in their own language. Suddenly, I was overwhelmed with sadness and joy at the same time. I had made myself redundant, the core social work goal.

Journal Entry Community Training Program last day 2007

Dr. Naing has indeed provided local ownership, through his monthly supervision meetings with participants from each of the training programs. The meetings of the Mae Sot Social Workers Group (MSSWG) are apparently open to others who wish to participate in this ongoing community of practice. The group has a name. They have cards to reify or symbolise their status. Social work is an entity in Mae Sot. They have their own voice and can develop their own direction as a group. They have connected with and are part of the network of local CBOs and NGOs. They ‘own’ the Community Directory, the first definer of who’s who in service delivery in Mae Sot and plan to update it annually. Dr. Naing is working with Dr. Cynthia to develop a Mae Sot College to provide broader education and professional development for teachers, health and community workers\textsuperscript{13}.

As far as I am aware, the manuals I left have not been used to ‘teach’ social work by Dr. Naing or international social work visitors. This now seems a limited goal. It is difficult to teach someone else’s curriculum, although interesting to view in developing a new program. Whilst unpredictable in its future direction, the MSSWG is up and running. There is a community of practice of people from different ethnic groups that historically are opposed to each other. The social work training program provided avenues for conversations that unpicked some of the assumptions so that respect and friendships could begin.

6.6 The PAR process: Did the program transform the participants or others?

In the final evaluation of the Clinic training program (see questions on final page of the Clinic Training manual attached), people said the most important thing they had learned that there are such things as social problems and that patients coming to the Clinic were genuine when they told their stories after all. Several Clinic staff said they would be kinder to people who had problems and I was most relieved to hear that. The key outcome for participants in the Community Program was the cross-ethnic relationships that were initiated through the process of the training program and have continued in the monthly supervision groups. This

\textsuperscript{13} Thein, the coordinator of the OUA refugee scholarship program on the border, is also on this working group.
unanticipated outcome is a richer benefit than I had envisaged in its transformative potential for collaborative approaches to justice, both welfare and politically on the border. The follow up training program revealed the development of participants from the earlier programs critically engaging in analysis and solution generation in the way that social work practitioners in Melbourne do. Feedback at the conclusion of the training program indicated participants’ appreciation of learning the process of collectively thinking through difficult issues about their work, an experience that no-one had known about before.

There were examples of people transferring their learning in the training to other situations. Saw Min Kham approached the sweatshop next to his house as a ‘human rights defender’ and pleaded the case for better treatment of the women workers.

Some time after the community training program, Noe Noe told me that when a difficult issue came up at work, she ran a three hour TOTO facilitation with the staff to resolve it. They were able to resolve this long term issue because, said Noe Noe, the silent still image format (used in the trainings to capture social issues and brainstorm solution pathways) forced people to stop talking and start taking action. I was impressed that she picked up the method just from her experience as a participant and then used it so effectively.

As I continue to read Boal and Freire’s work, however, I regret not going further with these transformative methods of education. In reviewing the process in this exegesis, I recognise more clearly the capacity of the participants of the training programs to generate their own collective responses to social issues, yet we did not spend enough time doing that. There is enormous scope for this group to take up social action and develop and implement policies, yet it is not easy for Burmese workers in Thailand to become activists in their own right. With their connection to wider legitimate and safe networks of NGOs and INGOs, this community of practice can contribute to and participate in key decision making processes: the bridging, bonding and linking aspects of social capital.

6.7 How was I transformed?

While I was writing this instead of a lecture in three days’ time, I had a nightmare that I walked into the lecture room the next morning with only what I’d prepared so far – a series of ideas, summaries of references - not the ones I’d set as readings - no summary of ideas or coherent argument that captured my position (which still hadn’t fully emerged) and no case example to
bind it all together to demonstrate the application of the theories. The ‘dream’ lecture was not converted to PowerPoint, necessary for the Lectopia recording that students in the later tutorials would watch (which is the situation in my current class).

In my dream, I tried to bluff my way through it by saying that today I was going ‘to talk to’ them rather than lecture, and proceeded to a jumbled meandering around many ideas, one of which someone found insulting. I’d made a derogatory statement about over-narrow interpretations of psychology and one of the double degree (social work psychology) students tearfully admonished me in the lecture for the constant discrimination that psychology students feel from social work staff (one of my complaints in the past). All my protestations would not appease her and gradually the whole class walked out, leaving me devastated and feeling that I was an insensitive, ill-prepared, unintelligent failure. This is the sort of risk that Parker Palmer (1998) implies when referring to the courage to teach. The interesting thing to me about this nightmare is that I’m now in my eighth year of university teaching and this is the first such nightmare I’ve had.

What I now know is not different from before, just refined. It’s about tuning in more to what students want. That doesn’t mean indulging them. That means creating opportunities to hear what they have to say and working with them collaboratively to create a teaching and learning program that they and I can fully commit to. It is hard and time consuming but I constantly feel excited by what we are doing. First, I invited students to become consultants for the course and work with me to develop the topics, content, readings and class activities. This was a most rewarding relational action research process. Ironically, I felt more accountable to six students who gave up their time on several occasions to generate ideas, read drafts of the course guide and bravely give honest feedback to me, the lecturer who would eventually mark their work, in return for the odd afternoon tea and hopefully a better course, than to a room full of 80 students, pens and emotions poised to ‘learn’, be bored or hurt.

Second, I have used material developed with participants on the border in the classroom in Melbourne; I have developed a student Workbook that captures the whole course, like the manuals for the Mae Sot training programs, and am finding that with this pre-course preparation all done, I am freer to respond to what students ask for, while still maintaining a clear sequence. I feel I have replaced my tendency to ‘wing it’ in the name of spontaneous teaching with a more
confident concentrated process of research and solid preparation. This allows more spontaneity based on a pedagogically sound foundation. Third, I used a pre-course non-assessed self assessment questionnaire for each student in the Melbourne course as I did with participants in Mae Sot. Their individual responses allowed me to get to know them all a little bit, and clarified what they wanted from the course. I have included TOTO methods that I felt so free and comfortable using on the border, in the classroom here, in response to feedback that students feel oppressed by many aspects of their lives, of course, just as the participants do in Mae Sot. We are all in a life long process of discovering how to use and exercise our power, and the student experience should provide opportunities to think through and develop their own voice and confidence.

In a fully recursive cycle, I used the case scenario devised by and used with workers on the border in classes in Melbourne, the roleplay ‘Burmese family’ having ‘come as refugees’ and now having problems. I employed Burmese actors to play the family roles in an assessment task at RMIT then took students’ reflections on the situation and roleplay back to the border for participants there to reflect on their reflections. Typical of participatory action research, there is no clear end to this cycle and this case scenario can develop as I continue to go to and from the border.

The key theme across everything I did and learnt was about reflective relational participation with people, teaching and learning, politics, the environment and space at all times, at all levels. I went to the border with assumptions that I was not aware of, which had to be unlearned. I had an Australian social work view of what to teach, how to teach and how to cater for the cross cultural context, all of which changed in unexpected ways once I was on the border. Before leaving Australia, I believed in the need to establish credibility through engagement, consultation and inclusion, but it was an intellectual and Australian centric view that lost validity in the new context. As Punch (1994) says, critical reflective research brings people together in close, if not intimate, relationships that provide access and acceptance in the context. The relationships that developed between the participants provided the sustainability for the project outcomes, as will be discussed in the following section.

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14 This was a compulsory ‘hurdle requirement’ and not marked.
6.8. Goals and insights for future international social work

The experience of responding to Dr. Cynthia’s request to provide social work education to community and health workers on the border has implications for future international social work ventures. Dr. Cynthia’s strategic thinking guided the process. This informal accountability provided the flexibility to consult in a genuine way, over a realistic time frame that allowed relationships to evolve, rather than a one off visit as a foreigner offering expertise. I was fortunate to find a social work soul mate in Dr. Naing, to be able to seamlessly pass the process over to him and continue to visit and work with him. These local reference points are crucial in indigenising the program in terms of identifying the need, creating local examples and establishing the credibility of the program in the context.

Social work programs in other Asian countries have suffered from a lack of professional recognition and auspice. Many are enacted through international charitable and voluntary programs that respond to social problems. Graduates from nationally approved social work programs are often employed by government welfare agencies, but many cannot find employment as a social worker as there is no job code or recognition of professional social work (Hugman et al 2007). What benefits might there be in establishing a formal qualification through my position as a university educator? My intention was to create a program that was relevant, culturally appropriate and sustainable in the context of the border, rather than to meet the requirements of any accrediting body. That said, I am committed to assisting a process of accreditation for the border ‘social workers’ should they wish to consolidate their role in this way in the future. Accreditation and qualification offer positional capital and may be worthwhile pursuing in the future. Having participated in the instigation of the inaugural social work degree in Rangoon, I have a commitment to equity for refugees and migrants on the border.

At some time in the future, I may be able to capitalise on these synergies for the benefit of both groups of ‘social workers’ inside and on the border of Burma. This could include forging links with a Thai university social work school, perhaps via Dr. Naing in Bangkok to connect with the local academic community. I have enrolled in an online training program at RMIT to qualify me as a trainer able to give certificates for equivalent programs in the future. This would provide some legitimacy, status and educational qualification that is hard to access on the border, similar to the short courses run by UNICEF or similar bodies in Vietnam as described by Hugman et al (2007).
6.9 Transferring the knowledge

My experiences in living and working with people in Mae Sot inform my teaching content and practice. Formally, I will present the ideas at the university in three different forums this year and have been asked to write a chapter in a book on social work in the Asia Pacific region. I attended the first Australia-wide meeting of networks for Burma in February 2008 and collated a list of academics and social workers who share an interest in Burma. Already, we have exchanged research topics and ideas and this may expand to conferences and cooperative publications. In Boal’s theatre, the actors and spectators construct knowledge together. My ongoing responsibility for this project is to find audiences for the stories of people from Burma and the border to support them in their quest for their safe transition to freedom. The training program was one small step in this process.

A final story:

At the end of the last day of the follow up training, Cho Cho arranged a picnic at hot springs 20 minutes outside Mae Sot. Twelve of us were able to attend. After bathing, we sat around wet in longyis, lazily eating eggs coddled in the almost boiling water. It was hot and steamy and the conversation was reflective and casual, about life, friends and the week’s training program. ‘I learnt a lot’, said Dr. July. ‘I feel more confident knowing how to listen to people and what to do to help them. I just wish there’d been more time for discussion’. It was eight months since she had been part of the group that ‘did not understand ‘discuss’’. Now she wanted more. It felt a good way to end.
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APPENDIX 2: Example of Kanchana’s stories – Mar Lar Nyein

Ma Thiang Sein and her husband U Nay Min have had five children and much sadness. Two daughters died, one of cerebral malaria when she was two and the other at birth. So they and their ten year old son were excited to be having twin girls 18 months ago.

Mar Lar Nyein and her twin sister were born at Mae Sot Hospital as the family lives nearby. It was a normal delivery but Mar Lar Nyein turned blue soon after birth and her parents feared that they would lose another child. She survived but continues to turn blue every day. While her sister grows bigger and runs around playing eighteen month old games, tiny Mar Lar Nyein sits wistfully and still, with little energy even to eat.

Although her parents were constantly worried for her, they did not have the money for the hospital and were afraid to travel far from their home in case the Thai police arrest them for not having a visa. At least living in Thailand, there is a hospital to go to. Inside Burma, the health system is so depleted that people rely on traditional healers who, in this case, could not help.

So Ma Thiang Sein has devoted every minute of her time to watch over Mar Lar Nyein. The minute she turns blue she changes her position and helps her breath. She and her husband made the painful decision to send their other children, Mar Lar Nyein’s twin sister and their ten year old son to stay with their grandmother in Burma. They worried that Mar Lar Nyein would be injured by the other children as she is so susceptible to illness, fevers and respiratory infections.

In March, they came to the Clinic where Mar Lar Nyein was admitted to the Child Inpatient Department. She was given oxygen, vitamins, iron and other added nutrition. The clinic diagnosed but is unable to treat her congenital heart disease. For treatment the family needs money to pay for a referral from the local hospital to the Paediatric surgeons at Chiang Mai public hospital. This will cost about US$5,000. Without this intervention, Mar Lar Nyein’s life chances are limited.

Mar Lar Nyein’s parents wish for her to live a normal healthy life and be able to go to school with her sister. They are loving parents who deserve things to go right for them and their children.

You can make a donation to the Burma Children Medical fund www.burmachildren.org by credit card, phone 1800 888 674 and state that your donation is to Burma Refugees – Mae Tao Clinic. Please give your address and ask for an Australian tax deductible receipt to be sent to you.
APPENDIX 3 Example of Kanchana’s stories - Pai Pai

Needs of Burmese Children at the Mae Tao Clinic in Thailand

The Mae Tao Clinic was established in the late 1980s by Burmese doctor, Dr. Cynthia Maung to provide free health care for refugees from Burma. Kanchana Thornton is the senior paediatric medic at the clinic. She trained in nursing and maternal and child health in Sydney and has worked as a volunteer at the Mae Tao clinic since 2001. Kanchana has negotiated with the local hospital in Mae Sot and the university hospital in Chiang Mai to treat unregistered refugees from Burma who have made their way to Thailand. To provide the cost of transport, accommodation and treatment for children and young people like Pai Pai (below), Kanchana needs about Aus$50,000 per year. She has established the Burma Children Medical fund www.burmachildren.org so Australians can make tax deductible contributions for medical treatment.

Pai Pai is a small, pale 4 year old with a congenital heart condition that leaves him listless and vulnerable to infection. Until two months ago, his family- his mother, Htwe Htwe, his father Myo Wai Aung and his fifteen year old sister, Dah Le all lived together in Myawaddy. His father was receiving treatment from the Mae Tao Clinic because he was HIV +. He became so ill that he could not work and as the sole income earner for the family, felt he was a burden on them financially and from his illness. He used the last of his energy to travel back to Rangoon where his family can care for him until he dies.

Since her husband left, Htwe Htwe is alone. She cannot work as she must look after Pai Pai. There is no childcare. She has no friends close by – it is not easy to have friends when someone in the family has AIDS. She took a test recently and does not have the illness. Without an income, she cannot stay in her current home and sees no option but to go back to her family in Karen state in Burma. Her daughter will stay here, so that she can continue her schooling. She and her mother have never been separated before and Htwe Htwe is very sad. She misses her husband and fears for her daughter.

Since the school term ended, Dah Le has found work in a restaurant in Mae Sot across the river in Burma. The money she makes, 1,000 baht a month, will pay for her schooling next term. She sends money to her father in Rangoon and supports her mother and brother. Her mother is worried about her working at that restaurant where ‘no married people can go’. Her boss insists she stays overnight three nights a week. It was the only work that she, a fifteen year old girl could find.

Htwe Htwe comes to the Clinic each month for medication for her husband and son. There is no health care for people with AIDS in Rangoon so the Clinic provides this sustenance and pain relief through Htwe Htwe, who sends the iron and panadol tablets to her husband through family contacts in Burma. She will continue to come, making the day’s journey by road and boat from Karen state. In the meantime, we informed her of the SAW Safe House for children, established by the Clinic five years ago. Through her father’s treatment at the Clinic, her daughter knows one of the counselors in the VCT (Voluntary Counselling and Testing) Unit at the Clinic, so we suggested she leave her daughter with his phone number in case she needs his help. To obtain the coronary assessment to diagnose his condition and possible heart surgery and survival, Pai Pai must travel to Chang Mai Hospital. This will cost between 5,000 to 6,000 ThaiBaht (~Aus $200), an impossibly expensive trip given his mother’s circumstances.

To make a donation by credit card, phone 1800 888 674 and state that your donation is to Burma Refugees – Mae Tao Clinic. Please give your address and ask for an Australian tax deductible receipt to be sent to you.
Dear

The Mae Tao Clinic will host a meeting to bring together Clinic staff and staff from community and international organizations to discuss the social issues facing migrants and refugees from Burma living on the border and to hear what your organization is doing to help.

We hope you or someone from your organization can come for a meeting on Thursday 15th March in the Library at the Clinic from 10-12.30 to contribute your ideas to the project. Morning tea and lunch will be provided.

The purpose of the meeting is to identify
1. the social issues facing migrants and refugees from Burma on the border
2. what services you and others are providing in response to these issues
3. what improvements can be made and how this might happen
4. what services are not provided by anyone
5. training needs and resources within the community.

The outcomes we hope to achieve from this process are
1. networking: exchange and sharing of ideas about social issues and responses
2. mapping of service provision and gaps
3. planning for responses and training for community organization staff

If you are unable to attend, could you please send us your responses to these questions?

1. Name and contact numbers of your organization
2. What do you see as the social issues facing migrants and refugees living on the border?
3. What services does your organization provide?
4. What training does your organization provide?
5. What training, if any, would you like for your staff?
6. Will your staff be interested to participate in or giving training about social issues?

Please contact Dah O if you have any questions or suggestions. We hope to see you on Thursday. Please pass this on to others who may wish to be involved.

Yours sincerely

Dah O                                         Saw Min Kham                                              Susie Costello
Organiser                                    MTC Counselling Team         Social Worker

Mae Tao Clinic
P.O Box 67, Mae Sot . Tak 63110, Thailand
701 Moo 1, Intarakiri Rd., Tha sai louard, Mae Sot, Tak Province 63110
Tel: (055) 563-644/ Fax: (055) 544-655, email: win7@loxinfo.co.th
On 15th March, the Mae Tao Clinic hosted a meeting for Clinic staff and staff from community and international organizations to discuss the social issues facing migrants and refugees from Burma living on the border. There will be a follow up meeting on Thursday 19th April at the Clinic.

The purpose of this first meeting was to identify
6. the social issues facing migrants and refugees from Burma on the border
7. services provided in response to these issues
8. ideas for improving coordination and referrals between current and potential services
9. training needs and resources within the community.

The ideas generated at the meeting are summarized below under
A. Organisations present
B. Social issues affecting migrants and refugees from Burma living on the border
C. Possible Solutions to improve responses to social problems
D. Summary and Recommendations

A. ORGANISATIONS PRESENT

<table>
<thead>
<tr>
<th>CBOs</th>
<th>NGOs</th>
<th>INGOs</th>
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<tbody>
<tr>
<td>Local Community</td>
<td>Non government</td>
<td>International Non-Government Organisations</td>
</tr>
<tr>
<td>Based Organisations</td>
<td>Organisations</td>
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<td>SUPPORT ORG</td>
<td>DISAC</td>
<td>JRS</td>
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<td>BLC</td>
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<td>MTC</td>
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<td>AMI</td>
</tr>
<tr>
<td>Others unable to attend who sent apologies</td>
<td>JRS</td>
<td>IRC+LAC</td>
</tr>
</tbody>
</table>

B. THE FOLLOWING ISSUES WERE COLLECTIVELY IDENTIFIED AS ISSUES FOR MIGRANTS

- **Security Issues**
  - Protection issues and extortion by local authorities
  - Homelessness (no shelter)
  - No rights to travel
  - No money to (pay bribes to) go back home
  - Statelessness - no legal status, no documents
  - Thai authorities’ indecisive re: guidelines/ rules
  - Fear of imprisonment, abuse, deportation

- **Health**
  - Little information on or access to health facilities
  - Vaccination
  - HIV AIDS, malaria, TB
  - Alcohol addiction
  - Chronic stress from security and other issues
  - Family problems- divorce, premarital (unwanted) pregnancies

- **Mental Health**
for men e.g. ex prisoners
- Suicide
- Alcohol addiction
- Mental stress (no ID paper)

Legal
- Need to establish migrants’ rights
- Need legal documentation
- Smuggling rings
- Extortion
- Murder Rape cases - difficult to find Thai lawyer to advocate
- Violence in community is not dealt with by police

Community Violence
- Gang violence
- Police abuse
- Employers abuse

Poverty / Employment / income/ education
- no jobs
- Child labor because of no education
- Homelessness
- Single mothers with too many children – hard to manage financially
- Low educational levels in PHA / factory workers/ CHV.

Discrimination
- Problems due to language barriers
- Access to education - Burmese-Thai curriculum
- Discrimination within minority communities from Burma eg Rohingya Muslims and Thai Karen/ hill tribes)

Sexual and Gender Based Violence (SGBV)
- Domestic violence
- Rape
- Trafficking of women and children
- Exploitation of sex workers
- Violence alcohol abuse
- unwanted pregnancy and unsafe abortions
- Lack of social networks or safe home

Children
- No child rights
- No child protection system for sexual or physical abuse
- Orphans and abandoned children
- Lack of social networks or sufficient safe houses

The following issues were identified as issues for people in camps:

- Lack of freedom of movement, options and information
- Thai policy of no rations for new arrivals
- Lack of Income
- Lack of schooling /drop outs
- No further future prospects after Year 10
- Problems due to misunderstanding and language barriers impact on resettlement:- (family confrontation/ domestic violence/ stress factor/ waiting and fear factor)
- Substance abuse (alcohol)
- Exploitation or abuses from working outside camp
- SGBV - Domestic violence, rape and trafficking
- Lack of gender equality in decision making/structure - camp committees
- Extortion
The following issues were identified as issues for organisations:

- All community organisations need more money
- Need better coordination/communication between NGOs eg legal-LAC, IRC and BLC.
- Need more Thai lawyers
- Lack of counselors and social workers (qualified)
- Need IT technicians
- Workers need more basic training

C. NEEDS FOR SERVICES AND RESOURCES FOR MIGRANTS

- More safe houses
- Legal assistance
- Health information
- Social action and long term support and shelter or social welfare for men (men migrant face difficult situation etc.)
- Recognition and protection for urban refugees (DP’s)
- Recognized status – ‘PAB’ process HCR/Gov’t pushing the process forward.
- Jobs with minimum basic amount of basic payment enough funding for organization

Coordination and service systems

- Regular Networks
- Social Center/One stop shop
- Organization Directory
- Relevant stakeholder (INGO+NGO+CBO+COMs) meeting for collaboration to identify common issues
- Initiate social worker internship Thai+International social-work school at Mae Sot
- Forum migrant social issues
- CBO Community based organizations to raise awareness about social issues to NGO & INGOs to implement appropriate projects
- We need to present to organization like UNHCR.
- Work more collaboratively with local health authorities
- Real coordination and Cooperation - Who is doing what?
- Community base spoke person (community empowerment)
- To support community base initiatives
- Increase in advocacy of Thai government (more support) MOPH/MOI
- NGOs to work with community to set up system in new born registration with government) coordinating improve mechanism.

Organisational Needs

- Buildings
- Staff
- Technical resources
- Training
- Money Fund raising
- recognized status for organization members (legal states) available or not e.g. recognized temporary by mayor of Mae Sod

Advocacy with Thai authorities

- Advocacy with the Thai Senior Authorities
- Thai authorities’ rules and regulations for migrants worker and refugees are unclear. They need to make them clear.
- Culturally sensitivity campaign in Thai community

**Training**
- Training for social workers and counselors
- Training in technical and material assistance
- Migrant rights & responsibility training
- How to engage Thai civil society & media in constructive ways
- How to approach root causes of migration displacement
- Social work/ community formation with local leadership/empowerment.
- Social counseling training for rape victims, people who have trauma,
- Counseling training

**Technical Assistance**
- Not training but active ongoing assistance to advocate for migrant rights-based issues
- Technical assistance in developing long term strategy

**D. SUMMARY AND RECOMMENDATIONS**

1. The meeting generated this extensive but not complete list of social issues. Because there are other groups coordinating responses in the camps, we have decided to use this group to focus on people living outside the camps. In saying this, we hope that people who work in the camps will continue to be part of and contribute their ideas and experience to these discussions.

2. In the interests of addressing the coordination and communication issues identified, at the next meeting we will focus on the following five overlapping areas:

1. **Legal Status of migrants.** The goal of this group is to hear from and work with organisations working for migrants’ rights and status.

2. **Women’s Rights.** There are several organisations working with and for women who have been sexually assaulted or who live with domestic or employer violence. Currently there is no coordinated crisis response for these women. This group could bring together women and men to develop processes to prevent and respond to violence against women.

3. **Child Protection.** Similarly, there are no consistent responses for children who are assaulted, orphaned, abandoned or exploited by employers. Current research being conducted by CPPCR into the extent and types of child abuse will inform eventual responses which can be discussed at the next meeting.

4. **Men’s health.** There is a high level of substance abuse, violence, suicide and depression amongst men in the community. How can this be addressed?

5. **Training.** The key training needs identified to date are
   - Social work and counseling
   - Legal rights and Advocacy with Thai authorities
   - Technical and material assistance.

Although your work probably involves all these areas, would you have a think about which area you would like to work on at the next meeting. There will be general introductions and information sharing then we will work on these or other areas that you identify.
Training Meeting We will hold a meeting in relation to training before the next meeting, on Wednesday 4th April 9.30-11. We hope to map out a training curriculum and invite you to come and contribute your ideas, resources and requests.

Community Service Directory We are in the process of collating the information you gave us about your organisations. We hope to compile this into a Service Directory that can be distributed to everyone to facilitate awareness and inter organisation collaboration.

Thanks for your active participation in this process.

Dah O
Organiser

Saw Min Kham
MTC Counselling Team

Susie Costello
Social Worker
APPENDIX  4.3 Minutes of the Community Training meeting on Wednesday 4th April at the Mae Tao Clinic to develop a social work training program for staff at community organisations

Present:
MTC Dr. Cynthia Maung, Da O, Saw Min Kham, Akiko Tanaka (CPPCR) and Susie Costello (minutes) and people from:
SUPPORT ORG: Assistance Association for Prisoners:
BLC: Burma Lawyers Council
BWU Burma Women's Union
IRC LAC: International Rescue Committee: Legal Assistance Committee Ai-Li Lim & Ratchai.
JRS Jesuit Refugee Services: Isla Glaister
KWO Karen women’s Organisation: Taw
SAW Social Action for women: Megan Clavier,
WLW: Women’s League of Burma: Joanna Cohen

Curriculum: Based on stated requests from the Social issues meeting on 15th March, Susie proposed an outline for social work training (attached) which the meeting discussed and made suggestions.

The group recommended that the training be practice-focused with hands on examples interpreted into Burmese and English The proposed curriculum is to include:

1. Ethics and values
2. Human Rights and Law – UN Conventions and Thai Law; the roles of civil society and community justice systems – migrant, women and children’s rights
3. Strengths-based model of practice – supporting people in crisis - mental health, disabilities, HIV AIDS; substance abuse; trauma, child development, advocacy with authorities and employers, caring for children and young people, arts and drama skills
4. Community networking, coordination & group facilitation skills
5. Program Planning and Management – planning programs, meetings, office and staff management, marketing, grant writing, strategic planning and teamwork
6. Worker care, debriefing and supervision
7. Social Research
8. Presentation and Training Skills: Training of Trainers, public speaking and presenting

Several community organisations have developed trainings for these topics and are willing to contribute them to this training

Participants: People from organisations working with social issues are invited to participate in this training.

Venue: The venue proposed is the Human Resource Development Program 1/5 Soi Sapphakan Road opposite the Mayors House. This is the coordinator 0555 42649.

Trainer Susie Costello is a social work practitioner, manager and teacher and will be in Mae Sot till June.
**Times:** This training will begin on the week of 7th May and can go for four weeks till 31st May. There are several options for timing, aimed to minimize interruption to your work. Please let us know which times suit your learning, organisational and safety needs best.

a) Ten day intensive Monday to Friday for two weeks 9 - 4 = 60 hours  

b) A 2 day intensive then 9 -12 three days a week for four weeks 12 + 36 = 48 hours  

c) Three hours a day eg 8-11am Monday to Friday for four weeks = 60 hours  

d) Other suggestions?

While an intensive program is easier to organize and attend, learning about practice is absorbed better accumulated over a longer time with opportunities to refine the skills.

**Assessment:** The group recommended that the training be assessed. One possibility is for participants to use the process of training to resolve an issue from their work with the group and present their findings as the assessment at the end.

People in the group pointed out that assessment legitimizes the training and provides clear outcomes for potential funding bodies. It also increases motivation and attention for the participants.

**Issues and next steps:** These will be discussed at the next Social Issues group meeting 9.30-12 on Thursday 19th April at the MTC

1. **Name and community auspice body**

2. **Feedback** and ideas from people who were not at the meeting. Please send your ideas to Susie, Dah O or Saw Min Kham.

3. **Finalizing times, dates and participants.**

Thanks

Dah O  
daho@yahoo.com  

Saw Min Kham  
sawminkham@yahoo.co.uk  

Susie Costello  
susancos@gmail.com
APPENDIX 4.4 Minutes of Social Issues Follow up Meeting
Thursday 19th April 2007 at the Mae Tao Clinic

Previous minutes from meetings on 15th March (Social Issues) and 4th April (Training) were re-distributed and outcomes discussed. At the Social Issues meeting, people from fifteen organisations identified an extensive list of social problems confronting migrants and refugees. These were broadly categorized into four key areas and people invited to attend today’s meeting to work specifically on one. Training was identified as a strong need for workers and the 4th April meeting developed training priorities for people working outside the camps with migrants.

Business
1. Community Service Directory A Draft Service Directory booklet was distributed for people to check the information about their organisation. New organisations were added and suggestions were made for the finalization of the Directory:

   Front cover: There was a discussion about how to represent the breadth of organisations in Mae Sot and the work they are doing with migrants. Ideas from the meeting were
   • Photo of the ‘Friendship’ Bridge
   • Logos or acronyms of organisations represented
   • Photograph or picture to represent hope eg waterfall
   • Other suggestions from people not present at meeting are invited by 4th May. Please call or send to Susie – contact details at end of the minutes.

   Background: The directory should have some background information about the situation for migrants and the services in Mae Sot. The team from JRS will draft the beginnings of a narrative about this to be circulated for suggestions and input from other organisations.

   Map: There will be a map of Mae Sot in the front of the directory with some of the organisations’ location identified. For security reasons, some organisations cannot reveal their location.

   Updates: The Directory will never be completely up to date because of staff movement and funding changes. It will need to be dated and updated each 6 months. A form for updating information or adding new organisations will be on the last page of the directory and JRS offered to take responsibility for the Directory for the next 6-12 months.

   Final copies of all data sheets will be checked with all organisations.

2. Training Suggestions from the Training consultation on Thursday 4th April were discussed. After some discussion, the dates and times were finalized as Two Week training 9.30-4.30.

   Dates: Monday 7th – Friday 11th May and two weeks later on Monday 21st – Friday 25th May.
   The week’s break allows for workers to attend to work priorities as well as practise new ideas from the training.

   Venue: Human Resource Development Program 1/5 Soi Sapphakan Road opposite the Mayors House near DK Square. Si Thu is the coordinator 0555 42649.

   Participants: 25 people from organisations working with people on social problems. Application form at end of the minutes. We will try to accommodate organisations who want two or three people from their organisation to attend, but it will depend on numbers.

   Curriculum: The training will be practice-focused with hands on examples interpreted into Burmese and English The curriculum will the following topics:

9. Ethics and values
10. Human Rights and Law – UN Conventions and Thai Law
11. Strengths-based model of practice – supporting people in crisis - mental health, disabilities, HIV AIDS; substance abuse; trauma, child development, advocacy with authorities and employers, caring for children and young people, arts and drama skills
12. Community networking, coordination & group facilitation skills
13. Program Planning and Management – planning programs, meetings, office and staff management, marketing, grant writing, strategic planning and teamwork
14. Worker care, debriefing and supervision
15. Social Research
16. Presentation and Training Skills: Training of Trainers, public speaking and presenting

3. Working Groups for Social Issues. The meeting broke into 4 groups to identify some inter-organisational strategies for addressing the problem:
   
   - **Legal Status of migrants.** including visa, birth registration, the Thai justice system.
     o Lawyers from Burma Lawyers Council, IRC LAC (Legal Assistance Center) and IRC Shield clarified their complementary roles:
     o IRC LAC is working on a project to implement Thai law inside the camps. Their general focus is on education, training and resources for the promotion of legal rights.
     o Burma Lawyers Council is a legal service provider and also run legal and human rights trainings.
     o IRC has just developed a booklet in English and Burmese that outlines migrants’ rights in relation to health, education, birth registration and work. They will distribute it via the Migrant Rights Group meeting on 11\textsuperscript{th} May.

   - **Women’s Rights.**
     o This group went through the 10 steps of the ARM (Automatic Response Mechanism)(2004) for Sexual Assault, developed with community organisations in Chiang Mai. [http://www.mapfoundationcm.org/Eng/publication.html](http://www.mapfoundationcm.org/Eng/publication.html)
     o The group of women’s organisations identified some of the challenges for women in pursuing their rights in relation to sexual or physical assault:
       - Women who work in community organisations do not have ID so face security issues themselves when they want to advocate for women victims at hospitals or with the police
       - Legal services are provided by and in Thai so they need access to both Burmese and Thai speaking lawyers.
     o The group identified 7 organisations that could form a working group to continue this initiative at the next Migrant Rights Group meeting on 11\textsuperscript{th} May.

   - **Child Protection** – identify a process for immediate response to child abuse.
     o This group began the process of adapting the MAP manual to Child Protection and will meet on Friday 4\textsuperscript{th} May and report back at the Migrant Rights Group meeting on 11\textsuperscript{th} May.
     o The Committee for the Protection of Child Rights CPPCR will coordinate this process. Other organisations are welcome to join the process.

   - **Men’s Health** – ideas for engaging men who have become depressed or violent.
     o This group identified some of the key problems for men - alcoholism, homelessness and exploitation – as difficult to address as men’s issues are not usually considered a priority, with a resultant lack of services and responses for men.
     o The following services are needed: male shelter, rehabilitation and employment centres that can address men’s social, emotional and physical needs via games, tea shop discussions and sport for stress relief.
     o DARE was identified as the organisation that might consider these ideas.

**Summary:** The Social Issues Networking Group will merge with the Migrant Rights Working Group and meet on Friday 11\textsuperscript{th} May. Meredith from BMA coordinates that meeting – see contact details on next page.
Application for Social Work Training

Dates: Monday 7th – Friday 11th May and Monday 21st – Friday 25th May.
Applicants are expected to commit to attending all days.

Name:
Organisation: Position: 
Phone: Email: 

Do you need transport?

What knowledge, skills or attitudes are you hoping for from this training?

Please email this to: Susie Costello susancos@gmail.com by Friday 4th May 2007.
Dear Community Worker

7th May 2007

I am a lecturer in Social Work at RMIT University in Melbourne Australia. As part of a Ph D project in the School of Education at RMIT and at the request of Dr. Cynthia Maung, I have developed a social work education program to assist clinic staff and community workers to respond to the social needs of refugees and migrant workers who live on the border or come from Burma.

As participants in this training, you are able to give valuable feedback about the training and the key issues for migrant living in Mae Sot experience.

Would you please complete the Consent Form below to show your willingness to be part of this process. This information will be recorded and kept confidential at the MTC for the next five years. You are encouraged to give a name that is safe to use. I may take photographs to record some of the training processes, so you can indicate if you are comfortable with your photograph being used below.

Having signed the form, you can withdraw your consent at any time afterwards. Utmost care will be taken to protect those of you whose identities need to be kept confidential – ie no photos will be used and your names will not be identified if you ask me not to.

The aim is to develop curriculum to be used in educating clinic workers in responding to the social needs of refugees and migrant workers who come to the clinic.

At the conclusion of the course, I will again invite your feedback via a focus group with members of the reference group and a confidential questionnaire. Your comments will be collated and documented as part of my research.

If at any time you want to withdraw from this project you can do so by either letting me Dr. Cynthia or Lisa know, or just not responding. If you decide to withdraw, any unprocessed data you have given us will be withdrawn on your request.

For further information, you can call me on 9925 3234 or the program coordinator of Social work at RMIT Jenny Martin on 9925 3483. You can also talk with Lisa or Dr. Maung about any questions or complaints you have about this project.

Susie Costello
Lecturer in Social Work
RMIT University Melbourne Australia
(613) 9925 3234

Any complaints about your participation in this project may be directed to the Secretary, RMIT University Human Research Ethics Committee, University Secretariat, RMIT, GPO Box 2476V, Melbourne, 3001. The telephone number is (613) 9925 1745.
RMIT University
School of Global Studies
Social Science & Planning
GPO Box 2476V Melbourne 3001
Tel: 9925 3234
Fax: 99251855
www.rmit.edu.au

The above text is in Burmese and unreadable in its current form.
Susie Costello ( Georgia)  
Office hours: Monday, 2-4 pm  
Please contact RMIT Student Centre  
(613) 9925 3234
APPENDIX 6: CONSENT FORM

Faculty of Education, Language and Community Services

PhD in Education (Teaching)

RESEARCH PROJECT INVOLVING HUMAN SUBJECTS

Consent Form For Persons Participating In Research Projects Involving Interviews, Questionnaires or Disclosure of Personal Information

Name of Participant: …………………………………………………………………………………………………………………………

Project Title: Social Work Education for community workers on the Thai-Burma border

Name of Researcher(s): Susan Costello

Tel: (BH)...61 3 9925 3234………………

Tel: (AH)...0843 652 683………………

- I consent to participate in the above project, the particulars of which - including details of interviews or questionnaires - have been explained to me and are appended hereto. □Yes □No

- I authorise the investigator or her assistant to consult with, videotape or take my photographs of me for educational purposes □Yes □No

- I have been informed that I am free to withdraw from the project at any time and to withdraw any unprocessed data previously supplied □Yes □No

- I am aware that the project is for the purpose of education □Yes □No

- I have read and retained a copy of the explanatory letter and agree to the general purpose, methods and demands of the study. □Yes □No

- I am aware and give my consent that my involvement may entail
  - Participating in the training program □Yes □No
  - Contributing to curriculum development □Yes □No
  - Completing a questionnaire □Yes □No
  - Completing an interview □Yes □No
o Participating in focus group discussions  □ Yes  □ No

• request that my real name not be used and that this one be used instead……………………………………………………………………………………………………………….

• I give my permission to be
  o photographed  □ Yes  □ No
  o audiotaped  □ Yes  □ No
  o videotaped  □ Yes  □ No

I understand that the research data collected during the study may be published, and a report of the project outcomes will be provided to Dr. Cynthia Maung and the Mae Tao Clinic.  □ Yes  □ No.

• I request that data which may identify me will not be used.  □ Yes  □ No

• I understand that, should information of a confidential nature need to be disclosed for moral, clinical or legal reasons, I will be given an opportunity to negotiate the terms of this disclosure  □ Yes  □ No.

• I understand that the security of the data obtained is assured following completion of the study, for five years.  □ Yes  □ No.

Signature: (Participant)  Date:__

Signature: (Witness to signature)  Date:__

Where participant is under 18 years of age:

I consent to the participation of ___________________________ in the above project.

Signature:  Date:__

(Signature of parent or guardian)

Signature:  Date:__

(Witness to signature)

Participants should be given a photocopy of this consent form after it has been signed.

Any complaints about your participation in this project may be directed to the secretary, RMIT Human Research Ethics Committee (HREC), University Secretariat, RMIT, PO Box 2476V, Melbourne, 3001. The telephone number is (613) 9925 1745. Details of the complaints procedure are available from the above address and from: http://www.rmit.edu.au/departments/secretariat/hrec.html
APPENDIX 7 Report to Dr. Cynthia Maung on the development and teaching of a social work curriculum for the Mae Tao Clinic and community workers in Mae Sot Thailand during February to May 2007 by Susie Costello, Lecturer in Social Work, RMIT University: School of Global Studies, Social Science and Planning, Melbourne, Australia. June 2007
Susie Costello: susie.costello@rmit.edu.au Ph: 613 9925 3234 Australia Ph:0843 652 683 Thailand

1. Background to Project

In February 2006, Min Toh, Burmese social worker with the Springvale Community Advice Bureau in Melbourne Australia asked me to establish social work training at the Mae Tao Clinic in Thailand. The request came from Dr. Cynthia, founder and director of the Mae Tao Clinic. As Min Toh explained, Dr. Cynthia has established programs to train for people from Burma as health workers for the Clinic and other emergent services. Internationally qualified people visit and provide one-off trainings for their staff. Dr. Cynthia specifically requested the development of social work curriculum that can be used with staff in an ongoing way.

My goal was to work with Dr. Cynthia, health workers and workers in other NGOs to develop a sustainable core social work curriculum relevant to the Clinic and community workers in Mae Sot.

2. Consultation with Clinic Staff & Community Organisations:

February to April 2007

On arrival at the Clinic in February, I met with Dr. Cynthia who suggested I meet with key department staff at the Clinic then workers from community organisations. Other activities at the Clinic included

- Working with clinic staff to develop a map of the Clinic
- Attendance at one week’s counseling training by Jack McCarthy from Burma Border Projects for pre-nurse trainees
- Attendance at Counseling Team’s meetings, some also attended by Dr Naing
- Note taking of Press conference at ASEAN Parliamentarians meeting held at the Clinic
- Minute taking at the Annual Mae Tao Clinic Donors’ meeting
- Documentation of paediatric cases for Burma Children’s Fund

1. Consultation with Clinic Staff

From a list compiled by Dr. Cynthia, I met with the following people in these departments. The aim was to hear their perceptions of and responses to social problems.

1. Public Relations:
2. OPD Out Patient Department:
3. Child OPD:
4. Surgical:
5. Prosthetics:
6. In Patient Department
7. IP & OP RH Reproductive Health:
8. Voluntary Counseling and Testing VCT & Mental Health Counseling & Home Based Care: Saw Min Kham
9. Child Protection Research – Aung Than Wai and Akiko
10. Patient House – Kanchana

The main discoveries of this consultation were:

- Health workers give information and advice and refer patients to Clinic service including the Patient House, for accommodation for people who are not able to leave the Clinic; Public Relations for food, clothing, money and transport; the VCT or MHC for people who may have AIDS, other STIs or mental health problems; and the SAW orphanage and safe houses for women and children who have no home or who are HIV positive.

  To date, patients are not referred to the Counseling centre for counseling of general issues.

- Individually, staff at the Clinic provide kindness and practical care to patients when they can.

- There is no systematic assessment or record keeping of patients’ psycho-social situations. If no-one asks about their situation, issues of abuse to women, children and workers cannot be addressed.

- The Clinic has no clear policies in relation to male violence to women, child sexual and physical assault and neglect.

- Clinic staff seem unaware of organisations or resources on the border that may be able to assist people, leaving the Clinic to do it all. Mapping and coordinating services may be a useful process.
Rehabilitation is missing for people in the border. While departments such as Prosthetics provides some recovery training, they see a need for work and lifestyle rehabilitation.

The Clinic cares for abandoned children and older people with mental, intellectual and physical disabilities, some of whom remain living there as there is nowhere else for them to go.

Although the Clinic cannot respond to every problem, data collection about the frequency and extent of social problems may be useful to establish a case for funding applications.

Staff carry heavy burdens of responsibility and stress. A program of staff consultation and training could be established to develop consistent and coordinated ways to respond to these problems. Some form of staff debriefing is also recommended to avoid vicarious trauma and burnout.

Many patients’ problems could be alleviated by financial assistance. There is insufficient money for this and staff often give patients their own money. The development of protocols with a rationale and specified amounts to be given would assist staff decision-making about financial assistance.

The Mae Tao Clinic is a well respected organisation that bears witness to the situation of people from Burma. Although it is important to be strategic, it may be useful to use documented reports of patients’ social issues to attract more attention and response to Burma’s ongoing oppression.

2. Consultation with workers from Community Organisations.

There were two processes of consultation with workers from community organisations. First Dah O or Saw Min Kham kindly drove me on their motor bikes to visit people at the following organizations then we attended and initiated several community meetings.

Community Visits
SUPPORT ORG Assistance Association for Prisoners,
BLC Burma Lawyers Council MA Burma Medical Association
BWU Burmese Women’s Union
CPPCR Committee for Protection of Child Rights
DISAC Diocesan Social Action Centre
HI Handicap International
IRC LAC International Rescue Committee: Legal Assistance
IRC Shield International Rescue Committee
JRS Jesuit Refugee Services
KWO Karen Women’s Organisation
MSF Medicines Sans Frontier
SAW Social Action for Women
WLB Women’s League of Burma
WV World Vision

We attended meetings of the second and third Migrant Rights Group on February 15th and May 11th and initiated the following community networking meetings:

3. Community Meetings

3. 1. Social Issues Meeting. On 15th March, Dah O, Saw Min Kham and I hosted a meeting at the Mae Tao Clinic for Clinic staff and staff from community and international organizations to discuss social issues facing migrants and refugees from Burma living on the border. The meeting was conducted in Burmese and English with brainstorming and group decisions in Karen and Thai as well. The meeting generated an extensive list of social issues and potential responses. There was a decision to focus on people living outside the camps (migrants). The outcome of the meeting was a plan to develop a Community Directory and to form subgroups to focus on:

1. Legal Status of migrants. The goal of this group is to hear from and work with organisations working for migrants’ rights and status.
2. Women’s Rights. There are several organisations working with and for women who have been sexually assaulted or who live with domestic or employer violence. Currently there is no coordinated crisis response for these women. This group could bring together women and men to develop processes to prevent and respond to violence against women using for example, the Automatic Response Mechanism to sexual assault developed and available in five local languages from www.mapfoundation.com.
3. Child Protection. Similarly, there are no consistent responses for children who are assaulted, orphaned, abandoned or exploited by employers. Current research being conducted by CPPCR into the extent and types of child abuse will inform eventual responses.
4. Men’s health. There is a high level of substance abuse, violence, suicide and depression amongst men in the community. How can this be addressed?

5. Training. The key training needs identified to date are
- Social work and counseling
- Legal rights and Advocacy with Thai authorities
- Technical and material assistance.

3.2 Training Meeting 4th April. Community and Clinic staff were invited to attend a meeting specifically about Social Work training on Wednesday 4th April 9.30-11 at the MTC
The following people attended: Dr. Cynthia Maung, Da O, Saw Min Kham, Akiko Tanaka (CPPCR), Susie Costello (minutes) and staff from the following organisations.
SUPPORT ORG: Assistance Association for Prisoner (Burma):
BLC: Burma Lawyers Council
IRC LAC: International Rescue Committee: Legal Assistance Committee Ai-Li Lim and Mr. Ratchai.
JRS Jesuit Refugee Services: Isla Glaister
KWO Karen women’s Organisation:
SAW Social Action for Women: Megan Clavier
WLB: Women’s League of Burma: Joanna Cohen
The meeting was conducted in Burmese and English. Discussion focused on curriculum, venue, timing and training approaches. Several proposal were made in the minutes with the final decision to be made at the follow up Social Issues meeting on 19th April.

3.3 Mae Tao Clinic Training Meeting A further meeting was held at the MTC to discuss training for Clinic staff on Monday 9th April 5.30 – 6.30. The outcome of this meeting was to hold a Two week 3 hours a day Social Work Training for Clinic staff after Songkran 23rd April till May 4th.

3.4 Follow up Social Issues Meeting on Thursday 19th April at the Clinic. The meeting continued the collation of information for the Community Directory and finalized the Social Work Training plans. The request was for two weeks of all day intensive training conducted over three weeks to commence on Monday 7th May till 11th May then Monday 21st May till 25th May. The meeting established four interest groups and decided to merge with the Migrant Rights meetings.

3.5 Link to Migrant Rights Meeting Friday 11th May at BLSO office. Meredith Walsh, Dah O and myself planned the merger of the Social Issues Group with the Migrant Rights group. Originally, the Migrant Rights meetings included only community based organisations whereas the Social issues Meetings invited all organisations working with migrants on the border. In the interests of networking and interagency collaboration, the Migrant Rights meetings decided to expand their invitation to all organisations. The first combination meeting occurred on Friday May 11t with 60 people attending.

3. Introduction to Social Work Training for Clinic staff:
Ten day (thirty hour) training 8.30 -11.30am Monday April 23rd to Saturday May 5th 2007
Aim: To introduce clinic staff to the principles and practices of social work to improve social responses to patients, increase referrals to the counselling service and to recruit people to be counselors.
Objectives: The objectives of the program are to
- Provide information on society’s role in constructing and maintaining social problems
- Provide opportunities through theatre, art and music for participants to identify and develop strategies to resolve local social problems
- Provide an overview of the principles and values of human rights and social work
- Provide information about assessing people’s strengths and needs
- Provide information about skills for developing empowering relationships with patients
- Collate and expand participants’ knowledge of community networks and organisations
- Provide information and skills on group work principles and practice
- Provide knowledge and skills about the processes of program planning- establishing goals, objectives, outcomes and evaluation
- Raise awareness of work stress and strategies for worker care
- Provide opportunities to relate and apply theory to situations on the border
Learning Outcomes: At the end of this two week training, participants will be able to

- Define social problems
- Describe and give examples of human rights and dignity
- Describe the role, ethics and practices of social workers
- Define and prioritize people's needs and strengths
- Engage patients using listening, open questions, affirmation and empathy
- Describe group work principles and facilitate small group discussions
- Design goals, objectives, outcomes and evaluation for a social program
- Contact people in community organisations in relation to patients' social needs
- Identify stress and people to seek support and debriefing from for difficult work situations

Content: Program Schedule

<table>
<thead>
<tr>
<th>DAY</th>
<th>DATE</th>
<th>TOPIC</th>
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<tbody>
<tr>
<td>1</td>
<td>Monday 23rd April</td>
<td>Introduction, goal setting, base data collection</td>
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<tr>
<td>2</td>
<td>Tuesday 24th April</td>
<td>What are Social Problems and Social Work?</td>
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<tr>
<td>3</td>
<td>Wednesday 25th April</td>
<td>Social Work Principles and Ethics</td>
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<td>4</td>
<td>Thursday 26th April</td>
<td>Human Rights</td>
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<td>5</td>
<td>Monday 30th April</td>
<td>Skills for Developing Empowering Relationships</td>
</tr>
<tr>
<td>6</td>
<td>Tuesday 1st May</td>
<td>Needs Assessment</td>
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<tr>
<td>7</td>
<td>Wednesday 2nd May</td>
<td>Group Work</td>
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<tr>
<td>8</td>
<td>Thursday 3rd May</td>
<td>Program Planning and Research</td>
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<tr>
<td>9</td>
<td>Friday 4th May</td>
<td>Community Development and Networking</td>
</tr>
<tr>
<td>10</td>
<td>Saturday 5th May</td>
<td>Worker Care, Evaluation and Certificates</td>
</tr>
</tbody>
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Method of Teaching

The social work training was based in adult learning principles which respect and extend learners' practice and life wisdom. As social work requires judgment and ethical decision making, the training aimed to model participatory learning and involve the participants in decisions about the content and process of their education. The teacher facilitates learning through posing questions, and challenging learners to think critically through discussion and debate. This differs from the traditional method of presenting facts and a set of instructions or competencies to be followed under prescribed situations. Protocols are necessary for responding to social problems such as violence, rape and child abuse, but work best when developed collaboratively with staff and given sanction from the highest authority.

Didactic knowledge was presented as ideas for discussion rather than 'The Truth'. This seems particularly appropriate in a situation with a foreign teacher teaching new concepts (such as social work) that may not translate culturally or contextually in the border situation. The goal is for an educational exchange in a safe atmosphere where new ideas can be discussed and considered and the teacher and students can question their assumptions.

These principles and methods occurred through participants' involvement in shaping the curriculum and assessing their own learning from day one, a process that was rated as highly as human rights training in the final evaluation. Other methods of inclusion occurred via drama, group work activities, discussion, debate, brainstorming and practical exercises. Games were used to engage, connect, relax, induce laughter and fun and to provide a safe environment and as a basis for communication. Staff were able to contribute their experience in responses to case studies, role plays and problem solving exercises.

It took the whole first week, however, to engage people in discussion and debate. Initially there was no response to invitations to talk in pairs, show hands or hold conversations in small groups. People were more comfortable in identifying with their ethnic group than in their own right. Self reflection is not a familiar process. Knowledge of and respect for ethnic diversity was a strong component of the relationships at the Clinic compared with the group from the community.
There was a tendency for the men to take over by talking longer and louder which initially silenced the women. It was important to use small group work processes to create opportunities for everyone to contribute their ideas.

**Interpreting:** Thank you to Dah O for organizing the training and to Saw Min Kham for interpreting and general support and assistance. Interpretation was a challenging job because of the complexity of some of the concepts and unfamiliarity with critical thinking.

**Content**

Participants selected the curriculum from a list of available topics suggested at the social issues group meetings. They enacted dramas about three problems on the border – domestic violence, Thai police arresting migrants and discrimination against migrants in the workplace. Their enactments of possible steps towards change elicited some principles for change that formed a basis for discussions on social work principles and human rights.

The human rights session run by Dah O was a series of lively participatory activities identifying human dignity and rights using art, presentation and matching pictures from the UN Convention of Human Rights.

On the first and last days, participants completed questions in response to a case scenario that was used for role plays to discuss empathy, ethics, needs assessment and confidentiality. In discussing the need for privacy when talking with patients about their personal and social problems, we took an audit of private places in Clinic, using the MTC map. Participants identified only five confidential places, one at BMA, and the Counseling Centre was highlighted as an appropriate place to take people for private conversations.

Group work and program planning processes were explained and discussed then participants embarked on group tasks to design a recreation and leisure centre for the Clinic and develop programs for children’s art, income generation farming and activities to connect and empower patients who must stay at the clinic. Although the Leisure Centre activity was conducted (in silence) as a fun exercise for people to study group processes, there were some creative and insightful suggestions that warrant follow up. For example, each of the three groups included spiritual religious centres for Buddhist, Christian, Muslim and animist groups.

Community development principles were learnt via a networking quiz where participants had to identify the acronyms of 20 community organizations described in the Mae Sot Community Directory established through the socials issues network group.

A final session focused on staff’s experiences of stress, burnout and secondary trauma working with grieving and traumatized patients. Through an exercise, they identified supports and strategies to care for themselves. This needs follow up as there is a general need for debriefing and support for staff in their difficult work.

**Knowledge:** As an introductory program, the training covered topics at a broad practical and theoretical level. The impact of educational deprivation in Burma was evident in some people’s lack of foundational knowledge for social work. For example, some people were unaware of Darwin’s theories, ecosystem exchanges and had not seen a picture of a brain. Only five of the participants were trained and aware of human rights principles. Dah O ran a session on Human Rights that was rated by participants as equally most important and useful as the session on What are social problems? Without a human rights framework, staff found it hard to understand and apply the concepts from social work.

For example, all the men and some women initially believed that men are entitled to hit their wives under some circumstances, despite an earlier session and discussion on women’s rights. Five men still believed that at the conclusion of the discussion, indicating a need for further training in gender awareness and women’s rights as well as some policy and procedural directives from the Clinic.
Child rights My impression was that people do not consider children as people, have not thought about children’s emotions, and are unaware of child rights. The brief training was not able to give this gap the considerable time it warrants, given the number of children who come to the clinic.

Problem Solving: The social work approach of ‘working with’ patients was a difficult one for people to consider. There seemed to be a general thought that patients were lying about their circumstances and are therefore to be suspected. Most people had not considered patients’ social needs as distinct from their health problems and found it difficult to think of solutions other than giving advice, trying to cheer people up or telling them what to do. Listening had not generally been considered as an intervention.

Evaluation
The time and venue worked well although as several participants have commented, more time is needed to do justice to social work training. Objectives and learning outcomes were identified at the outset of the training and for each session. These were evaluated by the following methods:

1. Pre and post program case scenario test
2. Individual Goals identified
3. Evaluation form

1. Pre and post program case scenario test (Ma Phyu)
Participants were asked to comment on the differences between their first and second responses. These are some of the comments about the differences in the second response. People said they would know where to start, had more options, would listen more, believe her, collect the facts, show empathy, feel compassion, want to help, look for her strengths and know where to refer her. Some said that the first time they had no ways to help her and did not understand her situation whereas the second time, they had some ideas. The second responses were longer and participants had more to say.

2. Individual Goals identified
Evaluation by questionnaire on the final day indicated that the majority of people achieved the individual goals they set on the first day (average 15/19) as well as the objectives established at the outset.

3. Evaluation form
The following topics were identified as those they learnt most from:

- Human rights (14 people)
- The concept of a social problem (14 people)
- Community development and networking (8 people)
- Group work (7 people)
- Social research (3 people)
- Worker care (1 person).

The following activities were identified as those they learnt most from:

- The program planning exercise (8).
- The community development and networking exercise (7)
- The Human rights activities (5)
- The case scenario and choosing the curriculum (5)
- The dramas about social problems on the border (4)
- The group work exercises (2)
- Role play for ethics (2)
- Worker care (1)
Budget based on three hours per day for ten days for 25 people

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<th>Item</th>
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<td>pens, markers, name tags</td>
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<tr>
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<td>4571</td>
<td>Susie</td>
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<td><strong>Trainers</strong></td>
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<tr>
<td>Interpreters</td>
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<td>65 THB per hour</td>
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<tr>
<td></td>
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<td>65 x 3 = 195 per day</td>
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<tr>
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<td>195 x 10 = 1950</td>
</tr>
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</table>

**Costs for participants** 0

**TOTAL** 14,021 AU$ 523

4. Social Work Training for Community Organisations
A sixty hour training for community workers took place over three weeks (one week, then a week off then another week) following the MTC training. One person from the MTC attended. The additional time and the community worker’s wider experience of social problems allowed for a deeper and broader coverage of topics. For example, in the week between the training, participants carried out a research project and were able to present the findings on the final day. Women from women’s organizations were well versed in human and women’s rights and this had a strong influence on the group’s understanding of the human rights framework.

The group was ethnically diverse but not as familiar with the diversity as are staff from the clinic. For example, some people had not met people outside their ethnic group and held stereotypical views and biases. The training provided opportunities for these to be explored and reconciled.

Cho Cho was the interpreter. The training was held at the Human Resource Development Centre.

5. Summary and Recommendations
Dr. Cynthia identified a significant training need for staff in responding to social problems. Many of the ideas were new, significantly human rights and the concept that problems can be socially constructed rather than reflecting a dysfunctional or bad person. Participants were initially uncomfortable with participatory interactive teaching and learning methods but were able to participate in debates and discussion and produce creative responses to practical exercises in the latter half of the training.

Ethnic diversity was respected and staff demonstrated respect to each other and the capacity to respond to patients with empathy.

**Recommendations**
1. Further and continued training in Human Rights, counseling and culturally appropriate ways of responding to trauma, grief and mental health issues.
2. The trainings should be repeated, preferably in and translated into Burmese. Dr. Naing has social work and medical qualifications plus local and NGO knowledge and insights. He is an ideal person to run subsequent training and is willing to do so. His organization IRC is supportive of him running this training.
3. More opportunities for clinic staff to meet people from other organizations eg attend community trainings not just at clinic
4. Human Rights charters displayed in each Department at the Clinic would be an efficient means of conveying the framework.
5. Someone needs to lead a process of developing protocols for staff responses to domestic violence, child abuse, rape and violence.
6. The clinic would benefit from the appointment of a full time social worker trained in a human rights practice perspective. The tasks would include
• coordination of financial, practical and emotional support to patients and their families
• staff training and support for assessing and responding to patients' social and emotional needs
• coordinating the development of protocols for practice in relation to domestic violence, child protection, confidentiality and privacy for patients
• development and implementation of a psycho social assessment procedure
• selection, training and coordination of interpreters from all languages
• coordination of volunteers (international and local) to work with patients' individual, family and social problems
• development and support of group work programs eg rehabilitation for prosthetic patients, art and play for children, activities such as reading discussion groups for people awaiting treatment, photo program for new born babies, services for elders and programs for people with disabilities
• liaison, networking and referral to community based organizations, traditional healers, spiritual leaders
• liaison and advocacy with Thai hospitals, police and other authorities

7. Proposed Social Work Qualification
The Clinic is an appropriate organization to instigate a formal qualification in social work along with other training programs for medics, nurses and other staff. The qualification could include:

- Human Rights Training  20 hours
- Introduction to Social Work  60 hours
- LAW: IRC LAC Legal training: Thai law for Burmese migrants  20 hours
- Jack McCarthy’s Counseling Training  60 hours
- Maggie Ellis Children’s Trauma Training  30 hours
- ARM (2004) Automatic Response Mechanism for Sexual Assault MAP  20 hours
- COERR Child Protection Training  20 hours

**Total**  230 hours

Practicum – 3 months with 1 hour per week supervision
APPENDIX 8: Cultural Responses to Grief

Participants were asked to respond to these questions in their cultural ethnic groups. Examples of responses in the Australian context were given first.

There were 7 groups: Thai Buddhist, Arakan, Burmese, Pa O and Paulong, Mon, Karen.

Questions
1. What are some of the rules in your culture about grieving?
2. What are some of the dominant beliefs about loss in relation to gender, class, race, disability…
3. What are some of the things that we are not allowed to grieve about publicly?

Responses
Thai Buddhist – Sr. Joy, a Catholic nun from the Philippines, responded from her experiences of working with people in Thailand for twenty years

Thai Buddhists do not grieve when a child is born disabled because that child must pass his karma of suffering the disability so that his next life is better. The family will keep him away from others, in a room or under the house to play on his own, sometimes tied up. With well educated Thai Buddhists, the beliefs have not changed but the practices have so that some rehabilitation is possible. Grieving is not allowed; it will interrupt the karma so people laugh and pretend not to feel.

Forbidden
If a family member dies outside the house, the body should not be brought inside the house as is the usual custom. The family shouldn’t grieve as their tears will bring the spirit of the dead into the house and the dead one will haunt them and not be able to leave. Therefore they play music, party day and night so there is a happy atmosphere and the spirit is free to leave.

People can cry at the cremation only. The family is given the ashes if they want them. If they cry outside the cremation, it will be bad for the spirit, so that if someone is sick after the cremation, people believe the spirit has affected them.

Arakan
Rules: When someone dies, you can cry but this is the last time you can about their death. When someone dies, you can't go to anyone's house for two weeks. A widow cannot marry someone single.

Beliefs: You should not mix with someone who is mentally challenged as you might catch it from them. Some people get a mental illness later in life, 30s or 40s. You must stop being friendly to them or the same thing could happen to you and your family. Forbidden: Young people are not allowed to talk about boyfriends.

You cannot eat or drink or use the same well as people with leprosy.

Burmese
Rules: Men don’t cry. If a man is seen crying, he is not a real man. Men are meant to have hard hearts
If a villager dies outside the village, he cannot be buried in the village- this is a village decision not the family.

Beliefs: Women's roles are traditional – care of the children, cleaning – these are not jobs for men. Women cannot express their love for a man before he says he loves them. If she does, everyone will look down on her, even the man.

Women have to follow men. After they marry, girls are no longer part of their original family. They now belong to the husband’s family and must live with them.

The rule is one man one wife but the reality is that men have many women and no-one challenges them. The second wife is called the small wife and has less power as do her children. They should not be seen crying when he dies. If a woman has another partner, her husband can abuse her.
There is discrimination of children under 15 and people over 60. Children are not seen to have feelings or know very much, whereas people in their 30s are sometimes expected to know and be able to do everything.

There is discrimination against girls and women who give birth to girls as girls cannot become Buddhist monks as a family contribution. Women are not entitled to witness their sons’ transfer from human to monk. All boys are expected to be monks at 20, even for a month. If he marries before that, is it shameful to the family and they will not get a blessing.

Parents decide their children’s’ future.

When parents die, men are must become a monk while they burn the body ie don’t cry.

**Forbidden:** Mother shouldn’t cry even if she has a baby girl which is of no advantage to the village.

Gay couples are not acceptable and accused of causing HIV, lesbians too because HIV is said to come from same sex relationships.

**Pa O and Paulong**

**Rules**
- When someone dies, you are not supposed to cry because you can stop the person going to the good place. You interrupt their departure. They feel like the dog is barking.
- Girls are supposed to do the housework well otherwise no-one will want then as a daughter in law
- Boys and men are in the leading position even if a woman is clearly better, as a house led by a women does not get prosperity.
- They are told by grandmother: do not express your feelings to men. Keep your pride
- Buddhists like to donate to the pagoda but women cannot.
- Men are buried in places with more status than women.
- Cannot marry a relative of your fathers but can marry relative of mothers. This is seen to prevent disabilities.

**Belief:** People with mental illnesses are not seen to have feelings.

**Forbidden:** Showing emotions not culturally allowed and will be criticised.

**Mon**

**Rules**
- People are free to cry. For example a woman can cry when she is forced by her parents to marry someone she does not like

**Beliefs:**
- children and disabled do not have feelings

**Forbidden:**
- Don’t talk about debt

**Karen**

Karen people have a soft heart like a cabbage, many layers. Men and women grieve easily over sadness, but if a wife cries, the husband should comfort, not cry himself. You don’t talk about why people cry. That is their business.

**Forbidden:** Sex before marriage is forbidden and if a couple is caught, they will be publicly shamed. The man must purify the village with blood from a pig’s head.

When women menstruate, they are dirty and cannot cook. The whole family is dirty and cannot participate in village events.

People believe it is their responsibility to prepare their coffin before they die.

Daughters cannot receive inheritance, only sons.

Women should be skilled in producing rice wine, otherwise, no man will be interested in you.
APPENDIX 9: Response to Cultural, Ethnic and Religions Questions

In their cultural ethnic or religious groups, participants were asked discuss their communities’ responses to the issues they had identified as problems – mental illness, unwanted pregnancies and abortions, domestic violence and people with HIV AIDS. These are the notes from their responses.

1. Different Backgrounds Group
No one pays any attention to mental illness but sometimes people are cruel or violent, they don’t want the person to stay there. The whole village will force him to leave. Some believe and some don’t – in our village only women beat husband.

Unwanted pregnancies depend on how she got pregnant and the attitude of the woman. If nice – feel sorry but if not nice we look down on her.

When people see domestic violence it is not our business – we have a belief that the wife who is beaten is the wife who is most loved.

HIV AIDS discriminate we are afraid of them don’t want to work with them – even the family does not accept them any more.

2. Thai Burmese Buddhist and Christian
3 people -Thai-Burma and Indian Jewish
Mental illness – pray for them, give them what they need, show them love, give them activities so they can forget their bad memories. We take them to hospital when it is needed.
Abortion- people will talk about them in a negative way but when we hear the gossip we explain why. We think that Abortion is killing someone so we encourage the women we take them to hospital to continue the pregnancy and we pray for them, give them education, give them prevent pregnancy. If beyond our ability we ask for the power of Jesus.
DV against women and children, we feel sorry. We give encouragement for the women and children who suffer from DV pray for them, take them to hospital when needed. If necessary, send to police office
HIV AIDS don’t dare to be close to them, don’t touch them look down on them, hate them feel they are dirty, I know I shouldn’t look down on them but in practice I can’t be near them. Can give education how to prevent HIV

3. Tavoy – many cultures together
Mental illness – people are seen as foolish, are discriminated against. Some people have knowledge give them food, take them in home
Unwanted pregnancy Abortion= we look down on them, say bad things about them, they are bad, don’t make friends, they are bad women. We punish them, kick them out from the village, some are tied in rope and thrown with stone but not in our village
Domestic Violence – we look down on the men who beat their wife and children. We hide them so he cannot find them; we also punish the husband that beats. Don’t get involved with into 3 relationships - husband wife, friends family members don’t intervene. Village leaders can punish the violent men
HIV AIDS – we hate and avoid them. Look down on them, when people are sick, we kick them out of the family, even the family members don’t share the properties because we believe that those who get it are bad. They don’t behave well.

4. Dashelay. People see us as Burma but we are on the border and we consider ourselves different.
Mental illness – we see them as funny, bad, guilty. The cause of mental illness comes from drugs, so we don’t care about them
Unwanted pregnancy Abortion – we look down on them, don’t make friends with them, this is a common problem. Women who have many husbands because they believe if can get many men they are powerful, same with men.
In our community, people don't help each other. Domestic Violence—it’s not our business, no one cares.
HIV AIDS—we hate them, we look down on them, we discriminate them, but if we have to do business
with them we will if we have to. But me as a nursery teacher, I’m not like that, I give them education and
love.

5. MTC.
Mental illness—people drop people at the clinic and don’t stay
Abortion Unwanted pregnancy—may women come wanting AB. We give counselling, tell them that we
share the same feeling. If I were you…we show them care, build trust tell them the risk of abortion. We
tell the Abortion is killing the baby. If not accepted by family, refer to SAW for food and basic needs. After
they deliver the baby we give them the choice to leave the baby and SAW will take care.
Domestic Violence - counselling
HIV AIDS—usually people are neglected by family so we give them encouragement medicine and how to
prevent HIV—condoms to stay with wife or husband. If very bad condition, they just stay home we have
counselling centre staff who visit them in their house. If can’t afford rent house $ we provide rent money.

6. Burma
Mental illness—we don’t represent Burma, just the community we come from. If we see people with
mental problems, we feel sorry for them think they are foolish, but don’t blame them. We think they are
funny when they do crazy things. We don’t think they have any value.
Abortion Unwanted pregnancy—nobody feel sorry for them. People think they have to take responsibility
for self, ewe look down on them, we think they are guilty.
Domestic Violence—some forms we feel sorry for them, others we think deserve it or it’s her fate.
HIV AIDS—look down on positive people. You get it because you had sex with too many people. We
discriminate against them don’t eat with them. But now we have a social workers groups who takes care—
refer them but the rest of the community looks

7. Karen
Mental illness—if someone has this, we see them as crazy, foolish so make fun of them, tease them, hit
them. As for me, I try to protect them.
Abortion Unwanted pregnancy—looked down on, don’t want to be friends with them. Gossip.
Domestic Violence—it’s not our business. As for me, I intervene I ask the husband why do you beat your
wife. We have people who help women. Women, who are beaten, have bad mouth
HIV AIDS—people are afraid of them.

8. Canada
There is human rights protection so it is illegal to discriminate against any of these groups. That doesn’t
mean there is no discrimination. In every category there are people who look down and criticize but
because we have HR laws, the government must provide treatment for people in all of those categories.
Mental illness—there are strong advocacy groups for each category and programs for education to help
with discrimination. It’s made a big difference when people with mental illness say what they need or
women in violence say we won’t put up with this.