

## Thinking About Time Differently: How Care-Leavers with Disabilities Experience Time

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**JoAnn Lee** [00:00:10] I met Dr. Ingrid Benwick several years ago through InTrac, the International Research Network on Transitions to Adulthood from Care. As part of the Disability and Leaving Care Thematic Interest Group, which is a subgroup of InTrac, she and I have gotten to know each other a little bit, and I've always been fascinated by her work. I am excited to be able to share our conversation with you, and especially her passionate belief that since disability is a part of the human condition. It is something that we should all care about. I hope you enjoy this episode. Dr. Ingrid Benwick, I'm so excited to welcome you to the In Social Work podcast. We have worked together in the past and have had some great conversations and I am excited about the opportunity to share our conversations with a larger audience. I know a lot of the work that you do is so important and you bring an interesting perspective. So before I start telling your story, let me hand the mic over to you. Can you share a little bit about yourself and your research and-

**Ingri-Hanne Brænne Bennwik** [00:01:18] Yeah, thank you for having me. I have to start by saying that and also have to start by thing that I'm a little bit nervous because speaking in English is not what I do every day. So I will do my best and hopefully you will all understand what I'm saying. I'm going to say something about myself. I think I should start by say that I think of myself as a social worker through and through. My academic training spans all levels of the discipline. I have a bachelor's degree in social work, I have a master's degree, and I have PhD in social work. Additionally I have studied first year law studies and I have a one-year university level program in religious studies and I also have introductory courses to philosophy and qualitative methodology. Like the educational background. But since I am a social worker, I think it's natural to say something about my work experience as well. Started working as a social work in mental health services. And I also have worked in the municipal social services in Norway. And this was in the late 90s and early 2000s. And this was a time when many big institutions for people with intellectual disabilities and mental health challenges in Norway were deconstructed and services were kind of organized within municipal services instead. And at the same time I think there was a shift from a medical to a more social understanding of many of the challenges. That people with intellectual disabilities and mental health challenges were facing. And as such, it was a very nice time to start as a social worker, because nowadays, unfortunately, I think I will have to say that the situation is shifted yet again. So today, I think it is fair to say that even in Norway, there is a tendency to categorize social problems in terms of a more individualized medical model understanding. Which makes me a little bit concerned. We will maybe talk a little more about that later on.

**JoAnn Lee** [00:03:42] Can you say briefly a little bit about what you mean by medical model versus, I think you said social model? Yeah.

**Ingri-Hanne Brænne Bennwik** [00:03:49] I think that in Norway for a long time, especially when we're talking about mental health issues, but also when we were talking about

disability, there was a tendency of thinking of that in terms that we wanted people to have some kind of cure or rehabilitation or something like that. But in the late 90s, early 2000s, then we started talking much more about, this is a part of the human condition, this is part of being a human being. And we need as a society to be able to include everybody in all kind of life circumstances. And I think that during that time, it was a very good time to be a social worker because the focus was directed towards not the institutions and not only the professional settings, but also like the everyday life and the larger society. For me, it wasn't interesting time to be a social worker. But these days, many of the services are provided based on a diagnosis, for example. So I think that it impacts on the role of social work as well. So maybe I am so old now that I'm talking about the good old days. There are many social workers like that. So, of course, I think the picture is probably more nuanced than what I'm saying now. But I still think there is a tendency where what I think of as very good social work has been limited somehow, yeah.

**JoAnn Lee** [00:05:22] Great. So what I'm hearing is the medical model is more focused on how do we fix the person as a problem versus the social model where it's part of the human condition. So how do you integrate people regardless of what their condition or situation may be? Which I can see how that would change the role of the social worker. Are you helping somebody fix themselves versus are we helping that interface between society and the individual?

**Ingri-Hanne Brænne Bennwik** [00:05:48] Yeah, clearly. And I also think that it is because when the focus is on the individual, it's quite easy to reinforce some power structures or mechanisms that are disadvantaged people. So I really think that in the good old days, we had an opportunity to be more critical towards the system and how this system impacted on people. I started working at the university at the rather young age. I've been doing that for 20 years now, working with, I started with a very strong commitment towards social work education. So for almost 10 years, I identified myself mainly as a social work educator, but then as a good social work, educator, of course, then you need to get into research as well. You get to know research and I think I, I became more and more interested in research and in Norway we have, we are still a rather young academic profession, so much of the research came from from other fields. I recognized the need to also do research within the context of social work. So approximately 10 years ago I became involved in social work research and what I've been mostly doing research wise is research that involves young people with a care experience started up there and then later on I also became interested in disability and especially the intersections between disability and care experiences. So these days I'm working mostly as a teacher, as a lecturer at the Wied Specialized University in Oslo. I work at the master's program in social work and the master program in child welfare studies. And then I do research that is mainly focused on caregiving and disability.

**JoAnn Lee** [00:07:53] Just a point of clarification. I know the international community sort of speaks about care leavers and being in care. I just want to clarify that's essentially foster care, the child welfare system, is that right? Or does it also include other sorts of government systems or is it primarily the child of welfare system?

**Ingri-Hanne Brænne Bennwik** [00:08:14] Yeah, I think this is a very interesting discussion, because it took a long while for me before I understood that we were using the concept differently. But in a Norwegian context, when we talk about caregiving, then we talk about people who have all kinds of care experiences from the child welfare system. So it is primarily foster care. It might be residential care, but it might also be in home care, because in Norway the child welfare system also have has a responsibility for people who

are still living with their parents where the parents might need some extra support or something in in order to to parent their young people.

**JoAnn Lee** [00:08:55] Gotcha. I think that leads us to sort of the more specific research project that you've been working on recently. I think I've heard you present a couple of papers from your overall research project. I loved every presentation. I find your perspective so fascinating. And when you were talking about all your educational backgrounds, I was like, oh, it's the theology and the philosophy that come through that I find so fascinating and unique. But so can you can you share with us what is what was your initial research question and how did you come to it?

**Ingri-Hanne Brænne Bennwik** [00:09:31] Yeah, I think the study we're talking about today is a part of my PhD study and the overarching research question was how do ruling constructions of aftercare and disability shape support for disabled young people leaving care in Norway. And this was a study that consisted of three sub studies. It was a dog.

**JoAnn Lee** [00:09:55] You there? Before you talk about the more specific studies, I'm sitting with that title Ruling Constructions. I got a little hung up on that. Can you explain that a little bit?

**Ingri-Hanne Brænne Bennwik** [00:10:07] Yeah, during my PhD study I attended a course on institution ethnography and Dorothy Smith and in that course they talked about ruling relations and they tried to find out what is a ruling relation and I started realizing that an example of a ruling relationship is, for example, ideas that are... Expressed in policy or that is part of how professional understand something. So, and these constructions are impacting on how we categorize people, what kind of services they get. So that is how I understand this concept of ruling constructions. I have kind of invented it myself, so I'm not sure if Dorothy Smith would. Would really agree upon this terminology, but to me it kind of made sense because I wanted not just to have this very open idea of a social construction, I wanted to show how a social construction actually impacting on what we do and how we understand things. So that sounds like it draws in.

**JoAnn Lee** [00:11:30] The power dynamic that you kind of alluded to before and so the importance of really acknowledging the power that people do have even if you're not aware of it.

**Ingri-Hanne Brænne Bennwik** [00:11:44] Yeah. I think that is also kind of how I came to this research question because during my study it was quite evident that both the social workers and the young people who participated in this study, that all of them participated in practices that they were not really aware of and some of these practices, a kind of worked against the interests of the young people and even against the ambitions or the aims of the social workers. So that is why I needed some concepts that helped me enter this dilemma or how to categorize it.

**JoAnn Lee** [00:12:36] Yeah, gotcha. And it's interesting because it's like these automatic assumptions and scripts that we're not aware of that are really counterproductive to what we do. It sounds like that's what you're looking to unpack.

**Ingri-Hanne Brænne Bennwik** [00:12:48] Yeah, and I think that I, of course, I didn't know that when I started this study because I myself was very, I have been very impacted by some of the same ideas. Sometimes I think we believe that a researcher is somebody who knows a lot and then they enter the research field and then they kind of, they see

something that nobody else sees or something like that. But that is not my impression at all. I was just as confused as everybody else. I was just as impacted by many of these constructions or ideas myself. So I did not start out at all understanding anything or knowing anything that the others did not know. But of course throughout the research process I had the possibility of you know being close apart and then being distant and having the opportunity to reflect and to think and maybe see something new. So I think that this idea or this understanding of of ruling constructions, they, it didn't, I think, that was something that occurred quite late in the research project process. So.

**JoAnn Lee** [00:14:01] Uh, yeah, I tell my students that research is messy. Um, you put out that title as if it was where you started, but I hear that it was sort of reveal, it revealed itself as you engage in the process.

**Ingri-Hanne Brænne Bennwik** [00:14:14] I think it was almost the last week before I submitted my PhD that these concepts actually, so I know, so it definitely was not there in the beginning at all, so yeah.

**JoAnn Lee** [00:14:30] And that's, I mean, to me, that's just such the heart of qualitative research where you're really just listening to the participants who are the experts and you're sort of like, what can I learn from you? So that's kind of cool to illustrate that.

**Ingri-Hanne Brænne Bennwik** [00:14:44] Because people are really, I'm so impressed by how they welcome us as researchers into their everyday lives. So I think, and being the person who really knows nothing, because I knew very little about care leaving or disability or whatever when I started, so I think that this is such a unique opportunity to be curious, to ask questions that nobody else asks. And so I think for me that's that's such a big privilege having the access to these worlds that are not accessible to everybody else.

**JoAnn Lee** [00:15:27] Absolutely. And of course, the question is, what do you do with that honor and that privilege? And yeah, I appreciate the way you talk about your research and what you share. So then coming back, I interrupted you as you were starting to say a little bit more about the project. Please go for it.

**Ingri-Hanne Brænne Bennwik** [00:15:44] Yeah, yeah. No, but just to say a little bit about Probe Reject, because it was three sub-studies, and it was one study on policy. It was a document analysis of governmental white papers, partly on caregiving and partly on disability. And then it was an inter-use study with young people who had relevant experiences of both caregiving, and disability. And then, it was a Vignette study with social workers who were working with... Care living and aftercare. And I think that the research question, as I said, it kind of developed, especially when I was able to see those three sub-studies in light of each other. Because that was when I started seeing some kind of dominant ideas that were not so evident when I was just looking separately at each source of data. But when I combined them, then I suddenly realized, ah, there is a reason why the social workers use these terms so often, or there is reason why young people talk about some issues as very evident or naturalized somehow. So that was very helpful. And just to give you an example of such dominant ideas that were quite present in the interviews. And even in the documents, the governmental white papers, for example, one idea is that young people should become independent after leaving care in the understanding that they should be able to provide for themselves, they should be employed, they should be able to live independently in an apartment or something like that. That idea was very strongly present in the governmental light papers. The social workers talked about it as it could be never questioned. And even the young people, they related to this idea as some

kind of ideal. So that was quite clear. And another example of an idea was that disability was quite often understood as something within the individual and that it was very often kind of severe impairments when I asked because in Norway we do not have the same concepts as in English when we talk about disability and impairments so that was a quite big challenge for me doing writing my PhD in English and then relating to a language where we did not have the same concepts. I tried to ask. The social workers and the young people how they understood different concepts that are close to disability and quite often they then said that oh yeah disability that's something about maybe a wheelchair or maybe down syndrome kind of that were very typical examples so when I started asking them about other disabilities. Then they, yeah, that's nothing. That's something that everybody has. We've used ADHD as an example or neurodiversity and they were like, that just something that everybody is impacted by for both good and bad. I have to say that in both aspects. Those ideas, they quite clearly impacted on the support that the young people received. You know, if. If you're supposed to become independent when you're around 23 which was the child welfare legislation in Norway at that time, then of course it is natural that child welfare workers are very focused upon work or employment or something like that. I think that and of course if disability is understood as sitting in a wheelchair, then of course you do not investigate disability rights for the other young people are struggling with some other challenges. Those ideas were quite counterproductive, I would say. And I just also want to mention that when we talk about disability, for me, some of those ideas were the most disabling because, for example, the idea of independence, that idea made the young people hesitant towards asking for help because they felt so strongly that they should become independent. If you asked for help, then you somehow failed. So I think, and that is such a typical example of a disabling barrier, I think. That you're not getting the support. You're actually, you have a right to that kind of support in order to have a good life. But you're asking for it because you feel it's a failure if you ask for it, I think. And of course, social workers did not want to. Disabled young people. They wanted to help them, but they didn't realize that these constructs worked in ways that were disabling towards some of the young people that they worked with.

**JoAnn Lee** [00:21:03] Yeah, I think as you were speaking about your ruling constructions, we're going to practice using that term, this idea of you must become independent of all these shoulds. I know it's something I've watched young people, young people in my personal life, where if they have this idea a should and they don't match up to it, it can be so damaging to their sense of self, their sense of identity, their sense of Self-worth. And I think I've learned in my own life to kind of start to question those shoulds. Well, what is that should? Where does it come from? But I can imagine if you don't question those shoulds, it really can be so disheartening, which is the opposite of what the young people need at that point in that really critical juncture, right? They need to be encouraged, not discouraged.

**Ingri-Hanne Brønne Bennwik** [00:21:54] Yeah. And in my study, that was quite, I think this is one of the reasons why disability completely vanished from the conversation. Because when I talk to the young people, they say, yeah, yeah. I do have a disability, but I never talk about disability with my child welfare worker, my caseworker. I never do that because that's not part of their responsibility somehow. And when I talk to the social workers, they also kind of, yeah, I don't know if I have the competence that I need to be able to talk about disability. I'm not, you know, I'm the trained medical because they had this idea that it was some kind of medical condition. It was quite clear that probably there were two parties in that conversation that had something they really needed to talk about, but they weren't able to do it because they believe that conversation did not belong in that room, which I think is very. Problematic from a social work point of view.

**JoAnn Lee** [00:22:48] Yeah. And so I think that explains something that has come across to me as something you feel very passionately about, which is sort of, would you like to just go ahead and talk about it? Or like, I don't know if you, if there's a way to kind of encapsulate sort of like your point about disability and young people.

**Ingri-Hanne Brænne Bennwik** [00:23:05] I think at least I could say something that I think maybe social work is different in different countries and I know that I now probably talk from a rather typical Norwegian context because I think in some countries maybe disability is part of the curriculum or whatever, I'm not sure. But when I look through, because after this study, I just had to find out, do social workers learn about disability? So I just looked through the curriculum at many universities, and I hardly could find anything. So Norwegian social workers, they do actually not really learn anything about disability, meaning that they do not, they only see those aspects of disability that is connected to, like... The body or physiology or something that kind of belongs to the medical or the health professions. So making them aware of disability as a matter of oppression or injustice or something like that, I don't think they don't have access to those perspectives quite simply. This is very close at heart for me. Because social work is amazing at so many other forms of oppression. I think we have I'm not saying that we are perfect, because I think there still is so much more to do, but I do think it's part of the social work discourse, while in Norway, at least, I think that disability is not part of that discussion, and I think that's very interesting and it's quite challenging. So I think one of my ambitions right now, I'm sure it's, maybe it's not an ambition, but something I really want is that I want social work to engage in disability. And in order to do so, we need to move away from this conversation that is just about the diagnosis or the functionality of people. I think that's not what we're talking about when we're talking about disability. So that's an entering point. Because what we wanted to talk a little bit more about today is of course how I moved on after finishing my PhD because after I delivered my PhD and I started to look You know, I had such rich data and I just couldn't leave it. So I needed to go back to it. And I had this one impression that had been there all the time, but I didn't do anything about it during my PhD. And that was that I recognized that so many of the young people and even the social worker, they talked about time. They talked about how much time things took. They talked about being late for certain life course events. They talked the concern that the services were structured within time frames. So in Norway, for example, you have to leave the child welfare system when you turn 25. That's the longest you can stay. And at the time I did my interviews, it was 23. So time was such a prominent factor in those interviews, but I hadn't done anything about it. So I needed to kind of revisit my interviews and look at them again. Kind of led me further, I think, into thinking about disability. I knew that I was already... Placed within a rather critical theoretical framework. I think that's part of my social work background. And I was very inspired by critical disability studies. But when I started thinking about time, I didn't really have, I didn't quite know how to work with that as a concept. Sometime I had to struggle with it. And I think it almost took two years before I. I gained access to theories and to concepts that helped me study this phenomena more.

**JoAnn Lee** [00:27:21] Yeah, thank you. Thank you for transitioning because I think this study that you're going to tell us a little more details about it. It's really helpful because it provides a very concrete example. It's a really concrete illustration of some of the power dynamics and some of the issues that you were talking about. And I think that it translates into something a little more practical for social work practitioners. And so I think what I'm hearing you say, you're talking about this idea that just sat with you for two years. In my doctoral, my PhD class, I talked to my students about the idea of this nagging idea, this idea you just can't get rid of, this idea that you're like, you know you're meant to look, I

mean, you keep trying to shake it. It's not part of your main research agenda or not agenda, but your main study, but there's just something. And if you listen to it, you might find something very interesting. So do you want to tell us a little bit more about that?

**Ingri-Hanne Brønne Bennwik** [00:28:20] Yeah, I will because yeah, I just couldn't let go. I think it's very what you say. It's like these nagging ideas I think those are Sources of gold in research. I think it's it's amazing But they are also a little bit confusing and they are a little but annoying because they are not really where you were heading Yeah, it's a little better. There's some kind of discomfort having to go back to it Yeah, what I realized when I started looking at my interviews again is that there were some very very strong normative ideas about how to use time and even like life course trajectories. And I was so lucky that I came across a couple of authors that they are writing beautifully and interestingly and I had such great pleasure of reading those authors way before I started. My own analytical work, especially I think Kafer is one of the, I think Alison Kafer is her name. I think if people haven't read her, they should because it's such great fun. It's especially the book which is called Feminist Queer Crip. I think it's so creative. It's so interesting. It opens your mind. So for me, reading that was very, it's opened something in me. I have a colleague of mine who is a social anthropologist, and she has encouraged me to look for what she calls middle-level concepts, or she calls it thinking tools, because she said that those middle-level thinking tools are so helpful when you're trying to study a practice or something that takes place on the ground. But it has to be close enough so that you're able to study what you're actually studying. But it also has to have some kind of distance. It can't be the same terminology or the same concepts that you are using in the practice. It has to provide some kind of distance because then you see something new. And for me studying Alison Keifer and than her concept of crypt time. Was an example of such a mid-level concept that helped me see something new in the interviews. But it wasn't something very abstract or very advanced. It was very close to what I had been sensing for such a long time. So I think it was very helpful in being able to find the words that I needed to study this.

**JoAnn Lee** [00:31:04] Before you go on too far. So what is crypt time?

**Ingri-Hanne Brønne Bennwik** [00:31:08] I think I have to say that CripTime is developed within a larger framework of Crip Theory. And Crip theory aims at, how to say it, it challenges and it destabilizes, maybe poking at society's normative ideas about functional capacity and bodies in general. Rather than problematizing the non-normative body, the critical light is directed towards the very idea of normality. And when you do this, when you place time and temporality within such a theoretical framework, it has the possibility to challenge how we think about time, how we Use time, how long? Time things take. So it's like a fun concept. It kind of helps us to tease out our forgivance, as you said earlier on.

**JoAnn Lee** [00:32:17] Oh, I was just gonna interject that. So it's really useful for kind of questioning and challenging those ruling constructions that we're not even questioning.

**Ingri-Hanne Brønne Bennwik** [00:32:26] Yeah you're entering a traffic light it has a certain time that where a person is expected to cross the street. It's supposed to take a certain amount of time. For some people it takes longer to cross the street. And quite often, at least me myself, I didn't even really question that until I started talking to some of the young people and they told me how shameful they were when They use longer time to cross the street than the green light. Allowed.

**JoAnn Lee** [00:32:59] Oh!

**Ingri-Hanne Brønne Bennwik** [00:33:00] So I think that's such a taken for given. I had never thought about it before, but talking to them, I suddenly realized, oh, yeah, you really feel it. You know, I'm here stuck in the middle of the street. The light has shifted to red. I'm hear. I haven't managed to do what I was supposed to do, and namely to cross the street in time. So I there are so many forgivings when we're talking about time, for granted. So I that there are many examples of time structures that aren't rarely questioned, and I think the concept of prep time helps us to question some of those time structures. And one of the reasons why this is important is that time is actually some kind of resource. It's It has a value, you know, time has a material value. We know that when we work and we get money for our time, but it also has a social value, you know that the time is spent together and time is distributed unequally. We know across gender, across socioeconomic groups. So time is a resource and that is- What do you mean by time is distributed unequally? Well, for example, I live in an area and I see this quite often, but some neighbors, they spend very, very much time working in order to have enough income. I have other neighbors who only spend quite little time working because they have such a high income, meaning that those are able to spend more time with their children, for instance, or they have more time to go exercise and maintain their health. So time is something that is, we have different amounts of time, so to speak. And when you add disability to the picture, that becomes quite clear. Like one of the young persons who participated in my study, he told, he was sitting in a wheelchair, and when he wanted to go out with his friends, he had to plan this in detail, because he had to plan his transport. He had to arrange, he had to make sure that he was able to access the building. He had do so much while the other people, they could just send an SMS and then just meet. The time he spent to be able to do something nice one Saturday evening together with his friends was so much more than what his peers had to spend. And in my study there are so many examples of such time use And some of the Some of that time use is also related to the welfare system, that many of the young people had to spend very, very much time in order to get the support that they were entitled to and that they needed. They had to submit forms, they had to wait for responses, so many, many examples of how much time they spent in contact with them.

**JoAnn Lee** [00:36:14] And I think that leads us into your findings in terms of, would you like to talk about that? The more specific findings.

**Ingri-Hanne Brønne Bennwik** [00:36:23] Yeah, of course. I think that I have categorized my findings in like, three teams. And I think one of the findings is what I just mentioned, like the concept of extra time, that the young people spent much time, much more time than other young people in kind of overcoming disabling barriers, especially, such as contact with the welfare system, but also like it was a very An interesting situation in my own research, where I had arranged an interview with a young woman and she had big challenges taking public transportation, but she really wanted to participate in my study. And I wasn't aware of these challenges when we planned and I didn't even ask her. But she told me during the interview that she had spent two weeks practicing taking the bus because she wanted to make it to my interview. Because she had such especially problems with anxiety and so on. So she wanted to make it, but she didn't know how to make it. And then I said to her, but you could have told me and we would have arranged something. But she said, yeah, but everybody who is in their 20s should be able to take a bus. So she felt that she should be able to do it. And of course I should have asked, you know, as a disability researcher, I should've asked, Do you need some kind of as a facilitation to be able to participate. But I just saw her and I didn't think I would probably have talked about it if I saw the wheelchair or whatever. But in this instance, I didn't think

about it. So I think that is a very important finding in my study that young people spent much, much time in order to kind of carry out their everyday activities and duties and so on. And my next finding, if I can move over to that, is that I also found that for many, this extra time was categorized as wasted time. And of course they categorized it as such themselves, but also people around them categorized a little bit like wasted time for many of the young people when they talk to like child welfare services. Child Welfare Services had expectations that they should participate in the work life or that they should attend some kind of education and so on. They quite often said to them, yeah but you need something to do during your days, you need some kind, it's good for you to have something to do. But then of course they never recognized all the things that the young people did to be able to carry out their lives. So very often this use of time, this extra use of time was not recognized, especially by services that were based upon rather normative ideas of young people. Yeah. Time is flying. So I think that there was this idea that, that this was not productive time. This was late and, and yeah, as such wasted, wasted time. And my third finding... Was that additionally quite often the young people experienced that their life course was a little bit messed up, that they could be, I use the concept of flexible time which maybe is a more polite version of messed up time, what they told is that quite often they could experience on one hand that they had physical challenges that mostly older people would experience, you know sitting in a wheelchair, not be able to walk the stairs or... Maybe cognitive that you weren't able to read as fast or understand as fast. So they could experience that on one time, like being an old person. And then parallelly, they could be treated as children. And for the young people in my study, they really wanted to be young adults. They wanted to, you know, have a girlfriend or a boyfriend. They wanted party. They wanted it to do the things that they associated with this life stage. And quite often the services. Didn't quite support that. They wanted to safeguard and make sure that they were safe, had a decent life, but they didn't really help them to live the life stage that they felt that they belonged to. So I think, and this was quite, this finding, this mess up or this flexible time was maybe most evident in the interviews with the young people who had rather severe. Disabilities such as sitting in a wheelchair or having cognitive disabilities.

**JoAnn Lee** [00:41:11] Emma, I'm not sure if I'm understanding this correctly, but that sounds a little different from the extra time and the wasted time sounds like things that they spend their time, they have to spend their on that they don't necessarily want to. Whereas with flexible time, there are barriers, it sounds like, to them being able to use the time in the ways that they would prefer. Is that oversimplifying or?

**Ingri-Hanne Brænne Bennwik** [00:41:33] No, I think that's quite correct. And I also think that what takes place is that they necessarily forced upon, they know that, okay, I do have pain, I'm not able to walk those stairs. They knew that I have like an old person's body in some aspects. At the same time, they knew that if the people who were helping them were able to kind of see them as youth and kind of because what they often quite described was that, oh, and then they are coming, the nurses, and then, they are doing all the nursing, but they are not helping me to be the young man that I actually am. So, I think that quite often, in one second, they could perceive to be treated like an old person, and then in the next second, they could be treated a child, you know, you can't, no, no no, you shouldn't drink, that's not good for you. So, it was very messy for them. And I think it was quite messy for the people who were working as professionals as well. They didn't quite know how to categorize you when you're not the kind of young people that you're supposed to be, like a young fit person.

**JoAnn Lee** [00:42:46] Yeah. And I think that example with the nurse has me thinking back to your sort of juxtaposition of the medical model, right? The nurse is helping their medical

issues, but not addressing those social issues with the social integration. And how do you be a young adult in this society?

**Ingri-Hanne Brænne Bennwik** [00:43:05] Precisely, and that is why I think this is why we need social workers. You know, we need people who are able to be there and to see other things and to make sure that they are accessing the society the way they want to. They want to be included and participate and live the life just as everybody else.

**JoAnn Lee** [00:43:26] So I think that kind of leads to the next question, which is, what do you think are the practical implications for social workers of this idea of Crip Time and your study?

**Ingri-Hanne Brænne Bennwik** [00:43:37] Yeah, first of all, I think that one important practical implication is, of course, to always engage in some kind of, I don't always like the word access assessment, but I think they need to engage in some kind dialog with people. Who are you? What is your life? Because quite often we talk about rather limited themes when we talk with young people. But the young person, it's not only about submitting the... Form for social assistance or whatever, you know, it's a whole life there to be lived and to be experienced and to be described. So I really think it's important for social workers to engage in that conversation and to have some kind of openness towards the great diversity within the population of young people as well, that they are different just like everybody else. So I think that is one aspect. And the other aspect is that I think we need social workers who perceive some of these challenges as oppression. I think we need, you know, we need the warriors somehow. We need people who are willing to fight because the systems and the normative structures are so strong and many of the social workers in my study, they could say, you know, I know that the young person needs something else than what we are able to give. And then I think there is a difference between those who say, yeah, but this is a system, this is how it works. And then we need social workers who are able to kind of challenge those structures. Say, yeah, this is a system, but this is not how it should be. We need to challenge it and we can do it together, probably. It should not only be the social workers challenging. Yeah, no. So I just think that this is the kind of partnership we need to challenge these structures. It has to involve the social worker, it has to involve young people. Probably we need search for allies. Everywhere. So I think social workers know how to do that. So, I really want us to be I want us, to be part of those services in order to have those perspectives and carry out.

**JoAnn Lee** [00:45:48] Awesome, so thank you. You gave us a micro level consideration and a more macro level consideration. So thank you for that. So what do you hope people will remember? It's a week, two weeks, a month, somebody listen to your podcast like a month later. What is the one thing you hope they'll remember about this study or about your work more generally?

**Ingri-Hanne Brænne Bennwik** [00:46:10] I think that if they are able or interested in engaging in kind of challenging normativity or the taken for granted, I think, I think that is a never ending challenge. And I hope maybe this conversation could be one way of, or at least one focal point in that regard. Because I think what we're talking about is nothing very specific to disability, I think it's relevant to all kinds of like marginalized experiences. So being interested in power mechanisms or ruling constructions, I would be very happy if they remember something about that.

**JoAnn Lee** [00:47:00] Yeah You giggled when you said ruling constructions. I find it to be a very helpful concept. I've already used it three times in this conversation. Yeah,

absolutely. And I, you know, I'm thinking about what you said in terms of, uh, time being distributed unevenly and power differences. And, and, and so as you're talking about these young care leavers with disabilities, the ways that they're kind of constrained. Um, they have certain constraints that I've been thinking about is people who have a little bit more means, for example, parents who love their kids, perhaps, you know, maybe one of my nephews was a little slow in developing his language early on when he was like five or six, right? Or three or four, I can't remember the age. But it wasn't on time. It didn't follow that normative pattern. And so when he told he was behind, his parents were able to get him a speech pathologist, right? And access more resources and support it and. As opposed to just sort of being like, oh tough you gotta you gotta figure this out on your own. So it's very different

**Ingri-Hanne Brænne Bennwik** [00:48:05] I just wanted to say that I think that everybody, you know, all of us, we need support and some of us have access to support and others do not. And in my own life, I've been moving quite a lot and it's quite different when you live in an area where you have your family, your sister, your parents or whatever, they can help you, support you, such a huge resource and then suddenly you're in another country or in another city or whatever and then you're all by yourself. It's crazy. You spend so much time to be able to carry out your everyday life. So I think there's nothing unique about the young people that I'm talking about here. I just think that they quite often have less access to material resources, maybe social resources and so on. So I and I think it's our obligation as a society to support them.

**JoAnn Lee** [00:49:03] Yeah, and that's what it is. It's not that we take away resources from people who have means, it's how do we make sure everybody has the resources they need to thrive, right? All right, so what is next for you? What...

**Ingri-Hanne Brænne Bennwik** [00:49:16] You looking at doing next? Well right now in about 10 days I will welcome 80 new master's students so right now that that's the big thing for me. But research-wise I have several plans right now. I will continue to work on temporality. I have a small group of researchers and we have met a couple of times now. We want to work more on care leaving and temporality What direction? Where are you going with that? Generally, I think we would like to develop concepts that are maybe inspired by crypt time, but to move that into the field of care-leaving. I think that could be very interesting. So I think that I hope to be able to do something about that. And then I'm also submitted an application about family and birth, birth parents and care leavers. So that could be if you're able to get money. Everything is about money. So if you're able to get money, I think that would be also very, very interesting.

**JoAnn Lee** [00:50:19] And then the care leavers and their birth parents. So is that about sort of that relationship once they leave care? Is that?

**Ingri-Hanne Brænne Bennwik** [00:50:26] Yeah, we want to find out more about how there are some studies, but not much, but what kind of, because that is a relationship that quite often has been broken or not maintained throughout the welfare intervention. So what happens after, what happens next? So that's, we think that could be, we have, hopefully we'll get money, but we don't know. I think If you're lucky, yeah, fingers crossed. Fingers crossed. Yeah I'm also involved in a very interesting project where we look at what we call positive deviations. I don't like the terms but what we study success stories we try to find out examples of when have young people felt supported during the transition to adulthood, what happens when they have felt good support. So that's an ongoing project

that we do together with another university in Norway. And we have some data already, and it's very interesting. It's a very positive approach.

**JoAnn Lee** [00:51:32] Awesome. It's so interesting to me. Social work, we say we're a strengths-based profession, but a lot of our research is focused on deficits. I always appreciate it when social workers are like, let's look at the positives. So cool. All right. And I have one last question. I'm really curious what you're going to say. So fast forward 50 years, 100 years. I don't know how long you want to fast forward, but you're done with your career. What do you hope your intellectual legacy will be?

**Ingri-Hanne Brænne Bennwik** [00:52:01] Yeah, actually I do not have any ambition maybe, but I actually am quite happy when my students remember something I've said in my lectures like a couple of weeks. But since I'm actually the first in Norway who does anything on care living and disability and there aren't many social workers in Norway, who are including disability as a perspective in their research. Of course, other scholars do, but not social work. So I'm very proud to do that. And if there is anything I would like to be remembered for, that's it probably because I think it's so important and I think it's so exciting. I think so promising to work with this theme within the context of social work so hopefully many of my students will do it. I try to encourage them. Maybe that's.

**JoAnn Lee** [00:52:59] Very cool. Well, thank you for taking the time to speak with us today. It has been such a pleasure, and I mean, it doesn't stop there, right? I'm so excited about the other projects you have going on. So I'll be excited to see those studies when you've moved on.

**Ingri-Hanne Brænne Bennwik** [00:53:18] Well, Vitto, I think I can say the same to you, and I think this is why international collaboration is so exciting because we get to know each other's research and I've learned so much from our network. So I think people are listening to us now and our students and so on. I really hope that they would like to engage in networks and international collaboration because it's such a wonderful source to knowledge. So, yeah, it's wonderful. I'm so happy that I was invited to do this. I'm still very embarrassed about my Norwegian, but yeah, super happy to have participated here today. Yeah, is there any last thoughts you want to leave people with? If people are interested in this ability, please just jump into it, because it's such an interesting field of research. I think there's so much to do and there's so much that needs to be done, so please join us. We need more forces.

**JoAnn Lee** [00:54:19] In this space. Thank you so much. I appreciate your time and your perspective. It has been such a pleasure. Thank. I heard Dr. Benwick present her study on time among care leavers at the USARF conference, which is the European Scientific Association on Residential and Family Care for Children and Adolescents. I actually like that we get the inside scoop here, because what she presented as flexible time at the conference, she actually referred to as messed up time here. So what do you think? I think that she gave us a lot to think about. For me... I appreciate that she draws our attention to the way that some people's experiences are invisible or ignored if they do not fall into normative categories. I like that she is encouraging us, as social workers, to perceive some of the challenges that people face as oppression. And her reminder that if we focus on the individual, we may inadvertently reinforce power structures that are oppressive. I love her reminder to think of care leavers. And our clients more generally as whole people who want to live full lives and that they should be able to and that we have an obligation as a society to support them. So what did you think? My amazing sister told me that she thought I used a lot of big words in my first episode. As I listened to this interview, I was

very conscious of all the big words here. I know we academics like to make things sound really complicated, but I hope we did a good job breaking it down and explaining what we meant. I'd love to hear your thoughts, whatever they might be. So please reach out if you feel moved to. You can post a comment on the website or email the podcast team at [insocialwork1word@buffalo.edu](mailto:insocialwork1word@buffalo.edu). For my next episode, I plan to interview Dr. Miriam Valdivinos. Whose work focuses on equipping young Latinx children with the language and skills to talk about their bodies and consent. Until next time.