Introduction to the special themed issue on social work in health care

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Social work in health care settings is the largest social work field of practice after child and family work. District health boards (DHBs) are the second largest employers of social workers and social workers are the largest group of professionals within the allied health workforces in DHBs. A report on the 'Allied Health Workforce Employed in DHBs' states that there are over 1,100 (893 FTE) social workers working for DHBs (Future Workforce p.7, 20 June 2007). There is also expected to be an expansion in the number employed in primary health organisations (PHOs) and non-governmental organisations (NGOs). Social work in health care has been a significant field of practice within social work in New Zealand since the 1940s.

In this special issue of *Aotearoa New Zealand Social Work* we present a themed double issue on 'Social work and health and well-being' which aims to provide an opportunity to explore the social work contribution to the health services and reflect critically and analytically on health and well-being in social work practice. Bywaters neatly sum up the significance of health as a focus for social work attention:

Maintaining health is a key human objective across the life course and having a voice in decision-making about health (at individual and policy levels) is a right. Social workers should view themselves as co-workers with individuals and communities, as they seek to secure the resources, including social services, which underpin health and enable them to manage illness (Bywaters & Napier, 2009, p. 543).

Linda Haultain and her colleagues at Auckland City Hospital note that social workers in hospital settings play a major role in working with patients, families and other health professionals to improve communication and outcomes, via the coordination and facilitation of family meetings. This article describes a quality-related project undertaken by hospital social workers to explore effective social work practice in family meetings and identifies five essential practice activities to support effective whanau meeting practice.

Mary Farrelly introduces us to the tricky matter of assessing competence in working with older adults. This is a key issue of great significance for social workers in health settings, where often we are in the middle of the complex dynamics of both family and multidisciplinary team. Farrelly's paper provides a very useful discussion of an issue now core to

social work in a risk-averse world, that of balancing the need to ensure safety versus the right of freedom and autonomy and independence for citizens.

Doug Matthews offers an article that will resonate with social workers working with older people who experience barriers to participation because of the social and cultural stigma attached to urinary incontinence, which is a commonly experienced condition among older people. The condition is discussed in relation to the health and social well-being of elders in New Zealand and explored through a social justice lens while offering signals to practical and knowledge-based resources for everyday practice.

Angela Todman and Pa'u Tafaogalupe Mulitalo-Lauta describe the development of a social work alert system devised by a hospital-based social work team to ensure that at-risk people were referred to the social work service. The article addresses two distinct themes: the role of the social worker and the referral system as it pertains to social work in the hospital. Todman and Mulitalo-Lauta identify the prevalence of family and interpersonal violence as a reason for social work referral in health care, a theme picked up by Nicki Weld.

In her role as Professional Leader for general health social work at Capital and Coast District Health Board in Wellington, Weld had noted that in the documentation of social work involvement with patients only a very brief social history was recorded with a list of task-focused interventions. Evidence of the more complex social work analysis was often missing and this article offers an overview of an initial assessment process developed by the social work team. Weld notes that in including social work in the 'allied health' grouping it needs to be noted that social workers do not have health as a primary setting.

Continuing with this theme, this special issue finishes with two shorter articles that discuss aspects of leadership for social workers in health care. Social worker and now director of allied health Kim Fry provides an interesting discussion of social work in the contemporary grouping of health professions under the terms 'Allied Health' which may be unfamiliar to those outside the health sector. David McNabb explores the role of leadership of social workers in the mental health services.

I hope this special issue of *Aotearoa New Zealand Social Work* will make a valuable contribution to the literature and will be highly relevant to the social workers in many settings. To a large part this contribution is a result of research, theoretical work and innovations being located in the debates about the nature of social work and specifically with reference to the unique New Zealand context.

Margaret Pack contributes a guest commentary to introduce the remaining major articles which have a mental health focus, but I do want to make special notice of the articles by Wenli Zhang, et al. from Bo Ai She, and Linda Haultain et al from Auckland City Hospital. Both report on research carried out in the Growing Research in Practice (GRIP) project reported in Beddoe, et al. (2007) and Lunt, Fouché and Yates (2008). The aim of the GRIP project was to foster inquiry and publication in social work so it is a pleasure to include these articles in this issue.

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now at Brunel University in England) and Margaret Pack, formerly of Victoria University of Wellington. Sue and Margaret reviewed a large number of papers and Margaret graciously accepted my invitation to write a guest introduction to the mental health-focused papers.

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