

Experiences of rural poverty in Stratford district, Aotearoa New Zealand: A qualitative study with implications for rural social work

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ABSTRACT

INTRODUCTION: People experiencing poverty who live in rural communities may have complex needs as rurality exacerbates their issues. Isolation, stigma, transport difficulties and a lack of services contribute to the challenges experienced by people living in rural communities who experience poverty. For social workers, responses need to be creative and flexible to counter the lack of services or people being unable to access services due to distance and/or a lack of transport.

METHODS: I conducted semi-structured, in-depth interviews with 28 participants. Participants self-identified as experiencing poverty and ranged in age from teenagers to over 65s. Transcripts were analysed using applied thematic analysis.

FINDINGS: Four themes were identified: stigma, isolation, transportation and access to services. Issues in these areas exacerbated participants' experience of poverty.

CONCLUSION: The findings of the study suggest that there is a significant advocacy role for social workers in rural communities regarding access to services and service development, transportation and challenging stigma to improve the lives of people living in rural communities who experience poverty. Further investigation is suggested to explore specific groups experiencing poverty in rural communities, particularly Māori, and to consider other marginalised identity groups and different geographical areas.

Keywords: Poverty, rural social work, stigma, transport, isolation, access to services

The aim of this study was to understand the experiences of people living in poverty in a rural location, and to explore the implications of their experiences for social work practice. The study location was Stratford district, a rural region with a small town surrounded by dairy farms, extending into a rural remote area with sheep and beef farming and some forestry. The area was chosen for proximity and it is dominated by agricultural activity, the range of which

is representative of the rural economy in Aotearoa New Zealand.

Definitions of poverty generally refer to “a state in which the poor person falls below an acceptable level of subsistence or living standard” (Serr, 2004, p. 138); however, those definitions are provided by people considered experts. What is discussed in this article is the lived experience of people living in poverty within a rural community, and

AOTEAROA
NEW ZEALAND SOCIAL
WORK 36(3), 24–35.

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their understanding of how poverty affects their lives. By understanding the experiences of people living in poverty, social workers are in a better position to engage with, assess accurately and advocate for, service users who live in rural communities and experiencing financial hardship.

The preamble of the Aotearoa New Zealand Association of Social Workers (ANZASW) *Code of Ethics* states that we, as a profession, “have a particular interest in the needs and empowerment of people who are marginalised, vulnerable, oppressed or living in poverty” (ANZASW, 2019, p. 9). ANZASW engages in policy advocacy about poverty, for example, making a submission to the Ministry for Social Development about Working for Families Tax Credits (ANZASW, 2022). In Aotearoa New Zealand, the link between social work practice and poverty was identified by O’Brien (2013), who said “poverty is the daily experience of a significant proportion of the individuals, families and communities social work engages with” (p. 53). However, the argument has been made that, in Aotearoa New Zealand, social work has become engaged in the surveillance of the poor, rather than working in solidarity with them (Hyslop & Keddell, 2018). By engaging with service users about their experience of poverty, social workers are better placed to work in solidarity with them and to resist the role of surveillance.

Poverty in Aotearoa New Zealand rose in the 1990s and has remained high (Te Tapeke Fair Futures in Aotearoa, 2021). However, the Child Poverty Monitor who report to the government under the Child Poverty Reduction Act 2018, has reported that there was a reduction in child poverty rates overall since the introduction of the act, but there continue to be significant numbers of children still living in poverty. The Child Poverty Monitor identified that 11% of children in Aotearoa New Zealand are experiencing material deprivation and 16.3% of children live in households with

an income under 50% of median income after housing costs (Duncanson et al., 2022). While there were increases in the rates of benefit payments under the Labour Coalition government who came to power in 2017, the increases did not meet the amount needed to be liveable, identified by the Welfare Expert Advisory Group (WEAG), a group established in May 2017 by the Ministry of Social Development to consider welfare reform (WEAG, 2019). It was noted by the Child Poverty Action Group (Neuwelt-Kearns et al., 2021) that almost 3 years after the WEAG report was completed, no recommendations have been fully implemented. It is also important to consider the impact of policy decisions by the current National coalition government. For example, they advocate for an increase in the use of benefit sanctions and a change in the way benefits are indexed, from wages to the consumer price index, in the past this has been to the detriment of beneficiaries. The Child Poverty Action Group have warned that the policy settings in the National coalition government budget for 2024 are likely to result in income poverty becoming deeper and “more severe for families receiving benefits” (Cole et al., 2024, p. 26) and that child poverty in Aotearoa New Zealand is likely to worsen.

Critical theory underpinned this research as it enabled a structural analysis of poverty, that is, it allowed for a consideration of poverty, not as an individual failing, but as a result of broader social relations in society (Schram, 2019; Serr, 2017). A critique of neoliberalism, a belief in the free market as the driving force in society, is a hallmark of critical theory (Garrett, 2021; Schram, 2019). Neoliberal ideology, the belief that a free market should be the basis for economic, political and social decision making, exacerbates poverty (Giroux & Giroux, 2008). A key aspect of critical theory is consciousness raising, that is, people becoming aware of their oppression and developing strategies to resist and challenge oppression rather than accepting it as

unavoidable (Rogowski, 2024). If people are aware of the political nature of poverty, the sense of individual responsibility and failure may be reduced (Brookfield, 2005). In relation to social work with people experiencing poverty, critical theory offers tools to make links between material hardship and inequality and oppression, putting the focus on changing social structures (Rogowski, 2024). The principle of Kotahitanga in the ANZASW code states that social workers “challenge injustice and oppression in all its forms” (ANZASW, 2019, p. 12), and poverty is one of those injustices.

This study was carried out in a rural area. It is noted that there is no commonly accepted international definition of the term *rural*. Rurality is a fluid concept, changing over time and meaning different things to different people (Maidment, 2012; Pugh & Cheers, 2010). Prior to 2003, rural was defined in Aotearoa New Zealand as an area which had a population of under 1,000 (Fearnley et al., 2016). Using this definition, the town of Stratford is urban while the rest of the study district is rural. Moving away from this blunt definition, Stats NZ, in 2020, identified a set of definitions using a continuum going from major urban areas through to very remote. Using the Stats NZ continuum, Stratford township can be identified as a small urban area, the surrounds of the township as an area with low urban accessibility while the east of the district fits the definition of remote (Stats NZ, 2020).

Much of what has been written about poverty in Aotearoa New Zealand to date has been urban focused (WEAG, 2019). While people living rurally share some of the same issues as those in urban centres, there are some unique aspects of rural living that contribute to their daily lived experience (Pierson, 2016; K. Smith, 2017; WEAG, 2019). The place in which a person lives affects their experience of poverty, and how they respond to it (Howard et al., 2016; Pierson, 2016). In Aotearoa New Zealand, the WEAG

report (2019) identified that beneficiaries in rural locations had “different, and often overlooked issues” (p. 51) such as higher costs for travel, longer travelling times, poor internet and phone coverage and restricted availability of some services.

For the people living in rural areas experiencing poverty, the services available to them, or the lack of services, can be exacerbated by their economic position (Howard et al., 2016; Mendes & Binns, 2013). It has been observed that Stratford district has fewer services than urban communities in Aotearoa New Zealand (Tester et al., 2015). Likewise, research in rural Australia has revealed both a lack of services in rural communities and difficulty in accessing services for service users (Gregory et al., 2008; Sariman et al., 2022).

Issues affecting social workers in rural communities have been identified by Harvey and Jones (2022) as distances spent travelling or organising travel, the multiple roles of workers in rural communities, limited resources and poor infrastructure and isolation, both for service users and professionals. These issues add complexity to social work practice in rural areas. Social workers in rural communities often develop generalist practice skills to deal with the range of issues they are required to deal with and to counter the lack of specialist services available (Daley, 2020; Hollis-English & Selby, 2015; Pugh & Cheers, 2010). Community development approaches have been identified as useful to counterbalance the lack of resources, and to empower communities by making use of local skills and the self-reliant values evident in rural places (Howard, et al., 2016; Pugh & Cheers, 2010). Advocacy is a significant role for social workers in rural communities, both case advocacy at a micro level and cause advocacy at a macro level (Daley, 2020). At a micro level, this may involve seeking ways to reduce material hardship while, at a macro level, social workers can advocate for policies which reduce poverty.

Method

As stated above, critical theory underpinned this research, which means that the political position of the researcher is explicit, and the research is focused on social justice and empowerment. The position taken by a critical researcher is that power structures exist and privilege some members of society while disenfranchising others (Giroux, 2011). Research using critical theory is charged with naming and addressing these power structures in society which privilege some and disenfranchise others (Denzin & Giardina, 2009).

This study explored what impact poverty had on daily life in a rural community and the implications of this for social work practice. In-depth, qualitative interviews with 28 adults who self-identified as experiencing poverty and who lived in a rural community were carried out, recorded and transcribed. Three of the interviews were with couples and the remainder of interviews were with individuals.

To recruit participants, information sheets about the research, outlining the

study and what would be required of any participants, were distributed by health and social service workers in the study area. Participants were also recruited via snowball sampling, which has been identified as an approach which is effective in accessing “hard-to-reach” populations (Sadler et al., 2010). The study participants shared information about the research and supplied the study information sheet to others who they thought might be interested in taking part.

As the participants in this research were already marginalised, particular care was taken to protect their needs and maintain high ethical standards. Ethical approval for this study was granted by the Human Ethics Committee, University of Canterbury. As part of the ethics approval process, the research proposal was approved by the Māori Research Advisory Group of University of Canterbury. Care was taken in interviews with participants under 20 (3), they were offered the opportunity to have a support person present and one participant chose to do this.

Demographic data are depicted in table 1.

Table 1. Demographic Data

Ethnicity	22 New Zealand European 4 Māori 1 British 1 Africa
Age range	17–70s
Gender	23 women 5 men
Income	17 Income support benefits 5 National superannuation 6 Employed or partner employed
Housing	15 Rental property 10 Own home 2 Boarding arrangement 1 Homeless
Intimate partner relationship status	12 Single 13 Married or in a de facto relationship 3 in a romantic relationship but did not live with their partner
Care-giving role	19 children, stepchildren, grand-children, or other children (related to) in their care 3 children but not in their care

Interviews were carried out at the location of the participants' choosing, mostly homes, although an interview was conducted in a family room at an educational institution and another in a cafeteria. The length of the interviews ranged from 30 minutes to 2 hours; the average length was 1 hour. The interviews were recorded and then transcribed. A field work journal was also written as a process of critical reflection.

Applied thematic analysis, as outlined by Guest et al. (2012) was used to analyse the data, which included the interviews with participants and fieldwork journal notes. A code book was developed in which preliminary codes were identified; these were defined and then refined throughout the data analysis process (Guest et al., 2012). The interview recordings were listened to, and mind maps were created for each interview, to tease out potential codes. Data were then read closely, and notes taken in the margins of the scripts to make links between the text and the codes. The 87 codes that were identified were used to organise the data in the software program, NVivo, and then wider themes were identified (Guest et al., 2012), with four main themes and 23 sub-themes. The four themes identified from the data discussed in this article are: *stigma, isolation, issues with transport* and *access to services*.

Findings

For participants in this research, poverty while living in a rural location diminished their wellbeing and limited their opportunities. For some participants, living in a rural community added to their experience of stigma; they experienced geographic and social isolation and had difficulties with transport and accessing services.

Stigma

Some of the participants in the study felt a sense of shame as they were stigmatised due to their economic status. Stigma was

experienced differently for each participant depending on their life experience and identity position. For some, particularly the three young mothers who were aged under 20, their experiences of stigma and gender combined. They experienced judgements, related to their identity positions as young women with children, that other participants did not have to deal with.

Emily: I have been judged quite a bit. And it's like, just because you couldn't have kids this young, get over it. I'm a really nasty person when people judge me.

Stigma was experienced for some participants in relation to parenting. One participant described an experience her son had at school where he did not have suitable clothes for a fundraiser.

Kelly: They had dress-up day the other day [at primary school] and all the other kids had these big, elaborate costumes on. I just had a little Angry Birds t-shirt and his Angry Birds hat, he didn't feel as good as the others. And then we had to give them a dollar and that went to the KidsCan for the poorer school.

Kelly found it difficult to see her son experience stigma from his classmates. She also experienced stigma due to her family background. This is a form of stigma whereby certain families in rural communities are viewed as being morally inferior (Meij et al., 2020):

Kelly: I am judged a lot . . . especially here. This is where my family's based, my Dad's side. I just go "yes, that's who I'm related to". I don't agree with what they've done [family members convicted for violent offences], but this is who I am.

For some participants, stigma was internalised. For Steph, whose family had "fallen" into poverty after her husband was in an accident and no longer able to work, stigma was internalised.

Steph: That whole perception in the community too, that people that go to WINZ [Work and Income New Zealand] are like the bludgers, the ones that pop out babies all the time. We didn't want to be those people, because we had earned our own money and we'd worked really hard to get to where we were and then all of a sudden we're in the WINZ office. And you get looked at in there like you are just another one of them, it's embarrassing.

Steph also described feeling humiliated having to share her financial information when asking for financial assistance from WINZ. For some participants, their experience of shame added to their sense of isolation.

Isolation

Isolation was a consequence of poverty for some participants and both geographic and social isolation were discussed. Michelle talked about remoteness and how this contributed to her sense of isolation:

Michelle: We were on the dole [income support benefit] out there. It was hiding from society. He [ex-partner] treated us worse—he'd go into town without me. Out in the country, you can't just go down every day and get food, out there it was an hour and a half drive to town.

Thus, Michelle experienced social isolation due to the remoteness of where she was living, poverty and a lack of transport. Her partner also used their geographic isolation to hide his violence towards her. Women in this study, including Michelle, described being deterred from leaving their relationships due to the distance needed to travel to seek help.

Another participant talked about the lack of support after she had to move to the area because of a court order. Poverty contributed to her sense of loneliness as she had no

transport and was not able to visit her friends in another town:

Megan: There's no-one I really know here. Down in [name of town], I had a couple of close friends who would come over, keep me entertained—not necessarily leave the house, but keep me entertained and help out with my children, because I'm a solo mum. I can't do that here. I've got nothing. I can't get out of the house with my children to give us all a breather, and I hate it, I really hate it. It's expensive. It's really, really lonely.

Megan's isolation was both geographic and a consequence of poverty which was exacerbated by a lack of transport. Another participant discussed not leaving the district due to the cost of petrol.

Robert: Once upon a time we'd just hop in the car and go wherever we were going. But now we have to consider it, we have to put the minimum amount of petrol in and things like that. We have to consider where we're running to. That's why we very rarely go out of the district.

For Robert and his wife, who were both over 65, the cost of transport meant they remained in their community despite having family members a 30-minute drive away.

Transport

Problems with transport contributed to isolation for most participants in the study. Some participants owned vehicles and were therefore able to visit other places, although the cost of petrol was a barrier, as was the case for Robert and his wife. Participants who owned vehicles talked about the costs of vehicle ownership such as petrol, vehicle maintenance, warrant of fitness testing and vehicle registration, which they found difficult to pay for. These costs resulted in hardship and in some instances fines when vehicles had not been registered.

For the participants who did not have access to a private vehicle, the dearth of public transport in the study district contributed to their isolation. For some participants buying a car and keeping it going generated debt, fines (for unregistered vehicles) and stress:

Crystal: I got an upgrade of my car and then the local car yard gave me a dud car and I had to pay [NZ]\$1,700 to get it fixed. WINZ paid for all that and covered it but I still owe them [NZ]\$1,700—and my car, which I need to get rid of, I'll probably only get [NZ]\$2,000 for [it]. So, I've lost out on my whole car [that I had in the beginning].

Kayla: I budget \$50 for gas a week and I try not to let my car go under half a tank, just in case something does go wrong and I need to get [preschool child with health issues] to the hospital or something like that. Then when the time comes round you need a warrant and rego [vehicle registration] and you've got nothing there you don't even have anything to save for, for when that times does come. I can't even put five bucks away a week for when that time comes and of course me being me, both my warrant and rego were due in the same week—next week! And I'm like, oh no, how did I manage that one?

For some participants the cost of buying a vehicle and the ongoing costs of having one meant they were dependent on public transport. The following quotation indicates the difficulties of using public transport:

Nicole: They don't even pay for you to go up to WINZ. You could jump on a bus – but the bus would leave at, say, 7 o'clock in the morning. How am I gonna do that? Aiden [son] goes to school.

For Megan, who does not have a vehicle, the cost of public transport is more than she can afford and consequently she is not able to do the things she would like to with her children.

Megan: Not just for myself, but my children miss out too. It's not fair on them having to be confined to an area because I cannot afford to take them anywhere. It's expensive just to get the bus up to [nearest city] from here. So yeah, we're confined here and there's not a lot in [area where she lives] at all and it's not fair at all. I hate it. I hate not having a car.

Ashley identified the lack of transport as the biggest issue for herself and her partner. Getting a driver's licence and owning a vehicle was unaffordable, but not having a vehicle affected her partner's ability to obtain employment:

Ashley: If we had transport, he would have had a job by now because so many people from [nearby city] and [nearby town] have wanted him to come [and] work for them and he's like, "Oh well, is there anyone I can carpool with?" And they're like, "No." And he goes, "Well." Hopefully he will get his restricted [driving] licence and it should help him out a lot. That's our biggest problem . . . the whole transport thing. Even if he does get his restricted [licence], where's our car?

Participants talked about not seeing their children due to the cost of transport, as well as not being able to visit places with their children, including places that were free (e.g., the beach and library) due to the price of petrol. While they accepted that they could not involve their children in paid activities, several expressed frustrations about not being able to afford free activities due to the cost of travel:

Aroha: I'd love to do things like take the kids into the library and stuff, and you just can't afford to, 'cos it costs too much. Even activities in [nearest city] that are cheap, it still costs [NZ]\$20 gas to get there and back.

Thus, transport issues added complexity to living in poverty, affecting participants'

ability to access even free services and activities.

Access to services

Participants in this study mentioned having limited (or zero) choices in relation to support services as most services were centralised in main centres. Pat's husband had to go to a general practitioner in [nearest city], as he was having ongoing treatment for skin cancer:

Pat: We were going up there—and [husband] kept on going with his doctor because his doctor was a GP but he . . . also . . . had a skin cancer clinic.

Lisa, who was on an opioid substitution programme provided an example of the limited availability of health care services in the district. Lisa got her methadone from the one pharmacy in the area providing the service. Lisa would have preferred to go out of the area to reduce the stigma related to needing opioid substitution, but she did not have a vehicle. Instead, she maintained a compliant attitude in the pharmacy so she could continue to get her medication there.

Lisa: I try to be nice to everyone. [One] guy . . . got kicked out of the chemist [while obtaining methadone] for being an asshole and he has to travel outside the area. But I go in there and be polite and wait my turn.

Thus, access to services was limited by transport difficulties, the cost of the services and the lack, or limited number, of, locally available services. It was not only services that were limited in the area but also employment, health care, educational opportunities and housing. Jennifer, who had a tertiary education, described her attempts to find employment.

Jennifer: I've applied everywhere. Every 2 to 3 months I'll go back into the same place, take my CV to every single place

again. I'm pretty sure they must have a pile this big by now and I've applied to [nearest city], but we'd have to move, which then he [partner] would have to travel to work. Or I would travel, but then we're still looking at, if I got a job there, I'd still have to pay for after-school care as well as fuel and stuff to go there and back every day.

A lack of employment opportunities in the rural area where the study was carried out meant the chances of getting out of poverty were fewer than if the participants had lived in an urban centre.

Discussion

The experience of poverty for participants in this study mirrored research findings regarding people in urban locations in Aotearoa New Zealand (Duncanson et al., 2022; Te Tapeke Fair Futures in Aotearoa, 2021); however, living rurally added other dimensions to their experience. Solutions which benefit the urban poor throughout Aotearoa New Zealand, such as the minimum wage being the same as the living wage (at present in Aotearoa New Zealand it is lower) and the implementation of all the WEAG (2019) recommendations would benefit the rural poor, but it is important to recognise that they have additional challenges. Low incomes and a lack of material goods for participants in this study was exacerbated by living rurally and the isolation and stigma they experienced. Attempts by participants to improve their situation and move out of poverty was hampered by the high costs of transport and a lack of, or limited number of, services and employment opportunities.

International research has highlighted the link between poverty and isolation (Chase & Bantebya-Kyomuhendo, 2015; Stewart et al., 2009), although Lister (2004) warned that the link varies between countries. Isolation due to poverty is the withdrawal from engagement with others due to shame

or not being able to afford to participate in social activities (Chase & Bantebya-Kyomuhendo, 2015; Pitt, 2021). Where people live can contribute to isolation, geographic isolation is living at distance from more densely populated areas where there are services and opportunities for education and employment (Mendes & Binns, 2013). In rural areas, as an aspect of intimate partner violence, geographic isolation can be used as a strategy to control a partner as a form of entrapment (Pitt et al., 2019; Sandberg, 2013; Wendt et al., 2017). By removing their partner from support and isolating them, abusers have more control. Some participants in this study experienced intimate partner violence which was exacerbated by living in an isolated location.

Residing in the study district was isolating for most participants, contributed to by transport difficulties. The availability of reliable transport and the cost of transportation have both been identified as an issue for people living in rural locations experiencing poverty (Carson & Mattingly, 2018; Frank et al., 2022; Lizzi, 2020). A lack of access to reliable transport or access to transport via friends, family or public transport has far more impact on people in rural communities than in urban areas (Alston, 2000; Carson & Mattingly, 2018; Howard et al., 2016; Pitt, 2021; K. Smith, 2017). For people in rural areas, lack of public transport forces them to be unwilling vehicle owners and to spend a higher proportion of their income on transportation than their urban counterparts (Pitt, 2021; Pugh & Cheers, 2010). Accessing transport was a critical consideration for participants in this study in relation to securing employment, furthering their education and accessing social services. Most participants discussed having not obtained employment, education or services due to the cost of transport or lack of transport. Advocating for financial assistance for travel for service users is an important role for social workers, alongside promoting free or low-cost public transport and expansions of public transport

services, in alliance with other public transport activist groups, such as the I Love Public Transport Group in the study area (Pitt, 2021).

Social work practice in rural communities may be hampered by the limited number of services available and smaller numbers of staff working in each agency. The need to advocate for better service provision in rural communities is an important role for rural social workers and their managers (Howard et al., 2016; Mendes & Binns, 2013). Access to services for people who live in rural locations is important to address and plan for, such as the provision of mobile services or one-stop shops which provide a range of services in one building (Pitt, 2021). Community members are aware of the services missing in their community and can provide important information about what is needed, for example, participants in this study identified a lack of childcare as a barrier to obtaining employment.

For some participants in this study, living in a rural location led to stigma, and for some the stigma related to their families. Stigma is described by Goffman (1963) as having a spoiling effect on a person's identity, thereby resulting in a person who is no longer treated as an individual in society but as part of a stigmatised group. Stigma develops in environments where there are unequal power relations (Fabbre et al., 2019), and as Tyler (2020) argued, stigma reinforces existing social and economic hierarchies and is a tool used to support austerity and the redistribution of wealth upwards. Rural people living in poverty can experience stigma in relation to their financial situation and where they live, for example, the trope of the *country bumpkin*. In rural communities in Aotearoa New Zealand, not everyone is accepted into the local social life due to stigma or perceptions in the community about their family (P. Smith, 2010), a common experience among the participants in this research. Rural social workers can provide opportunities to discuss the impact

of stigma with service users and to challenge stigma espoused in the community.

Stigma can be experienced when dealing with social services, and for participants in this study it was noticeable in their dealings with WINZ. This type of stigma has been described as a “strategy of government” (Tyler, 2020, p. 18), particularly when austerity policies are being introduced. Social workers can respond to this type of stigma as a collective via professional bodies such as ANZASW. It is noted that the WEAG report (2019) advocated for a change in the way people were dealt with when accessing welfare services, stating people should be treated with “dignity, respect, compassion” (p. 19). Participants who discussed being ashamed when visiting WINZ offices experienced what Scambler (2009) identifies as blame leading to shame. At a micro level, where stigma is internalised and service users blame themselves for poverty, having conversations about stigma and challenging the negative beliefs they have about themselves is useful work.

It was clear that multiple inequalities had an impact on the participants in this research. It was not the rural location alone that negatively affected their daily lives; geographic isolation and poverty, in combination with other factors such as their gender, added to their difficulties. Critical theory can be used to analyse these inequalities and to advocate for social change. There is also scope for consciousness raising with service users about the oppression they experience and exploration of the reasons for their oppression as well as working in solidarity with them to seek wider social change.

The focus of this study was limited to only one geographic location; there is potential for research to explore rural poverty in other areas. As the experience of stigma was identified by the participants in this study as being a major problem, and some groups are particularly vulnerable to this (e.g.,

ex-inmates and people experiencing poor mental health), further research focusing on specific marginalised groups would be useful. While this study included some Māori participants, further research that uses a kaupapa Māori research design would be beneficial, as there are differences in the way poverty is experienced and dealt with by Māori (Hollis-English & Selby, 2015). There is also considerable scope to research the nature of social work in rural communities and investigate social work practice frameworks for rural areas in Aotearoa New Zealand.

Conclusion

This study found that people living in the study area and experiencing poverty shared some common experiences with their urban counterparts; however, there were additional factors which affected their lives. The combination of living rurally and experiencing poverty contributed to the inequities they experienced. Notably, participants in this study described their experiences of isolation, both geographic and social, as a result of poverty. Study participants discussed the lack of services in the district or services with only limited staff, which reduced their access to support. Lack of public transport and the costs of running vehicles negatively affected participants' lives. Stigma was experienced by participants, in relation to their financial situation, other identity positions or because of their family/whānau background and some participants internalised stigma in relation to poverty.

At a micro level, the careful questioning of internalised stigma is an important role for social work and, at a macro level, stigma in relation to poverty can be challenged at a community and societal level. Social workers in rural locations can adopt community development approaches to advocate for improved transport options and equity in service provision. Consciousness raising, drawn from critical theory, can be used to

work in solidarity with people experiencing poverty. Making links between poverty experienced at an individual or whānau level and the political system contributes to the empowerment of people experiencing poverty, an aim of the ANZASW *Code of Ethics* (2019).

Acknowledgements

I am grateful to the research participants and stakeholders who contributed to the current study.

Disclosure statement

Received 11 August 2024

Accepted 22 September 2024

Published 6 October 2024

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