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Qualitative research

Quantitative research

Theoretical research

Qualitative research

Theoretical research

A diverse offering of social work scholarship

This final issue for 2019 illustrates the growing diversity of our social work practice environments. Within multiple indigenous realities and global influences, social workers are daily developing and re-defining their practice. This issue offers a selection of research reports and commentary from various sectors, with observations and analysis of how we are doing, and ideas about what more we could be doing to respond to our everchanging world.

First in this issue, David McNabb reports on interviews with social work educators in schools of social work in Aotearoa New Zealand that explored how their commitment to a Treaty-based approach was being enacted in the real world of education practice. McNabb found a range of perspectives from Māori and non-Māori participants. Key points include the importance of understanding the history of the Treaty but also how it is being realised (or not) in practice. Non-Māori have an important role in demonstrating Treaty partnership and challenging White privilege. A Kaupapa Māori approach is a foundation for Treaty commitment. Challenges include ensuring programmes have sufficient Māori staff and the depth of learning of non-Māori.

Based on his findings, McNabb proposes a Treaty-based teaching and learning framework to support educators as they work towards decolonising practices and the indigenisation of social work education in Aotearoa New Zealand.

Emily Keddell's article uses Official Information Act requested and publicly available data to examine recent trends of children in contact with the Aotearoa New Zealand child protection system. Keddell discusses trends with reference to child protection policy reforms, and an inequalities perspective. Her analysis finds that there has been an increase of children in care in Aotearoa New Zealand despite steady reductions in hospitalisations for physical abuse and possibly child deaths, accepted reports of concern, abuse substantiations and entries to care. The increase is caused by fewer children exiting care, particularly for children under 10 years old. Particularly relevant to the widely discussed matter of taking babies into care she noted a 33% increase in babies removed. This practice is "regionalised" and involves more use of legal orders on unborn, as opposed to older babies. Keddell also notes that disproportionate removal of Māori babies is increasing, while other groups' rates remain stable or reduce.

In this important article, Keddell argues that these changes reflect complex interactions in the child protection system and the impact of social inequalities, the direction of policy and practice logics. More research is needed to fully understand these patterns.

Deb Stanfield's article reports findings from a survey which provided a first snapshot of how Aotearoa New Zealand social workers operate in the social media landscape, and an account of their opinions and attitudes about the professional social work use of social media. The study reported here included a self-administered internet survey of 342 Aotearoa New Zealand social workers. Using Likert-type scales and multiple-choice questions, information was sought about the social work experience (behaviour, opinions/attitudes) of using social media for professional reasons, including motivations, limitations and challenges.

Stanfield found that fewer than half of the respondents reported using social media for professional reasons, and participants expressed concerns about privacy, security

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and ethical issues. These concerns were presented as significant limitations to the professional use of social media by both users and non-users. Stanfield's analysis of findings from this survey offers insight into areas of potential development, leadership and research regarding social worker use of social media in this Aotearoa New Zealand.

Maree Goh challenges our profession about its readiness to respond to the needs of an increasingly diverse ethnic population in Aotearoa. Goh identifies the significant cultural and linguistic barriers faced by refugees and migrants in Aotearoa and, although she specifically focuses on the delivery of health services, her study has relevance to multiple practice settings. She outlines various strategies currently place to advance cultural competency of practitioners, including educational programmes; however, she acknowledges the shortage of such support, and the role of social work education in this regard. Her article focuses on the growing place of cultural support workers in health care settings who are increasingly members of interprofessional health care teams. Goh summarises the key challenges apparent in this new professional relationship including the need to understand and negotiate overlapping roles and responsibilities.

Goh highlights the responsibility of the social work profession to improve its cultural competence, to recognise refugees and migrants as disadvantaged and oppressed populations and to critically understand their experience of health care inequality in Aotearoa. This article provides valuable information about the role of cultural support workers in health settings and how they can support social workers to gain knowledge and support. Goh calls for the profession to redefine its role in a health setting that has become significantly more culturally diverse.

Bridget Leary and Kathryn Hay also challenge the profession to consider more deeply its role in a changing practice environment. This research focuses on the role of social workers responding to sexual violence, describing a sophisticated scope of practice that goes beyond the "traditional" or commonly perceived social work role of support to one that involves a complex therapeutic and holistic relationship. The authors report on a study that explored best practice with social workers currently practising in this field. Via interviews, the participants shared details of their practice, including their provision of complex emotional support, the unique boundaries they observed (including those with other professionals), their self-care needs and the specific knowledge required to work in this field. The findings, like those of Goh, identified the challenges of working in interprofessional environments, the need to develop cultural competence, and the lack of training available to social workers in this field.

Susan Wason explores the socio-political genesis of food bank and food rescue projects in Aotearoa New Zealand, and internationally, as a community response to the politics of neoliberal state austerity. She notes that food banks, emerging ad hoc as a charitable response to a crisis in Aotearoa New Zealand in the 1980s, have become institutionalised. Food Rescue organisations, a later creation, are more planned to address the needs of those experiencing food poverty by increasing the quantity, and the amount of perishable food available to distribute.

There is a particular focus on the experience of Dunedin/Ōtepoti through analysis of newsprint media representations. Through critically reconnecting the charitable impulse to the socio-economic drivers of food insecurity, Wason questions the normalisation of such organisational initiatives and develops a rationale for social justice centred social action.

Neil Ballantyne's article is based on a commentary published by the Aotearoa New Zealand Association of Social Workers (ANZASW) on the occasion of International

Human Rights Day, 10 December 2019. Ballantyne explores the connections between human rights and social work. He makes the links explicit in describing his various social work roles as an educator, a practitioner and an activist. Ballantyne notes that an international perspective is crucial to international solidarity because, in Aotearoa New Zealand, practitioners are free to write, discuss and campaign on issues of concern. We are able to bring attention to matters of social justice and human rights and undertake collective actions—petitions, protests, and direct action. Ballantyne discusses social work in Palestine as an example of where social workers' commitment to human rights activism is inherently dangerous.

Finally, a research brief presented by Gary Lim offers insight into social work practice in the field of disability, and although this brief intrinsically/incidentally highlights the unique knowledge and skill required in this field, his article focuses on the practice value of evaluation research. The project shared in this article evaluated the effectiveness of day services in the disability sector in the Waikato, addressing a challenge presented by evidence that cessation of a day programme for disabled adults led to short-term savings for the agency. This study found that day programmes had long-term value for participants in their overall journey to independence. Reduction or cessation of such programmes led to increased distress for service users who experienced more isolation and less meaningful social engagement—in turn leading to the need for more long-term funding. Lim's work highlights the role of social workers in providing meaningful data to support long-term change in a practice environment where short-term measures are increasingly employed for funding purposes.

Taken together, these eight original articles and three book reviews complete the 31st issue of the journal. We take this opportunity to thank all of our contributors in 2019 and the numerous peer reviewers who work behind the scene to provide constructive feedback to our authors. The editorial collective is pleased to report that the journal for 2020 is shaping up well as we have many exciting offerings in the peer review pipeline. There are calls for papers for the 2020 Te Komako and Tu Mau editions on the journal website and we will also run a special issue of papers from the Sociology Association Aotearoa New Zealand (SAANZ) conference where the theme of the social work stream was "Holding social work accountable: Resistance, challenge and change". This stream was very successful with 36 papers presented. We will organise a stream again at SAANZ in Christchurch.

If you are thinking about submitting an article for a future issue, do feel free to approach Liz Beddoe or any other member of the editorial collective. We are proud of our open-access, zero-fees journal. Published quarterly, we particularly welcome work offering research and critical perspectives on contemporary policy developments, indigenous social work, post-colonialism, anti-racism, feminism, and progressive social work theory, policy and practice in all fields.

The journal also publishes book reviews and encourages short topical pieces offering readers' critical commentaries, review essays, analyses of policy or practice developments, and reports on research-informed practice innovations.

Liz Beddoe

ORIGINAL ARTICLE

QUALITATIVE RESEARCH

A Treaty-based framework for mainstream social work education in Aotearoa New Zealand: Educators talk about their practice

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ABSTRACT

INTRODUCTION: Globally, indigenous social work educators have pursued decolonisation and the development of decolonising practices as part of the indigenous peoples' rights movement and based on social work principles of self-determination and social justice. Māori have advanced decolonisation based on the original partnership that was envisaged in the Treaty of Waitangi signed between Māori and the British Crown in 1840. Aotearoa New Zealand social work education has a stated commitment to a Treaty-based partnership approach.

METHODS: This research engaged focus groups along with interviews of social work educators from nine of the 19 programmes across Aotearoa New Zealand to explore if, and how, this commitment to a Treaty-based approach was being demonstrated in the real world of practice. A diverse group of participants included Māori, Pākehā, Pasifika, and people identifying with other ethnic groups.

FINDINGS: Māori and non-Māori participants gave a range of perspectives relating to practising within a Treaty-based context. The Treaty should be understood historically but also in its contemporary expressions noting the extra demands placed on Māori. Non-Māori had an important role in demonstrating Treaty partnership and confronting White privilege. The Māori cultural approach of Kaupapa Māori was a foundation for a Treaty approach, and presented a challenge for non-Māori to learn this. A major challenge for programmes was having sufficient Māori staff.

Conclusions: Based on the findings, a Treaty-based teaching and learning framework has been developed to support educators as they advance decolonising practices and the indigenisation of social work education in Aotearoa New Zealand.

KEYWORDS: Social work education; Te Tiriti o Waitangi; decolonisation; Kaupapa Māori; White privilege

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He waka eke noa.

This whakata ukī (Māori proverb) has several meanings, one of which is "a canoe we are all in together."

In the context of this article on decolonising social work education, it is important to note that I identify myself as a non-indigenous Pākehā social work educator with British roots that go back to the arrival of my ancestors to Aotearoa New Zealand in 1843. Many people have contributed to my research and to the development of the ideas articulated in this article, in particular, Māori social work colleagues and others whose support and assistance is acknowledged below.

Social work and social work education trace their roots to Western cultures and paradigms. Born primarily in the context of industrialised countries including Britain and the USA, the expansion of formalised social work was largely influenced by British and American imperialism. Indeed, the forerunner to the International Association of Schools of Social Work began in seven European countries between 1928 and 1929, and spread beyond the West only after World War II (Healy, 2008). As such, it has developed a range of expressions of culturally responsive practice over time following global anti-oppressive social work traditions (Dominelli, 2002). These have included a range of responses such as radical social work, anti-racism social work, feminist social work, critical social work, green social work, decolonising social work and community development more generally. All embrace the core values and principles of social work which include respect, self-determination, social justice and human rights. Despite the profession's deep commitment to advancing these important principles, social work has nevertheless had a complex history with respect to indigenous peoples, often finding itself at odds with indigenous communities, particularly in the context of disadvantaged populations where social work has represented state welfare interests and expectations to the detriment of indigenous peoples (Connolly & Ward, 2008).

Indigenous people have long fought for their rights and championed the establishment of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) (United Nations, 2008). This has formed part of the challenge to the profession of social work as a Western construct and its global alignment with Western hegemony and globalisation. Slow to respond, it was only in the 2014 revision of the definition of social work that indigenous knowledge was included and recognised as legitimate knowledge within the profession (International Federation of Social Workers (IFSW) & International Association of Schools of Social Work (IASSW), 2014). Writers have argued that the experience of many indigenous social workers reflects a continuation of colonisation and its oppressive effect by the dominant West (Gray, Coates, Yellow Bird, & Hetherington, 2016). Other countries and groupings of people from the global South and East have also resisted assimilation with the West (Sewpaul, 2014).

Frameworks supporting decolonising practice in social work education are established globally, such as in Australia with the *Getting it Right* framework (Zubrzycki et al., 2014), although they may not necessarily sit within regulatory systems. The Australian framework, while built on an explicit conceptualisation of knowing, being and doing linked to Aboriginal and Torres Strait Islander peoples (Martin & Mirraboopa, 2003), was also informed by other indigenous models and broader social work approaches including community development and human rights-based perspectives. Other human service professions such as medicine have also addressed colonisation with a global indigenous led network calling for the decolonisation of medical education (Jones et al., 2019).

In Aotearoa New Zealand, Māori have pursued their indigenous rights and resisted colonisation with *He Whakaputanga–the Declaration of Independence,* signed by Northern Chiefs and recognised by the British in 1835 (Orange, 2015). Māori have asserted the primacy of the Treaty of Waitangi signed in 1840, particularly Te Tiriti o Waitangi (hereafter Te Tiriti), the version in the Māori language that most Māori leaders signed which more clearly affirmed the sovereignty of Māori as equal partners to the British (Orange, 2015). Te Tiriti held the vision of a mutually beneficial partnership and even of "bi-polity" where equitable governance could have been developed (Ruwhiu, Te Hira, Eruera, & Elkington, 2016, p. 80). Part of the movement for addressing breaches of Te Tiriti are tribal settlements with the Government through the Waitangi Tribunal hearing process where a number of settlements have now been completed (Waitangi Tribunal, 2019).

Aotearoa New Zealand Association of Social Workers (ANZASW), the social work professional body for Aotearoa made a formal commitment to honouring Te Tiriti in 1992 (Nash, 2001) and has operationalised that commitment in various ways including a shared governance model between Māori and non-Māori beginning in the 1990s (McNabb, 2014). The *ANZASW Practice Standards* also incorporate this commitment (ANZASW, 2014). More recently ANZASW has changed the *ANZASW Commitment to Biculturalism* to the *ANZASW Commitment to Te Tiriti o Waitangi* within its ethical code to further emphasise the foundation provided by Te Tiriti (ANZASW, 2019). The Aotearoa tertiary education sector also has a broad commitment to aligning with principles of Te Tiriti and boosting the achievement of Māori (Ministry of Education & Ministry of Business Innovation and Employment, 2014). Examples of Māori academic success include achieving the goal of 500 Māori PhD graduates in 2006 (Ngā Pae o te Māramatanga, 2019).

Honouring Te Tiriti requires a partnership approach where indigenous partners are recognised for their insider knowledge of the colonisation problem, alongside non-indigenous allies who are often the dominant majority and a key partner in creating change within conservative systems (Ruwhiu et al., 2016). This has become an imperative in Aotearoa New Zealand because of the deprivation experienced by Māori and their call for self-determination in finding solutions. It also invites major work by the non-indigenous partner to engage in decolonisation (Huygens, 2016).

One of the arguments made for adopting a Tiriti-based approach to education, which brings a Māori approach alongside a Western approach, is that a holistic Māori approach is likely to benefit all learners as well as accelerating learning for groups such as Māori who may have traditionally done poorly within education. In research within a secondary education context, it was found that the holistic Māori approach within *Kia Eke Panuku: Building on Success*, led to improved outcomes for Māori and non-Māori alike (Berryman & Eley, 2017).

There are a number of accounts of decolonising practice in social work education internationally, including the Hawai'i example where a whole social work department in a major university undertook the process of change (Morelli, Mataira, & Kaulukukui, 2013). Other accounts include more personal stories of the journey by non-indigenous practitioners confronting the reality of racism, White privilege and general ignorance of indigenous histories and knowledge, in Australia (Gair, 2007) and in Aotearoa (Crawford, 2016). Research examining global and local social work education standards has found that there was a general affirmation of decolonising and democratising practices in both Australia and Aotearoa New Zealand (McNabb & Connolly, 2019). However, the research noted that there was more that could be done to advance the goals of equity and social justice by regulatory authorities and the wider profession in advancing decolonisation and democratisation (McNabb, 2017). Further research in Aotearoa New Zealand has clearly illustrated the importance of leadership in advancing democratising and decolonising practices (McNabb, 2017).

Building on these earlier studies, this research explores how a stated commitment to a Tiriti-based approach is being operationalised by social work educators in their practice. From this, and insights from international research, a Tiriti-based framework for practice is presented.

Methods

The study included qualitative focus groups and individual interviews with social work educators to investigate questions relating to decolonising practices in Aotearoa. Focus groups are a well-established approach within qualitative research (Barbour & Morgan, 2017) as are individual interviews (Lichtman, 2014). These approaches allowed a more flexible and deeper conversation with educators exploring their daily experiences of promoting decolonising practices in social work programmes.

Social work educators from all 19 social work programme providers in Aotearoa New Zealand were invited to participate in the study ranging across university, polytechnic, and private institutional contexts. Unlike many other countries, Aotearoa allows for a range of tertiary education institutional contexts for social work education. A range of providers were engaged which gave a sector-wide spread of representation. Participants from nine of the 19 institutions were involved. This representation covered: Wānanga, polytechnic and university institutions; metropolitan and regional geographies; campus based and distance mediums; Māori, Pacific and mixed cultural settings; bachelor and masters level programmes; and small and large programmes. They represented a range of women and men of varying ages and experience in both practice and education; Pākehā, Māori, Pacific, African, and other European ethnicities were represented.

Numbers of participants in the focus groups varied, most had a minimum of three participants, while one had only two. There were seven focus groups conducted. Much of the literature talks about four being a minimum number for a focus group but others discuss the importance of the quality of what is shared as being more important (Liamputtong, 2011). Interviews were conducted with three people from different programmes due to insufficient numbers being available to make up a focus group.

Most focus groups and interviews were conducted using online synchronous digital technology through the Blackboard Collaborate platform or through Skype with a minority of interviews conducted in person. A semi-structured schedule of questions was used that included themes from previous document analysis, specifically relating to "service user and student participation, student representativeness, indigenous rights and political action, gender and cultural equity, access and equity, and quality social work education and broader issues of equity" (McNabb & Connolly, 2019, p. 8). Participants were asked to what extent and in what way the themes were evident in their programme. The data were analysed thematically using the NVivo data analysis software tool. Quotes reference whether a focus group or an individual participant was involved and use numbering to account for all contributors.

Ethics approval was gained and the study was regarded as a minimal risk project by the Human Ethics Advisory Group of the University of Melbourne; approval number 1748887. All participants in the study gave informed consent. A Māori Reference Group included three senior Māori leaders, and was engaged for consultation at key points of the research including ethics approval and for the initial research-based publications. Consultation was also sought for key publications with experienced Māori social workers. Indigenous researchers have criticised the effect of colonisation on indigenous people and on the research approaches that have been used to study them (Tuhiwai Smith, 2012). As noted, I identify as Pākehā (European ethnicity, non-Māori) and have been working with Māori participants in this research as well as exploring themes of colonisation in the knowledge that I am linked to the dominant Pākehā group. Engaging with the Māori Reference Group supported me in working more effectively with decolonising methodologies and directly with Māori participants. An example of this practice is Te Kāhui Kaihautū, the Māori Reference Group for the research organisation, the New Zealand Institute of Language, Brain and Behaviour (2016).

There are a number of limitations relating to this research. The research explores the views of participant social work educators and cannot be generalised more broadly across the whole group of social work educators in Aotearoa New Zealand. Nor does the research include the voices of students or people who represent the wider social work sector including service users, iwi and Māori organisations, community organisations and other stakeholders such as government. Also of note is that the research is a doctoral study and, although a Māori Reference Group was engaged for consultation, I have undertaken this research as a sole researcher, and have not engaged with a Māori partner as might otherwise be indicated given the theme of Tiriti-based partnerships. The findings, and also the framework developed later in the article, are therefore limited in this regard. The framework is presented in order to encourage further debate and action on ways in which non-Māori social work educators might advance a Tiriti-based approach. Future research and practice development would indicate a partnership approach was essential.

Findings

Social work educator participants are at the frontline of teaching and learning, interacting with students on a daily basis. They highlighted the overall challenge of operationalising a commitment to Te Tiriti in practice.

The findings have been gathered under the headings of: Ngā Mōhiotanga—knowing; Ngā Whakaahuatanga—being; and Te Whakatinanatanga—doing. The frame of knowing, being, and doing resonates with conceptualisations of indigenous research and practice within the Australian context (Martin & Mirraboopa 2003) and, in particular, with the findings of the study, as participants spoke about "doing, understanding, knowing and being Māori" (Focus Group 5).

Ngā Mōhiotanga—knowing: Understanding Te Tiriti and Kaupapa Māori

All programmes expressed a commitment to honouring Te Tiriti and its expectations with respect to partnership and self-determination for Māori. It is a broad-based commitment that can be expressed in many ways. It links to many other expressions of inequity such as poverty and its disproportionate rate amongst Māori, and it relates to having a deep knowledge of, and commitment to, decolonising practices. Educators noted that developing a depth of understanding of Te Tiriti and Kaupapa Māori involves people in an ongoing process of learning: "How we're committing to Treaty principles? It's a work in progress" (Focus Group 1).

Educators also appreciated the dynamic nature of culture—it is not static and unchanging. Rather, it adapts and responds to contemporary contexts, requiring continual engagement and development of new understandings. Some Māori staff in particular made a plea for staff and students to be aware of this dynamic context of Te Tiriti settlement and support for ongoing political change:

> Just linking the work politically in terms of Te Tiriti o Waitangi and continuing to do that; especially as we're going into post-settlement … Things are changing very quickly in terms of tangata whenua [people of the land] and it's getting people to move forward with us and not keep us back in the past. (Focus Group 7)

Hence, Te Tiriti has contemporary expression in the settlement process and the way in which many hapū (sub-tribes) and iwi (tribes) are undergoing development in this post-settlement phase. Along with understanding issues for Māori historically and the contemporary issues arising from this, an understanding of the extra demands that Māori face from their whānau (family) and hapori (community) were considered to be important for both Māori students and staff. Understanding the cultural demands for students and how these impact on dynamics in the classroom was noted: "You see with the Māori students, the extra demands that are placed upon them, in terms of family whānau commitments" (Participant 3).

Understanding cultural dynamics operating in the classroom was also seen as critical. For example, educators spoke of Māori staff and students experiencing racism and discrimination and the need for cultural safety practices across the programme:

> You know, I've got to be honest; I have experienced institutional racism as a tangata whenua and Māori practitioner and lecturer ... from a staff point of view, but also a student point of view ... I mean, that's a reality for them—not just within this institute but externally as well. (Focus Group 7)

The employment of Māori staff brought an essential and critical contribution to the programme:

> I think we are quite lucky here in that for 20 years we've had at least two or three Māori staff and we've had amongst the rest of the staff cohort, a commitment to doing, understanding, knowing and being Māori. (Focus Group 5)

Educators also noted, however, the importance of having non-Māori staff both knowledgeable and committed to a Tiriti partnership approach. While they saw Māori staff as having the primary engagement with respect to teaching Te Tiriti and Māori knowledge, they saw non-Māori staff as having a role as allies and partners in the building of a Te Tiriti-based approach. At the same time, non-Māori recognised the limitations of their competence and questioned the appropriateness of teaching and assessing the competence of students to practise social work with Māori: "Is it ... appropriate for me, as [a] Tauiwi [non-Māori] educator, to then be teaching Māori knowledge? ... we don't want to overly rely on our Māori colleagues" (Focus Group 1). Nonetheless, non-Māori staff were seen to have a role in both understanding and advancing Māori knowledge in the programme and, in particular, having a responsibility to teach about White privilege and racism amongst other structural themes, and to ensure students demonstrated this knowledge in their learning and practice: "Then there are things like teaching about White privilege, which they [Māori staff] don't see as their responsibility; it is our [non-Māori staff] responsibility to teach that" (Participant 4).

Ngā Whakaahuatanga—being: Integrating a Tiriti-based programme identity

Participants suggested that becoming knowledgeable about Te Tiriti and Kaupapa Māori and understanding its impact in contemporary contexts represents the beginning of a process of developing a Tiriti-based programme identity. Internalising the knowledge base does not always come easy. Indeed, some programmes noted a minority of students who were taking time to be open to the message about Te Tiriti and to cultural responsiveness with Māori.

One of the principles of Te Tiriti is sharing power between Māori and non-Māori based on rights that Māori have. Appreciating that there is a difference between knowing about Kaupapa Māori and actually integrating this knowledge as a fundamental aspect of programme identity was noted:

> One of the critical things about this for us is, just because people are well-educated in regards to the Treaty and they have understandings of things like

> human rights and social justice, it does not ensure they share power with Māori. (Focus Group 5)

Students can learn this, and learn how it can inspire political action. Educators saw this as important learning within programmes, as well as being publicly activated by staff. This was seen as requiring appropriate knowledge by staff about Te Tiriti and the skill to support this type of student learning and action.

Strengthening Pākehā responsibility for teaching Te Tiriti and a partnership approach requires in-depth integrated knowledge, and some programmes highlighted the efforts non-Māori staff had gone to in strengthening their identification with cultural change. At the same time, Māori staff have to make choices about how their identity is expressed in mainstream social work programmes. It was acknowledged as complex when they attempt to engage in a Kaupapa Māori way:

> They ask, "Are you a Māori social worker or are you a social worker who's Māori?" That is the question, because one would attribute to mainstream thinking and the other would attribute to pedagogy Māori ... thinking. (Focus Group 9)

Students from the Pacific or other migrant ethnic groups who do not identify as Māori or Pākehā often struggle with their relationship to Te Tiriti and indigenous rights. Staff were nevertheless seen as important contributors to complex cultural identity discussions. At the same time, it was considered important that students and staff with migrant experience be supported to claim a safe migrant space, "where we can talk about settling in and finding resources" (Focus Group 10).

The strength of a programme's integrated Tiriti identity varied, which was something that Māori students sought advice from Māori staff about, particularly when considering which programme to apply for. Appreciating that not all programmes provide the depth of Kaupapa Māori teaching that may be sought, a student could be guided toward a programme offering a better cultural fit:

> In terms of the student make-up there are some students that come to us with particular requests ... [we may] send them somewhere else, because they particularly, or strongly want to work with hapū [Māori sub-tribes]; ... they want their starting point for learning and interpreting to be Māori. (Focus Group 5)

The Wānanga (Māori-based education institution) is, arguably, most likely to have the strongest Tiriti identity, providing a more solid base for teaching Māori knowledge and practice than mainstream institutions. This raised questions for some educators about the degree to which mainstream programmes can fully integrate a Kaupapa Māori identity: "And so, if you think about the Wānanga, the likes of Raukawa and Aotearoa, their starting [point] for understanding is te ao Māori [the Māori world]" (Focus Group 5). This is not necessarily the case for mainstream programmes, where the degree to which they are able to integrate a Tiriti identity also depends upon their ability to employ sufficient Māori staff.

In practical terms, participants spoke about the struggle to recruit and retain Māori social work academics. Although external Māori experts could be contracted in, non-Māori staff saw the importance of partnership relationships for effective teaching. Non-Māori have a role in supporting Māori workforce development and in sharing Te Tiriti-based partnership responsibility in the programme. Some were critical of the standards set by the Social Workers Registration Board (SWRB) especially the requirement for a master's level qualification which excluded many Māori staff, ultimately impacting on their ability to advance an integrated Tiriti identity: "I don't know why Māori are not applying, but it's also restricted by the

SWRB requirements and I think that's the biggest [reason] … we've [also] lost staff because of that" (Focus Group 2).

Te Whakatinanatanga—doing: Operationalising Te Tiriti and Kaupapa Māori in practice

Giving effect to bicultural practice in the classroom was seen as complex by many participants, particularly in mainstream programmes. Educators expressed some of the challenges: "Our bi-culturalism course ... there's always sort of a fear from teachers around teaching this course. It's one of the hard ones ... students feel uncomfortable, and they give poor evaluations" (Participant 6).

Within this dynamic teaching environment, teaching staff need to have a deep understanding of, and confidence in, engaging with the ideas, and be skilled facilitators who are able to manage "hard conversations in the classroom." Te Tiriti provides a base for addressing indigenous justice which can then be applied across a range of equity issues: "I think, irrespective of the issue with gender, ethnicity, socio economic … once you've applied the framework with the students once … it's far easier for them to see it in other areas" (Focus Group 9).

Te Tiriti itself is a major topic for study, along with the context of colonisation and its negative effect on Māori. Moving beyond the basics, developing an advanced course on Te Tiriti was seen as a sign of leadership and solidarity by staff. In addition, having a specific focus on Te Tiriti, and embedding Māori culture across the programme was seen as a way of integrating Māori culture and knowledge more thoroughly and also for gaining feedback for programme improvement:

> I think in addition to that specific cultural context stream ... we also try and embed te reo Māori [Māori language] in all the other subjects, as much as we can. So, every single day we have karakia [prayer] and waiata [singing], and finish [with] the karakia. (Focus Group 1)

Integrating Māori approaches and Western bodies of knowledge was also seen as a way to learn Māori knowledge while, at the same time, helping to meet the social work professional obligation of Tiriti-based practice aligned with the *ANZASW Code of Ethics* (2019): "In my programme of sociology and psychology ... [what] I've been excited about is ... developing an understanding about different Māori models" (Focus Group 9).

Some staff were using theories of intersectionality, which interrogates how multiple oppressions interact and accumulate harm for those with related multiple identities, alongside the relevant dimensions of privilege (Almeida, Werkmeister Rozas, Cross-Denny, Lee, & Yamada, 2019). This was seen as a means through which this blending of knowledges could occur:

> I would say that certainly the dynamic in this country is far dominated by culture, and I think that the feminism and the class issues are embedded within [this] ... I think we've got a course at first year level which unpacks intersectionality really well, and gets students to do the sort of "ko wai au?" self-identification and location (Focus Group 8).

Pacific and Māori participants wove Pacific and Māori models alongside critical Western models in their teaching:

> This year for research methods, I decided to not include the Pasifika and Māori models but to focus on emancipating post-modern and feminist research; because I had a feeling that the students were thinking that the Brown models were weak links and we weren't but of course emancipating post-modernist and feminist research led us all the way back to being Māori, Pacific and Aotearoa New Zealand. (Focus Group 9)

Educators also spoke of a range of initiatives that have been shown to support Māori students. These often involve Māori staff and senior Māori students mentoring other students and using culturally rich ideas and processes. This cultural richness helps to bring holistic responses to the person and their issues within the context of family and community: "I'm part of the faculty Māori advancement group. We meet once a month, and we talk about Māori student retention, and ways of encouraging Māori mentorship, and growing Māori post-graduate students" (Participant 3).

Overall, educators considered programme leadership to be critical in driving Kaupapa Māori, particularly where non-Māori show courage to act and Māori staff are respected for their position and unique contribution:

> It's imperative that you have a senior right up the very top level of support for this; it's too hard otherwise. And, our senior academics behind us as well, our academic leads … I also want to acknowledge how we have to have courage when we go into cultural space ... our colleagues are having those courageous cultural conversations with us [and] also respecting our status as tangata whenua. (Focus Group 7)

Discussion

Indigenous voices have raised major questions about how well Western-rooted social work can ever form an equitable partnership with indigenous knowledges and practices (Gray et al., 2016). The effects of colonisation are pervasive and the contemporary context of neoliberalism and globalisation only serve to strengthen Western pedagogies. Even when members of the dominant group are committed to change there seems to be a myriad of obstacles that get in the way of operationalising such a commitment. Indigenous social work educators nevertheless continue to pursue an equitable partnership as a matter of self-determination and supporting the principle of social justice. Non-indigenous social work educator allies also remain committed to the challenge and to the invitation by indigenous colleagues to partner in this cause.

The findings of this study highlight the challenges and rewards of developing culturally responsive practices in social work education. The key terms: Ngā Mōhiotanga—knowing, Ngā Whakaahuatanga—being, and Te Whakatinanatanga—doing, that relate to understanding, integrating and operationalising Te Tiriti, present an important and strongly aligned conceptualisation of the issue from the perspectives of the participants in this study. These findings have now been incorporated into the following framework (Figure 1) that serves to privilege a Māori ontology in ways that challenge colonialism, racism and White privilege, and respectfully builds more culturally responsive practices.

Honouring Te Tiriti partnership

Te Tiriti is at the centre of the "authorising environment" for a culturally responsive approach to social work education in Aotearoa New Zealand (McNabb & Connolly, 2019). The central place of Te Tiriti is also evidenced within institutional policies and charters (see for example, *Te Noho Kotahitanga* (Unitec Institute of Technology, 2001)). ANZASW, the social work profession, has had a constitutional commitment to upholding Te Tiriti since 1992 (Nash, 2001), and the SWRB includes a commitment to Te Tiriti in its *Programme Recognition Standards* (Social Workers Registration Board, 2018). The SWRB also initiated a consultation process on the expression of Te Tiriti within its practice standards which yielded the draft policy *Kaitiakitanga Framework* (Social Workers Registration Board, 2016b).

Having enough Māori staff remains a priority issue for many programmes, as noted in the findings, and is a critical

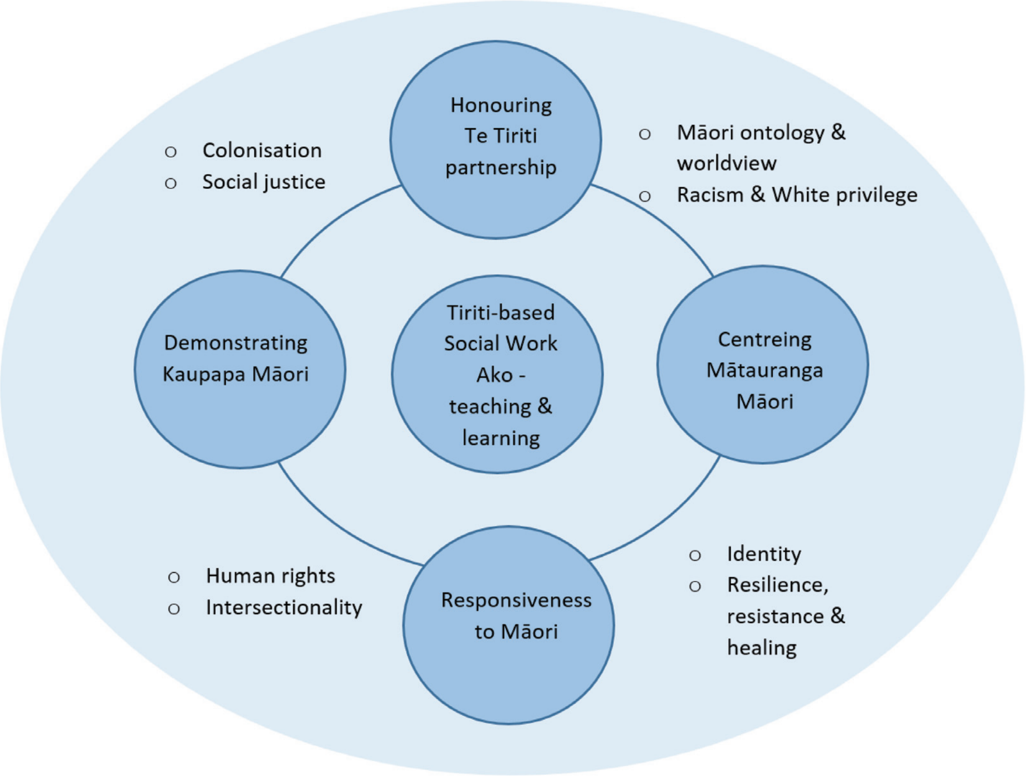

Figure 1. Framework for Tiriti-based social work: Ako—teaching and learning.

component of a Tiriti-based programme. However, changes to the standards requiring all social work academic staff to have completed a master's qualification for teaching on a bachelor-level programme signaled a barrier to Māori staff in particular, as a number were either yet to start a masters or were needing more time to complete it. This led to the Council for Social Work Educators in Aotearoa NZ (CSWEANZ) to write and ask for more flexibility on this requirement with the suggestion that each programme could have one position where a staff member with key Māori, Pacific or fieldwork knowledge was in the process of completing their master's qualification (CSWEANZ, personal communication, August 5, 2017). However, the SWRB declined this request saying that these staff could be hired in a tutorial-type role and not have full responsibility for core social work courses (SWRB, personal communication, October 6, 2017). CSWEANZ remained unsatisfied and the problem of hiring enough Māori staff continues.

This broad-ranging commitment to honouring Te Tiriti influences all dimensions of the *Framework for Tiriti-based Social Work*, supporting the criticality of partnership between Māori and Tangata Tiriti (non-Māori Tiriti partners) in all aspects of practice. Honouring Te Tiriti is aligned with the social work commitment to social justice, human rights and the validity of indigenous knowledge (IFSW & IASSW, 2014). This is very much a dynamic process that will be inherently challenging given its relational context and the structural disjuncture between the colonised and the coloniser. The tension and potential within this process has been termed the "3rd cultural space" based on Bhabha's theory of culture (1994, cited in Zubrzycki et al., 2014). It speaks to the space where "new knowledge, insights and understandings about identity and positioning emerge" (p. 19).

Centring Mātauranga Māori

Centring Mātauranga Māori (Māori knowledge) and de-centring Western knowledge is a critical component of the Framework. Participants in the research frequently spoke of their own experience of this process as the use of Mātauranga Māori is ubiquitous across education in Aotearoa New Zealand, though at varying levels of strength. Mātauranga Māori was embedded in education legislation in 1989 to support new *kura kaupapa* (Māori language medium schools) linked to government obligations under Te Tiriti (Calman, 2019). This plays out operationally in a number of particular ways. Within the tertiary education context, there is a range of government policies of relevance including the strategy for developing Māori success, *Ka Hikitia–Accelerating Success 2013-2017* (Ministry of Education, 2013). The government also funds *Ako Aotearoa*, an organisation which supports tertiary educator practice development to ensure students' success, with a priority of Māori student success.

The term *epistemological equality* (Zubrzycki et al., 2014, p. 17) is one of four key concepts in the *Getting it Right Framework* and has been used as a way to talk about how two sets of knowledges can be applied within a learning context. This sits within the notion of ontology, one of 10 key dimensions used in the *Getting it Right Framework*, where it relates to what is believed to be real, whereas epistemology relates to ways of thinking about that reality (Zubrzycki et al., 2014). Holding two sets of knowledges aligns well with the partnership spirit of Te Tiriti. The fact that indigenous and Western-based knowledge come from two different paradigms nevertheless highlights the challenge in incorporating these different knowledges in an equivalent way, also noted in other cultural contexts such as the Pacific with its varying epistemologies. As such, the joining of two sets of knowledge across the whole curriculum will avoid the risk of indigenous knowledge being an add-on or treated as a minor or less important area of learning. As a way of exposing the dominance of Western knowledge, it is an important aspect of addressing colonisation and racism. Zubrzycki et al. (2014) proposes that Whiteness theorising is vital to this process of supporting non-indigenous students to recognise the privileges of being White and/or non-indigenous to help set up more respectful and collaborative relationships with indigenous people.

Demonstrating Kaupapa Māori

This dimension examines the Māori cultural values and practices that support teaching and learning Mātauranga Māori. This demonstrates rangatiratanga (self-determination) and the right of Māori to determine what and how Māori knowledge and culture should be taught. As with the other dimensions, Kaupapa Māori principles can operate alongside good Western educational principles. The *Hei Toko* research report found that "good Kaupapa Māori based practice needs to be learner centred, whole-of-organisation, dynamic, responsive and highly adaptive" (Apanui & Kirikiri, 2015, p. iv). They identified six components of a Kaupapa Māori model: Whakamana (empowerment), Ako (holistic teaching and learning), Te Tiriti o Waitangi (dual governance), Manaakitanga (care and support), Whanaungatanga (building relationships), and Kotahitanga (collaboration).

Demonstrating Kaupapa Māori practice can be a challenge, particularly so for non-indigenous lecturers when it represents a weakness in their knowledge base requiring focused development, and is often part of a broader decolonisation process (Apanui & Kirikiri, 2015).

More recently, the government tertiary quality assurance body for non-university institutions launched a Kaupapa-Māori-based framework, *Te Hono o Te Kahurangi Evaluative Quality Assurance* (New Zealand Qualifications Authority, 2017). This principle-based approach privileges Māori responses to tertiary quality assurance with a focus on Māori-based institutions, but also looks to mainstream institutions wanting to improve Kaupapa Māori in practice.

Māori practice responsiveness

Cultural competence has been frequently used as a term to describe the way in which people practise respectfully and with relevance to people from diverse cultures. Competencies is the language used by the SWRB for social work practitioners in describing expectations of their practice with service users (SWRB, 2016a). *Cultural responsiveness* is nevertheless emerging as a more helpful term that speaks both to the ability to develop collaborative relationships with people and to critically reflect on one's own positioning and the structural context in which practice occurs (Connolly, Crichton-Hill, & Ward, 2006; Zubrzycki et al., 2014). I have used the term *Māori practice responsiveness* in the framework to focus specifically on this aspect of critical reflexivity and to emphasise the importance of "building culturally responsive practices that resonate with the world of Māori" (Ruwhiu, 2017, p. 107). As noted earlier, intersectionality is a helpful tool for critically engaging with the differences within groups as well as between groups that addresses other dimensions of oppression and privilege such as gender, sexuality, class, ability and age among others. The goal for social work being anti-oppressive and anti-privilege based education and practice (Mullaly & West, 2018).

A focus on identity is important for both students and educators. Whereas Te Tiriti brought two parties together as tangata whenua (literally people of the land) and tangata Tiriti (literally people of the Treaty, non-Māori represented by the British signatory of Te Tiriti), the breaching of Te Tiriti and the effects of colonisation mean both parties are located in a social and structural arrangement of ongoing oppression for Māori that has created challenges for embracing both Māori and non-Māori identities. Māori have a right to be fully Māori, and non-Māori, including White people, have a responsibility to address colonial and White privilege that comes with their identity and position. Stories of Māori resilience and resistance form important knowledge for both partners to hold and is a prerequisite to developing a more equitable relationship with the prospect of healing for Māori and a healing of the breach of partnership that was originally promised in the signing of Te Tiriti.

Conclusions

Te Tiriti o Waitangi is the founding document for Aotearoa New Zealand and provides an authorising environment for those wanting to build their practice on Te Tiriti (McNabb, 2019). It has been embraced by various fields of practice, including the education sector and the social work profession, as the cornerstone for their activities. The global movement for indigenous rights provides a vital backdrop for the Aotearoa context, and there are strong parallels with the global initiative to decolonise education across health and human services, including social work.

The social work education sector has committed itself to honouring Te Tiriti but the findings of this research suggest that it is challenged in its efforts in a number of areas. *The Framework for Tiriti Based Social Work: Ako—Teaching and Learning*, has been presented as a way to assist social work education on its decolonising journey, through further debate and action. Offering an organising construct for social work education and its allies within Aotearoa New Zealand, it supports a movement for change and contributes to the global mission of decolonisation.

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ORIGINAL ARTICLE

QUANTITATIVE RESEARCH

Harm, care and babies: An inequalities and policy discourse perspective on recent child protection trends in Aotearoa New Zealand

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ABSTRACT

INTRODUCTION: Examining basic trends in child protection statistics give some insight into the functioning of the system overall.

METHODS: This article uses Official Information Act and publicly available data to examine recent trends of children in contact with the Aotearoa New Zealand child protection system. It discusses these trends with reference to child protection policy reforms, and an inequalities perspective.

FINDINGS: There has been an increase of children in care despite steady reductions in hospitalisations for physical abuse and possibly child deaths, accepted reports of concern, abuse substantiations and entries to care. The increase is caused by fewer children exiting care, particularly for children under 10 years old. There is a 33% increase in babies removed; this is regionalised and with more use of legal orders on unborn, as opposed to older babies. Disproportionality for Māori is increasing, while other groups remain stable or reduce. The use of kinship care has increased.

IMPLICATIONS FOR PRACTICE OR POLICY: Changes in rates of contact with the child protection system reflect complex interactions between demand and supply of services, social inequalities, the policy context and practice logics. Changing decision-making at intake reflects tightening criteria to focus on only the highest risk families. However, "supply" policies that focus on early removal to permanency and early-intervention discourses may result in an increase in younger children entering care, and staying longer once they get there. "Demand" policies affecting preventive service provision, social protections and institutionalised bias may also be contributors. More research is needed to fully understand these patterns.

KEYWORDS: Child protection; Oranga Tamariki; child abuse prevention; inequalities; babies

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Trends in descriptive child protection statistics give some insight into the functioning of the system overall. These trends act as the canaries down the coalmine of changing social contexts, and large changes should alert policy-makers and practitioners to the emerging need for an examination of the interaction between policy, practice and outcomes. Marked changes in system contact can be interpreted using concepts from an inequalities approach to child welfare. An inequalities perspective in child welfare, similarly to health inequalities, considers how children's chances of system contact, their experiences of that contact and the outcomes of it, are patterned by social inequalities relating to demographic factors such as age, gender ethnicity, socioeconomic status, location and disability (Bywaters, 2015; Keddell & Davie, 2018). An inequalities perspective also examines how factors relating to the demand and supply of services interact with demographic factors to influence outcomes, for example, the rising numbers of children in care in England have been linked to public sector austerity cuts that have increased family poverty and reduced the funding of community services (Bywaters et al., 2018a; Hood, Goldacre, Gorin, & Bywaters, 2019). Demand and supply concepts emphasise that patterns of system contact can be influenced by the quantity of a service offered, its entry and exit criteria, goodness of problem fit, cultural acceptability and its conceptual or discursive basis. This discursive basis, in turn, is sensitive to political, practice and public perceptions, various stakeholders and constructions of the problem (Keddell, 2017a).

In the Aotearoa New Zealand child protection context, an inequalities theoretical framework draws attention to the intersections between population factors such as ethnicity and class (particularly for Māori), and the nature, structure and aims of the child welfare system. This system includes social protections such as income, housing and health services, family support services in the NGO and Iwi sectors, and the statutory child protection service (currently called Oranga Tamariki (OT)). This article draws on publicly available data and statistics obtained under the Official Information Act to describe trends in the population of children in contact with the statutory child protection system, and discusses them with reference to an inequalities theoretical framework and the policy context. The policy context includes the child protection reforms that began in Aotearoa New Zealand in 2015 with the release of the "Modernising Child Protection" report of the expert panel (Ministry of Social Development, 2015). While the ongoing rhetoric of these reforms claims that they will reduce the numbers of children in care, this is not borne out so far by trends of children in care 2015–2018. Instead, against a backdrop of reducing objective measures of physical abuse, children in care overall have increased, with the largest increase showing in the numbers of children in care under the age of 10. A closer examination shows that entries to care have reduced, but there has been a larger reduction in exits from care: despite fewer children entering care, they remain there for longer. While entries of all-age children have decreased, there has been an increase in young children and babies entering care. This is particularly concerning, especially as this increase is driven by an increase in the rate of Māori babies removed within three months of birth. There is more use of legal orders obtained on unborn babies to implement removal, (as opposed to babies from birth to one year old) and more use of legal orders as opposed to "by agreement" to bring babies into care. However, the use of whānau/kinship care is also increasing, suggesting that, while more children are in care, they are more likely to be retained within their wider whānau.

These complex changing patterns have consequences for the manner in which the relationship between the state and families is conceptualised, and for Māori whose disproportionate representation in the child protection system is worsening rather than improving. This article describes these complex patterns and discusses them with reference to dynamics on the supply side of service provision, that is, how the statutory service (Oranga Tamariki) operates, as well as those affecting the demand side: what might influence the need for child protection services in the community? The interface between these two systems is also discussed. Tentative directions are suggested for further research to investigate more fully the emerging areas of concern highlighted by these basic descriptive trends.

Child protection in the risk society: early intervention in the policy reform context

Child protection systems in many nations are grappling with increasing numbers of children coming into the care system, and the reduction of funding of the key preventive conditions, services and provisions that reduce this demand (Bywaters, Scourfield et al., 2018). Fewer preventive resources combined with an emphasis on "child focussed practice", managerialist notions of professional accountability relating to reputational organisational risk, and an expanding lexicon of definitions of child abuse has fed the hungry "risk monster" of the child protection system (Featherstone, Gupta, Morris, & Warner, 2016). Poverty and its ills are consistently connected to child protection system contact, yet addressing poverty in policy and in social work practice remains scarce (Bywaters et al., 2015; Featherstone et al., 2016; Keddell, Davie, & Barson, 2019). Instead, concepts relating to risk, accountability and responsibility dominate, in line with the embedded nature of the neoliberal economic system evident in Aotearoa New Zealand since 1984 (Hyslop, 2017). As supports and protections available to families reduce, the risk focus contributes to a more authoritarian child protection system, limiting family participation and increasing intervention. This has been observed in many countries, particularly England, but also here in Aotearoa New Zealand (Hyslop, 2017; Parton, 2016). The NGO and Iwi support services available to families have been routinely underfunded, while child poverty rates remain high (Duncanson et al., 2018; Jenkins, 2019).

Three key policy events have shaped the Aotearoa New Zealand policy landscape since 2012. The Vulnerable Children's reforms, following the green and white papers of the same name, took place between 2012 and 2014 (though some legislative amendments were implemented aftert this time), in 2014 the Office of the Chief Social Worker (within Oranga Tamariki) released their workload report, and in 2015, an extensive "modernisation" reform of the child protection system in Aotearoa New Zealand was announced (Ministry of Social Development, 2012, 2015; Office of the Chief Social Worker, 2014). The workload and casework report highlighted the problem of overworked caseworkers in the context of an immense increase in notifications, and proposed focussing more squarely on high risk cases, setting clearer parameters around "core business" as a way to reduce less serious cases entering the system. The Vulnerable Children's reforms focussed most on surveillance and notification policies, but also promised to get tough on child abuse. This effectively demonised parents in the public narrative, and severed any connection between harm to children and the social context of people's lives, with the Minister declaring poverty was "no excuse for child abuse" (Ministry of Social Development, 2012, p. 4).

Against this background, a panel was appointed to lead the 2015 reforms, led by an economist who had previously led welfare reform, with no experience in child protection. This reform created a new child protection ministry (Oranga Tamariki), and would eventually propose changes to care, practice, and "early intervention" areas. While a set of complex reforms, it focussed on introducing the National-led government's broader social policy of social investment to child protection, where children at risk of future cost to the state could be identified early and intervened upon, as well as a focus on child trauma and responsiveness to children's "voice". The early intervention focus was less developed than the focus on improving services for children already in care, and the staged implementation resulted in the proposed "intensive intervention" and "prevention" services for families before children may need to enter care, coming last in the reform implementation (both are yet to be introduced).

Neither these reforms, nor the previous reform (the Vulnerable Children's reforms), connected structural conditions to system contact, such as poverty or housing. Despite highlighting the disproportionate representation of Māori in the system, there was little analysis as to the causes of this disproportionality either in economic or in any other terms. The emphasis on early permanency in safe and loving homes from a policy process with limited inclusion of the views of parents and whānau, and extensive input from young people in permanent care, led to a set of reforms focussed most on children in permanent care. There was much less focus and conceptual understanding of the experiences of the much larger group of families who have system contact but do not have children removed, or the reasons for children entering care (Keddell, 2018).

The reforms led to multiple legislative changes, including amending the Children, Young Persons and their Families Act to become the Oranga Tamariki Act, 1989, and also proposed the Oranga Tamariki Amendment Act, 2017 (Ministry of Social Development, 2015). These amendments introduced new principles that emphasised "children's best interests" as well as the rights of Māori children to retain connections to their whānau, hapū and iwi (after bitterly contested debates over the drafted legislation). In short, the existing tensions in the act between family empowerment and children's best interests were reinscribed, with both family and whānau oriented sections, and those that focus exclusively on the child's rights to protection and best interests. For example, families will be both assisted to, "at the earliest opportunity, to fulfil their responsibility to meet the needs of their children and young persons" (s4 (d)) but also, where children "require care under the Act" will be ensured "a safe, stable, and loving home from the earliest opportunity" (s4 (e) (i).

These two concepts, child protection and family support, as ever, create tensions in the resulting changes between a child focussed orientation emphasising the rights of children as individuals and their developmental outcomes, with a child welfare orientation, supported by Māori concepts and interests, that emphasise children's and parents' rights to retain connections with their families, identities and whakapapa (Gilbert et al., 2011). One amendment from the earlier Vulnerable Children reforms, s18A, created a new way in which children can be removed. If earlier children have been removed with no reasonable hope of return, this creates a "subsequent parent" status. Every parent thus statutorily defined must prove in court that they are safe to parent any subsequent child they may have.

Alongside these system-related factors affecting the supply of child protection services, factors external to the child protection system also affect contact patterns. These include the real predicaments of family life in contexts of high poverty, a housing crisis, precarious employment, discrimination, poor access to adult health services, and the underfunding of services that aim to improve parent–child relationships. In Aotearoa New Zealand, there are high rates of child poverty, stagnant spending on preventive services as mentioned, and family stress created by housing shortages (Jenkins, 2019; Simpson, Duncanson, Oben, Wicken, & Gallagher, 2016). There is limited access to mental health services in some regions, leading to a national inquiry (New Zealand Government, 2019). Contact with the child protection system is highly stratified by socioeconomic status. Those in the most deprived decile have 9.4 times the chance of children entering care as those in the least deprived decile (Keddell et al., 2019). Many studies show that ethnic discrimination affects Māori access to health care, and perceptions of the relative risk of Māori families (Bécares, Cormack, & Harris, 2013; Keddell & Hyslop, 2019).

In this complex policy context, what are the trends in child protection system contact, and what are the tentative links to be made with the policy context? In what follows, I present trends in system contact, and discuss them with reference to this context.

Methods

This article draws on several sources of data: the publicly available data provided by Oranga Tamariki and their predecessor on notifications, substantiated findings, family group conferences and children in care up until 2017 (Ministry of Social Development, 2018). Rates from these data were then calculated using the Estimated Resident Population by age, supplied by Statistics New Zealand through their NZ.Stat service (http://nzdotstat.stats.govt.nz/wbos/). As the age of children as defined by the Oranga Tamariki Act was unchanged by 2017, the age range used was 0–16. Numbers of baby removals within three months of birth were obtained through two Official Information Act requests made by the author in 2015 and 2018 (Oranga Tamariki 2015b, 2018). They were supplied by region and ethnicity. Birth denominators were obtained from Statistics New Zealand through publicly available datasets of live births by year. Entries and exits were also obtained by Official Information Act request (Oranga Tamariki, 2015a). The data on regions and pathways into care for babies removed up to 12 months of age were released by Oranga Tamariki in 2019 (Oranga Tamariki, 2019). Any data not from these sources are noted in the text.

These data have several limitations. Administrative data sourced from the child protection system reflects system contact, not rates of child abuse. Statistics on children in care only reflect those in the custody of the Chief Executive not those children who have been discharged into permanent care arrangements, are in the custody of an NGO, or who are in informal care with grandparents or other whānau members. Care numbers are also "point in time" data, not showing all children in the care system over each year, but on a given day. It may have recording errors relating to ethnicity, depending on who recorded it. Population estimates may be inaccurate as they are based on population projections. The presentation of statistics here are descriptive statistics only, so only broad patterns can be identified.

Key findings

The key findings describe the patterns of children reported to Oranga Tamariki, and some other measures of child physical abuse. This section then shows the increase of those in care, outlines entries and exits, Māori disproportionality, the increase of kinship care, and several factors relating to babies entering the care system.

Reports of concern and child abuse "substantiations"

The first observable trend is at the front-end of the system, where families are notified to Oranga Tamariki, then either accepted or rejected as "reports of concern". While reports of concern overall have remained stable, within that count, general care and protection reports have slightly reduced, while police family violence referrals have increased steadily from 57,776 to 77, 081, as can be seen in Figure 1. As can be seen in Figure 2, despite overall reports of concern remaining stable (at around 150,000), there has been a decrease in substantiated child abuse between 2013 and 2017, caused primarily by a large reduction in emotional abuse and neglect substantiations. The rates of emotional abuse have nearly halved, for example, from 11,386 in 2013, to 6,737 in 2017, and neglect from 4,957 to 3,226. Sexual abuse has dropped slightly, but physical abuse remains very stable.

One explanation for the reducing care and protection reports of concern is that those notifications accepted as reports of concern have to meet a higher threshold for acceptance by OT, or that certain types of cases are no longer accepted (Office of the Chief Social Worker, 2014). In a similar manner, the sharp reductions in substantiations without equal reductions in notifications suggest that the cause is changes in the application of decision-making tools or logics at intake, rather than true changes in the incidence of these types of child abuse.

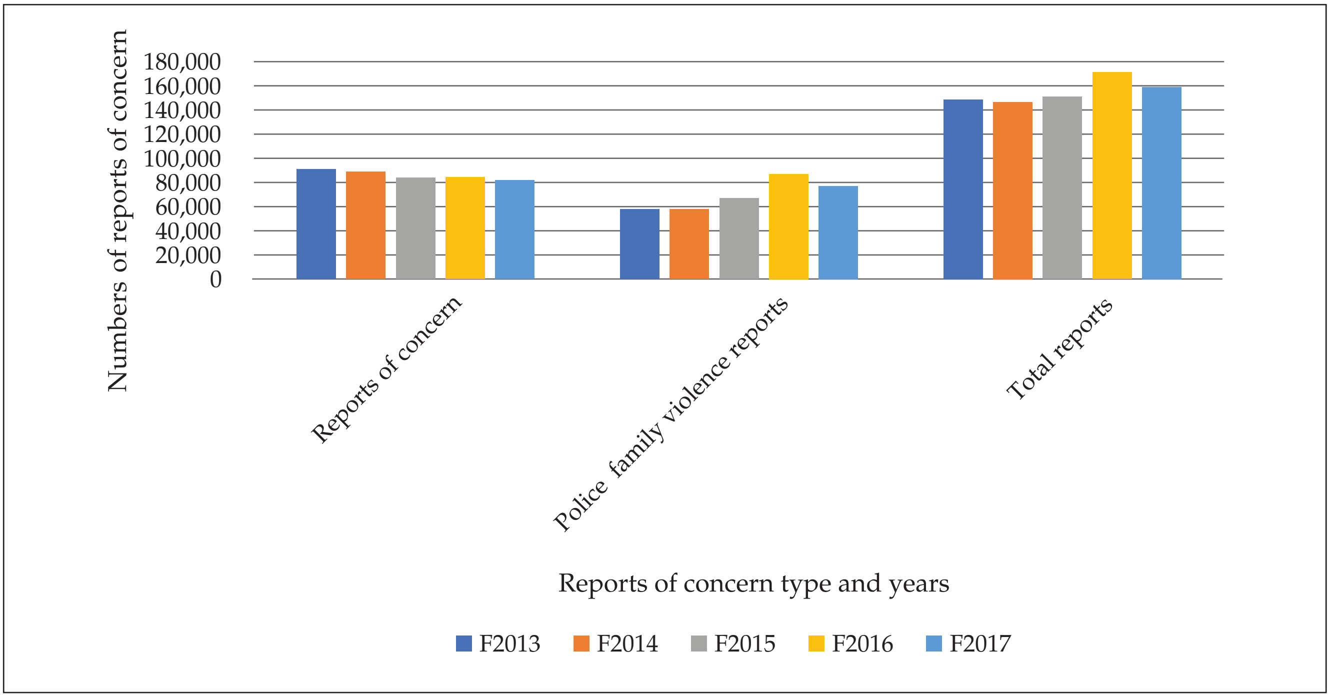

Figure 1. Reports of concern to Oranga Tamariki 2013–2017.

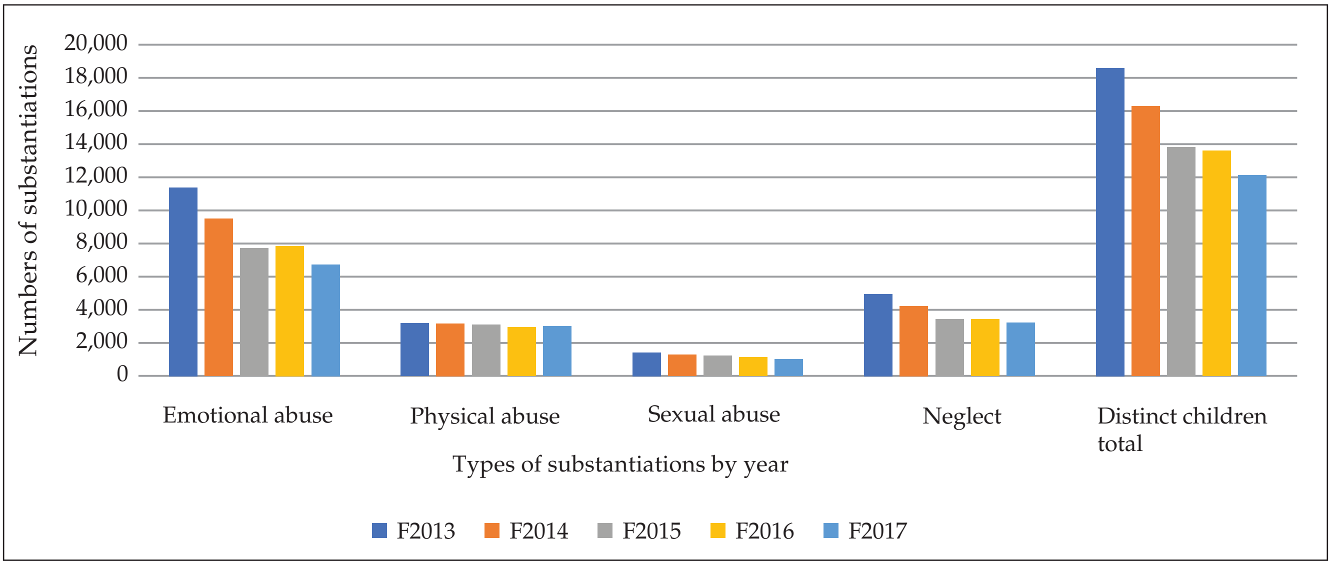

Figure 2. Child abuse substantiations in Aotearoa NZ, 2013–2017.

There are no absolute measures of child abuse, as it is underreported across the population (Daro, 2009). However, some fairly objective measures of child physical abuse also show reductions. The rates of hospitalisation for child maltreatment (from the National Minimum dataset and summarised by Duncanson et al., 2018) have reduced over time, from 50 per 100,000 in 1991, to 20 per 100, 000 in 1995, where it remained reasonably steady until 2007. From 2007 until 2017 however, it has continued to decline, from 20 to 12 per 100,000 in 2017, a reduction of 40% (Duncanson et al., 2018).

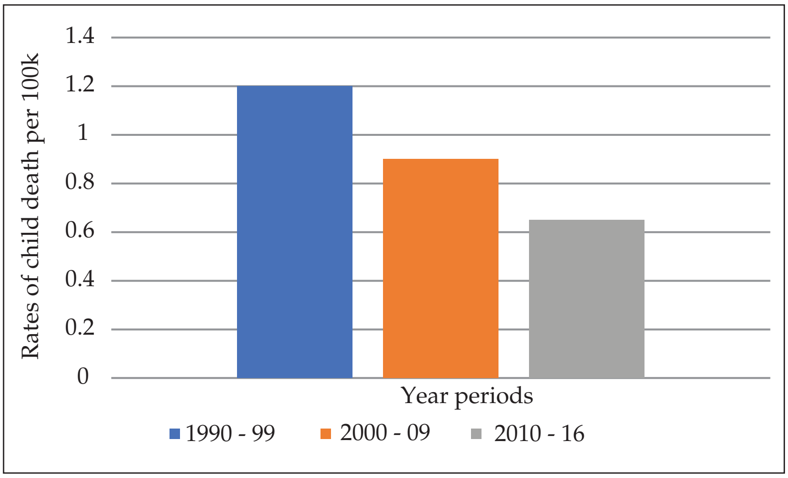

Figure 3. Rate of child deaths by maltreatment 1990–2016 per 100,000.

Reported use of "physical punishment, such as smacking" by parents in the previous four weeks in the New Zealand Health Survey has halved from 10% in 2006/7 to 5% in 2016/7 (Duncanson et al., 2018). So, despite substantiated physical abuse staying steady in OT data, hospital admissions are dropping.

Child deaths are difficult to deduce patterns from due to small numbers and volatile changes. However, despite Aotearoa often stated as having a high rate of child death, this also may be reducing slowly.

By grouping and averaging the rates reported in the Child Poverty Monitor by 10-year periods, (based on Ministry of Health mortality data) and adding the rate of child deaths for 2016 to extend the range (the number supplied by the Ministry of Health in a personal comm, and rate calculated using the child ERP for 2016), the rate of child deaths appears to be reducing (although the very low rate for 2016 was a single year rate of .19 so may have depressed the last average unfairly).

Children in care increasing

Despite the reductions in reports of concern, substantiations, hospitalisations, reported physical abuse and possibly deaths, the number of children in care has steadily risen since 2013. As can be seen in Table 1, this increase represents an overall increase in raw numbers, as well as a proportion of all children. Table 1 shows that children in out-of-home care have increased by 23%, an increase in the rate per 10,000 children of 19% (using the ERP child denominator). The biggest increase is in babies and children under the age of 10: children aged 5–9 (31%), then aged 2–4 (17%) and 0–1 (16%). This increase is often explained as the result of the increase in age-of-care leaving, but the data by age shows that the numbers of young people

*Table 1. Distinct Children in Out-of-home Placements (Point in time—end of June)**

Placement Type	2013	2014	2015	2016	2017	% change 2013-2017
Non Family / Whānau	1,298	1,269	1,182	1,281	1,368	+5
Family / Whānau	1,698	1,999	2,193	2,303	2,515	+48
Child and Family Support Services	521	536	502	507	541	+4
CYF Family Home	103	114	133	154	116	+11
Residential Placement	47	34	29	35	29	-38
Other Supported Accommodation	177	177	124	114	147	-17
Distinct children and young people	3,844	4,129	4,163	4,394	4,716	+23
Total children ERP	1,031,900	1,034,720	1,041,590	1,051,140	1,059,800	
Rate	.0037				.0044	+19

*Does not include those in the custody of the CE, but placed at home or remaining at home.

in care aged 14 and over have instead reduced slowly, from 1,119 in 2013, to 1,104 in 2017. Even before the increase to the age-of-care leaving (April 1 2017), care numbers and rates of younger children were showing marked increases. This age spread may have changed since that time as the age rise takes effect.

Entries and exits from care

Drilling down into the overall growth in numbers of children in care, another trend of interest is the entries to care and exits from care shown in Table 2. Although overall the numbers of children in care have increased, entries to care have reduced 2013–2018 by 10%. Exits have reduced much more sharply, by 34%. Once they are placed in care, they are more likely to stay for longer, pushing up overall numbers in care at any one time.

Table 2. Entries and Exits from Oranga Tamariki care 2013–2018

Financial year	Entries	Exits
2013-2014	2118	1877
2014-2015	1753	1778
2015-2016	2076	1733
2016-2017	1996	1575
2017-2018	1915	1246
Reduction in n and %	-203 = 10%	-631 = 34%

Kinship care increasing

Who is caring for children while in care? Table 1 shows how this trend is being responded to. The biggest increase in care type, with a 48% increase 2013–2017, is in the use of family/whānau placements, while non-kin care placements increased by only 5%, and residential placements reduced. However, due to the increase in numbers overall, this translates into a small increase of kinship care as a proportion of all care, from 44% to 53%. This increased use of whānau care may be the reason for the reductions in children moving into “home for life”, that is, permanent foster care with non-kin placements. This number has reduced since 2013, from 417 that year, to 331 in the 2017/18 year (Oranga Tamariki, 2018b).

Māori disproportionality

While the use of whānau care may be considered, in some ways, to offset the potential harms of an increase in care, in general disproportionality for Māori is continuing to rise. In the overall, all-age care numbers, Māori disproportionality has increased from 100 per 10,000 in 2012, to 132 per 10,000 in 2017.

Māori over-representation continues to climb compared to children from other ethnic groups, and compared to the overall Māori child population. For example, Māori were 54.7% of children in care in June 2013, but 61.2% of children in care in 2017, despite the estimated resident Māori under-17 population remaining steady over that time period at around 25%. The Pākeha proportion of children in care over the same time period reduced from 33.2% to 26%. Pacific children numbers remain fairly stable in both Pacific statistics reported here, and in multiple measure proportions (reported later). For example, for children in care, Pacific children were 8% of those in care in 2013, and 7.3% of those in care in 2017. This proportion is below the Pacific child population of 13.4% in 2013 (Statistics New Zealand, 2019). What is remarkable, and probably a reflection of recording practices, is that, despite the very high rates of multiple ethnicity in the general child population, the rates of children in care with reported multiple ethnicity is only 1.4%. These ethnicity measures need more scrutiny as, for example, if the numbers of multiple ethnicity children are being prioritised in the OT data, then this will decrease all non-Māori groups (Keddell, 2017c; Kukutai, 2011). Prioritisation refers to the practice of categorising people who give multiple ethnic identities in a preference hierarchy of: Māori, Pacific, Asian, MELAA, and Pakeha.

Another lens of disproportionality is to calculate the Māori rate compared to the

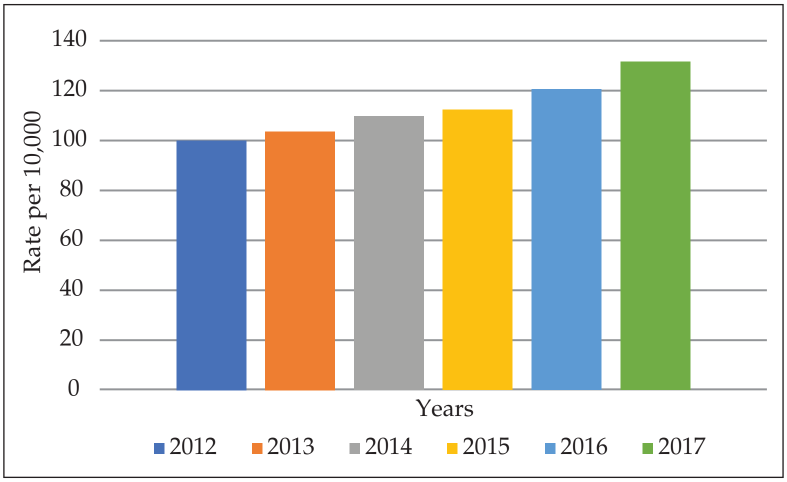

Figure 4. Rate of Māori children in care per 10,000, 2012–2017.

Māori child population. Figure 4 shows the rates of Māori children in care as a rate of all Māori children in the estimated population. As can be seen, this rate is also increasing, from 100/10,000 to 131 between 2012 and 2017.

Babies

A particular concern is in relation to the rates of newborn removals. Prevention services are valuable for all families, but the earliest of intervention is needed with families at the time of birth. This need is especially evident, as the removals of babies within three months of birth have increased since 2015, from 211 to 281, an increase of 33%, or a rate per 10,000 births from 35 to 46 (2015–2018) (see Table 3). Before, this, numbers were fairly stable between 2010 (210 babies removed) and 2015 (211 babies removed) (see Figure 5). This increase coincides with the policy reform began in 2015 with the modernising panel report and birth of Oranga Tamariki, although external factors on the demand side, as examined in the discussion section, cannot be ruled out as also contributing. The increase does not appear to be directly caused by the "subsequent children" legislative changes, as only one baby was removed in 2017, and four in 2018, were removed under this provision (the total is @280). It is possible, however, that the spirit, if not the letter, of the law has affected practice logics.

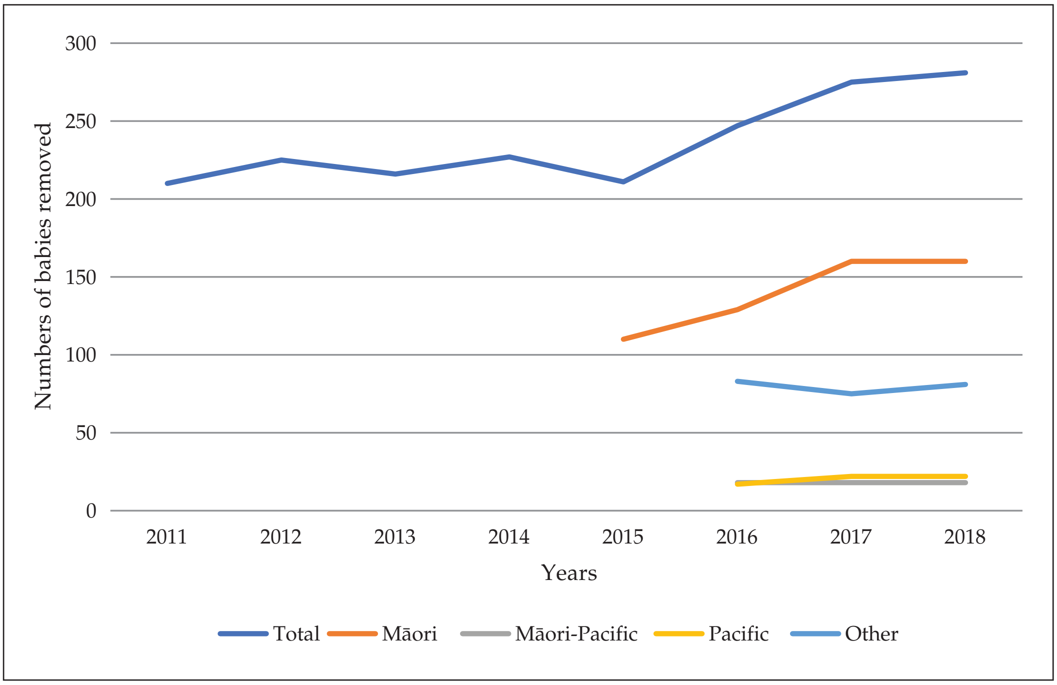

Figure 5. Babies removed within three months of birth 2011–2018.

The ongoing disproportionate representation of Māori in this group is marked, with a rate of newborn removal in 2018 of 103 per 10,000 births, compared to the non-Māori rate of 24 per 10,000 births (Figure 6). Examining these figures further, it can be seen that the non-Māori rate has been stable since 2015 at 23–24 per 10,000 births, suggesting that the brunt of the increase is borne by Māori communities, as can be seen in Figures 5 and 6. Pacific babies also show a small increase for those categorised as "sole Pacific", but Māori-Pacific numbers are stable, though there are very small numbers in both categories, so this may not show any trend (see Table 3).

For comparison, there was an outcry in England recently due to the rate of baby removals over the last 10 years doubling to 35 per 10,000 births—but our overall rate is much higher at 46, and for Māori, now very high at 103/10,000 (Broadhurst et al., 2018). This is concerning, especially considering

Table 3. Babies Removed within Three Months of Birth 2015–2018, by Ethnicity

	2015 *		2016		2017		2018		% change**	
	N	%	N	%	N	%	N	%	N	%
Māori only	110	52	129	52	160	58	160	57	50	+45
Māori-Pacific			18	7	18	7	19	7	1	+6
Total Māori			147	60	178	65	179	64	32	+22
Pacific only			17	7	22	8	21	8	4	+23
Total Pacific			35	14	40	15	40	14	5	+14
Non-Māori/ Non-Pacific	101 (non-Māori only)		83	34	75	27	81	29	21	-20
Total	211		247		275		281		70	+33

* Due to numbers for this coming from different information act requests, there is no ethnicity breakdown beyond Māori/non-Māori for 2015.

** Percentage changes are from 2015 for Māori and non-Māori, and from 2016–2018 for all other categories.

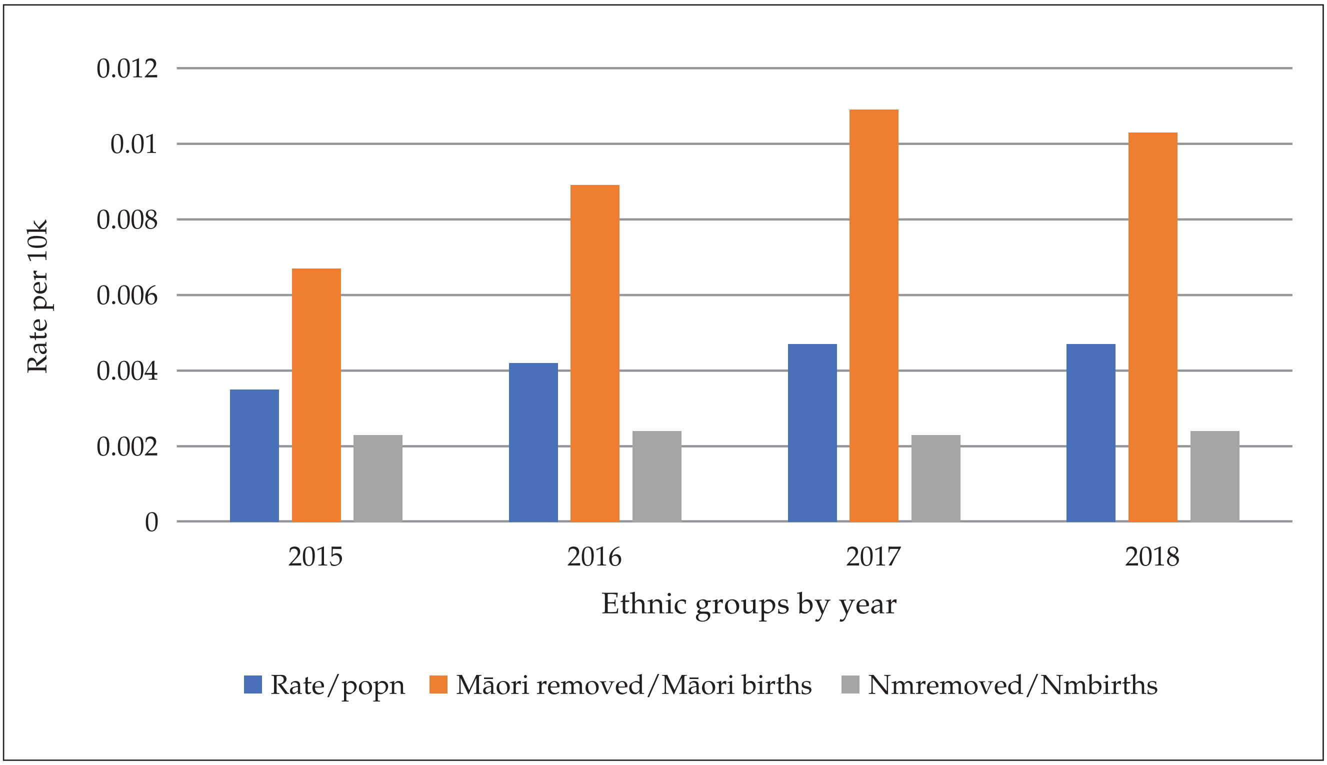

Figure 6. Māori and non-Māori rates per 10,000 of babies removed within three months of birth 2015–2018.

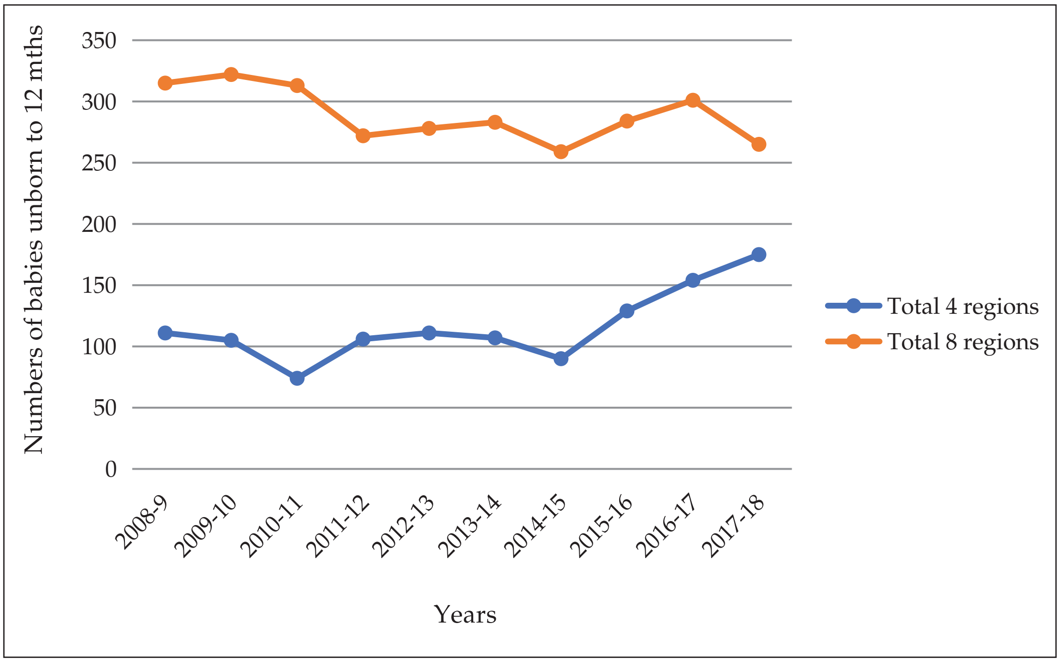

Figure 7. Regional comparison of babies removed 2008/9–2017/18.

*4 regions are Waikato, Te Tai Tokerau, Wellington and East Coast
*8 regions are North and West Auckland, Central Auckland, South Auckland, Bay of Plenty, Taranaki-Manawatu, Upper South, Canterbury, Lower South.

the many inclusions in the Oranga Tamariki Act amendments purportedly to address Māori concerns and the long history of inequities for Māori in the child protection system.

Regional differences

There are significant regional differences in rates of baby removal, as well as changes in how babies enter care and at what age (from Oranga Tamariki Data, 2019). Dissecting by region in Figure 7 shows that the entire increase 09–18 is accounted for by four regions: Tai Tokerau, Wellington, East Coast and Waikato (Oranga Tamariki regions). Comparing these four regions to the remaining eight from 2008/9–17/18 shows that these "top four" have increased from 111 to 175 babies removed, while the other eight have actually reduced from 315 to 265. These need further calculation as rates, but suggest a need for further exploration.

Another pattern is that there has been a large increase in orders made for unborn children, compared to babies aged 30 days to one year old. Orders on unborn babies increased from 34 in 2008–2009, to 112 in 2017/2018, while babies aged 0–7 days reduced slightly, 8–30 days increased slightly, and age 30 days to one year old decreased (Oranga Tamariki, 2019). The level of mandated removals have also increased. Removals by order rather than agreement or arrangement have increased. Removal by s78 order or "urgency" has increased from 258 in 2008/2009, to 380 in 2017/2018, while babies entering care by arrangement or agreement declined from 168 to just 60. This means that, in 2008/2009, removal by agreement made up 39% of babies removed—now it is just 14%, while removals by order as a proportion of removals increased from 60% to 86%. Interestingly, this pattern holds for children of all ages: care by agreement for all children has reduced from 47% to 24% of children entering care 08/09–17/18 (Oranga

Tamariki, 2019). Overall, these patterns show that the increase in babies entering care are entirely accounted for by an increase in removals of Māori babies in four regions, with an increasing proportion removed by legal order as opposed to by agreement, and of those "unborn" as opposed to older babies.

Discussion

Descriptive data can give broad insights into trends in the child protection system, pointing to emerging issues and providing directions for more nuanced research questions and methods. These data in the Aotearoa New Zealand context show there is an increase in time spent in care for some groups (most notably Māori and young children including babies) alongside generally heightened criteria for entry to the care system, against a background of reduction in objective measures of physical abuse harm. Objective measures of child physical abuse, self-reported use of physical punishment and child protection data on reports and substantiations are reducing, as are entries to the care system. Yet once children are in care, they are remaining for longer, but are increasingly likely to be placed with whānau caregivers. Due to children remaining in care for longer, the overall numbers and rates of children in care are increasing.

Māori disproportionality (compared to the general Māori child population) and disparities (compared to other ethnic groups) are both increasing in the care population showing the ongoing reproduction and worsening of historic disparities (Keddell & Hyslop, 2019). The largest increases by age 2013–2017 are in children under aged 5–9 at 31%, but the later data on newborns show an even greater increase 2015–2018 of 33%. Examining the baby increase further shows that this increase is racialised, with the total increase accounted for by an increase in Māori babies removed while other group rates remain stable. But ethnic disparity is only part of the picture, as the baby increase is also accounted for by only four out of the total 12 regions, while the other eight regions have remained stable or reduced (although rates by region are not calculated).

There has also been in increase in orders on unborn babies compared with orders on older babies, and an increase in the use of legal orders as opposed to care by agreement. Legal orders are increasingly occurring during the antenatal period, rather than after babies are born. This gives women and other family members less opportunity to show if they are able to parent or not, highlighting increasing risk aversion by the statutory agency (Mornington & Guyard-Nedelec, 2019). Removals are also more coercive than previously, with less use of care by agreement, showing similar patterns to Parton's (2016) observation that trends in many Anglophone countries show an "authoritarian turn" in child protection that affects certain sectors of the population—those living in poverty. Baby removal patterns are therefore reinforcing racialised inequalities, but also have regional patterns, occurring in regions with large Māori populations, large rural areas and high deprivation.

I now turn to discuss these patterns with reference to the policy context, drawing on an inequalities theoretical perspective and the context of policy reform. Increases in care can be understood as factors affecting the demand side—those factors increasing demand for child protection services; factors on the supply side—those factors relating to how OT responds to that demand; and factors affecting the interface between the two (Bywaters et al., 2015).

On the demand side, some of the increase in children in care may be grounded in the realities of increasing pressure on families themselves, with ongoing poverty/housing issues, poor access to relevant adult services, and not enough tiered support services available in the community (from general family support services, to tertiary "edge of care" preventive services, to support services for reunification) (Bywaters, Brady et al., 2018). These demand side factors have not been addressed comprehensively in policy, particularly as the Vulnerable Children's and modernising reform process focussed on an "individualistic framing of the causes of abuse [that] downplays key evidence about the relationship between child abuse and neglect and the broader social and economic context" (Keddell, 2017a, p. 9). This led to a stated focus on early intervention, but limited resources to operationalise it outside the statutory system, that is, to reduce poverty or support the NGO and Iwi community services tasked with the provision of preventive services, estimated to be 630 million dollars short each year (Jenkins, 2019). Especially for pregnant women, there may be an unmet need for preventive or intensive family preservation services. This may also affect Māori particularly, as Māori are more likely to be living in high deprivation areas, and services may not be sufficiently well matched to cultural and economic needs (Raissian & Bullinger, 2017).

Institutionalised ethnic and socioeconomic biases can affect processes on both the demand and supply side of services (Cram, Gulliver, Ota, & Wilson, 2015). Exposure bias can operate on the demand side, where populations in high deprivation areas (and within that group, Māori and Pacific communities), are more likely to be exposed to referrers. On the supply side, Māori are likely to be perceived as more risky than non-Māori families by practitioners, contributing to over-representation (Keddell & Hyslop, 2019). This may be particularly affecting the rates of baby removal as three of the four regions showing increases have high Māori populations and large areas of high deprivation, yet some areas with similar demographic features—such as Auckland and Taranaki—do not show this pattern. The increasing inclusion of domestic violence as a risk factor may also ratchet more Māori whānau into the child protection system. Māori women are more likely to be victims of domestic violence, which combined with the prevailing "failure to protect" narrative can result in the removal of children, rather than the protection of both women and children (Humphreys, Healey, & Mandel, 2018). More research is needed to understand this trend.

While there are more Māori children in care, there is a commitment to kinship care. Whether this reflects an ongoing ideological commitment to kin care, the large proportion of Māori children coming into care who now have even stronger legislative imperatives to consider kin placements for, or a practical response to the lack of alternative foster placement requires research to ascertain.

At the point of interface between OT and the rest of the child welfare system, there are also factors affecting the changing patterns of contact. Substantiations have dropped markedly, accepted reports of concern have dropped, and entries to care have reduced. Once children get through this higher threshold, whether they are more likely to enter care is not known, but once they are in care, they are likely to stay in care for longer. At this interface, it appears entry to OT has been tightened, reflecting an effort to accept only the most serious cases of abuse, while others are directed back to community services (Office of the Chief Social Worker, 2014). Once they are accepted, however, it appears that the focus is on investigation and a more muscular, interventionist response, as has been reported elsewhere in the world (Parton, 2016). The reduction of prevention support services, combined with a more authoritarian response to families increases intervention in family life, and this appears most marked in relation to babies (Parton, 2016). The increasing use of s78 interim care orders, as opposed to family whānau agreements, as well as the increase in orders on unborn babies, as opposed to older children, also reflects this change. The "early intervention into permanent care arrangements” emphasised in the modernising reforms appears to both increase baby removal and reduce efforts for reunification, as well as reduce the support service provision required to facilitate and support reunification. Without connections made to broader inequalities, there may also be less emphasis on the social needs of families for reunification to occur (such as adequate housing, income and adult therapeutic services).

As Hood et al. (2019) note, demand for child protection services does not simply reflect deprivation or community need, instead the regulatory functions of the child protection system “…through which agencies help to enforce socially acceptable standards of parental care and other aspects of family life, are sensitive to the attitudes and perceptions of many stakeholders, including service users, practitioners, managers, politicians, the media and the general public” (Hood et al., 2019, p. 1). Because of this, the ways demand is managed or responded to on the supply side can be shaped by multiple stakeholders. In this instance, supply may be influenced by the rhetoric of the policy reforms in the context of a critical public and political desires to be seen to be sorting out child protection via the get-tough approaches of the VCA reforms, and the efficiency and future outcomes logics of social investment in the modernising reforms. On the supply side, (internal OT policy and practice), the “safe and loving homes at the earliest possible opportunity” (repeated multiple times in the expert advisory panel report), was a powerful policy discourse that dichotomised families with foster care, and encouraged early removal as a solution that would solve later poor outcomes (Keddell, 2018). The social investment concepts of getting in early to prevent later costs, when equated with removal, assumed that removal leads to better outcomes over time for the child, when that conclusion is deeply contested (Doyle, 2011; Office of the Children’s Commissioner, 2016). The trauma-informed/child-centred practice approaches encouraged in practice guidelines can obscure social understandings of family difficulties and diminish whole-of-family responses (Beddoe & Joy, 2017; Hyslop, 2017).

A heightened emphasis on the trauma of the child may also contribute to extended stays in care. Keddell (2017b) found practitioners who were more risk-averse in decision-making also used more trauma-related concepts to explain family problems that focussed on poor future outcomes for the child, while those who focussed on present needs were less risk-averse. With the rapid uptake of trauma as a key concept, this may also have an effect if used in a deterministic manner, where future child effects are assumed certainties, and parental trauma is viewed as a source of risk rather than need (Beddoe & Joy, 2017; Gillies, Edwards, & Horsley, 2017). Instead of support, especially when combined with powerful ideas from neuroscience, this can be used instead to justify “gendered, raced and social inequalities, positioning poor mothers as architects of their children’s deprivation” (Edwards, Gillies, & Horsley, 2015, p. 167). All these concepts can lead to a system focus on the child alone at the expense of family support, reduce a view of children as intrinsically connected to family, whānau and community, and heighten perceptions of risk, while reducing a focus on family supports or rights—despite the reductions in serious physical abuse in the community (Hyslop, 2017).

A contributing factor to the pattern of fewer children entering care, but staying longer, may be the amount of supplied service (as opposed to its conceptual basis). That is, as the system became more focussed in the highest risk cases (due to the workload review) this allowed more intervention with the cases that were accepted. Accepting fewer cases frees up resources to enable greater intervention with those accepted, especially in the context of less focus on reunification or available family support services (Bywaters, Brady et al., 2018; McLaughlin & Jonson-Reid, 2017).

There are ongoing ambiguities, possibilities and counter-factual interpretations. Multiple legislative changes occurred throughout the Vulnerable Children and modernising reforms, reflecting the conceptual directions described above, but the child-focussed nature of them was bitterly contested by Māori. Reducing the emphasis on whakapapa and Māori whānau connections in the original draft was challenged by many Māori organisations and iwi. The resulting legislation therefore responded to both drivers: strengthening children's best interest and safety provisions, while also emphasising rights to whakapapa, by including the s7AA requirement to make decisions in partnership with whānau and hapū under the Treaty of Waitangi. It also set measurable reductions for Māori children in care. Thus far, as s7AA has only now (in mid-2019) been implemented, it may be that the earlier legislative changes have yet to be balanced out by the emphasis on retaining whakapapa ties and considering the Treaty obligations in legal decisions. Likewise, as mentioned, the intensive intervention services planned under the modernising reforms are currently under development. There is a Child Poverty Reduction Bill that may yet reduce poverty-related demand (though there is no sign of that yet—see St. John & Cartwright, 2019). All of these developments provide the possibility of reducing care going forward.

Alternative explanations should also be considered. It could be that more children are in care because the system is better targeted towards the highest-risk cases, meaning that increased seriousness at intake equates to justified longer stays in care. The reduction in children leaving care could be related to the reduction in the use of the "home for life" policy, where foster parents' orders under the Oranga Tamariki Act were discharged in favour of orders under the Care of Children Act, effectively removing them from the data on children in the care of the CE of Oranga Tamariki. This increase could therefore be a data artefact rather than true change, as those children are still in reality, in foster care, quite apart from any change in the practices, policies or conditions that got them there. Alternative views on the ideological function of the child protection system also come into play when evaluating system change. A more protectionist-residualist political position postulates the correct role of the state is that of an investigate-remove structure for high-risk cases, while child welfare/family service models emphasise the role of social protections and services as important preventive measures (Gilbert et al., 2011). Which assumptions are accepted, shapes the analysis of changes such as these. Finally, with little research on outcomes for babies or their family members, it is impossible to conclude that removal is either better or worse for specific babies and their whānau.

More research is needed to examine the relationships between these descriptive data trends and possible causes according to the inequalities and policy discourse concepts suggested. Particularly, establishing the cause of reductions of children leaving care, the criteria for entry, the increases for Māori compared to other groups, the increase in newborn removals and their regional, antenatal and more coercive nature, all require more research. The patterns themselves suggest marked changes in the interface between the state and family life. There is more intervention, particularly for young children, despite reducing harm, and this intensifies the profound inequities wrought by colonisation for Māori that are longstanding in our child protection system. While removal is not always avoidable, there is a general consensus that, where removal can be prevented, it should be, in support of both children and parent's rights to family life, and children's long-term outcomes (Broadhurst et al. 2018; Choate, 2015). Understanding how this web of influences can be untangled to understand the recent increases, in the context of reducing serious risk of harm, is important going forward.

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ORIGINAL ARTICLE
QUANTITATIVE RESEARCH

A survey of social workers in Aotearoa New Zealand about their professional use of social media

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ABSTRACT

INTRODUCTION: The aim of this article is to report findings from a survey which provides an overall beginning picture of how Aotearoa New Zealand social workers operate in their social media landscape, and an account of their opinions and attitudes about the professional social work use of social media.

METHODS: A self-administered internet survey which sits within the context of a mixed methods research design, gathered broad, shallow, mainly quantitative data (QUAN-qual) from 342 Aotearoa New Zealand social workers about their professional participation in social media. Using Likert-type scales and multiple-choice questions, information was sought about the social work experience (behaviour, opinions/attitudes) of using social media for professional reasons, including motivations, limitations and challenges.

FINDINGS: Fewer than half of the respondents reported using social media for professional reasons, and there was reticence amongst participants about the professional value of social media. Concerns about privacy, security and ethical issues were presented as primary limitations to the use of social media by both users and non-users—however, non-users were more likely to be prevented by their employers from using social media and, on average, maintained a more neutral stance regarding their interest in using it.

CONCLUSION: The analysis of findings from this survey offer insight into areas of potential development, leadership and research regarding social worker use of social media in this country.

KEYWORDS: Social work; social media; internet; communications technology

Social media has become almost invisible in the extent to which it has infiltrated society. The term *ubiquitous* is used by many to describe the phenomenon, which perhaps only just captures the pervasive power of social media, and how quickly it has consumed us (Jenkins, Clinton, Purushotma, Robison, & Weigel, 2009; Wolf & Goldkind, 2016). The social media platforms of Facebook and Twitter, although only in existence since the mid-2000s, have penetrated our personal lives, our politics and professional relationships so deeply they have transformed how we relate to each other, and how we gain and share knowledge.

Social workers, alongside their human service colleagues, have been formally interested in the use of computers and information systems in

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practice for at least 30 years, when the Human Services in Technology Association (husITa) held its inaugural conference (Ballantyne, Wong, & Morgan, 2017). Since this time, and particularly since the genesis of social media via the development of Web 2.0 in 2004, social work research and writing about social media has slowly developed internationally, especially in the realm of ethics, and social work education (Kellsey & Taylor, 2016; Maidment, 2005; Stanfield, 2019; Westwood, 2014; Wretman & Macy, 2016). The novelty of social media has provided a "wide open" space for social work research, with multiple questions continuing to accumulate about practice relevance, professionalism, technical and ethical competence.

The first reference to Aotearoa New Zealand social work and the internet was published in 2001 by a lone social work academic (O'Donoghue, 2001), who offered a review of international social work websites which, at the time, included networking sites, tips, guides, access to information, resources, discussion forums and sites which marketed educational institutions and agency services. An argument was made for expanding internet use by Aotearoa New Zealand social workers and their professional organisations, suggesting that, in addition to a number of professional benefits, *not* to do so would "potentially run the future risk of our unique professional identity and bicultural critical reflective practitioner model being threatened again from the dominant discourse of the North Western Hemisphere cultures" (O'Donoghue, 2001, p. 47). There is recognition in this article of the potential practice value of the internet for social workers, and a recommendation for the critical use of technology to avoid its dominance over the centrality of human relationships so important to social work.

A guest blog series on a Aotearoa New Zealand social work research blogsite in 2013 and 2014 served to revive the topic of social media for social workers in this country, inviting social workers to strongly consider the relevance of social media to their profession, citing the high use of social media by New Zealanders generally as inspiration, and offering tips and support to those wishing to use social media professionally (Ballantyne, 2013a, 2013b, 2014). This blogger made an anecdotal observation that Aotearoa New Zealand social workers are less visible as professional users of social media compared with their peers from other developed countries. This was apparent despite the fact that New Zealanders generally used social media at a rate equivalent to other countries (Crothers, Smith, Urale, & Bell, 2015).

A closed Facebook group was started in 2014 for social workers in Aotearoa New Zealand (SWANZ) which became the subject of an exploratory case study, generating insight into what Aotearoa New Zealand social workers value about the professional use of social media, and what problems or issues they encountered in its use (Stanfield, Beddoe, Ballantyne, Lowe, & Renata, 2017). Findings from this project, and an earlier one which considered the place of professional identity in social work use of social media (Stanfield & Beddoe, 2016), both aligned with what was being reported in the international literature, namely that social media offers social workers the opportunity to network, gain access to professional knowledge and to participate in debate and activism. Social media also introduces complex challenges around ethics, privacy and other professional issues (Boddy & Dominelli, 2016; Chan, 2016; McAuliffe & Nipperess, 2017; Reamer, 2017; Taylor, 2017). It was clear from these small studies that Aotearoa New Zealand social workers faced similar interests and challenges to their colleagues in other western jurisdictions.

The self-administered internet survey reported in this article was administered to social workers in Aotearoa New Zealand in 2014. Its intent was to build on the limited local social work knowledge about how social workers in Aotearoa New Zealand were participating professionally in social media, and to explore opinions about the value of social media to the social work profession, and its perceived benefits and barriers. It also sought views about the need for further education or training related to competent and effective use of social media by social workers.

Method

Survey participants were drawn from the membership of Aotearoa New Zealand Association of Social Workers (ANZASW), a voluntary professional organisation that provides competency assessment and advocacy services to social workers. Approval to survey its membership was granted by the Chief Executive Officer (CEO) of ANZASW, and an email invitation to participate in the research was sent to all members. This invitation included a description of the research, participant information sheet, and a link to the survey landing page. The survey was run for three months and participation was taken as consent. The study received ethical approval from the University of Auckland Human Participants Ethics Committee (UAHPEC).

Survey design

The self-administered survey was used to seek broad, shallow, mainly quantitative data from social workers in Aotearoa New Zealand about their professional use of social media, and their opinions about the usefulness of social media to the profession. The survey questionnaire, distributed using SurveyMonkey began with a brief definition of social media supported with examples of well-known platforms (for example Facebook, Twitter, LinkedIn, blogs), and using Likert-type scales and multiple-choice questions, sought information about the social work experience (behaviour, opinions, attitudes) of using social media for professional reasons, including motivations, limitations and challenges. The survey was pilot-tested on two occasions to ensure clarity of language, smooth technical functioning, and to confirm the survey would take approximately five minutes to complete. Table 1 illustrates how participants were moved through the survey:

Table 1. Survey Questions

Do you use social media for professional social work reasons?	
YES ↓	**NO** ↓
How frequently do you use social media for professional social work reasons? (multiple choice)	What prevents you from using social media for professional social work reasons? (multiple choice and comment)
Why do you use social media for professional social work reasons? (multiple choice and comment)	How satisfied are you with your use of social media for professional social work reasons? (Likert scale) 5 = very satisfied, 1 = very dissatisfied
How important is social media to you in your professional role as a social worker? (Likert scale) 5 = very important, 1 = very unimportant	How interested are you in using social media for professional social work reasons? (Likert scale) 5 = very interested, 1 = very disinterested
How satisfied are you with your use of social media for professional reasons? (Likert scale) 5 = very satisfied, 1 = very dissatisfied	
What prevents you from using social media for professional social work reasons more than you currently do? (multiple choice and comment)	
Which social media activity do you engage in as a professional social worker? (multiple choice and comment)	

ALL RESPONDENTS
Opinion Rating (Likert scales) **5 = strongly agree, 1 = strongly disagree**
Social workers should be competent in the use of social media
Social workers should make professional use of social media
Social workers should be offered training on how to use social media safely
Social workers should be offered training on the potential professional uses of social media
Please offer your opinion about the usefulness of social media to each of the following professional social work activities:(professional development, research, networking, advocacy, service delivery, info sharing) 5 = very useful, 1 = not useful at all
Do you use social media for personal reasons? (Y N)
Demographics
Which age group to you belong to?
Which ethnic group(s) do you belong to?
What is your gender?
Which category represents the number of years you have practised as a social worker?
Further comments

Participants

The survey data of 310 social workers were analysed for this research, representing just under 10% of the membership of ANZASW of which there were 3430 members at the time the survey was distributed (ANZASW, 2013). There were 4029 registered social workers in Aotearoa New Zealand when this survey was run (Social Workers Registration Board (SWRB), 2013); however, as registration was not then mandatory in Aotearoa New Zealand, it was difficult to establish how many people in this country were employed as *social workers*, a title that the SWRB has only recently succeeded in protecting via a drive for mandatory registration under the Social Workers Registration Act 2003 (SWRB, 2019). Acknowledging the debate at the time of the survey around the unprotected title of *social worker* (and therefore its definition), it is fair to say that the 3430 members of ANZASW offered a reasonable representation of 4029 registered social workers practising in Aotearoa New Zealand during the period over which this survey was distributed.

Additionally, comparison of the age and gender demographic information of ANZASW with that of the survey participants shows that distribution of survey participants represents the population of interest. Survey participants could choose from seven age groups, and descriptive statistics suggest that the average age group of the survey respondents was 45 to 54 years ($m = 4.08$, $SD = 1.17$). The average age group of the ANZASW membership was 46 to 55 years ($m = 4$, $SD = 1.1$). The survey was also closely representative in terms of gender, with approximately 83% being female and 17% male. These figures reflect the aging demographic and the skewed gender balance of the social work profession in Aotearoa at the time of the study. Demographic data about ethnicity were collected from the survey; however, because of the significant differences in how the data were collected, it is difficult to demonstrate statistically how representative the survey sample was in relation to the ANZASW membership.

Survey analysis

All data were exported from SurveyMonkey into IBM SPSS 24 (2015). Two separate datasets were created for those who specified that they use social media for social work purposes (Dataset A) and those who do not (Dataset B). Data checking and cleaning was carried out separately on each dataset. Final datasets for analysis contained 144 cases (users) and 166 cases (non-users), with a total of 310 participants.

To capture the significance of the data gathered via this survey, statistical analysis included measures of central tendency and frequency distribution. Bivariate analysis explored the relationship between the demographics of the respondents, and their use of social media, by cross-tabulating variables. And comparisons were made between specific sets of data; for example, a comparison between those who use social media and those who do not in relation to their views about its usefulness and importance to the social work profession. Qualitative comments were arranged into themes, and a selection of comments are presented in the findings below, allowing for a more contextual interpretation of the quantitative data (Bryman & Cramer, 2005; Fink, 2003).

Findings

Social media use

As described earlier, of the 310 social workers surveyed, less than half (46.5%) declared they used social media for professional purposes (*n* = 144). These participants were asked about the frequency of this use, and descriptive statistics for this question suggest that, on average, respondents used social media between once a week and a few times a week (*m* = 4.7, *SD* = 1.7). Use of social media, therefore, was interpreted as being part of a regular routine with a sustained rather than casual or ad hoc interest in what was happening in their social media worlds. Just over 12% of respondents used social media every day, and approximately one quarter of respondents used social media once a month or less. Just over half of the social workers who identified as social media users (*n* = 78), used it for professional networking reasons, whereas just over a quarter (*n* = 40) used it in relation to direct work with clients. (See Table 2 below). Participants were invited to comment on their reasons for using social media, and these answers included using social media to connect with students, to look for educational resources, to connect with or locate missing young people, birth families or adopted people. Social media was also used to communicate with families and agencies, to locate resources for clients, and gather information about current events or issues.

Over half of the survey respondents (53.5%) declared they did not use social media for professional purposes (*n* = 166). These respondents were asked to indicate their interest in doing so. Descriptive statistics for this question indicate that, on average, non-users of social media for professional reasons were neither interested nor disinterested in

Table 2. Reasons for Using Social Media

Reasons	Frequency	Percent
Professional networking	78	55%
Information sharing	69	49%
Research	66	47%
Professional development	65	46%
Client work	40	28%
Advocacy	24	17%

using it professionally (*m* = 3.08, *SD* = 1.22). This neutral stance offers some insight into the desire of non-social media users to become engaged; however, it is also useful to consider the cumulative percentage figures to further understand the responses. Approximately one third of respondents were actively disinterested (33.2%), and almost half of the respondents (46.3%) were actively interested; approximately 20% took a neutral stance in this regard, indicating a level of indifference and/or cautious openness.

Most participants (almost 70%) were over the age of 45; 30% under the age of 45, and 8% under the age of 34. A non-significant relationship was found between the age of respondents, and the professional use of social media (X^2 (2.6) = 4, p = *.63,ns).* The main difference between users and non-users of social media and age group was found in the category containing respondents over the age of 65, who represent just over 8% of all survey respondents (*n* = 26). One third of participants over the age of 65 use social media for professional purposes, and although the small sample number deters us from generalising the findings, anecdotal comments from respondents reflect a commonly held belief that older people are less frequent/competent users of social media.

Participants were asked about their personal use of social media to understand the potential relationship between personal and professional use of social media for social workers. The results showed that 91.5% (*n* = 130) of respondents who described themselves as using social media professionally, used social media personally, and that 68% (*n* = 115) of those who did not use social professionally, used social media personally. There were a small number of respondents (*n* = 12) who professed to using social media on a professional basis only.

Those who used social media personally constituted nearly 80% of the survey respondents (*n* = 245). At the time of this survey nine out of 10 New Zealanders used the internet, 81% thought the internet was an important way to find information, 60% read blogs, 65% used social networking sites (Crothers, Gibson, Smith, Bell, & Miller, 2014, p. 17). Although it is difficult to compare the data from these two sources given the use of language (social media; internet), a rough correlation can be observed between the number of social workers in this study who used social media, and that of the general population of Aotearoa New Zealand.

Barriers to social media use

The key features of social media identified in the literature thought to hinder or challenge its use generally relate to various types of risk (privacy, reputational, security, ethical), to lack of time or knowledge and to employment-related factors. Survey participants were offered these factors as possible limitations (users of social media) or barriers (non-users of social media) and were prompted to choose one or more answers to the question about what limited or prevented them from using social media professionally (see Table 3).

Concern about privacy dominated the response to this question, indicating that

Table 3. Limiting and Preventive Factors: Users and Non-users of Professional Social Media

Barriers	**Users** *n* = 144	**Non-users** *n* = 166
Privacy risk	55.6%	57.8%
Time constraints	40.3%	30.7%
Security risk	37.5%	38.6%
Ethical issues	31.9%	34.3%
Lack of knowledge	27.8%	21%
Employer says no	22.9%	32%
Reputational risk	18.1%	20%
No employer guidance	14.6%	30%
Lack of internet access	11.8%	7.8%

over half of the social workers responding to this survey were constrained by this perceived or real risk, and the data presented from both users and non-users of social media were similar in this respect. The same pattern was observed for concerns about security risk, reputational risk and ethical concerns, with both users and non-users putting similar weight on those factors. Comments were made regarding the ethical implications of social media in direct client work, one commenting that they would only use it in situations of limited confidentiality (i.e., safety), and another stating a wish to safeguard client confidentiality (i.e., what they might post on Facebook). One survey participant expressed no faith in being able to manage risks presented by social media while others highlighted risks inherent in social media including concern about ethical boundaries and fear of posted content being misused or misquoted.

Time constraints featured as a significant preventive factor for all participants—however, it was more of an issue for users (40.3%) than for non-users (30.7%)—possibly explained by the reality of social media being more apparent to users; therefore, the experience of time consumption was a more obvious constraining factor. There was also a difference between users and non-users in relation to how lack of knowledge about social media acted as a hindrance. A total of 21% of non-users saw this as a barrier to use, whereas a higher number of users (27.8%) cited it as a limitation. Again, this may be a result of users having experienced the complexity of social media, therefore being more cognizant of the knowledge required to use it well:

> I would love to use social media more in my work as I work with teenagers and that is their world. I see that my limitation is my lack of knowledge, I have a very supportive working environment where we are all working to enhance our technological knowledge as we see this is crucial in our work.

Furthermore, non-users were more likely to be affected by lack of employer guidance (30%) than were users (14.6%), and non-users were more likely to be advised by their employers not to use social media (30%) than those who used it (22.9%). Related to this, one participant commented on the desire for professional guidance in social media use: “I would be really interested in thoughts around the possibilities of adding ‘professional use of social media’ as part of a competency requirement with ANZASW/SWRB.” Several comments were made about the organisational barriers to professional social media use: “I only do social work from my place of work, and social media is NOT allowed on work computers.” A further comment illuminates the reality of this for some:

> In the context of using social media at work, this is a no-no. Access to social media is banned/blocked. I am however linked to ANZASW through Facebook at home and the social action sites and use these to keep up knowledge...learning and development I guess...in my own time however.

The above comment, made by a non-user of social media highlights the grey area between the professional and the personal in the social media space, and the difference between individual and organisational perceptions of the value of social media. It could indicate that social workers who used social media at home to extend and develop themselves as social workers, did not describe it as a professional use because it was not supported by their employer, or used in the workplace. It is very difficult, therefore, to fully understand how social workers differentiate between professional and personal use of social media. The following comment highlights this dilemma further:

> I use my personal social media for professional reasons. Networking, advocacy and information sharing. I find it challenging to consider how

> to keep my personal and professional life separate in this context (i.e., My Facebook "friends" who should really be professional contacts).

In addition to grappling with issues related to personal and professional boundaries, participants also identified the lack of relevance to their work as a limiting factor to social media use:

> I think there would need to be a clear purpose, so far it has not come up as a need or something that could be appropriate in my role.

Other limitations identified in the comments include lack of faith in the veracity and usefulness of information found on social media.

From the user dataset, a very small number of participants (*n* = 11, 7.5%) said that nothing prevented them from using social media, indicating how very few participants had an experience of using social media free of limitations or worries. The following comment highlights the enthusiasm with which one participant embraced social media, perhaps illustrating the experience of this minority:

> I believe social media use is imperative for social work because there are various movements overseas, e.g., against sexual assault, against male entitlement and misogyny, for indigenous rights, LGBT rights and marriage equality, economic equality, self-care (e.g., mindfulness meditation, yoga), against organisational and corporate oppression, as well as a huge diversity of spiritual communities and training attended by people from all over the world. If NZ social workers are not using social media, we are not part of the worldwide social change movement and the valuable networking that is available to help us to connect clients with resources.

Respondents were prompted to offer comments in response to the question about their interest in using social media. Of the eight comments, all but one expressed uncertainty and/or a desire for more information before engaging in social media use. As representative of these comments, one participant expressed: "social media needs to be a safe and responsible option, but I don't have enough information to decide as I have limited information [as to] what the possibilities are." Two single comments were made to express more extreme opinions; one a belief that social media is "essential for modern practitioners," the other saying they "don't think social media can help."

Opinions about professional social media use

All survey participants were prompted to answer the same set of questions seeking their opinions about, and attitudes towards, social worker use of social media. These included questions about the potential and value of social media to the social work profession, and about the need for further knowledge and training (see Table 1). Participants were asked to use a five-point Likert scale of response alternatives between *strongly agree* (5) and *strongly disagree* (1) to rate their opinions and attitudes. In order to best understand and compare the data collected from these questions, the mean was calculated for each question and compared between datasets (see Table 4).

It is clear from this table that participants essentially offered at least a basic agreement with each statement about professional social media use. Those statements generating a stronger level of agreement were related to training about the safety of social media, and its potential for use. Participants were, on average, less enthusiastic about the idea that social workers should use social media, however, they agreed that competence was important, either to the profession generally, or as an expectation of all social workers.

The comment offered by the participant below helps to understand the difference in the level of agreement between opinions

Table 4. Opinion and Attitude Towards Professional Social Media Use: Comparison of Mean and SD (n = 310)

Survey Questions	Mean (M)	Standard Deviation (SD)
Competent social media use is important to the profession	3.25	1.218
Social workers should be trained in how to use social media safely	3.77	1.120
Social workers should make professional use of social media	2.92	1.129
Social workers should be competent in their use of social media	3.27	1.164
Social workers should be trained in the potential use of social media	3.79	1.101

related to the need for social workers to use social media, and the need for training.

> I think if people are using social media they need to be well trained in it but I do not see social media as necessary. I acknowledge that I am one of the few!

Regardless of this participant's perception of being in a minority regarding their position, it suggests an "inevitability" of social media use, and a corresponding requirement for it to be used professionally. Overall, these data indicate a general desire of social workers for training to be offered in the professional use of social media and there is little difference noted between means and standard deviations across categories.

The use and non-use of social media by the respondents to this survey resulted in data that essentially divided the survey respondents in half. Gaining insight into the attitudes and thinking behind these decisions was one of the goals of this survey and it was useful to compare the opinions between users and non-users about the professional *importance* of social media. This was achieved by cross-tabulating the data collected from users and non-users of social media. Results found, for example, that non-users of social media disagreed more than users with the statement that competent use of social media is important to the social work profession, and a significant relationship was found in this regard ($X^2(4) = 39.78$, $p < .01$). The survey also sought opinion about the importance of training for social workers in the potential uses of social media and cross-tabulating data from this question found that users of social media were more likely to value the importance of training than non-users ($X^2(4) = 21.7$, $p < .01$). Although these were expected results, they were important questions to put to the data. Given the number of limitations to professional social media use cited in the literature, and the degree to which all survey participants experienced these limitations, it could not be assumed that opinions about professional importance are linked to actual social media use.

Discussion

The social workers in Aotearoa New Zealand who responded to this survey were almost equally split as to their use or non-use of social media for professional purposes. This describes a generally ambivalent, possibly divided profession in 2014. Although some respondents saw social media as a "way forward," expressing the need for social workers to "become social media competent to survive," others expressed uncertainty about social media or, further, a dismissal of its use by social workers. They cited lack of employer support and ethical concerns as key limitations and perceived a risk to face-to-face relationships as expressed by this respondent:

> There are so many ethical dilemmas that surround social media. It is not

> safe and could have the tendency to eliminate face to face contact. This reduces the human factor.

Extreme positions are common in the face of novelty, and polarised opinion is a feature of current social media analysis (Fuchs, 2017). Social media at once offers the strength of accessibility but with questions about quality, the usefulness as a practice tool but with questions about ethics. Polarity of opinion also leads to a level of indecisiveness and uncertainty which may explain why the survey participants, when asked for their opinions about social media, offered an overwhelmingly neutral response with very little standard deviation. Overall, the impression left by the voices of participants in this study is that of overall uncertainty, and sense of being in the midst of change, as illustrated by the following final comment:

> I work for CYF [statutory child protection agency], my answers may change radically as CYF are due to roll out iPads & iPhones, & to update policies & access to social media.

The preceding comment is worthy of exploration five years on, leading as it does to a natural curiosity about whether answers to this survey would be radically different today. Other indicators, such as the increased general use of social media in Aotearoa New Zealand (International Telecommunications Union, 2017) and the growing quantity of social work writing and research (Stanfield, 2019) go some way to support an argument that professional social media use amongst social workers has increased since this time. Further research is required to confirm this hypothesis. However, regardless of this being the case, questions continue to exist about the experience of social workers "on the ground." For example, referring again to the above participant comment: how are social media devices like iPads *actually* being used, how have policies and ethical guidelines been updated to support their use, and how has organisational access to social media for social workers changed? While these new questions are being investigated, questions arising from the findings of the survey reported in this article continue to be unanswered and worthy of addressing.

For example, findings suggest social workers were seeking guidance and leadership regarding professional use of social media. Since the survey was run, the SWRB, the regulatory authority for social workers in Aotearoa New Zealand, has included a limited guide to social media use in its revised Code of Conduct (SWRB, 2016). The ANZASW is this country's voluntary professional body which provides membership competency assessment, advocacy services, and online professional development opportunities for members (ANZASW, 2013). The association amended its practice standards in 2014, requiring that members are "able to evidence safe and ethical and competent use of digital and internet technology, in both personal and professional circumstances (ANZASW, 2014, p. 8). This standard is not accompanied by a social media guide, however. The recognition by SWRB and ANZASW that internet technology and social media use is relevant to practice is helpful—however, social workers in this survey asked for robust guidance and training in its application, thus offering a clear, ongoing mandate to our professional organisation and regulatory body.

This mandate extends to social work employers. Considering the complexity of professional identity in a social media space, it is hardly surprising that more than half of the survey respondents felt constrained by concern about privacy, and the same anxiety appears to exist within organisations, as evidenced by the number of respondents deterred from using social media at work by their employers. This type of policy is used to manage organisational reputation and risk and highlights the role organisations play in influencing boundaries between personal and private use of social media. In addition, use of social media in direct practice appears to be where the greatest uncertainty lies for social workers and social service organisations. Of those survey respondents using social media professionally, only 28% disclosed using it in direct practice and all survey respondents on average agreed that it was useful in this aspect of their work—but with less conviction than for any other professional use of social media. This reality confirms the need for leadership and support from social work employers which, for consistency and best practice, would be done in collaboration with the ethical and professional guidance of ANZASW and SWRB.

There was overall agreement from those surveyed that training is important, both in the competent use of social media, and in its potential professional applications. This suggests that both practising social workers and social work students would benefit from such training and education. In addition, nearly half the social workers who used social media responded in the survey that they did so for professional development. Roughly the same percentage said they used social media for research purposes, information sharing and professional networking—all arguably professional development activities. The average opinion of survey respondents about the usefulness of social media for these activities was between *useful* and *very useful*. These findings suggest that social workers were open to using social media for training and professional development purposes, offering a clear message to their employers, qualifying and professional bodies that opportunities in this regard were important and relevant to social workers.

Conclusion

Social media is complex, and its use in the professional realm is contested across a range of human services (Susskind & Susskind, 2015). Its complexity for social work is influenced by the unique identity and mandate of the profession, as well as the cultural and national context in which it is practised (boyd, 2011; Stanfield & Beddoe, 2016; Turner, 2016). For example, Aotearoa New Zealand social work is imbedded in a bicultural context, guided by the principles of Te Tiriti o Waitangi, thus creating a unique practice environment and cultural identity which strongly influences the practice of social work in this country. Alongside this, there is a growing collection of Aotearoa New Zealand writing about social media from an indigenous perspective. There is exploration, for example, into how the identity of Aotearoa New Zealand Māori is affected by use of social networking sites, the role social media plays in the development of cultural identity (Muhamad-Brandner, 2010), and about how *rangatahi* (adolescent) Māori use social media (O'Carroll, 2013a). A further study by the same author found that using social media to facilitate whānau connections contributed to overall whānau well-being and enhanced ability to engage in *kaupapa whanaungatanga* (translated directly to mean connectedness around a common purpose) (O'Carroll, 2013b). An additional contribution of note relates to the concept of e-whanaungatanga (translated directly to mean connectedness via the internet), and the role of social media in Māori political participation (Waitoa, Scheyvens, & Warren, 2015).

These research examples go some way to highlight the need for advancement in our understanding of the many environments within which social media (and the internet) are situated, how this influences our experience of engaging with social media, and the implications of this engagement. It is argued that social work has an inherent responsibility to advance this knowledge. The advantages of the global nature of the internet and social media are many, but the disadvantages related to the power of this reality are significant, and inherent in this are many risks including the subjugation of the needs of local and vulnerable populations. The study reported in this article offers broad findings about how social workers in this corner of the world use and view social media, and general insight into decision making behind this; however, deeper qualitative exploration is required to understand more fully the many factors that influence these behaviours and attitudes.

Social service agencies, professional and regulatory bodies in Aotearoa New Zealand require this deep understanding so as to develop policy and support packages unique to this country, to the nature of social work service delivery and to the people it serves. Methodology that supports this exploration may yield findings useful to those exploring similar questions in other parts of the world, and a collaborative effort in this regard would serve to critically challenge the impact of social media on society and the power it wields.

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ORIGINAL ARTICLE

THEORETICAL RESEARCH

Cultural support workers in the Aotearoa New Zealand healthcare setting: Challenge and opportunity for health social work

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ABSTRACT

INTRODUCTION: In Aotearoa New Zealand, as elsewhere in the world, healthcare providers are seeking better ways to engage with increasingly ethnically and linguistically diverse communities. The use of cultural support workers (CSWs) to act as a bridge between services and such communities is proving to be an effective strategy for achieving this. For the social work profession, the advent of CSW roles presents both challenges and opportunities.

APPROACH: A review of literature outlines the challenge of delivering culturally responsive and appropriate services to migrant and refugee communities and describes the role played by CSWs to increase the cultural understanding of healthcare providers and improve health outcomes for these communities. The impact of such roles on health social work is explored and how current social work education prepares practitioners for practice in an increasingly multicultural society.

CONCLUSIONS: This article outlines the key issues that arise from the introduction of CSWs, the potential for collaboration and the opportunity that exists for health social work to refocus and redefine its role in the healthcare setting.

KEYWORDS: Cultural support; healthcare services; social work; health disparities

This article begins by outlining the demographic changes that have occurred in Aotearoa New Zealand in recent times; the barriers faced by new migrants and refugees in accessing culturally appropriate healthcare services; some of the local initiatives developed to address these barriers; and the role of the cultural competence in healthcare. It will describe the introduction of CSWs, with reference to local and international literature, their role in supporting migrant communities and will explore the implications for social work practitioners—both the challenges and the opportunities this presents for health social work practice here in Aotearoa New Zealand.

The impact of globalisation and migration means that healthcare providers are now required to meet the needs of increasingly ethnically and linguistically diverse communities. As healthcare providers also become more ethnically and linguistically diverse, healthcare interactions require a greater level of skill and cultural understanding (Cawley, Marshall, Lo, & Koenig, 2002; Kagawa-Singer & Blankhall, 2001; Nguyen, Ho, & Williams, 2011).

Healthcare providers, both overseas and here in Aotearoa New Zealand, are addressing this challenge by using a range of different strategies to deliver services that are culturally appropriate, accessible

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and sustainable (Henderson & Kendall, 2011; Mortensen, Latimer, & Yusuf, 2014). These strategies include: community health education programmes; the development of culturally specific resources (booklets, videos, online programmes); and the use of cultural liaison or cultural support workers (CSWs).

In the Auckland region, the most ethnically diverse in the country (Walker, 2014), the use of CSWs is seen as a strategy to improve access to services and improve health outcomes for *culturally and linguistically diverse* (CALD) communities. CALD is the term used to describe culturally and linguistically diverse populations from Asian, Middle Eastern, Latin American and African backgrounds which have made Aotearoa New Zealand their home in recent years (Mortensen et al., 2014; Walker, 2014). The CSW role is seen as effective in creating a "bridge" with such communities, improving access to services by identifying the barriers, and helping to design and develop services that are more responsive to the needs of their communities (Mortensen et al., 2014).

While the introduction of CSWs into the healthcare setting improves the delivery of culturally responsive healthcare (Henderson & Kendall, 2011; Mortensen et al., 2014; Perese, Ulugia-Veukiso, Samu, Sepuloni, & Peteru, 2009; Spencer, Gunter, & Palmisiano, 2010) their presence also has an impact on social work practice in the healthcare setting. With CSWs undertaking many of the traditional tasks of social workers, including advocacy, information-giving and the provision of emotional support, the professional identity of social work faces a significant challenge. Describing the various tasks undertaken by CSWs, Darnell argues that their duties "are consistent with two core social work functions: (1) helping people obtain services and (2) helping communities or groups provide or improve services" (2007, p. 82).

While social work practitioners are committed to ideals of equality of access and inclusiveness, the use of CSWs presents challenges to the role and contribution of social work in the healthcare setting. It also presents a challenge to social work educators to reflect on the current education and curriculum and how well it equips practitioners to work effectively with the multicultural setting that is Aotearoa New Zealand. This will be explored further later in the article.

This challenge, however, also provides great opportunities for the social work profession. The opportunity to collaborate with CSWs and work alongside them to improve the cultural understanding and knowledge of practitioners and also the opportunity to advocate for CSWs to be recognised as integral and valuable members of the healthcare team (Goh, 2018).

Social work practitioners in the healthcare setting have faced many challenges over the decades (Beddoe & Deeney, 2012; Giles, Gould, Hart, & Swancott, 2007; Schofield, 2001) and so, again, must consider how the profession responds to this challenge, while recognising the new scope and opportunities that exist for practice as the populations served change (Craig & Muskat, 2013; Giles, 2009).

This aim of this article is to provide an overview of this new challenge. It will begin by describing the cultural landscape of Aotearoa, the health services for migrant communities, the challenges and the initiatives that have responded to these challenges. It will explore the role of SW professional bodies in providing leadership and guidance regarding cultural competence, and then focus on the role of CSWs and their relationship with social work.

Refugee and migrant communities in Auckland

Changes to Aotearoa New Zealand's immigration laws over the past two decades have seen dramatic demographic changes with our largest city, Auckland, now described as *superdiverse*. The term *superdiversity* is a relatively recent way to define demographic diversity; it is used by academics to define cities and countries where more than 25% of the resident population is made up of migrants or where more than 100 nationalities are represented (Chen, 2015). In Auckland, where there are over 200 ethnicities and more than 160 languages being spoken, superdiversity is the new reality (Chen, 2015; Walker, 2014).

Auckland has always been considered a cosmopolitan city but, in the 1990s, a relaxation of the immigration rules saw large numbers of migrants make Auckland home (Mortensen, 2011). The biggest increase in numbers has been in those from Asia. This includes migrants from Hong Kong, Malaysia, Taiwan, the Philippines and Mainland China. Auckland is home to two-thirds of the Aotearoa New Zealand Asian population, and half of the Middle Eastern, Latin American and African (MELAA) populations. It is estimated that over one-third of Aucklanders were born overseas (Walker, 2014).

In the 2013 census, almost 50% of Auckland's population identified as either Māori, Asian or Pacific peoples, with over one-third, 40% of the population, not born in Aotearoa New Zealand. The biggest change from the previous census in 2006 was in the growth of those identifying as Asian from 17.2% in 2006 to 20.9% in 2013. The ethnic composition of the population is projected to continue to change over time, with growth expected in the proportion of Asian peoples in the population and a reduction in the proportion of European peoples (Walker, 2014).

While many of the new arrivals to Auckland are migrants, there are also many refugees who settle in the Auckland area (Mortensen, 2011; Walker, 2014). Currently, Aotearoa New Zealand accepts approximately 1,500 refugees each year from countries including Afghanistan, Algeria, Burma, Bhutan, Burundi, Bosnia, Colombia Eritrea, Ethiopia, Iran, Iraq, Kosovo, Palestine, Rwanda, Sierra Leone, Sri Lanka, Somalia, the Democratic Republic of Congo, Sudan and Zimbabwe. For the 10-year period, 2009–2010 to 2018–2019, the top five nationalities of those accepted under the Refugee Quota Arrivals were from Myanmar, Syria, Columbia, Bhutan and Afghanistan. It is estimated that approximately 60% of those will reside in the Auckland region (Immigration New Zealand, 2019).

Access to health care

While refugees are granted the rights of Aotearoa New Zealand residency on arrival, this entitlement does not guarantee them easy access to culturally sensitive and appropriate healthcare services, which can be "limited and inequitable" (Mortensen, 2011, p. 123). Access to culturally appropriate and responsive healthcare services is recognised as an issue for both refugee and migrant communities with access hindered by a variety of factors. Lawrence and Kearns (2005) and Nguyen et al. (2011) describe some of these factors, which include:

- The stress and anxiety associated with resettlement in a new country with very little or no support. The impact of wider determinants on health, such as immigration requirements, employment and housing, plays a large role in access to appropriate services.

- Differing understandings of illnesses and healthcare systems—for example, unfamiliarity with the requirement to make an appointment to see a general practitioner, the process of referrals and waiting lists.

- Trust, particularly for those who have come from areas of conflict. This is also a potential concern when interpreters are required, as communities are often small and there is fear that very personal information will be passed on.

- Communication difficulties—in both verbal consultations and in written information. (Nguyen et al., 2011). For example, communications from hospitals, appointments and prescription instructions may all present challenges.
- Cost of accessing services, including time off work, doctor visits and prescriptions, is a significant issue for those living on a very limited income.

Physical barriers, such as no access to transport, unfamiliarity with public transport systems, hospital and outpatient locations (Lawrence & Kearns, 2005, Nguyen et al., 2011).

Health care initiatives for migrant and refugee communities

As healthcare providers across the Auckland region have become increasingly aware of the barriers to accessing healthcare for migrant and refugee communities, attention has focused on a range of initiatives to improve access and the health outcomes of these communities (Mortensen, 2011; Auckland City Council, 2013). Such initiatives focus on the creation of bridges between refugee and migrant communities and health service providers, in order to improve perceptions. While acknowledging the many new and ongoing initiatives developed across the wider Auckland region, this article has limited its focus to the public services delivered within the Auckland District Health Board (ADHB) area.

A key initiative has been the establishment of the ADHB Primary Health Interpreting Service. With more than 200 different languages now spoken in the Auckland area, inadequate communication can present a major barrier to accessing care. It is estimated that 29% of patients presenting for care in the Auckland area require an interpreter (Walker, 2014; ADHB website). The development of the ADHB interpreting service, available free of charge at hospitals, clinics, radiology services and many other primary health services across the region, provides a major resource for both service users and service providers.

The establishment of The Asian Network Inc. (TANI) has been another important initiative (http://www.asiannetwork.org.nz/). TANI is funded by the Ministry of Health to provide health education to Asian (including Chinese, Indian, Korean, Filipino and Afghani) migrant and refugee communities across the Auckland region. TANI provides a range of health education workshops and a quarterly newsletter promoting events and new initiatives within the region's health sector with a focus on CALD communities.

The appointment of a Manager for Asian, Migrant and Refugee Health, a joint position between the ADHB and WDHB (Waitemata District Health Board), responsible for co-ordinating strategy and delivery of services across the two District Health Boards, is an example of an initiative responding to the specific needs of CALD communities.

The introduction of workers from specific ethnicities and languages, CSWs, to support CALD patients and their families is another strategy within both the DHBs and the NGO sector to improve access and engagement with healthcare services. The CSW role, which acts as a bridge between the provider and the community, is now seen in a variety of healthcare settings throughout the region, both in the community and in the hospital environment (Mortensen et al., 2014).

An important initiative aimed at increasing cultural understanding and knowledge in the health workforce has been the development of the eCALD online training courses (www.caldresources.co.nz). This training platform has provided an effective strategy for addressing cultural understanding and the gaps that can occur between patients and health professionals. For example, gaps may include: communication issues, including disclosure and consent; decision-making, such as how or when the patient or family should be involved; concepts and understanding of disease; the meaning of pain and other symptoms; attitudes to medication (especially opioid drugs and sedatives) and nutrition; and privacy issues (Koenig & Gates-Williams, 1995; Lickiss, 2003).

Cultural competence in health care

In addition to the new initiatives described earlier there has been a renewed emphasis on the importance of cultural sensitivity and awareness in healthcare settings. The need for all health practitioners in Aotearoa New Zealand to be culturally competent was mandated in 2003 with The Health Practitioners Competency Assurance Act (HPCAA). The HPCAA sets standards of clinical competence, cultural competence and requires that all professional bodies set standards for cultural competence. The act itself does not define what is required to be culturally competent but rather leaves it to individual professional bodies to determine the specific requirements of their members.

The notion of cultural competence in social work grew from an increasing consideration of changes in society due to global mobility. It thus developed within a discourse about multicultural social work practice. Nadan argues that the rapid and complex diversity in Western societies saw a "a shift in social work from reliance on the 'melting pot' and assimilation models of the 1960s towards the models of multiculturalism developed in the 1980s" (Nadan, 2014, p. 75).

While there are many different definitions of the term *cultural competence*, it is commonly used to refer to the ability to work competently with cultures different from our own. A useful enduring definition was provided by The National Association of Social Workers (NASW), in the USA, in 2001:

> Cross-cultural competence refers to the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families and communities and protects and preserves the dignity of each. (NASW, 2001, p. 11)

Although cultural competence is an established part of the education curriculum for all health practitioners in Aotearoa New Zealand, it was initially focused on working with Māori, with attention directed towards gaining understanding and awareness of Tikanga Māori, and to developing the appropriate knowledge and skills to work with Māori and their whānau (Ruwhui, 2001).

For healthcare practitioners, including social workers, in Aotearoa New Zealand, an understanding of the impact of culture on healthcare outcomes is due, in large part, to the work done by nursing educator Irihapeti Ramsden and her colleagues in introducing and developing the notion of cultural safety (Papps & Ramsden, 1996; Ramsden, 1990, 2000). The term *kawa whakaruruhau* (cultural safety) was used by Ramsden (1990), who drew attention to the poor health outcomes for Māori (Wepa, 2015). Ramsden (1990) argued that Aotearoa New Zealand's healthcare system, constructed by Pākehā and dominated by Western views of health and well-being, was *unsafe* for Māori: detrimental not only to their *tinana* (physical) well-being but also to their *hinegaro* (emotional) and *wairua* (spiritual) well-being.

While cultural safety and cultural competence are different concepts, they both relate to the delivery of culturally sensitive and appropriate care.

Cultural safety is about the client feeling comfortable or safe with healthcare, while cultural competency is about the ability of health practitioners to demonstrate what is needed to achieve that (Vernon & Papps, 2015, p. 60). The concept of cultural safety has laid the foundation for our current commitment to developing healthcare policies and delivering services that are culturally competent, and safe, for all in our community.

Cultural competence and the role of social work professional bodies in Aotearoa New Zealand

The social work profession in Aotearoa New Zealand has also shown leadership among the human services recognising early the need for practitioners to be competent to work across cultures (Walker & Eketone, 2013). It has demonstrated a strong commitment to biculturalism and promoting bi-cultural practice. This commitment based on recognising the rights of Māori as the indigenous people of Aotearoa and is a commitment to the principles and intent of the Treaty of Waitangi (Wilson & Haretuku, 2015).

The Aotearoa New Zealand Association of Social Work (ANZASW) and the Social Workers Registration Board (SWRB) both have policies that relate to working with Māori and working with different cultural and ethnic groups (ANZASW, 2014, 2019; SWRB, 2011 a b). These policies contain specific behaviours which must be achieved in order for practitioners to be considered competent to practise.

While the ANZASW Practice Standards and the SWRB Core Competencies both pay significant attention to tangata whenua perspectives, they also express a clear commitment by the social work profession to work with our marginalised communities. The ANZASW Code of Ethics (2019) articulates social work's values and commitment to foster belonging and inclusion, promote diversity and connectedness and to challenge exploitation and racism (ANZASW, 2019).

While the Code of Ethics provides a clear mandate for the role of social work in our CALD communities, an increased commitment and ongoing development of the social work curriculum and professional competency requirements will be required if this goal is to be met effectively. This will create an opportunity for the profession to consider how we uphold our commitment to a bicultural model of practice, acknowledging the place of tangata whenua, while we also direct our focus on acquiring the skills and knowledge required for us to practise effectively with the new communities that have made Aotearoa New Zealand their home (Walker & Eketone, 2013).

Social work education

The social work profession's commitment to biculturalism is embedded in the current social work education curriculum (Beddoe, 2018) and is also reflected in the SWRB Core Competence Practice Standards, forming an integral part of the process for competency to practise (SWRB, n.d.).

Although Māori make up only 15.4% of the population, the high number of Māori who require health and social services has meant social workers require a basic knowledge of Māori cultural constructs (tikanga) and a sound knowledge of the Treaty of Waitangi and its principles of *Partnership, Participation* and *Protection* (Walker & Eketone, 2013).

However, the changing demography in Aotearoa New Zealand, particularly in our largest cities, requires practitioners to broaden their cross-cultural knowledge and skills in order to work effectively with an increasingly diverse range of ethnic and cultural groups. There is concern that practitioners are not well enough equipped for these new challenges (Nash & Trlin, 2004; Park & Anglem, 2016; Wang 2000).

This observation is echoed in a 2004 study of the experiences of social work practitioners with refugee and migrant communities

(Nash & Trlin, 2004). The study drew attention to the gaps in social work education with survey respondents indicating they would like the social work curriculum to include clearer guidelines around cultural competence; they also reported a need for more training, including increased cultural self-awareness and an emphasis on cross-cultural communication (Nash & Trlin, 2004).

It has been proposed that Aotearoa New Zealand should follow the lead of countries such as Finland, establishing (re) settlement work with immigrants, refugees and asylum seekers as a new specialised area of practice for social work; based on a specific body of knowledge with specific training in this area (Nash & Trlin, 2004).

Social work is also increasingly aligning itself to an approach that focusses on the social determinants of health (Craig, Bejan, & Muskat, 2013 Pockett, 2014; Pockett & Beddoe, 2015). Pockett (2014) argues for an understanding and awareness of the social determinants of health in all fields of practice within social work, noting that "socially constructed health inequalities and disparities" are associated with the impact of globalisation and impacts on disadvantaged and oppressed populations (p. 736). Pockett asks for greater awareness of health in social work education, including field placement. It is quite likely that the siloing of curriculum content separates health content from the exploration of refugee, asylum seeker and migrant population concerns.

Fish and Karban (2014) reviewed the inclusion of theorised approaches to health inequalities in social work curricula in the UK and Australia and found scarce evidence of routine inclusion. There appears to be a lack of local evidence relating to this, so future exploration would both enhance and add to our existing understanding in this area.

Cultural support workers

In North America and Canada, the CSW role, or the role of *patient navigators* as CSWs are often known, was developed as a strategy to address the disparities in health outcomes evident in different population groups. The first patient navigator programme, established in the early 1990s in Harlem, New York, was a joint initiative between Dr Harold Freeman and the American Cancer Society (ACS) (Dohan & Schrag, 2005). The programme was developed in response to concerns over the poor cancer treatment outcomes for Latino and Black American patients.

The term patient navigator was used to describe workers who were enlisted to assist patients: to navigate the often-complex multidisciplinary therapeutic processes involved in healthcare services. The term navigator is descriptive of the role, but the workers are also referred to as community support workers, lay workers, cultural support workers, cultural liaison workers and, in Latino communities, *guias* (guides) (Sauaia, 2014).

The role of the navigator, or CSW, is to work primarily with underserved populations to identify and address the barriers to achieving better outcomes. They provide the vital link between healthcare providers and service users, bringing valuable cultural knowledge and insights to the multidisciplinary health team, and an understanding of the needs of their particular community.

CSWs can contribute to the health experience in a variety of ways, including being able to "build trust with the community they serve to provide one-on-one, culturally appropriate, patient empowering interventions" (Fischer, Sauaia, & Kutner, 2007, p. 1024).

An important part of the CSW role is in the developing and building of trust between communities and healthcare providers. For many refugees, the traumatic or unpleasant experiences of authority through the healthcare systems in their countries of origin may have made them suspicious and wary of engagement with healthcare services (Lawrence & Kearns, 2005). The presence of a CSW can contribute to the building of trust, essential for the establishment of an effective, therapeutic relationship.

CSWs or *community health workers* (another term sometimes used for community supporters of this kind) have been described in the following way:

> A Community Health Worker, (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counselling, social support, and advocacy. (Alvillar, Quinlan, Rush, & Dudley, 2011, p. 747)

In Aotearoa New Zealand, the activities of a CSW or patient navigator vary depending on the practice setting. The CSW is often required to undertake a broad range of tasks, including: the provision of information about programmes and services; advocacy with healthcare and social service providers; and general emotional and social support to patients and families, which may include accompanying them to doctors' or hospital appointments, transport and interpreting services (Henderson & Kendall, 2011).

While many CSWs in Aotearoa New Zealand have backgrounds in healthcare, this is not always the case. Currently, with no formal qualifications required and no specific training programme, there is uncertainty about the current process of recruitment and the systems for supporting and training these workers. The lack of specific training and development opportunities for CSWs has also been reflected in the findings from overseas literature. Rosenthal, Wiggins, Ingram, Mayfield-Johnson, and De Zapien's (2011) most recent study into CHW training programmes in the USA echoed the findings of Rosenthal's et al.'s 1998 study, in finding that the most common training provided was stated as "on the job" (2011, p. 256).

The broad range of tasks required of CSWs, and the commitment of CSWs to their communities, can place huge demands on these workers as they struggle to meet the expectations of managers and of the members of their own communities (Henderson & Kendall, 2011).

CSWs and social work

While there is recognition of the unique cultural elements of the CSW role, the specific language skills, cultural knowledge and understanding of the particular community, there is also concern about the possible misuse of CSWs by health care providers. With the lack of a clear role definition and boundaries there is potential for misunderstandings and unrealistic expectations leading to an undervaluing of the role and inappropriate use (Nemcek & Sabatier, 2003).

With the similarity between social work and CSW roles and many tasks common to both roles, including advocacy, provision of information, linking with services and emotional support, there is the potential for CSWs to be required to perform tasks beyond their role and to be seen as a cost-effective alternative, or as "surrogate" social workers (Alvillar et al., 2011; Darnell, 2007).

The need for increased understanding into the CSW role and its contribution to health outcomes is recognised by many as being a major challenge for the role (Darnell, 2007; Dohan & Scrag, 2005; Rosenthal et al., 2011). This theme was echoed in a study which explored the role of the unregulated Pasifika workforce here in Aotearoa New Zealand (Perese et al., 2009). This study follows the history and development of the role, training and developmental pathways and key challenges for the development of this workforce. It describes the many challenges for the further development of this role including ambiguous measures, different sets of evaluation priorities, unclear job descriptions and, also importantly, the lack of information currently available on these workers (Perese et al., 2009).

Discussion

The introduction of CSWs into the healthcare setting as a strategy to improve access to services and improve health and well-being outcomes is congruent with the commitment of the social work profession to equality and anti-discriminatory practice. This commitment is articulated in the International Federation of Social Workers' (IFSW) definition, which refers to "principles of social justice, human rights, collective responsibility and respect for diversities" (IFSW, 2014.

However, the establishment of the CSW role does present health social work with some important challenges. One of these is for the profession is to consider whether there has been a sufficient focus on the health needs of refugee and migrant communities; and to examine whether the CSW roles have been developed in response to needs not addressed by current social work practice.

This second challenge also provides a valuable opportunity for practitioners to reflect on their levels of competence and confidence to work with the complex needs of our refugee and migrant communities. How much do they know about the needs of different communities and about the barriers to access and the inequalities that exist for CALD communities in healthcare? And do practitioners possess the skills and knowledge required to be effective in their practice with these communities? Exploring these questions will require both practitioners and social work educators to actively engage with migrant and refugee communities to learn more about their needs and aspirations and the practice collaborations that would best meet their needs. Research is necessary to ensure that service-users in migrant and refugee communities are active voices in what matters most to them. Research carried out by Maidment, Egan, and Wexler (2016, p. 8) for example, found that, for older adults and their carers in CALD communities, "the demonstration of respect, empathy, genuine interest and giving time were in some cases more important in the interaction, than knowing the details of the particular cultural background, although this too was very helpful." There is a need to identify the areas where more education and training for practitioners is required and how educators can work to develop specific programmes to increase the understanding and knowledge of refugee and migrant communities.

This challenge also presents an exciting opportunity for health social work to broaden its scope in the healthcare setting, and as noted earlier, to take a public health focus, highlighting barriers that exist for many in accessing services and the disparities in healthcare outcomes. This focus is congruent with the social work profession's commitment to equity and anti-discriminatory practice and builds on the profession's important role in promoting diversity and inclusion (IFSW, 2014).

An increased focus on public health focus provides opportunity for collaboration with CSWs to establish and develop programmes that address these barriers and inequalities (Giles, 2009; Pockett, 2014). These collaborative initiatives, uniting the specific skills of social workers with the cultural knowledge and understanding with CSWs would deliver better health outcomes for CALD communities while simultaneously increasing and enhancing social work practitioners' cultural understanding and knowledge (Maidment et al., 2016). Spencer et al. (2010) also argue that CSWs are "natural allies for social workers, who share the common goals of social justice and They describe how social work practice can be enhanced by collaborating with CSWs to engage more effectively with marginalised or hard-to-reach communities.

There is also an important part for social work to play in strengthening and supporting the CSW role. Social work practitioners can voice their support for better cultural understanding in healthcare delivery and by advocating for more research to better understand the needs of the CSW workforce and their contribution to the health and wellbeing of communities.

Better understanding gained through research will highlight the unique and distinct features and attributes of CSWs and their role in the healthcare setting. A clearer definition of the CSW role will increase recognition and improve access to appropriate training and professional development opportunities, regular supervision and support, and for them to be accepted as integral, valued members of the multidisciplinary healthcare team.

Conclusion

The vast demographic changes that have occurred in New Zealand since the 1990s have had a huge impact on the delivery of healthcare services. The introduction of CSWs into the healthcare setting has been an effective strategy for healthcare providers to engage more effectively with our CALD communities.

For health social work, the advent of CSWs in the healthcare setting presents both a challenge and an opportunity. The challenge is for practitioners to reflect on their own levels of competence and confidence in working with the complex needs of our refugee and migrant communities, to identify areas where more training is required and then to seek out learning opportunities that increase their skills and understanding of the many different communities that now call Aotearoa New Zealand home.

It also presents the opportunity for health social work to take more of a public health focus to identify and address disparities in healthcare outcomes. The opportunity for practitioners to engage collaboratively with CSWs in healthcare settings has the potential to both deliver more effective social work practice and strengthen the CSW role thereby ensuring CSWs continue to be a strong voice for the communities they serve.

If health social work is to continue to be a vital and integral part of the health landscape, it must constantly evolve and seek out new areas of practice. Health social work has demonstrated, over time, its ability to adapt to changes in the healthcare environment and now again is presented with a challenge, and the opportunity for the profession to refocus and redefine its role in the healthcare setting.

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ORIGINAL ARTICLE

QUALITATIVE RESEARCH

Specialist sexual violence social work: Ensuring good practice

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ABSTRACT

INTRODUCTION: This research sought to understand social workers' perspectives on good practice in specialist sexual violence social work practice in Aotearoa New Zealand.

METHODS: In 2018, five registered social workers engaged in semi-structured interviews focused on good practice social work in the field of sexual violence.

FINDINGS: The use of therapeutic social work, along with an extensive skill set and knowledge base were identified as fundamental for sexual violence social work. Boundaries and the development of broad self-care practices were recognised as crucial components of good practice.

CONCLUSIONS: The findings from this study offers links between the field of sexual violence and social work practice, while also indicating the need for future research.

KEYWORDS: Social work; sexual violence; Aotearoa New Zealand; good practice

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Sexual violence is a widespread issue both internationally and in Aotearoa New Zealand with severe and extensive consequences (Mason & Lodrick, 2013; Mossman, Jordan, MacGibbon, Kingi, & Moore, 2009; Thorburn, 2015). It is estimated that one in three females and one in seven males in Aotearoa New Zealand have experienced sexual violence (Fanslow, Robinson, Crengle, & Perese, 2007; Ministry of Women's Affairs, 2012; Mortimer et al., 2009; Thorburn, 2015). Māori women are nearly twice as likely to experience sexual violence as the general population, with Pacific and migrant women also at greater risk (Mayhew & Reilly, 2009).

While sexual violence social work in Aotearoa New Zealand has traditionally functioned as support work with a focus on short-term, practical guidance, there has been a move toward comprehensive, therapeutic practice. There is a need for informed and appropriate intervention in cases of sexual violence due to the high and complex needs of people who are affected (Ministry of Women's Affairs, 2009; Mossman, Jordan et al., 2009; Thorburn, 2015). If individuals impacted by sexual violence are not attended to by specialised professionals, it can be detrimental to their ongoing well-being with individuals being re-traumatised throughout their disclosures and subsequent healing journeys (Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001). People who experience sexual violence often have interaction with social workers and therefore, having a social worker who is specifically trained in a sexual violence scope of practice may aid in the reduction of re-traumatisation (Mason & Lodrick, 2013; Thorburn, 2015).

This article draws on findings from a study that explored good practice social work in the field of sexual violence from the perspectives of five registered social workers. The study was a supervised research project completed as part of a master's degree in applied social work through Massey University. The focus of this article is to link the profession of social work to the field of sexual violence in Aotearoa New Zealand and stimulate a discussion on the practice of social work in this specialist area.

Literature review

In 2009, the Ministry of Women's Affairs in Aotearoa New Zealand conducted research on effective interventions within the field, including a literature review on good practice (Mossman, Jordan et al., 2009). This literature review provided information on good practice within the medical system, the mental health system, the criminal justice system and support services in regard to sexual violence (Mossman, Jordan et al., 2009). Then, in 2016, Te Ohaaki a Hine National Network Ending Sexual Violence Together (TOAHNNEST) worked to modernise existing good practice guidelines based on practice evidence. These guidelines outline 15 principles for good practice in mainstream crisis support services within the sexual violence field (Wharewera-Mika & McPhillips, 2016). Another piece of research from Aotearoa New Zealand is a research report completed with the support of Aviva Family Violence Services, START, and the Ministry of Social Development by Dr Lesley Campbell to inform the service design of a sexual assault support service in Canterbury (Campbell, 2016).

While these examples of research have focused on the field of sexual violence in Aotearoa New Zealand, there has not been an in-depth, specific exploration of good practice for social workers engaged in this domain. Also, most international research has thus far focused on the work of psychiatrists, psychologists, counsellors and crisis workers, leaving limited links to social workers (Mortimer et al., 2009; Murphy et al., 2011). While the reviewed studies may not focus primarily on social work, they outline factors that share similarities to social work skills, knowledge and values, as well as the potential impacts of sexual violence work on the social work professional.

Skills

The most commonly expressed professional skills necessary for social work practice in the sexual violence field include counselling, listening, advocacy, and managing the tensions of one's world view within professional practice. The personal attributes of empathy and holding belief in the client are also highlighted. Jordan (2008) observes that there are positive impacts for people who experience sexual violence when professionals employ acceptance and empathy while hearing a client's story. Similarly, Thorburn (2015) points out the importance of empathy, listening skills and counselling skills when working in this field. Counselling skills and the therapeutic relationship are described as critical for meeting the emotional needs of a client (Mortimer et al., 2009; Mossman, MacGibbon et al., 2009). By drawing on the concept of counselling skills in social work practice, Staniforth and Booysen (2016) have been able to show that these micro-skills are utilised in many fields of practice. The therapeutic relationship that grows through the use of these micro-skills is seen as the principal element of the healing process (Mortimer et al., 2009; Murphy et al., 2011; Thorburn, 2015).

Knowledge

The literature is saturated with recommendations for specialist training, education and specific qualifications in sexual violence work (Campbell et al., 2001;

Ministry of Women's Affairs, 2009; Mortimer et al., 2009; Mossman, MacGibbon et al., 2009; Thorburn, 2015). Thorburn (2015), for example, suggests the importance of receiving training in dealing with power and control for workers in this field. This is echoed by Pack (2011) who highlights the need for social workers to acknowledge existing power dynamics when working with people who have experienced sexual violence. Other knowledge that could be included in specialist training and education relate to the factors that influence an individual's decision to disclose, the impacts of sexual violence, effective intervention skills, and theoretical frameworks that underpin practice (Murphy et al., 2011; Thorburn, 2015).

Several studies indicate that service delivery in the field of sexual violence has a theoretical underpinning from feminist (Jordan, 2013; Jülich, Sturgess, McGregor, & Nicholas, 2013; Mossman, Jordan et al., 2009; Pack, 2011; Thorburn, 2015) and trauma-informed perspectives (Mason & Lodrick, 2013; Mortimer et al., 2009; Murphy et al., 2011; Pack, 2011; Stenius & Veysey, 2005; Thorburn, 2015; Wharewera-Mika & McPhillips, 2016). By drawing on feminist theory, Jordan (2013) makes historical links between language use, social justice and political activism within the domain of sexual violence. Similarly, Thorburn (2015) argues that this field has been traditionally influenced by feminist empowerment principles and observes that these principles are still present in practice. Commenting on trauma-informed practice, Mortimer et al. (2009) suggest the expectation professionals have of one another in the sexual violence field is to have a sound theoretical grounding in trauma. This view is supported by Thorburn (2015) who writes that trauma theories should be integrated into sexual violence training due to the specialist nature of sexual trauma. Together, these studies support the notion that feminist and trauma-informed perspectives and comprehensive and specialist knowledge is foundational for good practice social work.

Values

The values that contribute to good practice social work in the sexual violence field have been discussed throughout the literature and include self-determination and the worth and dignity of clients. Jordan (2008) reminds us that it is necessary to respect a client's positioning because positive impacts emerge when professionals accept and respect the needs and wants of the client. In a similar vein, the Ministry of Women's Affairs (2009) discusses self-determination through the framework of client-focused service delivery. This view is also supported by Murphy et al. (2011) who write that social workers must keep pace with the client and follow their lead. The concept of choice is also addressed at length in the literature. Stenius and Veysey (2005), for example, write that choice is crucial including creating space for clients to make their own decisions around the pace at which they heal, what issues they want to work on, and who they want to work with. They discuss that attention needs to be paid to what the client is requesting as this aids in preserving the self-determination of the client, and may also increase the person's sense of control. Jülich et al. (2013) also point out that a client-centred approach involves giving relevant options and respecting the options that are chosen.

The valuing of the worth and dignity of clients should be prioritised especially in meeting cultural needs. This perspective recognises that female Māori and minority groups are more at risk of experiencing barriers to accessing appropriate services (Mossman, MacGibbon et al., 2009). Mossman, MacGibbon et al. (2009) note the importance of culturally appropriate services, which is supported by Mason and Lodrick (2013) who recognise that cultural and religious considerations may have significance for the healing journeys of the people accessing a service.

Impacts of sexual violence

Previous research has focused on the impacts that sexual violence has on both the individuals who have experienced this violence, and the professionals working within the field of practice. On an individual level, this may include a substantial sense of loss, including the loss of trust, control and sense of safety (Jülich et al., 2013; Ministry of Women's Affairs, 2012; Mortimer et al., 2009; Murphy et al., 2011; Thorburn, 2015). The psychiatric diagnoses of anxiety and post-traumatic stress disorder (PTSD) are mentioned repeatedly throughout the literature as common responses to experiencing sexual violence (Mason & Lodrick, 2013; Mortimer et al., 2009). Guilt and shame are also referenced as major impacts on the individual that can intensify negatively when not responded to in a specialised way (Mortimer et al., 2009; Mossman, MacGregor et al., 2009; Thorburn, 2015).

For the professional, working in the field of sexual violence may be a contributor to secondary or vicarious trauma, terms which, in this article, will be used interchangeably (Jirek, 2015; Temitope & Williams, 2015). This may result in the social worker experiencing PTSD symptoms which can compromise their ability to provide high quality intervention for their clients (Michalopoulos & Aparicio, 2012). Jirek (2015) points out that secondary trauma can also lead to a change in the social worker's world view, causing them to develop a more cynical outlook and lose their sense of hope. Social workers with heavy caseloads in this field are at a higher risk of experiencing secondary trauma (Temitope & Williams, 2015). That risk may, however, decrease as a social worker becomes more experienced (Hargrave, Scott, & McDowell, 2006).

Research on the impact of a social worker's personal trauma history on their risk of experiencing secondary trauma is varied. A study completed by Michalopoulos and Aparicio (2012) found no correlation between personal trauma history and secondary trauma, whereas Way, VanDeusen, and Cottrell (2007) found that having a personal trauma history increases the risk of experiencing secondary trauma. Michalopoulos and Aparicio (2012) suggest that protective factors against secondary trauma for social workers in the field of sexual violence include regular high quality supervision, continuing professional development, and social supports. Some social workers may also find processing and debriefing with their colleagues cathartic (Jirek, 2015).

Method

The aim of this study was to explore social workers' perceptions of good practice social work in the sexual violence field. A qualitative approach was deemed the most appropriate methodology given the focus on exploring individuals' unique experiences and perspectives (Ryan, Coughlan, & Cronin, 2007).

Ethical approval from Massey University was granted under the low-risk category. Particular consideration was given to potential issues around conflict of interest and coercion due to the first author's engagement in the field of practice under examination. To remove any possible sense of obligation by participants, the participant criteria included the condition of not being known to the researcher. No agencies in the region where the author lived were approached. Consent was obtained in writing. While anonymity could not be guaranteed, confidentiality was ensured through the use of pseudonyms and exclusion of any identifying information.

Five agencies listed on the National Collective of Rape Crisis and Related Groups Aotearoa (http://www.rapecrisisnz.org.nz/) website were emailed letters of invitation requesting that an information sheet and interview schedule were forwarded to social workers who met the participation criteria. The criteria included being a qualified social worker, having at least one year of experience in the sexual violence field, having access to Skype for the purpose of an interview, and not being previously known to the researcher. Interested participants were encouraged to contact the researcher directly. Five social workers who expressed interest in the research and met the criteria were interviewed.

Over the period June–August 2018 the first author interviewed two of the social workers in person and three by Skype. These semi-structured interviews were conducted with one individual and two sets of pairs due to the preference of the participants. The social workers were all currently employed in organisations providing specialist services to people who have experienced sexual violence. The participants were asked for their perspectives on good practice social work in the sexual violence field, including the key contributing skills, knowledge and values.

The interview data were thematically analysed to identify themes and patterns (Braun & Clarke, 2006; Vaismoradi, Turunen, & Bondas, 2013). After the interviews were transcribed, the first author read the transcripts closely, identified recurring thoughts and ideas, then grouped those ideas to form themes. Following usual qualitative processes, the identified themes were then used to explore the similarities and differences in the perspectives of the participants.

Findings

Participants described their roles as multifaceted and complex involving a wide range of practice including psycho-education, practical support, advocacy, and long-term therapeutic work. Due to the sophisticated level of social work practice considered necessary within the sexual violence field, they emphasised their social work skills, knowledge, and values extended beyond that of generic social work. Upholding boundaries was viewed as a primary responsibility and self-care for social workers was also considered crucial. These themes are discussed below.

Skills, knowledge and values

Participants identified a substantial selection of skills, knowledge and values necessary for social work practice in this specialist field. Therapeutic and relational skills were deemed of high importance due to the differentiation from generalist social work seen within this field of practice. Having the skills to work as a team through the use of a multidisciplinary approach was also considered to be essential. Developing specific sexual violence knowledge was raised by all participants, as well as their concern around limited sexual violence training for social workers. Participants acknowledged patience as a fundamental value while also highlighting the importance of balancing hope against the discouragement that social workers can face within this field.

Skills

The evolution of the role of the social worker in the sexual violence field was described by the participants as having moved from a short-term crisis focus to a comprehensive holistic approach. Social work practice then was seen to have expanded into a multifaceted, long-term practice.

> There's a huge skill set that's required actually as it's a fairly sophisticated level of social work. And it involves everything from making safe, psycho-education, practical supports, advocacy through to therapy sometimes. (SW 1)

Conversely, the participants suggested sexual violence social workers contracted by the Accident Compensation Corporation (ACC) may have a more restricted scope, with ACC considering "social work as more of a community type role where you will take someone to a WINZ [Work and Income New Zealand] appointment and take them home" (SW 3).

The fundamental social work skills of listening, having empathy, counselling and assessment were emphasised by participants. Having the skills to normalise and validate the client's feelings was highlighted and attention was paid to the skill of being non-judgemental:

> We are working with people who have been judging themselves long enough, they've been judged by others long enough, and you've got to be so careful because they are absolutely hypersensitive to any kind of emotional response that you give. So we've got to be able to understand that and being open minded and non-judgemental are absolutely baseline things. (SW 2)

Participants suggested that the decrease in capacity of counsellors in the sexual violence field has meant that social workers may work alongside clients for extended periods, focusing on both practical and therapeutic methods of practice. The therapeutic work is "highly relational" and the skills for working in a comprehensive therapeutic manner, rather than working primarily in a practical and transactional way, were described as essential for social workers in this field. What this has meant in practice is that social workers may engage in psychosocial support, psychoeducation, and the management of the client's trauma responses. The social workers, however, sometimes felt they needed to justify their skills and knowledge:

> Because a lot of people define social work as all about practical stuff, all about finances. But I have to point out, you don't do a four-year degree to just go to WINZ, it's a lot more than that. And we actually do learn counselling skills, and we do that stuff. But I really struggled to have to justify that and figure out the context of the work that we're doing, because its crossing way past the practical stuff. (SW 2)

For some participants, utilising these skills in practice has meant challenging the understandings of other professionals about the scope of social work practice.

Participants suggested that teamwork approaches also assist in the creation of a therapeutic environment. While they acknowledged that the social worker is often the first person a client may see within their agency and might, therefore, be the initial person the client is disclosing their experience to, they also highlighted the importance of other agency staff:

> But when a client comes in here, I always say right from the start really, they are a client of the agency, so individual counsellors don't have ownership over them, they don't own that client, that client is a part of this agency and so we all invest in the progress of that client and the outcomes of that client to a certain degree. (SW 4)

In particular, participants emphasised the importance of social workers having the skills to collaborate with counsellors. Recognising the strengths different professionals bring to the client interaction was seen to encourage better client outcomes.

Knowledge

Several theoretical frameworks were identified by participants as underpinning social work practice in this field such as strengths-based, solution-focused, task-centred, Te Whare Tapa Whā, mana-enhancing, systems, and attachment theory. Being flexible, adapting to meet the needs of individual clients, and using an eclectic approach were highlighted. The ecological systems of the clients were recognised by the participants with strong community relationships and a knowledge of government structures emphasised as crucial for enabling positive client outcomes:

> A lot of these clients are, they continue to be put down, belittled, we're dealing with systems that are geared up towards doing

> that like WINZ, Oranga Tamariki, sort of everywhere they go there's still that real feeling of powerlessness. (SW 2)

Further, specific knowledge about sexual violence was considered crucial for good social work practice. This knowledge included understanding the impacts of sexual violence, trauma-informed practice, power and control, and neuroscience:

> Knowledge of brain development, knowledge of emotional regulation, some of the more detailed aspects of central nervous system regulation, and what that looks like, that's really important when you're doing trauma work. (SW 4)

Despite these skills, knowledge and values being highlighted as important, there was a concern about the limited available training. This included both in the initial qualifying training programmes and ongoing professional development opportunities. While some training may focus on generic trauma, the participants believed there was limited availability of training on the specialist nature of sexual violence. According to the participants, this gap in relevant training might result in some agencies not employing newly qualified social workers or taking practicum students.

There was a concern among participants about the current training and qualifications not adequately addressing the needs of the professionals. While participants acknowledged training focused primarily on dealing with an initial sexual violence disclosure, they argued that they already "are the ones dealing with the disclosures" (SW 2). Some participants felt that the social work curriculum lacked adequate focus on trauma-informed practice, thus leaving qualified social workers with a knowledge gap. Participants suggested these gaps could be best addressed by an online course as this would be accessible for social workers throughout Aotearoa New Zealand. They also recommended using experienced clinical managers to act as mentors and assist with building the knowledge and skill base of a clinical team within an agency.

Values

The value of patience in regard to respecting the client's experience was expressed by all participants. They discussed the social worker role as supporting each client in their individual journey, remaining non-judgemental of their choices, and assisting them to navigate their problems on their own terms. The importance of allowing space for the client to lead the journey, and for the social worker to keep at their pace because "it's their journey, it's their story, it's their way" (SW 3) was a consistent message.

Social justice was also identified as a key value by participants, however, they cautioned that the push for social justice should not dominate the client's wants and needs. Another value that was of significance was the belief in the "good". Acknowledgement was given to the nature of sexual violence social work and how "you could begin to view the world through a particular lens and only through that lens. So, holding hope is really important, but also that belief in the intrinsic good within people" (SW 4). Hope, therefore, was also of importance.

Boundaries

Boundaries were discussed as the responsibility of the social worker; however, these might not always be rigid. Some boundary flexibility, for example, might be acceptable when a social worker is working holistically; such as when the client needs "connection", then it would be appropriate to give the client a hug.

Therapeutic social work was also highlighted as a space for having flexibility in boundaries. The flexibility was seen as dependent on the skill level of the individual social worker, as it is the responsibility of the social worker to remain ethical by working within their scope and competence:

> Again it's about being very aware of your boundaries and knowing when to stop, when you've reached the outer limits of what your scope or knowledge set is and if you're going into deeper therapeutic work then that belongs with the people who've got the skills and training and understanding of that. (SW 4)

Participants believed that other professionals felt that only counsellors could carry out therapeutic work while social workers focus on practicalities, and opposed this apparent divide. Increasing opportunities for teamwork across professions was proposed as one way to navigate this boundary while keeping the scope of social work in this field from narrowing. Mutual respect was emphasised: "we're not threatened by each other; I think that's part of the thing. We respect each other's professional skills and judgements" (SW 2). Participants said having boundaries assists the social worker in working within their scope and being clear about their role. Participants identified holding boundaries as significant to the work they do with clients as using their own boundaries can be a way to teach clients how to set boundaries for themselves:

> In the work that I do with people, a lot is about boundary setting for them. Because their boundaries have been so violated across time, they really struggle to understand what the line is. (SW 2)

Maintaining a reflective and boundaried practice can also assist the social worker in avoiding rescuing behaviours, which could be particularly harmful in the context of sexual violence:

> So, some really good self-awareness around boundaries and the realisation that you can't always make everything ok, you can do what you can to make things, you can ameliorate difficulties in people's lives and you can equip them and empower them with some tools to cope with what life throws at them but very seldom can you make everything ok. (SW 4)

The ability to employ professional and personal boundaries was also described as a way to enhance client-centred practice. When a social worker fails to maintain those boundaries there may be a risk that "you're starting to stray a little into your own stuff and you can lose sight of what it is the victim actually needs in that moment" (SW 4).

Self-care

Self-care was a recurring theme from participants. Self-care was discussed in relation to the difficult nature of sexual violence work with an emphasis on the impact of traumatic content on social workers:

> Because sometimes you do hear about stuff that's traumatic to yourself, so that's secondary trauma, so making sure that you're aware of that. Making sure that you do discuss things like that. (SW 3)

While some participants acknowledged the importance of collegial support, there was a belief that regular supervision with an experienced practitioner was essential for self-care. Different forms of supervision including internal, external and peer were deemed valuable. Additionally, utilising cultural supervision within a non-kaupapa Māori agency was considered important due to the high number of Māori clients using the services.

Due to the sensitive nature of sexual violence and the current climate of heavy social work caseloads, self-care in this field was viewed as not only the responsibility of individual social worker, but also of the agency:

> I suppose that over 30 years we've learned a thing or two about how to "hold"/look after people who work here.

> No one is allowed to work here full time and we have a lot of supports around people. There's a lot of team work and a lot of supervision and guidance. We're pretty clear that you burn people out really quickly if you give them ridiculous workloads with such intense stuff, so the wrap around is really important from the agency. (SW 1)

Boundaries could also be set by individual social workers to sustain their self-care practices. This included having regular working hours and refraining from working overtime. Learning to say "no" was also advised in order to avoid becoming saturated in the work. Maintaining the difference between sympathy and empathy was seen as imperative because, "you can take on too much of that emotional baggage. You've got to be able to be empathetic without taking on their stuff" (SW 2). While this may be common practice for social workers, the participants reiterated the point due to the possibility of secondary trauma and the overall nature of working in the sexual violence field.

Another common social work practice that was highlighted as a boundary to assist in self-care was that of separating one's personal and professional lives. One participant felt that their own personal and professional lives were intertwined before entering the sexual violence field. They discussed how they had built up the boundary between their personal and professional lives by not watching violent movies or television shows, and also by creating boundaries around their community presence to ensure the confidentiality of those within the community who were accessing the specialist service.

Importantly, self-awareness around personal triggers and potential danger that comes with working in this field without having completed personal work first was emphasised by all of the participants, as illustrated in this comment:

> If we're not fully aware of what our own stuff is, and we haven't dealt with it, we can do a lot of harm to people and to ourselves. You can do a lot of harm to yourself in this field if you're triggered by things. (SW 2)

Given the importance of excellent self-care practice, someone who has had a very recent experience of sexual violence might not be in the right space for working in this field.

Discussion

Sexual violence is a complex, sophisticated and specialised field of practice for social workers. The participants emphasised that this area of social work practice exceeded that of crisis intervention and practical support, and therefore requires an extensive skill set. Minimal literature on the scope of social work practice in the sexual violence field is available although some Aotearoa New Zealand literature has addressed the practice of social workers in this area, but only in the context of them working as therapists (Pack, 2011).

There appears to be an increasing need for specialist sexual violence services (Whareware-Mika & McPhillips, 2016). With limited capacity for counselling services, social workers might be required to upskill and work more therapeutically. Therapeutic social work and the therapeutic relationship were identified as key components of social work practice in this field. The therapeutic relationship is foundational to sexual violence work and is essential for positive outcomes (Accident Compensation Corporation (ACC), 2008; Mortimer et al., 2009; Murphy et al., 2011). This finding suggests that there is overlap between social work and counselling practices, which is consistent with Staniforth and Booysen (2016) who recognised that many social workers in Aotearoa New Zealand use counselling skills or engage in counselling practice within their social work practice.

Listening is a critical social work skill, as it enables the practitioner to understand the needs of the person they are supporting. Using acceptance to manage the tensions between one's worldview and professional practice can have a positive impact on the potential guilt and shame felt by the person who experienced the sexual violence. Similarly, previous studies that focused on universal sexual violence work also emphasised validating and normalising the feelings of someone who has experienced sexual violence, thus leading to the person gaining the ability to move away from the feelings of guilt and shame (Mortimer et al., 2009; Mossman, MacGibbon et al., 2009; Murphy et al., 2001; Thorburn, 2015). Practising in a non-judgemental and accepting way creates the foundation for trust and safety within a client's healing process (Mortimer et al., 2009).

Having the skills to collaborate as a team member, across disciplinary boundaries, is an integral part of good practice for social workers. Integrated, wrap-around services are also identified as essential for good practice in the sexual violence field and the role of social workers in this space could benefit from further recognition and understanding. An individual who experiences sexual violence may have varying levels of need over time and so counselling and social work practitioners, as well as other professionals, should continue to discover effective ways to work alongside one another to better support their clients (Whareware-Mika & McPhillips, 2016). Agency-wide participation in creating a therapeutic environment is an important team approach to practice. The environment of specialist support services can have a direct impact on the well-being of the person accessing the service (ACC, 2008; Mossman, Jordan et al., 2009). This can include the physical environment, as well as the environment created by the interactions between staff and clients (Whareware-Mika & McPhillips, 2016). Agency-wide investment in positive client outcomes is foundational to good practice.

An important, but perhaps obvious, finding to emerge from the analysis in this study is that sexual-violence-specific knowledge is essential for social work in this field. The necessity of knowledge around the impacts of sexual violence, the brain's response to trauma, power and control, and trauma-informed practice discussed by the participants is congruent with previous studies and further supports the idea that sexual violence is a specialised field of practice requiring specialised knowledge (Murphy et al., 2011; Pack, 2011; Thorburn, 2015). Another interesting finding was that, while the literature highlighted feminist theory as central to sexual violence work (Jordan, 2013; Jülich et al., 2013; Mossman, Jordan et al., 2009a; Pack, 2011; Thorburn, 2015), participants did not identify any theories of gendered violence as significant to their practice.

The values of patience and keeping pace with the client was highlighted as significant to sexual violence social work practice. These results further support the idea of self-determination and client choice (Ministry of Women's Affairs, 2009; Murphy et al., 2011). The notion of hope was also reported by participants as a core value in this field, which is consistent with that of Jirek (2015) who discussed the potential loss of hope and change in world view that can arise from secondary trauma. Social justice was also identified as an essential value, resonating with previous research and the global definition of social work (Pack, 2011).

Creating and maintaining boundaries in this field were seen to be significant. Boundaries were described as a tool for social work intervention; some people who have experienced sexual violence face a loss of trust and safety (Ministry of Women's Affairs, 2009; Mossman, MacGibbon et al., 2009) and teaching them about boundaries can assist in the development of their interpersonal relationships. Boundaries are also significant to a social worker's role, so as to ensure rescuing behaviour and dependence is avoided (ACC, 2008). Despite this, there is an absence of research directly linking boundaries to this field of practice for social workers.

The current study confirmed that self-care is significant to good practice social work in the sexual violence field. This finding is aligned with other research that found that working in the sexual violence field can have serious impacts on the worker, such as secondary traumatisation and emotional fatigue (Whareware-Mika & McPhillips, 2016). Self-care also includes personal awareness around one's own triggers and creating space between the social worker and their own personal experience of sexual violence. This finding suggests that personal therapy or healing may be a requirement of social workers practising in the sexual violence field who have had their own experiences of sexual trauma. Personal trauma treatment may then decrease the risk of experiencing secondary trauma (Way et al., 2007).

Social workers are encouraged to utilise multiple types of supervision including external clinical, internal, peer supervision or collegial support. Pākehā and Tauiwi social workers working with Māori should be engaging with cultural supervision to ensure culturally responsive and safe practice (Whareware-Mika & McPhillips, 2016). Other recent studies have also indicated that consistent high quality supervision and collegial debriefing lower the risk of secondary traumatisation (Jirek, 2015; Michalopoulos & Aparico, 2012).

Many studies have called for the creation of specialist training, education and qualifications for work in the sexual violence field of practice (Campbell et al., 2001; Ministry of Women's Affairs, 2009; Mortimer et al., 2009; Mossman, MacGibbon et al., 2009b; Thorburn, 2015). Surprisingly then, there is a lack of training, courses and qualifications focused on sexual violence social work in Aotearoa New Zealand and the training programmes that *do* exist may not be meeting the needs of frontline social workers. Specialist sexual violence training should incorporate, not only disclosures and the impacts of sexual violence, but also a robust examination of the theoretical approaches and the most effective social work interventions for this field of practice (Ministry of Women's Affairs, 2009; Mortimer et al., 2009; Murphy et al., 2011; Pack, 2011; Thorburn, 2015).

It is recommended to future researchers and educators that the scope of practice for sexual violence social work be identified and included in a general or stand-alone qualification, and that the role of social workers in this field and how they determine their scope of work be further explored through research.

Due to the small number of participants in the research, the findings cannot be generalised or viewed as a representation of all social workers in the sexual violence field of practice (Ryan et al., 2007). Nevertheless, the research provides insights into the perspectives of social workers in the field of sexual violence. The predominantly female influence within the study was also a limitation; an increase in gender diversity may have yielded different findings. Another limitation is the use of Skype during the data collection; connection issues may have limited the natural flow of the interview and could have caused important data to be missed.

Conclusion

Good practice social work in the sexual violence field is critical for the wellbeing of people who have experienced sexual violence. As a specific scope of practice, limited attention has been given to the personal and professional development needs of social workers working in this area. Further attention to specialised training opportunities including in boundary setting, self-care, and skills and knowledge will strengthen current practice. Furthermore, with the high prevalence of sexual violence in Aotearoa New Zealand and the current social climate, sexual violence social work is an important topic for future research.

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ORIGINAL ARTICLE

THEORETICAL RESEARCH

Food banks and food rescue organisations: Damned if they do; damned if they don't

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ABSTRACT

INTRODUCTION: Food banks, a charitable response to a politically driven crisis in Aotearoa New Zealand, have become institutionalised. They emerged in an ad hoc manner and, since the 1980s, have helped address the emergency food needs of those experiencing food poverty. Food Rescue organisations, a later creation, emerged in an organised and planned manner. They have helped to address the needs of those experiencing food poverty by increasing the quantity, and the amount of perishable food available for distribution.

METHOD: This article draws on academic literature and research of the Dunedin/Ōtepoti newsprint media completed for a thesis in 2017 to provide background about how these organisations came to exist and the socio-political context that supports their existence.

FINDINGS: The development of food banks in Dunedin/Ōtepoti reflected the global explanations for their rise; however, with the advent of KiwiHarvest the mechanisms for addressing food poverty are undergoing a paradigm shift.

IMPLICATIONS: These new mechanisms have the potential to be more inclusive of those experiencing food poverty. Choice of food, involvement of recipients in the policy setting and the distribution of food, and fewer criteria are possible innovations. There are also opportunities for this new paradigm to extend and enhance the traditional role of food banks in conversations and actions that address social justice issues.

KEYWORDS: Food banks; food rescue; neoliberal; socio-political; Dunedin; New Zealand

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Food banks and, more latterly, food rescue organisations are an accepted part of the landscape. This article discuses their history internationally, nationally and, specifically in Dunedin/Ōtepoti and highlights the socio-political influences on their existence.

Food rescue organisations generally concentrate on the rescue of perishable and prepared food that would normally go to landfills from places such as restaurants and supermarkets, and distribute it to community organisations for further redistribution to those in need (Poppendieck, 1998). Food banks tend to source food that would also usually go to waste from supermarkets and wholesalers, but also rely on donations from the community. In Dunedin/Ōtepoti, KiwiHarvest Dunedin/Ōtepoti's food rescue organisation, also supplies the food banks with food for distribution to those in need. Food banks have a stronger concentration on collecting non-perishable food but also deal in some perishable goods. Food banks are structured in one of two ways. The first is as a warehouse operated by a non-profit organisation where food is collected and stored and then given to community social service groups to distribute to those in need, and the second way is as smaller-scale more localised food banks where the social service organisations themselves collect, store and distribute the food (Riches, 1986). Food banks in Aotearoa New Zealand largely operate under the second model. Food rescue organisations generally fall under the first model and this is the case in Dunedin/Ōtepoti. There are other responses that have developed more recently to address the needs of those experiencing food poverty, such as Free Food organisations and community food pantries. This article focuses on food banks and food rescue organisations as, at the time the research was conducted, these were the two main sources of assistance available in Dunedin/Ōtepoti to meet the food needs of those experiencing food poverty. For the purposes of this research, food poverty is considered to exist when a sector of society, despite the availability of food, is unable to access food to meet their needs through the usual social and economic means. This is usually due to insufficient income—commonly a consequence of neoliberal and reactionary social policy (Dowler & O'Connor, 2011; Riches & Silvasti, 2014).

The beginnings of food banks

Two of the most notable academics writing about food banks, Poppendieck (1998) and Riches (1986), concur that the world's first food bank was established in Phoenix, Arizona, United States of America (USA). Poppendieck (1998) dates 1967 as its inception. The food bank was set up as a charitable food resource for those who were struggling to meet their food needs at a time when the existing public social safety net was increasingly not meeting the needs of those it was designed to support (the socio-political context associated with the rise of food banks is discussed later in this article) (Riches, 2003). The food bank was also a mechanism to utilise the surplus of edible food that was being wasted (Riches, 2003). John van Hengel, a former businessman and Saint Vincent de Paul volunteer is credited with its establishment. He began gleaning fruit and vegetables and, as the venture grew, he sought assistance from Saint Mary's Church, Phoenix. In appreciation of the assistance from the church, John van Hengel named his food bank, The Saint Mary's Food Bank (Poppendieck, 1998; Riches, 1986). The scope of the food bank grew when John van Hengel was introduced to a woman who was feeding her children from a dumpster behind a local supermarket. John van Hengel visited the site of this dumpster and discovered a multitude of perishable dumped food, including vegetables, frozen food and bread. He also found non-perishable items at the back of the supermarket waiting to be dumped, including dented cans and leaking bags of sugar. He approached the manager of the supermarket and arranged for these items to be redirected to the food bank. Approaches were soon made to other supermarkets and the typical way of sourcing food for food banks from supermarkets was established (Poppendieck, 1998). This process remains the dominant way food banks source goods internationally and in Aotearoa New Zealand.

The term *food bank* is attributed to the woman who led John van Hengel to the dumpster. She is said to have drawn a cartoon depicting a bank in which food could be deposited by those with excess, and those in need could withdraw the excess (Poppendieck, 1998; Riches, 1986). In 1976 John van Hengel left Saint Mary's to establish Second Harvest, a national chain of food banks and then in 1983 he established what is now known as the Global FoodBanking Network, an association of food banks (Nelson, 2005).

Food banks became an international phenomenon. By the mid-1990s most OECD countries had food banks (McPherson, 2006). Hong Kong, Macao, Taiwan and China emerged into food banking this century (Riches, 2011). The first Aotearoa

New Zealand food bank was thought to have been established in Auckland in 1980 (Crack, 2001; Mackay, 1995; McPherson, 2006; Uttley, 1997; Whale, 1993).

By 1994 there were an estimated 365 food banks in Aotearoa New Zealand and a third of these were located in the Auckland area (Mackay, 1995). The food banks were predominantly attached to voluntary organisations where other social services were also provided (Whale, 1993). About 95% of the food banks were church initiated (Whale, 1993). Attempts by those researching food banks to establish more accurate numbers proved difficult and one researcher concluded that the lack of a national database of food banks contributed to this (Mackay, 1995). This helps to explain why the literature lacks specificity about the emergence of these early food banks. This reflects comments in the international and Aotearoa New Zealand literature relating to the lack of baseline and historical data to determine the number of food banks (Crack, 2001; Poppendieck, 1998). The lack of data is significant as it impacts on the ability to research the development of food banks and to tell the particular story of each one. The research from this 2017 study concluded that the localised food banks that developed in Dunedin/Ōtepoti meant that they developed in an ad hoc manner and there was little written about the historical specifics of their development (Wason, 2017). The emergence of food banks in Dunedin/Ōtepoti is discussed later in this article.

Food rescue organisations emerge

While food banks continued to grow both internationally and nationally, another form of collecting food to be redistributed for those experiencing food poverty emerged. This new model focused particularly on perishable food that would normally be wasted. The sourcing of this food was complementary to, rather than competitive with, food banks, although inevitably some overlap developed. City Harvest in New York which started in 1982, is credited with being the world's first food rescue organisation (City Harvest, n.d.; Poppendieck, 1998). As occurred with food banks, these food rescue organisations in the USA formed a network and, by the end of the 1980s, the network was well established (Poppendieck, 1998). After the establishment of City Harvest, food rescue organisations began to appear in other countries, such as Canada in 1985, the United Kingdom in 1994 (Poppendieck, 1998), and Australia in 2001 (FareShare, n.d.).

The first Aotearoa New Zealand food rescue organisation was Kaibosh established in Wellington in 2008 (Kaibosh, n.d.; Macfie, 2016). Further food rescue organisations soon followed and they now operate across the country. FoodShare, now known as KiwiHarvest was established in 2012 and is Dunedin/Ōtepoti's food rescue organisation (KiwiHarvest, n.d.).

The socio-political context

There is general agreement in the international literature including Cloke, May, and Williams (2016), Poppendieck (1994, 1998, 2014) and Riches (1986, 1997, 2003, 2011), that the impetus for the rise of food banks was a reaction to the increased needs caused by the introduction of neoliberal policies and significant reductions in welfare-state-type provisions. There is also agreement between Poppendieck (1994, 2014) and Riches (1997) and others that these reductions in welfare provisions were usually accompanied by rising unemployment and deteriorating economic conditions and that this, along with neoliberal structural reforms, resulted in increased poverty and a subsequent need for many of those to seek food assistance. Most of the Aotearoa New Zealand literature and commentary also concurs with this premise (Crack, 2001; Leslie, 1996; Mackay, 1995; McPherson, 2006; O'Brien, 2014; Olds, 1991; Whale, 1993; Wynd, 2005). In Aotearoa New Zealand, the background to these changing socio-political conditions began with significant economic and social restructuring in 1984 by the fourth Labour-led government (Kelsey, 1995). This restructuring was taken to a deeper level by the 1990 National government who, shortly after its election, announced cuts to most social security benefits. These cuts, the impact of the Employment Contracts Act 1991, the implementation of market rentals for state housing, increasing unemployment and increased expenses for families meant that those in need were increasingly turning to food banks (Carlyon & Morrow, 2013; Crack, 2001; Leslie, 1996; Mackay, 1995; McPherson, 2006; Olds, 1991; Wynd, 2005). Faced with the effects of this politically created crisis, food banks became a community response to need (McPherson, 2006; Riches, 2003).

In contrast to the viewpoint previously described, McLoughlin (1994) contended that the growth in food banks in Aotearoa New Zealand was more about the existence of food banks becoming known and that most of those in receipt of benefits managed on reduced incomes. This view, that the growth in food banks was related to publicity rather than the reduction in benefit levels, was an isolated one in the commentary, but may well have reflected some societal views at the time.

The increase in food bank usage as a result of the 1991 benefit cuts in this country is widely acknowledged in the literature (including Barwick & McGurk, 1994; Crack, 2001; Leslie, 1996; McPherson, 2006; Olds, 1991). It also appears that the Department of Social Welfare, the government department charged with administering social security benefits, also began to encourage its clients to access food banks. The research undertaken by Olds (1991) and by Barwick and McGurk (1994) confirmed that the New Zealand Income Support Service staff (a branch of the Department of Social Welfare, now referred to as Work and Income) was a referrer to food banks. This was particularly significant, firstly as the government was denying the practice and questioning the need for food banks and, secondly, because it could be interpreted as confirming that benefit levels (reduced as a result of the 1991 cuts) were inadequate to meet essential needs (Barwick & McGurk, 1994; Olds, 1991). Work and Income as a referrer to food banks was also confirmed in McPherson's 2006 research and in a small Dunedin/Ōtepoti study (Houghton, Nelson, Niblock, Goodyear & Anglican Methodist Family Care Centre, 1998). As well as helping to normalise and institutionalise food banks, it also served to legitimise them as a means to supplement state income maintenance assistance.

Apart from the views of McLoughlin (1994) the literature reviewed for this article concurs that food banks emerged at a time of economic and social hardship largely brought about by the socio-political changes begun by the fourth Labour-led government and continued with an increased vigour by the 1990 National government. The reforms outlined led to a society with increasing inequality where food banks became an increasingly utilised mechanism for those in need to seek food they were unable to purchase (Crack, 2001; Kelsey, 1995; Leslie, 1996; Mackay, 1995; McPherson, 2006; O'Brien, 2014; Olds, 1991; Whale, 1993; Wynd, 2005). The change in the philosophy of the state from a society where benefit levels were based on the premise of the ability to fully participate in society to a neoliberal society with a modest safety net meant that Aotearoa New Zealand moved to the state as a safety net and individual responsibility. This was reminiscent of society prior to the Welfare State which began with the election of the Labour government in 1935 (Carlyon & Morrow, 2013; Roper, 2008; O'Brien & Wilkes, 1993, as cited in Leslie, 1996; Shipley, Upton, Smith, & Luxton, 1991; New Zealand Government, 1972; Thomson, 1998).

Food banks were a response by the voluntary and community sector to meet the food needs of a sector of society increasingly impacted by these socio-political changes. As discussed earlier, the food banks were established by voluntary organisations with most being attached to, or supported by, churches (Whale, 1993). Since the beginnings of colonisation in Aotearoa New Zealand, churches had played a dominant role in assisting those experiencing poverty, particularly food poverty (Thomson, 1998). This role had decreased during the period of the Welfare State due to the increased availability of income assistance and the ability of those on benefits to purchase food (Carolyn & Morrow, 2013; Olssen, 1984). The role of the church and voluntary organisations in supplying food re-emerged from the mid-1980s and particularly after the 1991 benefit cuts as neoliberalism took hold (Carlyon & Morrow, 2013; McPherson, 2006). Food banks as a response soon became permanent fixtures and were normalised as many stakeholders became reliant on them including food bank users, government, volunteers, businesses and the community (Crack, 2001; Dowler, 2014; Leslie, 1996; Mackay, 1995; McPherson, 2006; O'Brien, 2014; Olds, 1991; Poppendieck, 1998; Riches, 1986; Tarasuk & Eakin, 2005; Whale, 1993).

A response to the increased demand placed on food banks was the use of publicity and the media to encourage donations. The seeking of publicity for donation purposes appeared to be initiated by both the media and the food banks (Wason, 2017). The use of the media in this way is criticised by some in the literature as portraying food banks as appropriate mechanisms to address food poverty (including Poppendieck, 1994, 1998; Riches, 2003; Riches & Tarasuk, 2014) and "...as a matter of charity not politics" (Riches, 2003, p. 95). This usage is seen as reinforcing the provision of food as a gift and not a right and can result in the perception of food banks as acceptable mechanisms to address food poverty (Riches & Silvasti, 2014). It also reinforces what Poppendieck (1998) refers to as the "halo effect" where a positive psychological "feel good" benefit is received from the public acknowledgement of giving. While giving to food banks is admirable, it also serves to reinforce charity as an appropriate response and to depoliticise food poverty (Poppendieck, 1998). The trajectory for food banks is therefore complicated as they work to provide food for those impacted by political manoeuvres.

In the beginning, most Aotearoa New Zealand food banks engaged in social action to highlight the social justice issues associated with the rise of food banks (Milner, 2004; Wason, 2017; McPherson, 2006; Wynd, 2005). Some actions were nationally organised, such as an attempt at a day of protest but most were locally driven (O'Brien, 2014). Leslie's (1996) Palmerston North research concluded that not all the food banks involved in her study were actively working to alleviate poverty. While all were meeting the immediate needs of providing food she called for them to also operate from an empowerment theoretical basis, "…by employing strategies such as advocacy, political lobbying, and public education…" (p. 146). Wakefield, Fleming, Klassen, and Skinner (2012), in their Canadian research, also discuss the opportunities and importance for organisations responding to food poverty to engage in this type of discourse and the openings for collaboration. They also acknowledge the difficulties of this approach, but emphasise the essentiality of such an approach to help facilitate structural and social change. Much of the literature (including Booth & Whelan, 2014; Crack, 2001; Dey & Humphries, 2015; Lambie-Mumford, 2013; Poppendieck, 1998; Riches, 2011) suggests food banks, by their very existence, can be viewed as supporting the policies that created the need for them, but that they also play an important role in meeting the needs of those requiring food. Dey and Humphries (2015) describe this as the paradox in which food banks operate. Food banks' charitable role versus their social action role is complex. They operate in a world with competing expectations and some of those expectations, such as social action may be more than they have the resources to become involved in, or they may not see social action as one of their roles. A reduced focus on social action was evident in the findings of the research for this thesis. This was particularly noticeable in the newspaper reporting where, from about 2005, the social action theme almost disappeared and a concentration on requests for donations and acknowledgements became dominant (Wason, 2017).

An associated issue with the complex political space in which food banks function is the process of accessing them. A considerable amount of the literature reviewed, including the Aotearoa New Zealand literature of Leslie (1996), McPherson (2006) and Milner (2004) discussed the processes that food bank organisations established to limit access, assess a person's need, establish whether their circumstances required further exploration and whether they would benefit from additional services. Leslie (1996) comments on how these processes can serve to further stigmatise and reinforce the notion of individual failing and create barriers for those already marginalised. Restricted access and assessment suggests blame and reintroduces concepts of deserving and undeserving poor that have been traditionally associated with charitable giving since biblical times (Kahl, 2005; Tennant, 1989; Thomson, 1998). The gathering of assessment information can be useful particularly to highlight social justice issues such as poverty (Milner, 2004; NZCCSS, 2005), however, as Dey and Humphries (2015) and Leslie (1996) amongst others note, access criteria and assessment processes can be viewed as organisations focusing on issues as individual failing and reinforcing neoliberal ideologies.

None of the literature reviewed saw the rise of food banks as being caused by a shortage of food (see Riches & Silvasti, 2014; Silvasti, 2015); but rather the issue is the reduction in a sector of society's purchasing power in a climate of plentiful food. The rise of food rescue organisations confirms this view. Lorenz (2012), in his research on food rescue organisations, argued that the generation of surplus is seen as a solution to addressing food waste. He further commented that "...the perception of surplus as a resource stands in the way of criticising the generation of surplus..." (p. 392). This suggests that, while food rescue organisations have an important environmental focus and reduce food waste, their existence depends on the production of surplus food making it difficult to have a political position opposing surplus production. Lindberg, Lawrence, Gold, and Friel (2014), in their Australian research, noted the improved nutritional benefits that food rescue organisations add to the emergency food arena, but also questioned whether it was "...inadvertently making 'the problem' worse?" (p. 1487). Mirosa, Mainvil, Horne, and Mangan-Walker (2016) note the nutritional benefits and the social value of food rescue organisations. This suggests that food rescue organisations can be viewed as contributing to the availability of increased fresh food and reducing waste, but complexities and contradictions exist for them and the environmental contradictions are significant.

The Dunedin/Ōtepoti story

Food banks in Dunedin/Ōtepoti, like the rest of the country, were a response to the effects of the radical political changes begun in 1984 and solidified in 1990 (Wason, 2017).

Crack (2001), Milner (2004), Parnell (2005) and Shannon (2009) are the researchers looking specifically at Dunedin/Ōtepoti in relation to food banks. Houghton et al. (1998) undertook a small Dunedin/Ōtepoti study looking at what life on a benefit was like from the perspective of the recipients. This study discussed food banks briefly. A further resource providing data on Dunedin/Ōtepoti is the New Zealand Council of Christian Social Services (NZCCSS, 2005, 2008) Poverty Indicator Project. The project involved seven food banks across the country participating in a four-year study with the aims of gathering information about the issues of poverty as experienced by food bank users and creating greater public and government awareness. Presbyterian Support Otago was involved in this project. Another useful resource is the Dunedin/Ōtepoti newsprint media.

A review of newsprint articles from 1991 to 2017 formed part of the research for the thesis on which this article is based. These sources provide rich data and a summary of the findings from these sources is discussed in the following sections.

The development of food banks

Despite extensive searching, there is no concrete evidence of the exact date food banks emerged in Dunedin/Ōtepoti; however, it appears that, by 1992, five food banks were operating—Presbyterian Support, St Vincent de Paul, Anglican Methodist Family Care, the Salvation Army and the Mosgiel Community Food Bank—and it seems these organisations had formalised their services between 1991 and 1993 (Crack, 2001; "Food bank drying up," 1991; Milner, 2004; Tipa, 1993; Wason, 2017). Crack (2001), who undertook the first study of Dunedin/Ōtepoti food banks, adds Advisory and Support Centre to the list of food banks although, at the time of his research, it had recently closed and there is very little information or reference to it in other information, such as newspaper articles.

The five organisations offering a food bank service in Dunedin/Ōtepoti were Christian-based and had a history of providing social assistance to those in need. It would seem that these Christian-based food bank organisations were involved in some small-scale food distribution prior to 1991 (Olssen, 1984; Rae & PSSA, 1981) but they only became part of a formalised system from about 1991. Catherine Goodyear, the Director of Anglican Methodist Family Care is quoted in a newspaper article as saying, "We had never used the term foodbank before 1991" (Ramsay, 1998, p. 9). The Mosgiel Community Food Bank was the only newly created entity, however, it was created through the cooperation of eight Taieri churches (Mosgiel is the biggest town in the Taieri area) ("Caring in the community," 1992) and, as such, it too had a history of churches meeting the needs of the poor. The Otago University Student Association opened a food bank in 2004 (McKinlay, 2004). Anglican Family Care (formerly Anglican Methodist Family Care) closed their food bank in 2016.

Reasons for use

The Poverty Indicator Project found that frequent reasons for accessing food banks were housing costs, electricity, gas and unexpected expenses (NZCCSS 2005, 2008). This was also a finding from the review of the newsprint media. The cost of utilities such as power, electricity, gas, rent and unexpected expenses (such as car repairs, replacing or repairing an appliance, dental, medical costs) and school costs emerged as recurring reasons cited by the food banks throughout many of the newspaper articles ("Demand grows for food parcels," 1992; "Foodbank demand doubles," 2014; Harris, 1994, 1996; McKnight, 2011; Rickerby, 1999; Smith, 2004; Stewart, 2002). This suggests that meeting routine costs and unexpected expenses were a continuing issue for those experiencing food poverty and food banks were increasingly used when income was insufficient to meet these needs.

Demand

An aim of the Poverty Indicator Project was to produce consistent data by the food banks collecting their information in the same manner (NZCCSS, 2005). Despite this commitment, consistent statistics proved difficult because of, for example, differences in the definitions of what constitutes a food parcel and food bank policies (McPherson, 2006).

One of the most comprehensive newsprint articles (Tipa, 1993) reported on the situation from 1991 until July 1993. Food banks reported seeing a three-figure increase in demand and two had seen demand rise between 500 and 730%. This article further reports that all the food banks saw a direct relationship between the 1991 benefit cuts and the increase in demand for food parcels.

An *Otago Daily Times* article (Goodger, 1998a) quotes Catherine Goodyear, the Director of Anglican Methodist Family Care, as saying it had 360 requests for food parcels in 1989 and 3,000 from 1994. Presbyterian Support was quoted as supplying 10 parcels a week "years" ago and 80 a week in 1998. In September 2016, Presbyterian Support estimated it was giving out between 100 and 120 parcels per week (or between 5,200 and 6,240 per year) and the Salvation Army 80 parcels per week or 4,160 per annum. Saint Vincent de Paul (SVDP) estimated they were giving out 60 parcels per week (or 3,120 per annum) (Yeoman, 2016). It is inappropriate to compare these figures as it is highly likely that food banks collected their statistics in different ways. However, it seems fair to conclude that the demand for food bank services remains, but that the rate of demand is not at the exponential rate initially experienced.

The Director of Presbyterian Support Otago at the time of the Poverty Indicator Project used the newsprint media as a mechanism to report on trends emerging. This reporting also served a social action role and aimed to create greater awareness of the issues facing food banks (Milner, 2004). One of the significant findings across the country, and in Dunedin/Ōtepoti, was that most food bank users were female (NZCCSS, 2005). Although significant, it is not surprising, as the 1991 benefit cuts and the abolition of the Family Benefit negatively impacted women and those with children, in particular.

All of the food banks reported they believed they were dealing with genuine cases of need as those who had started coming to them had coped well prior to the benefit cuts. This suggests that the benefit reforms, designed to provide a "...safety net..." for "...a modest standard of living,..." (Shipley et al., 1991, p. 4) providing "...sufficient assistance to maintain individuals and families in the daily essentials of food, clothing, power and housing at a decent level" (Shipley et al., 1991, p. 13) were falling short.

While this article has concentrated on the impact on those receiving benefits, non-beneficiaries also accessed food banks. Many of these recipients were the working poor, those made redundant and a small number of Dunedin/Ōtepoti's senior citizens (Goodger, 1998b; Harwood, 2009; Ramsay, 1998; Rickerby, 1999).

Acceptance of food banks

The normalisation of food banks discussed earlier led to concern about food banks becoming institutionalised. Annette Garrett, from the Dunedin Salvation Army, was quoted by Harris (1996) as being concerned: "My biggest concern is that we've accepted food banks as an institution..." (p. 4), and the Reverend Ian Robertson, from Presbyterian Support, was quoted by Howe (1996) as seeing it as "...unacceptable for food banks—a solution to a crisis—to be a permanent part of society and politicians needed to give priority to alleviating the need for food banks" (p. 14). Clearly, the organisations in Dunedin/Ōtepoti providing food bank services were aware that, in providing food, they were meeting the immediate needs of those requiring assistance, but that there was also action needed at societal and political levels.

Social action

As discussed earlier, social action was a significant activity for many food banks. An example of this was the 1996 National Action on Poverty Week. This was a week when there was a call from some food banks for all food banks to close for a day in a protest move. This idea did not come to fruition across the country as many food banks were concerned about the vulnerability of their clients (Heenan, 1996; Rooney, 1996). The Dunedin/Ōtepoti food banks chose not to close, instead marking the day with a rally in the Octagon. The public was invited and "[s]ongs were sung and speeches on the shame and problems of poverty were delivered by representatives from political parties, non-governmental social organisations and churches" (Howe, 1996, p. 14). As a visual representation of the extent of poverty in Dunedin/Ōtepoti, 1,200 balloons representing the 12,000 food parcels given out in the past year were provided. Members of the public were invited to burst the balloons (Heenan, 1996). There were only a few further articles focused on social justice, such as one on Presbyterian Support seeking funding to staff an advocacy-type position. The Director of the organisation was quoted, by Rudd (2001), as saying:

> There seems to be an acceptance that a group in the community will never fully participate because of their financial circumstances. We find that distasteful. (p. 20)

This suggests that the Dunedin/Ōtepoti food banks engaged in social justice activities which helped ensure a structural focus rather than attempting solely to meet immediate food poverty needs.

Encouraging donations

The social action evident in the newsprint reporting diminishes about 2005, which coincides with the end of Poverty Indicator Project. The focus shifts to the plight of food bank stocks and the efforts of the community including the Dunedin City Council, schools and businesses to support the food banks with article titles such as "Fruitful day produces bounty for food bank" (Manins, 2014), "Generous Mosgiel" (Beaumont, 2010) and "Foodbanks' resources stretched" (Constantine, 2011). There are many articles detailing the desperate situation for food banks and the need for community assistance to fill their shelves. Whether these articles resulted from the newspapers approaching the food banks or the food banks approaching them is unclear. It is likely that it was a combination of both. Article headlines such as "Cupboards bare at food banks" (Hepburn, 2008), "FW food bank in crisis" (McCorkindale, 2011) are two of those designed to elicit a response from the public to increase food bank stocks. This change in reporting and emphasis perhaps reflects the growing acceptance and normalisation of food banks in the Dunedin/Ōtepoti community.

Another form of encouraging donations from the community are the two annual Christmas food drives. These involve emergency services and volunteers driving through the streets on a December evening collecting non-perishable food from households donating to the food banks. The drive started in the Mosgiel area in 1992 and spread to Dunedin/Ōtepoti the following year (Harvey, 2008). According to Harvey (2008), the idea was generated by a Mosgiel Police Sergeant, Maurice Phiskie. Radio, emergency services and the Taieri Lions initially supported this venture and it was successfully run and has continued since. Reporting regularly occurs each year, both before and after this event, in the *Otago Daily Times* and in the local newspapers, presumably to publicise and increase the level of giving.

Food rescue comes to Dunedin/Ōtepoti

KiwiHarvest Dunedin/Ōtepoti's food rescue organisation, began operating in Dunedin/Ōtepoti in 2012. Established as a social enterprise with a specific focus of operating as a business and reducing food poverty in the community, it quickly became successful in organising Dunedin/Ōtepoti businesses to donate their excess or food waste (KiwiHarvest, n.d.; Mirosa et al., 2016). Success is measured in terms of food redistributed and environmental savings. In their first month of operation, their statistics show they distributed the equivalent of 1,000 meals and by 2015 they were distributing 30,000 per month (Mirosa et al., 2016). This suggests that KiwiHarvest's presence in the Dunedin/Ōtepoti emergency food provision sector is increasingly significant.

Mirosa et al.'s (2016) research focused on the added social value of KiwiHarvest for both stakeholders and the community. KiwiHarvest's entry into the emergency food provision arena was well organised and appears, from information on their website, and the study by Mirosa et al. (2016), to have significantly increased the availability of perishable food to be redistributed to those in need in Dunedin/Ōtepoti. Mirosa et al. (2016) view KiwiHarvest as apolitical and see KiwiHarvest as being there in the short term, "...whilst longer-term solutions to the problems of insecurity and waste are sought" (p. 3055). KiwiHarvest is not engaged in social action. KiwiHarvest may not have an interest in politics, but they do have a strong environmental focus and one of their success measures is the environmental savings from rescuing food. As with food banks, their existence can be viewed as inadvertently contributing to the normalisation and institutionalisation (see Poppendieck, 1994, 1998; Riches, 2003) of current Aotearoa New Zealand responses to food poverty. While their existence results in a greater supply and availability of food to those in need it remains a charitable response.

Conclusion

This article has provided a history of the development of food banks and food rescue organisations internationally, nationally and specifically in Dunedin/Ōtepoti. It has also briefly discussed the socio-political context which significantly contributed to the ad hoc development of food banks and the purposeful development of food rescue organisations. Food banks and food rescue organisations perform an important role in helping to meet the needs of those experiencing food poverty and also in reducing the amount of food waste. They also, however, are a symptom of a society that has accepted a charitable response to food poverty as normal. The world in which food banks and food rescue organisations operate is a complex and contradictory one as they meet the needs of those seeking food but also in doing this, as much of the research on which this article is based concludes, they inadvertently support the system that creates the need for their existence. This review of the literature will hopefully encourage the reader to further explore the role of food banks and food rescue organisations in society.

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Putting human rights at the heart of social work practice

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This commentary was published by the Aotearoa New Zealand Association of Social Workers (ANZASW) on the occasion of International Human Rights Day, 10 December 2019. ANZASW invited the author to respond to several questions on the topic of human rights. In 2019, Neil was the inaugural winner of the *John Fry Memorial Supreme Award for Quality and Innovation in Social Work* for his work as a Palestinian human rights defender. The article is structured in a question and response format.

How are human rights connected to social work?

Human rights are central to social work (Ivory, 2017; Truell, 2016) and being a human rights defender (OHCHR, 2004) ought to be a primary motivator and goal. The global definition of social work includes reference to “principles of social justice, human rights, collective responsibility and respect for diversities” (IFSW, 2014) and there is even an international journal dedicated to the topic: the *Journal of Human Rights and Social Work* (Gatenio Gabel & Mapp, 2016). Here in Aotearoa, core competence standard four states that social workers must be competent to “promote the principles of human rights, and social and economic justice” (SWRB, 2015, Standard Four); and the code of ethics of the Aotearoa New Zealand Association of Social Workers (ANZASW, 2019, p. 9) “is committed to respecting the dignity of every person as the foundation of its ethical principles, and to national and international codes of human rights.”

Of course, it is one thing to make statements that highlight human rights, but quite another to take concrete actions that promote or protect them. No one in the world, not even the most ruthless dictator, will say they are against human rights; and yet many governments and organisations, including health and social work organisations, routinely take actions that transgress human rights. The main statement of human rights was set out in the United Nations (UN) Universal Declaration of Human Rights (UN, 1948) but the declaration needs to be read in conjunction with several subsequent treaties and conventions that expand on rights for particular groups and peoples: such as the 1979 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the 1989 Convention on the Rights of the Child (CRC) and—especially important for Aotearoa—the 2007 UN Declaration on the Rights of Indigenous Peoples (UNDRIP).

Human-rights-based approaches to social work are sometimes contrasted with needs-based approaches (Mapp, McPherson, Androff, & Gatenio Gabel, 2019). Needs-based approaches are associated with an individualistic, case-based orientation based on clinical or deficit models of practice. Needs-based approaches tend to characterise social workers as experts who intervene to promote the wellbeing of people in need. Rights-based approaches, on the other hand, emphasise the common humanity of social workers and service users. Rights-based approaches promote the dignity and worth of all people and encourage bottom-up practice that empowers individuals, families and collectives (Ife, 2012). Strength-based perspectives and partnership working is encouraged. From this point of view, people who use social work services are considered

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experts by virtue of their experience (Preston-Shoot, 2007).

Of course, these two approaches can, and should, be blended. Human rights' violations that emanate from structural sources—such as system violence, economic injustice, patriarchy or colonisation—should be articulated and challenged as macro-level issues, but the immediate micro-level impact on individuals and families also needs to be recognised and ameliorated. The classical "person in environment" perspective is critical, but must be practised in a genuinely integrated way (Kondrat, 2002). Too often, a concern to ameliorate issues for individuals considered to be "vulnerable" leads social workers to neglect macro issues and even—directly or indirectly—to blame individuals and families for their predicament, thus further alienating them from achieving their human rights.

Can you describe your activities on human rights and the kaupapa that guides these actions?

As a social work educator, I am responsible for ensuring that future social workers understand human-rights perspectives on social work and I teach courses on human rights, social justice, working with communities, and social work law and ethics. As a social work researcher, an awareness of human rights informs my practice and I have worked with colleagues to investigate the teaching of social justice and human rights across the curriculum. Recently, in a project involving the co-design of a capability framework for newly qualified social workers, we ensured the framework included a capability statement on social justice and human rights (Ballantyne et al., 2019).

> **CAPABILITY THREE: Manatika | Social justice**
>
> Social workers understand the sources of social inequity and are capable of taking actions to protect and advocate for human rights including civil, political, environmental, economic, social and cultural rights. Social workers recognise the impact of social structural factors on the lives of people—such as poverty, racism, poor housing and social exclusion—and are capable of working with people at micro, meso and macro levels to prevent stigmatisation and promote social change. They understand the global interconnections of oppression and human rights violations and are knowledgeable about theories of human need, social justice and strategies to promote social, economic and environmental justice and human rights. Social workers promote strengths, agency, hope and self-determination. (Ballantyne et al., 2019, p. 30)

Outside of my work role, one of my main preoccupations is with the human rights of Palestinian people and I am an activist and co-convenor of a local group called Wellington Palestine. Israel's military occupation of Palestine has continued for over half a century and the oppression of the Palestinian people is the longest-standing, unresolved issue for the United Nations. It is a strange paradox that the UN, an organisation founded as a direct result of the horror of the holocaust, by supporting the partition of Palestine into two states, created the conditions for one of the most repressive regimes in human history. Although the UN

Figure 1. Neil leading a protest outside the US Embassy in Wellington on International Day of Solidarity with the Palestinian People.

Figure 2. The Palestinian social worker, Munther Amira, is arrested by Israeli forces during a peaceful protest to defend the rights of Palestinian child prisoners.

recognises the aspirations of the Palestinian people, and repeatedly declares many of the actions of Israel to be illegal under international law, so long as the US has a veto on the security council, it is powerless to intervene.

Wellington Palestine works in partnership with other Palestinian rights groups across Aotearoa. I am involved in this activity as a volunteer outside of work, yet it is intimately connected to my professional work since it was the arrest and detention of the Palestinian social worker, Munther Amira, that triggered my involvement with the Palestine solidarity movement. I wrote a paper with Raed Amira, a social worker working in the Aida refugee camp in Bethlehem, on Munther's arrest and the plight of Palestinian child prisoners: a topic that will be the main focus for Wellington Palestine's campaigning activity in the new year (Amira, Ballantyne, & Duarte, 2018).

Can you describe some of the social work roles that are most intimately connected to HR?

Some social work roles might seem more directly related to human rights work than others. So, any social worker whose main activity concerns advocacy is almost certainly working in the domain of human rights. However, if you read the 29 articles of the Universal Declaration of Human Rights (and these should be on wall of the office of every social worker in the country), it is hard to imagine any social work role that is not connected to the promotion and protection of human rights: the right to an education; the right to life, liberty and security; the right not to be subjected to torture or to cruel, inhuman or degrading treatment or punishment; full equality to a fair and public hearing by an independent and impartial tribunal; the right to work; the right to a standard of living adequate for health and well-being, including food, clothing, housing and medical care and many more. A careful reading of those rights, and the rights captured in related conventions and treaties—especially UNDRIP—highlights just how far we have to travel to protect and achieve human rights even in a relatively wealthy, liberal democracy like Aotearoa New Zealand.

Why are human rights important in challenging neoliberalism and improving social outcomes? How can they be used in concrete, practical ways to improve the lives of marginalised people and to change society for the better?

Forty years of neoliberalism have had a devastating impact on communities, on the environment, and on human rights worldwide (Monbiot, 2016). Inequality has deepened, oppressive working conditions and precarity are pervasive, and everywhere people feel disempowered and disconnected. The competitive, individualistic ethos of the neoliberal order actively undermines human solidarity and the dignity and worth of all people (Garrett, 2019). Austere social policies have rolled back welfare provisions, undermining the health and social welfare safety net and dismantling state involvement in housing services. From a global perspective, the "war on terror," Islamophobia and the rise of far-right groups has added pressure to refugee and migrant populations displaced by war and repressive regimes. As Sewpaul (2016, p. 32) has highlighted, "within the [global] neoliberal framework":

> …social and economic exclusions are fostered by the process of othering, based on criteria such as "race", religion, ethnicity, nationality, sexuality and gender, and refugees and asylum seekers are deemed to be the undeserving other, which is accentuated in the existing climate of global terrorism and Islamophobia.

In this context, a renewed emphasis on human rights and social justice within social work becomes a rallying point to challenge neoliberalism and repressive regimes. In many countries, especially those governed by oppressive elites, people have taken to the streets to resist. Today there are examples of spontaneous, popular resistance movements in Chile, Bolivia, Hong Kong, Iraq, Iran and many more (Ehrenreich, 2019). These popular movements are often triggered by demands for basic human rights to life, liberty and security; and, when the movements are met with repressive police or military forces, other rights come into play: freedom of expression, freedom of assembly, not being subject to arbitrary arrest or detention. Social workers and social work organisations are often at the forefront in defending human rights in these situations; see, for example, the recent statement by the Hong Kong Association of Social Workers (IFSW, 2019, November 13).

The intentions of those who drafted the Universal Declaration of Human Rights were to establish a benchmark for rights that were held to be *universal*—they belong to all of us, to everybody in the world; *inalienable*—they cannot be taken away from us; and *indivisible* and *interdependent*—that is, governments should not be able to pick and choose which are respected. Sadly, governments throughout the world routinely ignore and breach the human rights of their people. Which is why we need agreed statements of universal human rights, and human rights defenders—including social workers—who will take resolute action to promote and protect them (sometimes at considerable risk to their own personal safety, health and wellbeing, especially under conditions of military occupation, or during periods of repressive police action (Lavalette & Ioakimidis, 2011)).

Social workers in Aotearoa New Zealand should be should be aware of our own human rights provisions including the Bill of Rights Act 1990, the Human Rights Act 1993 and the work of the Human Rights Commission. However, the fullest achievement of all our human rights (social, economic and cultural as well as civil and political) needs more than narrow, legalistic enforcement; it requires education, solidarity, collective action and transformational social change.

Some might wonder why social workers should be concerned about the rights of people overseas when so many issues confront us here at home. It is true that there are human right abuses, historical and current, right here in Aotearoa New Zealand. We only have to consider the current debates about the rights of Māori in relation to our child protection system (Hyslop, 2019), or reproductive rights (Beddoe, 2019), or disputed land rights (Darroch, 2019) or the rights of people in prison (Cox, 2018). In Aotearoa the *Reimagining Social Work* blog has emerged as an excellent medium for social work educators, students and practitioners to write and reflect on issues of social justice and human rights and to bring attention to the collective actions—petitions, protests, and direct action—that community groups are taking to advance those rights.

However, the promotion and protection of human rights is, fundamentally, an international issue that recognises the need for human solidarity across borders. In Aotearoa New Zealand, we are relatively free to organise, to assemble and to campaign for our rights. I have no doubt that if I were doing in Bethlehem (the most tear-gassed town on the planet) the work that I do as an activist in Wellington, I would be arrested and detained like my colleague Munther Amira. Perhaps worse.

So, I choose to use my freedom to work for the rights of the thousands of Palestinian people – including hundreds of children – who are prosecuted in military courts and incarcerated in Israel's jails (Addameer, 2019). Military rule disrupts every aspect of daily life in occupied Palestine. Palestinians are denied the most basic of human rights that New Zealanders take for granted, including freedom of movement, freedom of association and freedom of speech. Through its so-called "security measures"—including the separation wall and network of military checkpoints—Palestinian men, women and children are subject to daily humiliations and held captive in a system that is as oppressive as the former South African apartheid state (ESCWA, 2017). Nelson Mandela (1997) famously declared that "our freedom is incomplete without the freedom of the Palestinian people." For me, that is a call to struggle relentlessly until all Palestinians—whether living in exile, as citizens of Israel or in the occupied territories—achieve their inalienable human rights.

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Evaluation brief: Impact on service users of community day services' cessation

Garry Lim

ABSTRACT

INTRODUCTION: This is a brief of a year-long evaluative study and service analysis undertaken by Disability Support Link (DSL), Waikato DHB.

APPROACH: This briefing provides an insight into the evaluative study on the associated impact of cessation of community day services which are key components within the disability sector's service provision. These day services provide an integral outlet of meaningful activities for disabled adults whose current needs impact on their employment. The focus was on analysing repository information over the last decade. The data sources include documented narratives from the needs assessment process and longitudinal resourcing information. In addition, contemporary literature on the role of day activity centres were sourced to identify similar work within this area. The subsequent findings were submitted to the Ministry of Health of Aotearoa New Zealand.

FINDINGS: An association was found between service users' lack of access to day services and initial short-term savings to publicly funded disability services budget. However, initial savings were essentially overshadowed by subsequent, increasing, costs over time. There are also associated impacts on disabled adults, such as reports of increasing isolation, decreasing sense of meaningful structured day activities, declining daily functions and possibly resultant maladaptive behaviours. Notably, these issues are not just about funding and resourcing as they impact on disabled people's rights and social connections.

CONCLUSION: This study indicates that cessation and or reduction of day community services derived initial short-term cost savings but subsequent long-term increased support needs requires more costly support packages. Future efficacy lies in further reviewing the positive impact of health-related community day services for people with disabilities; an iteration of day service contracts that produces meaning to the individual and cost efficiency to public health spending.

KEYWORDS: Community day services; Ministry of Health Disability Support Services

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This is an evaluation brief that was undertaken to develop an understanding of community day activities services' impact on disabled adults, namely service users of community day activities via public funded services from the Ministry of Health, Disability Support Services.

Community day services support disabled adults who cannot find work and improves their personal skills by providing access to regular, meaningful, social contact, and structured and stimulating activities (Ministry of Health–Manatū Hauora, 2014).

In general, publicly funded day services for disabled adults are common in most western countries. Established day services often deliver content on commonly accepted rationales of providing support for carer respite and for disabled adults to have activities, be meaningfully occupied, and with potentially productive social interactions (Health Service Executive, 2018; Whittaker & McIntosh, 2000).

In Aotearoa New Zealand, community-based day service centres catering to disabled adults form a well-established, though limited, research area for impact analysis. Anecdotal responses regarding day care service centres often attribute service outcomes to positive conditions in regard to the following: development of functional abilities; increase in daily task independence; ensuring social participation within the community; acceptance of the disabled person's individual rights and offering support to the families (Drăghici, 2015).

On the other hand, tracking and meeting these service outcomes poses a perennial challenge. For instance, a brief overview of service providers' information yields an abundance of data on common daily social activities, such as, ten pin bowling, arts and crafts, computer training and or related therapies, such as yoga (Belfast Health and Social Care Trust, 2018; Luton Council, 2018). These contents are impressive and certainly appeal to many people. A cursory literature search generally supports the importance of day services (Beyer, Brown, Akandi, & Rapley, 2010; Fleming, McGilloway, & Barry, 2017; Social Care Institute for Excellence, 2007). Improvements are often categorised within aspects of positive behaviours, mental health and wellness, productivity, family support and community participations. However, there is still a gap on examining outcome measures and accountability for meaningful programmes, structure of content curriculum, and delivery methods and benefits. The absence of specific research in this area contributes to a reduced oversight to justify and account for ongoing positive service development. In service allocation and funding reviews, this aspect is important to continue to ensure public funds are used prudently.

Objectives

Existing day service contracts within Disability Support Services were the key focus of the evaluation that reviewed and documented accounts of impact of service reduction and cessation within Aotearoa New Zealand. Key objectives of the evaluation included:

(1) Highlight any changes to community day service contract provision in Waikato, New Zealand;

(2) Indicate possible Ministry policy changes influencing service outcomes; and

(3) Identify emergent patterns and demographic trends where possible.

Methods

Over a span of one year, a mixed methods design was used to evaluate the impact on this clientele. Quantitative data were derived from the SOCRATES system to provide a longitudinal landscape of service resourcing. SOCRATES, a lynchpin to this study, is the database system for the Ministry of Health's Disability Support Services, serving as a national repository of information about service users and service providers (Whānau Tahi Ltd, 2018). The information within the SOCRATES system is entered by Needs Assessment and Service Co-ordination agencies (NASCs) throughout New Zealand and stored for coordination. Numerous SOCRATES longitudinal data of annual resourcing were used to determine the effects of community day service provision on people with disabilities. In addition to SOCRATES, hardcopy disability needs assessment narrative notes provided descriptive information about functions, adaptive needs and usage of community day services in which provision occurred. These disability needs assessments or "Initial/Comprehensive Assessment" documents were sourced from selected service users when they authorised the use of the supply of information for various purposes, such as specialist inputs to help with their assessments outcome, determining health concerns and support services. This includes voluntary consent for use in statistics or research to assist with understanding and improving health services.

Service users

A key criterion for selected service-users from all of the Waikato region were that they either are currently in or had participated in a Ministry of Health funded day activities services programme in a community setting. Due to resourcing limitations, six cases were selected, with one service user functioning as a control. The service user whose latest resourcing was used as a control is within a banding of the maximum and minimum service resourcing costs of the five other service users. This allows the percentage calculations to better reflect relevance to the general common pool of service users. One highlight to the demography is the clear age difference between the control service user and others; the control case is the oldest (age 70+) in the dataset and has had at least a decade of uninterrupted support from funded services, including day service funding. As such, this person's case represented a useful control against interrupted support from day services.

Service users who have been with DSL for over 10 years were selected to ensure there are sufficient historical data sets to yield data significance and that no new information was created that could influence data integrity. Datasets were then retrieved over their longitudinal service span and interpreted for changes. Numerous records of service coordination, funding allocations and narrative details were tracked as evident in the subsequent subsection; however, only a summary of the key components is released in this brief.

Dataset and analysis used

The evaluation and service analysis looked into quantitative SOCRATES data and qualitative narrative Initial/Comprehensive Assessment documented information.
The control variable for the cohort is the allocation in funded day services for the past 10 years.

The quantitative raw data of disability demographics and funding over the past 10 years were collated from SOCRATES. This included a variety of factual demographics, such as age, gender, ethnicity, and disability diagnoses. More importantly, it also included all changes to funding data during the last decade where applicable. All these datasets were subsequently tracked and recorded in an Excel spreadsheet. The study provided a basic level of analysis of the SOCRATES data to help summarise and find patterns. The focus was on analysing trends in the percentage changes (increases and or decreases) of funding for every single change since the reduction or cessation of day service funding. Each service user would have their full services span mapped on an Excel spreadsheet; this included other MoH funded services that the person has. The challenge lies in the significant amount of data as funding allocation often have minute changes in lieu of many factors, such as annualising of short-term services, changes to providers, adding new services, or moving to other types of service. To facilitate the process more efficiently, key funding periods were identified:

1. Start of day services dates
2. Start of partial reduction of day services
3. Start of full cessation of day services
4. Resulting funding savings in the short term
5. Long-term funding changes to all other services.

A capture of the trends of percentage differences over time was utilised to calculate the total number of resourcing increases for each of the selected service users. Inferential statistics were not used given the small sample size nor is there a need to go beyond current percentage analysis of absolute values to determine or pursue association.

The qualitative aspect of the analysis commenced with the request and recording of all narrative documents around those identified times of significant funding changes reflected in the initial quantitative review. The content of the narrative data from the needs assessments and reviews provided contexts on a variety of disability aspects, such as recent living situations, communications, behaviour, cognition changes, physical functions, sensory functions, mobility at home and or out in the community, family whānau contacts, culture and key meaningful goals.

The objective was to analyse this recorded information in the hope of deriving associations or rationales for the reason for changes in funding. The study looked for meaning and determines if some pieces of narrative data had value; a helpful aspect was to focus on data records around the key funding periods changes highlighted earlier. The study then sought to categorise the data; this included word indexing of the needs assessments and review of narrative data. The strategy was to look for patterns and themes around behaviours, caregiving interactions, specialist inputs and other possible ideas. Subsequently, scrutiny was applied to identify possible themes and look for common changes in disability support needs that occurred around the time of funding changes. A constant cross-referencing of service allocation data from SOCRATES and narrative assessment information was applied throughout the whole process to try best to interpret the data and determine their relationships. The process of cross-referencing a decade's worth of SOCRATES data and paper-based needs assessment information was ostensibly taxing but necessary to derive rationale for decade-old historical developments in relation to cessation of day services and its impact.

In addition to SOCRATES data, a service provision allocation tool ICARE was utilised for applicable service users. The ICARE tool is a MoH and contracted provider mechanism that lends the means to calculate and determine weekly support hours for users who are in funded group home settings. Using this tool, the evaluation compared the changes in support hours over time for the control service user and for service users who had changes to their day services funding. This is done by accessing the ICARE tool which translates the assessed needs of a disabled person into daily and weekly hours of direct support required to support the person in a community residential setting. The use of the ICARE tool is not applicable to all the service users as it relates to service users in group homes and/or in certain, specific, community-based residential-like settings.

Ethical considerations

All services users and or proxy carers, such as family members or support staff provided informed consent for their information to be used for statistical and/or research purposes. This includes an authorisation of information to be used for statistics or research where users will not be identified.

This briefing omitted most demographic information to maintain confidentiality. The detailed evaluation contained information such as, gender, race, diagnoses, and medical ailments, other social and economic details. There are no restrictions on the publication of this evaluation and there are no conflicts of interest. Clarifications were sought from the Research Office, Quality and Patient Safety, Waikato District Health Board to confirm that the ethics committee need not be involved for the purpose of this evaluation exercise.

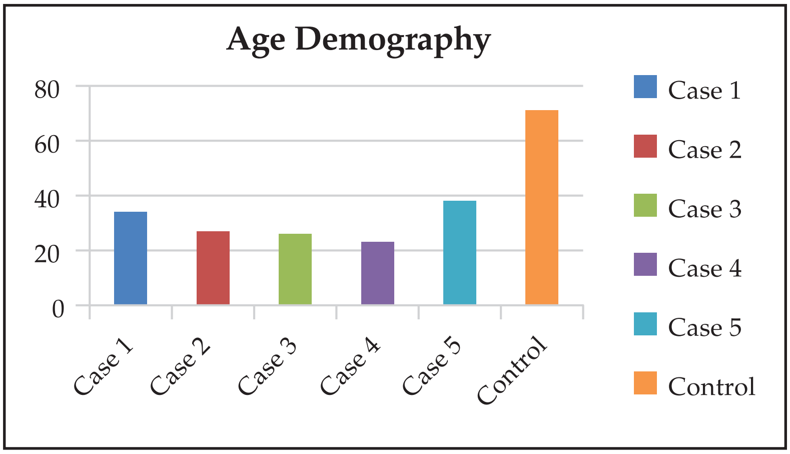

Figure 1. Age

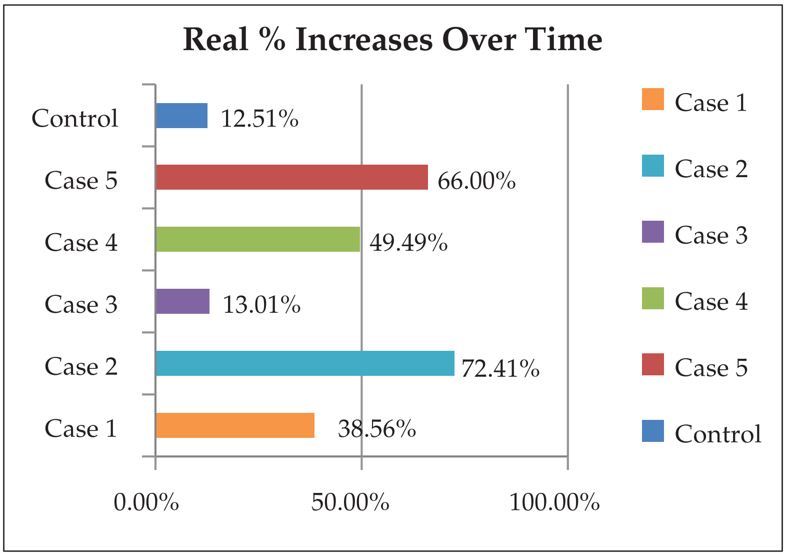

Figure 2. Percentage increases over time.

Findings

The study found associations between the cessation of funded day services, subsequent increases in support needs and resourcing allocations within the cohort. Various graphic presentations will be used to provide a summary of the findings. Figure 1 provides an overview of the age demographics of service users presented in this evaluation.

The evaluation noted that most service users were below 40 years of age when their services ceased or were reduced. It was mostly due to service users' changes in support needs identified in the narrative information. There were initial cost savings that correlated to these periods of change. Apart from these cases, the service user identified here as the control case has consistent day service funded and continues to receive this service as of the date of the evaluation. All the other cases had services ceased permanently at some point of service provision.

The sample included people in their 20s to those more than 70 years of age. This age range is an optimal depiction of the common pathway for school-leaving disabled adults who require support to continue to have meaningful day activities once they reach school-leaving age. The control case's age provided an observation that participation levels in meaningful day activities do not routinely reduce in advanced age; despite people requiring increased care and support around other health needs. The later sections will use the control case's service allocation as a possible predictive indicator for other services users if there were no changes to their day service allocations.

From the needs assessment narratives, the control service user resourcing has had little impact from common significant issues such as neither major health concerns nor injuries sustained. Further discussion on this aspect will take place in the next section. The next figure provides a graphic presentation of the selected service users' overall resourcing trends and increases for Disability Support Services over time.

All service users exhibited increases in support over time but at different rates, as shown in Figure 2. The percentage resourcing changes were derived from each service user's personal resourcing pathway and mapped the service users' percentage changes beside each other. This evaluation omitted the use of exact resourcing allocations of the individual due to the premise that each starting needs and resourcing point for each service user is individualised and unique. Instead, the evaluation focused on using percentage changes as they are useful for comparing the funding increases where the initial starting points and totals are different.

The service users' needs assessment narratives were cross-referenced around those periods of time when cessation occurred. It was found that the control service user continues to be well supported with day support services. Although the control service user had pre-existing maladaptive behaviours, these were well managed within the current day services. As a result, the support resourcing increases for the control case were at the lowest among the cohort. For the other five service users who had services ceased or reduced, there were increased recorded narratives of maladaptive behaviours that carers found challenging to safely support; for instance, records showed that some service users required long-lasting behaviour support specialist involvement to manage safe service. The carer's capacity to provide support has changed or is insufficient to meet the needs of the person after cessation and safety issues became apparent. These challenges in behaviours persisted over time and resulted in increasing support needs funding.

The findings show that the control service user, represented in blue, has the least percentage increase in support allocations over time (12.5%). Increases in support services costs for the other five service users when day service funding was removed or reduced (Figure 2). Over time, the initial cost savings from day service reductions were overshadowed substantially by the resulting higher resourcing costs. From this evaluation, the increase ranged from 13% to 72%. Both calculated mean and median cost of the five service users were at nearly 48% above their original funding. If the evaluation was to assume the control service user's pathway as a comparison, this is well over the common resourcing progression of 12.5%. The bar chart presented a surge of resourcing costs which relates to increasing support needs for service users. There is expressed possibility that removal and reduction to funded day services resourcing could impede on subsequent cost-efficient service provision.

ICARE tool

In determining associated factors for the increased needs of the service users, the analysis reviewed the daily and weekly hours of support that some of the service users were allocated via the data available in ICARE. As identified in the methods section, not all service users go through this process. The ICARE data are available for four service users, including the control service user. The

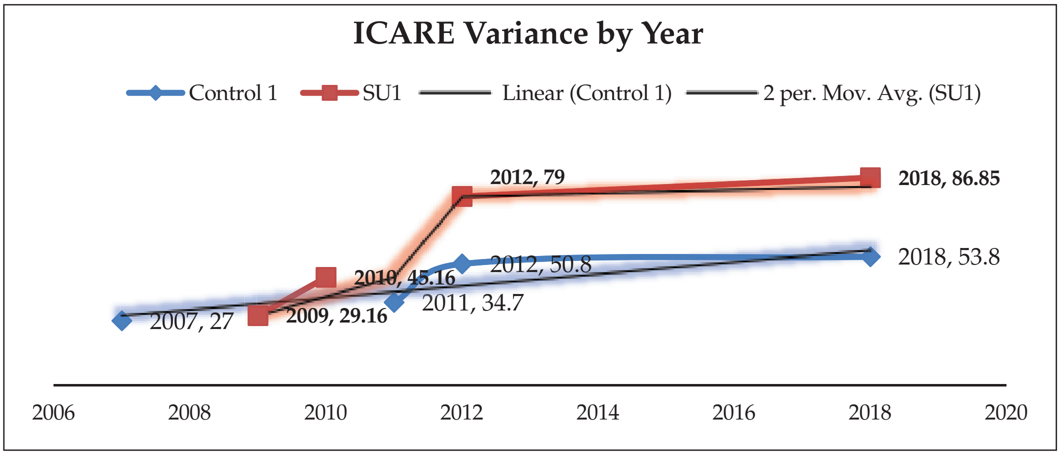

Figure 3. ICARE variance by year.

other two service users do not require the use of this tool in lieu of their specific service types in the community.

Figure 3 demonstrates a comparative case study of the trajectory of ICARE tool hours datasets allocation for the control service user and one service user. The graphical presentation shows a comparison of ICARE hour's changes as the years of supports continues; it shares a snapshot of a control service user with current day service resourcing allocations, versus a service user who has had day services resourcing withdrawn.

In Figure 3, the control service user represented in blue is plotted over a 10-year service span; likewise, the same method is done using service user one in red indices over an eight-year service span. The difference in years is due to service users' date of entering service and has little impact to the analysis given both are within the five- to 10-year service range. There is a distinguishable gradual sloping linear resourcing pathway for the control service user which indicates stable progression. Incongruous to the same timeline, service user one (the red coloured line) had steep surge increases in support hours. Service user one would appear to break away from the common pathway of stable progression determined from the control service user's 10-year pathway. Narrative inputs indicate that during this 10-year period, the blue control case is settled and well adapted while supported to live as independently as possible. However, this was not the case for service user one. Cessation of day service was associated with an increased in support needs relating to behaviour challenges that impacted on the needed support hours.

The need to have added supports to manage increased disruptive behaviours may indicate that the person is not coping, nor emotionally stable. This aspect will have a consequential impact on the quality of life for the service user and the person's immediate peers and support environment.

Using the above comparison, this study shared associations that funded day service reduction precipitates a short-term decrease in cost savings but an increase in ICARE support hours over the next eight years.

Discussion

Service improvement

There were insightful details uncovered in the lived experiences of disabled adults from a lifespan perspective of service allocations within community day activity services that are funded. This analysis benefited from using the system's existing mechanisms to inform publicly funded health services for forecasts and to better meet service users' needs. In completing this service analysis, the Ministry would benefit from the information to determine and outline longitudinal changes to the person and corresponding service allocation. Simultaneously, this exercise surfaced possibilities for positive avenues to better meet the individual's occupational needs and which are cost effective. The findings are conclusive, cessation from funded community day services results in an increase in resources required over time. The presumed initial cost savings overran in tandem to increasingly more challenging support needs, such as more challenging behaviours, complex care routines, need for increased oversight and supervision.

Consequences of the cessation

While causation cannot be implied, the concern remains that dedicated day service cessation resulted in many issues. This includes increases in isolation, decreases in functional activity of daily living, increasing user's needs and overall increase in long-term costs to the Ministry. These are systemic concerns for everyone involved including family and whānau, professional staff and direct support workers. From the qualitative analysis, there are recorded narratives of increasingly stressful and untenable daily supports from paid and or familial carer supports.

Some of the key features from the study reveal new learnings on the trends of service packages of service users with an omission to day service (be it complete withdrawal, non-instatement in past records or reducing units). Currently new and current service users with Ministry of Health services are unable to access MoH funded new day service units. Service users instead access Ministry of Social Development programmes that are limited to certain providers, have limited number of days in attendance and are limited by concerns of available resources within the specific locality.

This study suggests an association between service users losing access to day services and short-term savings to disability services budgets. However, findings from the longitudinal comparison suggest that, over the years, their need for more individual supports essentially overshadowed all other cost savings. The narratives in the findings found that behaviours become increasingly maladaptive and untenable for carer supports. This study provides a documented association, albeit at a scaled version, that links the result of short-term savings to long-term increased support needs requiring more costly (some exponentially more) support packages to budgets.

Cessation of funded day services creates a concerning long-term implication for the individual and subsequent health care system. Longitudinal case comparison data illuminated a clear phenomenon whereby service users were found to present with more severe emotional problems and challenging behaviour when Disability Support Services funded day services were withdrawn, reduced or ceased. This resulted in a slow, but traceable, long-term higher cost to Disability Support Services when maladaptive behaviours increasingly become more challenging to manage in service provision and coordination. This year-long study has yielded well documented associations; however, existing and persistent logistical challenges limit the capacity to infer and present this topic area in greater detail.

Conclusion

This brief evaluation highlights that day services play a role in enhancing service allocation outcomes and the cost-stabilising effect illustrates a positive investment outcome via day service involvement. The findings from this evaluation demonstrated that cessation of service also had higher rates of negative social and personal effects, such as a persons' increased isolation, a decrease in day activities, a decrease in functions and an increase in maladaptive behaviours. The rate of negative effects associated with loss of day services indicates an overall increase in long-term Ministry spending. This article stresses that an action plan to review further cessations needs to be in place to start mitigating these concerns. This will likely decrease or, at a minimum, stabilise the population's resourcing. In conclusion, there is a clear need to further evaluate current outcomes of existing day services. One possibility could be replicating this evaluation in different regions of Aotearoa New Zealand and track similar practices before cessation of day services occurs.

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Note: Ministry of Social Development (MSD) currently provide resourcing of vocational supports and service via MSD-funded providers.

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Writing skills for social workers (3rd ed.)

Karen Healy and Joan Mulholland, 2019
SAGE Publications, Los Angeles, CA
ISBN 978-1-4739-6917-9, pp. 246, paperback, NZD48.00

Social workers increasingly use technology to communicate. At times it can be difficult to adopt the right language or tone, to remain professional yet not alienate the audience you are trying to engage with. I'm a social worker in a health setting; I use a cell phone to text, speak directly and send emails. I use a computer to access and contribute to databases, type case notes, write formal statements; I have a tablet which enables me to work away from my desk. I contribute to a blog, I occasionally tweet and use and access social media platforms. All of the above tools have sometimes unspoken rules; it can be difficult to confidently and professionally navigate between the different platforms.

This is the third edition of Karen Healy and Joan Mulholland's book, *Writing Skills for Social Workers*. The authors continue to emphasise the importance of a contextual approach to professional writing for social workers with added information on adapting and integrating Information & Communications Technology (ICT) to the many forms of writing undertaken by social work practitioners.

Both authors have published extensively. Professor Karen Healy is a social work educator and researcher at the University of Queensland and has written extensively, including five social work books, numerous journal articles and also conducts professional writing workshops with social workers. Associate Professor Joan Mulholland is an Honorary Researcher at the School of Communication and Arts at the University of Queensland. She has published widely on language skills in business health and social work and how "persuasive tactics" can help practitioners achieve their goals.

The book is divided into four parts, further divided by chapters. The layout is clear and easy to follow.

Part I introduces the fundamental aspects of writing with particular attention to the differences between spoken and written communication. The second chapter focuses on the skills needed to manage the information flow provided by ICT. The idea of developing your own system to manage ICT that is personalised to your own individual context or situation is one I will definitely adopt.

Part II focuses on writing skills in daily practice beginning with emailing, texting, messaging and letters. I found it interesting that the authors paired these increasingly common daily (often short) forms of communication with the usually more formal structure of a written letter. Clarity was provided as I read the chapter; for learning more effective methods of structuring a formal letter I could use both forms of communication: for example, the attachment of a formal letter to an email to better convey my intent and purpose. Chapter 4 reminds us that our case notes will exist for a very long time as well as alerting us to the notion of "of the influence of ICT on the standardization of social work writing processes and how social workers may address some of the constraining aspects of these changes so as to highlight the client's voice and the social work contribution to the matters recorded" (p.xiii).

Part III takes a macro view by looking at the writing skills used to obtain resources and to create change. How to access and how to enhance accessibility specifically by making use of media is examined. Social media platforms as a form of creating a presence, or a means of getting your message to a wider audience, are discussed; also included are the pitfalls and what to do about them.

Policy and social work often go hand in hand. Policy influences how and what we can do in aspects of practice—social workers, in turn, can influence policy. The second part of Part 3 looks at writing policy proposals. I found this chapter a useful reminder of the policy process and the role of social work in relation to policy.

The final part of the book, Part IV, looks at the writing skills needed by social workers to influence their professional context. Part IV is divided into three chapters: the first discusses the literature review, in particular, looking at how ICT can aid this process. Chapter 11 looks at ways social workers can contribute to the formal social work knowledge base. It covers the where, how, and why aspects of writing journal articles and conference papers. Chapter 12 concludes the book with a discussion on professional writing now and into the future.

I really liked the notion (delivered at the start of the book) that writing is a skill that can be learned. Throughout the book, at the end of each chapter, there are exercises provided as well as further reading suggestions that reinforce the concept that writing can be learned.

My copy of this book is already well thumbed. It could be useful to have this book published as two separate publications: a general writing skills book, and a separate volume for the more specific chapters on writing for specific purposes.

Overall, I found this book really relevant to my daily practice. The recurring theme of the importance of a contextual professional approach to writing for social workers sits well within the ethical base of social work. The practical suggestions and ideas for managing ICT to communicate across different platforms are accessible and easy to implement. I feel this book is a useful "go to" guide for social workers who wish to improve their writing skills.

Reviewed by **Nicola Cabell**, Clinical Social Worker, Canterbury District Health Board

Developing your communication skills in social work

Paula Beesley, Melanie Watts and Mary Harrison, 2018
Sage Publishing; Thousand Oaks, CA
ISBN 9781473975873, pp. 176, paperback, NZD64.35

Social workers know the importance of good communication.

An initial glance at the cover of this book, which appears childish and is covered in bright patterns and decorations, I questioned its intended audience and at which age group it was targeted. The introduction promptly clarifies this, and managed to capture me by declaring that there are often significant consequences when communication is inadequate. Right from the beginning, the book stresses the need for clear communication and highlights some historic tragedies that have resulted from a breakdown in communication, whether in the moment or in terms of recordings.

Hailing from Leeds Beckett University in the UK, the authors of this book focus on the UK context, though they do specifically comment on the need for social workers practising in Aotearoa New Zealand to match their ideas and recommendations against Aotearoa New Zealand registration, competencies and legislation.

Skillful communication begins with open questions, ensuring all parties are actively listening, clarifying and challenging where necessary. Social workers need to be confident that all decisions made reflect the needs of the people they are working with and to understand that service-users should be at the heart of communication. This book reminds us of the importance of social workers supporting people to identify their own strengths and weaknesses, and that good communication is key to achieving this. True partnership can only be achieved when social workers are communicating effectively.

The book includes a range of exercises to better enable to reader to reflect on their communication skills. The authors clarify that readers do not have to follow every exercise as shown; they are tools which can be adapted to a variety of contexts. The exercises cover links to knowledge and skills, activities, case studies, reflection and a personal final reflection/audit tool.

Early on in the book, the authors introduce the concept of emotional intelligence and how emotions affect communication. They recommend that student social workers spend 15 minutes a day to reflect on their learning and practice, and to make this a routine. One particularly useful tool is provided: Gibbs' reflective cycle diagram, which is a helpful summary of the social work reflection process (Gibbs, 1988). Activities and tasks in this chapter provide valuable exercises for students and experienced social work practitioners.

The first part of the book covers concepts such as emotional intelligence; active listening and understanding; and empathy, and how best to apply these concepts in a professional social work context. One particularly interesting early chapter addresses the importance of initial engagements, making clear that social workers never get a second chance to make a first impression. Practical tips are included, such as providing service-users with written summaries of any discussion, to avoid misunderstandings and miscommunications. Chapter 4 includes a communication skills audit tool (see p. 67), which guides readers to identify their own strengths and areas which may need some professional development.

The authors go on to discuss potential challenges for communication between social workers and other parties, specifically how best to communicate constructively, while remaining mindful of the power differentials between social worker and service-user. One chapter focuses on working with people who are for whatever reason reluctant or unable to engage well with social workers. This includes attitudes and behaviour often seen at times of high stress. This chapter presents activities and reflective tasks guiding the reader in methods of maintaining a rapport when facing resistance and returning wayward conversations to their purpose. This chapter also includes the issue of silence which is another way service-users can send a loud message to the social worker.

Next the book moves on specifically to written communication, covering not just case-notes, assessments and reports, but also letters, text messages, social media and email. A useful assessment and report-writing checklist is included, which could prove to be a great tool for new social workers. The authors remind us that clearly and precisely-written documents avoid confusion and producing them is a key skill social workers must develop.

In a chapter called "Interpersonal Communication," the authors explore how each professional involved in a case adds their own pieces of information from which a holistic assessment can be built, like pieces of a jigsaw fitting together to reveal the whole picture. It describes the importance of inter-disciplinary work and how these relationships might add complexity to a situation. The value of inter-disciplinary work has long been recognised, however, when different sectors of social services work together, everyone needs to remember keep the service user in mind. Reflective tasks and case studies allow readers to think about interpersonal communication and how the sharing of information between practitioners is essential for reflection, assessment, risk management and service provision.

The final chapter "Managing Endings" discusses the many different ways service-users can experience the process of ending a social work relationship. The authors stress that practitioners need to allow sufficient time to plan a process when ending a working relationship, and outline a variety of reasons for such an ending, including when goals are met, withdrawal, policy time limits, or limited resources. We are reminded that mixed emotions are to be expected as part of saying goodbye in a positive, helpful relationship. Reflection tasks are again provided for readers to explore occasions in their own lives and the lives of their clients, when positive endings have occurred. Saying goodbye is a final stage in evaluating the work a social worker has completed. This can also be a process for social workers and users to review how the user's skills can be used in the future to achieve other goals.

In conclusion, this is a great book for those starting out their social work careers. The book covers various communication (verbal, non-verbal and written) skills which social work students need to learn and understand while they working towards their qualification. If social workers move through this book to and engage with the case studies and reflective tasks, this can also develop emotional intelligence, which is a valuable tool. A final reflective task is included, with the aim of supporting readers to reflect on their progress throughout the book.

Though this book is clearly written with students in mind; it could also useful for experienced social workers to revise their knowledge and improve their practice, especially in the area of relatively newer communication skills related to professional use of social media. The book is clear that readers need to put in time and be motivated, as readers will only take away as much as they are prepared to put in and must continuously reflect on what they have learned.

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Reviewed by **Megan Nayda**, Social worker

Applying critical thinking and analysis in social work

Michaela Rogers and Dan Allen, 2019
Sage Publications, London, UK
ISBN 978-1-5264-3658-0, pp. 195, paperback, NZD35.32

Before I read this book, I was of the belief that perhaps critical thinking and analysis could not actually be learned. I thought maybe it was a skill with which you are born, much like tongue-rolling (I can't), and no amount of education could change that.

Engaging in Chapter 8 of this book ("Reflexivity and the Use of Self") showed me that I could not be more wrong.

Critical thinking and analysis in social work can not only be *learnt* – this is the book to *teach* it.

I unashamedly loved this book.

It was both academic and accessible—carefully taking critical thinking/analysis apart and putting it back together again. The book never departs from its central educative goal: What is critical thinking? Why do social workers need it? How can we *actually* practise it in a neo-liberal world where social work has never been more important?

Although ostensibly aimed at the student social worker, a social worker of many years' experience (that would be me), could still find it hugely useful, if only to remind and validate.

For example—Part Two comprises two chapters—"Critical Reading" and "Critical Writing." I did my undergraduate degree 36 years ago (though not in social work) and these chapters are as relevant now as they were then. Learning and social theory might come and go, but sound critical reading and writing principles simply do not date and are the same regardless of discipline.

The book's layout is clear, comprehensive and methodical, with each chapter building on the last—an elegant process of scaffolding which is one of its most useful hallmarks.

The book is divided into three parts – An Introduction to Critical Thinking and Analysis; An Introduction to Critical Reading and Writing; Critical Thinking and Analysis in Practice. Within this framework there are a total of nine chapters and each of these chapters have the following components: *Theoretical Background*; *Relevance to Social Work Thinking and Practice* and *Real-World Challenges*. The comprehensive integration of theory and practice is one of this book's strengths.

Within each of these chapters you will find a series of relatable activities, theoretical positions, key points, "danger points" to avoid, exercises and realistic case studies which are built on and examined from different perspectives. This variety within a single chapter ensures the book's ongoing "readability."

The case studies are carefully chosen to reflect that chapter's particular focus and, rather cleverly, the writers have used the same case study to approach the situation from a number of perspectives. For example, in Chapter 7, "Critical Analysis: Working with Risks and Strengths," we are introduced to the Hall/Jones family.

Off to the side we learn that mum, Deena Hall, has an adult daughter Jasmine, living elsewhere in a nearby village. I promptly forgot this as the focus was on Deena, her 12-year-old daughter Chantal, Deena's husband (Joe Jones), his five-year-old son (Logan) and the impact of family violence on this little family.

Four pages later, Jasmine is re-introduced to us through another case study in the context of analysing risk and Jasmine's world living with a learning disability is opened up to us. Yes—this is Deena's adult daughter. In terms of social work practice, there does not need to be a link between these two families but the connection cleverly reinforces the text's links between concepts, practice, theory, describing, summarising, analysing and other core principles.

Each chapter concludes with a summary, skills learnt and further reading.

Whilst not always the easiest of reads, the authors have done a sterling job of breaking down complex theories and concepts into simple language. The four-page glossary is a bonus. And on that subject, the last 26 pages of the book include the glossary and a useful appendix on learning styles as well as the obligatory references and index.

Given its UK setting, what relevance does this book have in Aotearoa?

Critical analysis is critical analysis, regardless of location and social work is committed to social justice, no matter the country or its geo-political framework. Aotearoa's explicitly bi-cultural framework (perhaps more theory than practice at this historical juncture) differs from the UK which has a more multi-cultural settlement flavour and lacks a treaty with the indigenous occupants, honoured or otherwise. However, in keeping with many European countries, we share a history of colonial oppression/ invasion and a subsequent history of institutional and casual racism.

Obviously the legislation referred to is not the same as in Aotearoa New Zealand. However, I did not find it a big stretch to mentally substitute similar Aotearoa New Zealand statutes.

The effect of several decades of neo-liberal political practices in both countries has resulted in a not dissimilar socio-economic landscape where the division between rich and poor has grown exponentially.

However, we have Jacinda and they have Boris, so our respective socio-economic climates may differ in the future.

In conclusion, the strength of this book lies in its ability to lay the foundations for the very building blocks of critical analysis (the words "**knowledge**", "**values**" and "**skills**" are in the book's *Introduction* in bold type—meaning that they are also defined in the *Glossary*), logically developing the argument.

Word by word, concept by concept, theory by theory until the result is an elegant treatise on not only the importance of applying critical thinking and analysis in social work but how this might actually be achieved.

Reviewed by **Fritha Parkes**, Social Worker/Clinician, Regional Youth Forensic Service, Auckland