A sense of optimism is important in times of challenge

Our first edition for 2021 coincides with glimmers of hope for a more stable and compassionate world to emerge from the pandemic shadow which still hangs over us all. Locally and globally, social workers continue to rise to the challenges of these difficult times. There is renewed energy to tackle the present-day legacies of the colonial past in Aotearoa and for social workers to contribute to fresh visions and practices which enhance social justice and inclusion. A sense of solidarity, shared purpose and mutual support is vital if we are to collectively support the development of social work into the future.

The eclectic collection of articles presented here reflects the desire to continue to design innovative and progressive responses across a wide range of service provision: to build meaningful partnerships and to listen with our eyes to the needs of individuals, whānau, and community. This capacity to reflect on past and current practice, to question our assumptions and be open to rethinking theory and practice in a time of profound social change is critical to our profession. A sense of optimism is very important. Times of challenge breed new ideas and solidarity with others. This journal can be a vehicle for some of the dialogue which is needed in the here and now.

We must also recognise that the social and economic challenges that impact on the daily lives of service users are real and pressing: the stress and uncertainty that comes with poverty, particularly the impact of housing unaffordability, continues to negatively impact the lives of too many people. Old (and new) prejudices continue to trouble Aotearoa. The world has not been won yet, but there are seeds of real change. The intent and energy of social workers is a key part of building, in alliance with others, a

more equal future for our children and our communities.

In "He kaiwhakatere ahau: A (k)new practice model in the care of rangatahi and whānau" Georgina Denise Makoare (Ngāti Kahungunu), Zack Henare Makoare (Ngāti Kahungunu, Ngāti Porou, Rongomaiwahine, Ngāti Whatua), and Fiona Cram (Ngāti Pāhauwera) discuss an innovative practice model. A Kaiwhakatere position is funded through Te Taitimu Trust's Ngā Moko Ā Ngā Tūpuna initiative and is akin to a "professional auntie" who draws on her knowledge of whakapapa, whenua and whānau to engage rangatahi and whānau and build their connectedness and confidence as Māori. The authors describe and explore the Taikoko (rising spring tide) practice model of the Kaiwhakatere. "This model is grounded in Tākitimutanga to ensure that rangatahi and their whānau are connected to their cultural heritage, to their environment, and to a network of supports and relationships that facilitate their collective resiliency".

Hay, Pascoe, and McCafferty's article, "Social worker experiences in disaster management: Case studies from Aotearoa New Zealand" provides an overview of the final stage of an extensive project examining the role of social workers in disaster management. This final stage draws on interviews with 11 social workers and uses these to develop two case studies exemplifying the roles of social workers in disaster management. This pragmatic research approach provides an excellent resource for teaching practice and theories that are effective in disaster situations. The important lessons drawn from the case studies are particularly valuable, highlighting the benefits of communities pulling together and increasing social

cohesion in the period of time immediately post-disaster. Recognising one's own entirely human responses of shock, fear or distress is important, and although this may result in some fluidity of boundaries, such expressions of emotion resonate with the humanist origins of social work, with its emphasis on congruence, empathy and genuineness. This reality also means social workers themselves may need support, debriefing and supervision, especially over time as exhaustion dealing with such exceptional circumstances sets in: "Working on the frontline, you just keep going. You push through the stress, exhaustion and anxiety to support others, but you do not necessarily give much thought to your own needs." In line again with humanistic approaches, the need for all professionals to be accepting of other people's reactions and to withold judgement was a key finding, in the face of significantly diverse responses to the disaster itself. Understanding responses to trauma and the ways trauma can be experienced, expressed and managed in idiosynchratic ways was also held as an important corrolary to non-judgemental practice. Finally, the role of social workers as advocates for services to offer continuing responses to longer term consequences of disasters was key to the role of good social work in post-distaster times.

In "Knocking on the door to integration": Korean immigrants' stories of seeking membership in Aotearoa New Zealand society, Hagyun Kim reports on a study that explored how nine South Koreans re-constructed life after immigration. Kim found that, in order to re-establish their lives, migrants gradually "knock … on the door to integration" while retaining a sense of safety in their own ethnic community until they find that they are recognised as a full member of society. Kim argues that, if social work has a contribution to addressing ethnic minority groups' life-challenges, we must develop competencies in assisting Asian immigrants to understand their new surroundings and aiding their equal membership in society.

In "Re-writing the 'rules of engagement': Using critical reflection to examine ableist social work practice," Jessica Fox outlines her experience of using critical reflection as a research methodology to examine an incident in her practice. Fox employs deconstruction and reconstruction methods to analyse normative assumptions revealing how suppositions about impairment were underpinned by ableist discourses. Reflecting on this practice experience through a neurodiversity lens enabled Fox to generate new insights around the anti-oppressive potential for using a pluralistic approach that undermines hegemonic constructions of ability.

Liam Oades' article "Mamae Nui me te Takiwātanga: Surplus suffering and Autism Spectrum Disorder in school social work" reports on an investigation into the question of how social workers might deliver best practice to students living with Autism Spectrum Disorder. This carefully constructed article reports on a small research project with engaged practitioners. It builds on the notion of reducing or removing the surplus suffering which is often visited upon this group of service users in institutional settings and explores the scope for social workers to develop innovative therapeutic and community practice which can potentially improve the culture of school learning environments and social responses to student need.

In "Caught between a rock and a hard place: Social work in non-government organisations," Ashleigh Price explores contemporary social work practice in the NGO sector in Aotearoa. Drawing on the experiences of five experienced social workers engaged in practice in a range of NGOs, sobering themes emerged—primarily that social work practice in their organisations is underpinned by a sense of powerlessness. Consideration is given to several sub-themes including: freedom and powerlessness; the application of the principle of social justice at a macro level; professional dissonance; funding

and resourcing constraints; and the notion of "othering." Price argues that the continuation of the neoliberal policy environment in Aotearoa poses a significant risk to the inclusion and achievement of social justice as a key feature and value of social work practice.

Inspired by her experience as a social worker in residential care homes for children in Aotearoa New Zealand, Andrea Greer conducted a study of these homes, seeking guidance for staff faced with behaviours she says are often described negatively as *difficult* or *attention-seeking*. Her analysis of interviews conducted with children who were residents of care homes, their parents and staff members led to some clear findings. For example, children and families wish to be fully informed of future plans, and staff should be focused on the development of trusting and therapeutic relationships with the children. Children highlighted the importance of the physical environment and its safety, including the negative impact of punitive rules and routines. All respondents acknowledged the benefit of, and right to have, ongoing connection with family and whānau.

Greer weaves these findings with concepts related to trauma, attachment theory, child-centred practice, neuroscience, and the stages of transition, and presents a framework intended to support the practice of those working with children and young people in residential care settings. Using the *wharenui* as a metaphor, she offers a useful guide to those working in the field. It acknowledges the impact of past trauma on children in care and a clear theoretical rationale for social work approaches that lead to healing and thriving, as opposed to the continued trauma often experienced in residential homes.

As always, our Commentary and Viewpoints sections bring fresh perspectives from practice, research and education. In these articles, the theme of this editorial is reflected—change and crisis can bring

opportunities for change and innovation. First up, Justin Canty's commentary notes that at the height the Covid-19 lockdowns public health became a focus of daily conversation. The pandemic turned public health from being relatively unknown to many citizens to being a significant focus for education and public safety. While most social workers were generally unaware of public health, either as a discipline or specialization of medical practice, Canty draws our attention to several substantial points of connection with social work and explores the possibilities for social work and public health collaborations.

In "Animal abuse and family violence: Reflections from workshopping with veterinary," Michael Dale and Polly Yeung reflect on the contributions made by social work educators to teaching of first-year veterinary students. Workshops explored links between animal abuse and family violence. Dale and Yeung report that there is a growing body of research which documents a relationship between animal abuse, child abuse, and domestic violence.

Their article describes what was included in the workshops and explores future connections between human service and animal service professionals.

Anne MacAulay writes a personal reflection about 'Maintaining social work connections during lockdown' in her role as continuing professional development coordinator for the Aotearoa New Zealand Association of Social Workers. Anne reflects on how social workers used technology to stay connected during the 2020 lCovid-19 lockdowns and get support for continuing safe, ethical practice.

In "Expanding field education: Hope Trust Community Garden," Sandra Heerink, Vivienne Sinclair-Phillips, Alison Jagger, and Kathryn Hay reflect on the value of field education in a community garden setting from the perspectives of the field mentor, student and external field educator.

The reflections highlight the value of this growing social service endeavour for learning and supporting social and environmental justice for clients and communities.

Our book reviews section this issue includes four reviews. Eileen Joy reviews *Reassessing Attachment Theory in Child Welfare* by Sue White, Matthew Gibson, David Wastell, and Patricia Walsh. Fritha Parkes reviews *"Crossover" Children in the Youth Justice and Child Protection Systems* by Susan Baidawi and Rosemary Sheehan. Carol Parkinson reviews *New Theories for Social Work Practice:*

Ethical Practice for Working with Individuals, Families and Communities edited by Robyn Munford and Kieran O'Donoghue. Finally, Matt Rankine reviews *Supervision and Professional Development in Social Work Practice* by Amanda Nickson, Margaret-Anne Carter, and Abraham Francis.

The editorial collective gratefully acknowledges the contributions of all our authors, and the support offered by our reviewers who continued to respond and offer constructive critique over 2020 and into 2021 despite the ongoing challenges posed by Covid-19.

Ian Hyslop and **Liz Beddoe**
For the Editorial Collective
April 2021

He kaiwhakatere ahau: A (k)new practice model in the care of rangatahi and whānau

Georgina Denise Makoare, Ngāti Kahungunu
Zack Henare Makoare, Ngāti Kahungunu, Ngāti Porou, Rongomaiwahine, Ngāti Whatua
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ABSTRACT

INTRODUCTION: A Kaiwhakatere position funded as part of Te Taitimu Trust's Ngā Moko Ā Ngā Tūpuna initiative has created a space for a navigation practice model within the context of suicide prevention. The Kaiwhakatere is akin to a "professional auntie" who draws on her knowledge of whakapapa, whenua and whānau to engage rangatahi and whānau and build their connectedness and confidence as Māori.

METHOD: Discussions with the Kaiwhakatere (Georgina) and the Chief Executive (Zack) of the Trust have explored the emergence of the Kaiwhakatere practice model. This model draws on Georgina's social work expertise and her recollections of her own upbringing.

IMPLICATIONS: The resulting Taikoko (rising spring tide) practice model of the Kaiwhakatere is grounded in Tākitimutanga to ensure that rangatahi and their whānau are connected to their cultural heritage, to their environment, and to a network of supports and relationships that facilitate their collective resiliency. Early feedback from rangatahi, whānau and education providers has been positive and encouraging.

KEYWORDS: Māori youth; suicide prevention; navigation; outdoor activities

Zack and Georgina Makoare founded Te Taitimu Trust (the Trust) in 2007 after the loss of their son Kelly to suicide in 2000. The Trust operates out of Flaxmere in Hawke's Bay and provides early intervention services throughout the Hawke's Bay and across Aotearoa New Zealand to prevent the loss of rangatahi lives to suicide. The success of the Trust's service delivery model has been documented in Professor Sir Mason Durie's (2018) writing, reports from Te Rau Matatini (Waka Hourua, 2017), Te Puni Kōkiri (2018, 2019), Water Safety New Zealand (2018), the New Zealand Police (2019), and has been described in various media reports.

This article describes the Trust's developing Kaiwhakatere navigator practice model.

The use of '(k)new' in the title of this article signals that this practice model is *new* in a contemporary professional sense, but *knew* in the sense that it is informed by traditional Māori practices. We begin with a brief overview of Te Taitimu Trust and its work. This provides a context for its Ngā Moko Ā Ngā Tūpuna initiative, of which the Kaiwhakatere is a part. The role of navigators within Indigenous contexts is then showcased as a lead-in to a description of the emerging Taikoko or rising spring tide practice model of the Kaiwhakatere.

Te Taitimu Trust

The original intention of the Trust was suicide prevention and, since its

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establishment, the foundations of this kaupapa have broadened to encompass the development of life skills and providing tamariki and rangatahi with outdoor, water-based experiences that they might not otherwise have access to.

> Our tīpuna used the moana for rongoā, kai, wānanga and navigation where kaupapa, karakia and kawa associated with the moana was inherent; indigenous ways of knowing, being and doing. (Te Taitimu Trust, 2018)

The recipients of the Trust's work are tamariki and rangatahi who are often described as vulnerable and at risk, including being at risk of suicide. Moving them to the outdoors through a connection to the water and water safety allows the Trust to connect safety in and on the water back to keeping themselves and their friends safe. Connecting tamariki and rangatahi to Tangaroa is seen as an integral part of healing for their hearts and minds. The Trust also works to grow these young people into the leaders of tomorrow (Water Safety New Zealand, 2018).

In May 2010, the Trust held a wānanga to refresh its vision and moved from Tai Mātātū (turning the tide) to Taikoko.

> To open, Matua Mason [Durie] reminded us of four of the different tidal currents/stages: Taitimu (low tide), Taimātātū (the turn of the tide), Taikoko (spring tides) and Taipari (full tide). He referred to these as metaphor for sequential levels of wellness and used them to guide our wānanga: planning for the future towards finding Taipari (full tide). (Macfarlane, 2019, p. 2)

From the wānanga, the six spring tides of Taikoko were adopted by the Trust as the six pillars of wellbeing that are about being grounded in Tākitimutanga (i.e., the tribal traditions of those whose ancestors arrived in Aotearoa on the Tākitimu migration canoe) and the enduring heritage passed down from tīpuna, being connected to the environment, to whānau and to one another for collective resiliency, and being a catalyst for agencies and organisations to work together (see Figure 1). These are explored more below in the description of the Kaiwhakatere practice model.

Ngā Moko Ā Ngā Tūpuna

Ngā Moko Ā Ngā Tūpuna is a model of early intervention developed by the Trust to combat risky environments that are pathways to suicide for rangatahi Māori. The objectives for Ngā Moko Ā Ngā Tūpuna are to:

1. Facilitate opportunities for tamariki/ rangatahi to participate in the social, economic, environmental, cultural and spiritual development of their lives, whānau and community.

2. Nurture whakawhanaungatanga (relationship building) throughout all aspects and activities, including the lives of tamariki/rangatahi.

3. Heal the hearts and minds of rangatahi through reconnecting them to Tangaroa.

4. Lower the rate of suicide and suicide attempts through talking openly with all members of our immediate

Overview of the Six Pillars of Wellbeing Within Taikoko

Taikoko – rising spring tide					
Tākitimutanga	**Taiope**	**Taiohi**	**Taipakeke**	**Taiao**	**Taipūmau**
grounded in Tākitimu	collective impact	resilient rangatahi	whānau as critical for wellbeing	connected to our environment	enduring heritage

community, including being supported by professionals (Te Taitimu Trust, 2018, p. 9).

Te Taitimu Trust received Ministry of Health Te Ao Auahatanga Hauora Māori funding for Ngā Moko Ā Ngā Tūpuna at the start of 2019. This fund was established in 2009 to help reduce unmet Māori health service needs and contribute to Pae Ora (i.e., the interconnection of the wellness of: individuals/mauri ora, collectives/whānau ora, and the environment/wai ora) (Ministry of Health, 2018). The funding is designed to support innovative service delivery models that improve Māori health outcomes, particularly whānau and tamariki wellness outcomes.

The Ngā Moko Ā Ngā Tūpuna funding proposal included a navigator or Kaiwhakatere who could go into homes and the community to help ensure whānau support and participation. The Trust wanted to employ an accredited professional to engage whānau, with the Kaiwhakatere "following a kaupapa Māori pedagogical approach based on the Te Taitimu method" (Te Taitimu Trust, 2018, p. 9). The Kaiwhakatere position has been filled by Georgina Makoare who is now on a journey with rangatahi and their whānau, to encourage them out of their homes and into activities that are about service (e.g., helping load and distribute firewood to those in need), whanaungatanga and building confidence. To set the scene for a discussion of her role, we move next to look at the role of navigators more generally.

Navigators

Navigators who work with Indigenous individuals and families have been employed both inside and outside organisational settings (e.g., hospitals), often with the aim of enabling community members' access to services and helping to ensure equity of service outcomes (Cram, 2014). Navigators on the outside of services connect individuals and families with services, while those on the inside help ensure that people's pathways through a service are smoothed and successfully negotiated. Navigation, therefore, includes the removal of barriers that inhibit people's effective use of services as well as helping ensure the quality of the services being used (Ministry of Health, 2002). In the health sector, patient navigators can support patient care journeys and buffer them from a health practitioner workforce or health organisation that lacks cultural competence (Braun et al., 2012; Hill et al., 2013).

Navigators are more successful if they are not just a *clip-on* to existing services but have the ability to change the way existing services run (e.g., changing clinic hours, bringing community groups together inside a clinic, strengthening health practitioner competencies). In this way, a navigator might be an educator, translator, coordinator and/or peer mentor (Norris et al., 2006). For example, community navigators employed in home visiting initiatives support the families of babies and young children navigate parenthood and facilitate their access to services and supports. Gerlach (2015, p. 23), for example, describes how, in Canadian Aboriginal infant development programmes, home visitors help buffer mothers' encounters with the child welfare system by "supporting mothers who 'felt like bad parents' as a result of their interactions with the child welfare system." The building of connectedness and shared understanding by navigators helps bring a strength-based lens to engagement, whereby women and their children are seen to be full of potential (rather than a deficit-based view of them being a problem to be sorted out) (Cram et al., 2018).

> Workers' strengths-based relational approach provided a critical counter narrative to women's experiences … workers supported women's agency, resistance, and positive identity in their mothering roles, as they navigated everyday structural violence in the form of racialization, poverty and systematic dismissal and discrimination in their

encounters with mainstream institutions. (Gerlach, 2015, pp. 24, 29)

In 2010–11 we evaluated the Kaitoko Whānau initiative (a navigation service intended to support hard-to-reach and vulnerable whānau) that predated Whānau Ora and was funded by Te Puni Kōkiri and delivered by Māori and Iwi organisations around the country. We concluded that the relationships Kaitoko Whānau built with whānau respected their mana and provided a safe space within which whānau could be Māori (Kennedy et al., 2011). More recently, the Whānau Ora (Māori family wellness) initiative has invested significantly in navigators for Māori and Pasifika whānau, providing coaching, brokerage, advocacy and other supports to whānau to enable them to implement their own plans and achieve their own goals. Gifford and Boulton (2014) write that navigators need to be the *right person*, namely, someone with whakapapa connections and local knowledge along with strong relationship management skills. Helen Leahy (2019, p. 1) describes the network of Whānau Ora Navigators within Te Pūtahitanga o Te Waipounamu as pivotal to whānau tranformation.

> Navigation is a strength-based strategy—whānau utilise the kaupapa as a preventative measure before things spiral into a crisis situation. By connecting whānau with appropriate services, reconnecting them with their own whānau supports; and advocating on their behalf, Whānau Ora Navigators try their best to ensure whānau needs are addressed in an uplifting and holistic way. (Leahy, 2019, p. 1)

As in other Indigenous navigation services, whakawhanaungatanga—the building and strengthening of kinship relationships—has been identified as foundational to the practice of Whānau Ora navigators (Savage et al., 2017). Whakawhanaungatanga has also been recognised in the *Indigenous Approach to the Living Standards Framework 2019* as central to ensuring Māori wellbeing and empowering

whānau intergenerationally (Office of the Associate Minister of Housing, 2020). Navigators can therefore help unleash the potential of whānau when they have the right disposition, work in strength-based relational ways, and are prepared to understand and be responsive to the lived realities or context of the whānau they work with.

Kaiwhakatere

This description of the role of Kaiwhakatere begins with an overview of the source of Georgina's practice model; that is, her own upbringing, described here in her own words (indented below).

> Even though I was not the oldest mokopuna, many of my earliest memories are of living with my grandparents and being cared for and nurtured by them. My grandmother would always cook me soft-boiled eggs on Sunday mornings and I now do this for my own mokopuna. When I was old enough to go to school, my grandparents and my mother all took me to enrol. When I was eight years old my grandfather passed away and my grandmother had to move away from the farm. I then went back to live mostly full-time with my mother and father. My relationship with my grandmother continued, with me staying with her at every opportunity right up until I married Zack. My grandmother lived to be 87 years old and was the matriarch of the whānau, whose great love for my children and mokopuna was reciprocated by them. Right up to when she passed away, she would prepare a kai for midnight on New Year's Eve and all the whānau knew that they could drop in and eat with her on that occasion.

> My father was a general farmhand, so we had free rent and food from the farm. This was just as well as with three whāngai children and eight birth children, we had a big whānau, with me the eldest. I remember my mother always

had a baby with her in the farm sheds, so she was always able to work as a cook for the shearing gang, earn money, and care for babies. A lot of responsibility for other housework and cooking for the whānau fell to me and my sister—baking on Sundays for school lunches, making the school lunches, finishing the cooking of the roast dinner that our father would get started during his lunchtime. We never went without food as there was always milk, bread and meat, topped up with what we could gather around the farm (e.g., mushrooms), grow in our own huge garden and gather from the orchards my mother would work in when shearing was quiet. Excess food was frozen or bottled. Even though we had three good meals a day, we were also mindful about what we ate as we knew we had to make food stretch.

Our woodshed was always full of wood as we would go out together on the weekends that our father was free (with our lunches made at home to take with us) to the back of the farm and cut wood. I used to love doing this as a whānau, together. It was extra special if my mother wasn't working and able to join us. I started doing this with my own children, replicating my own experiences growing up, and this is now carried forward into the Trust's work. I have more plans for bringing in other practices like relish making with the mums, when there's space to do this. Even now, we're visiting our developing papakāinga every weekend with others to do work (e.g., planting trees) with the rangatahi and the whānau connected with the Trust. I don't like missing these occasions because they're uplifting of people's–mine included–wairua.

I also spent a lot of time when I was growing up at the marae. Even though our closest marae was my father's marae, my mother spent more time there and was always there alongside my father's mother. My memories are of being 7–8 years old and working with my cousins, preparing the tables when there were tangi. Until the day she died, my mother was always at the marae—even when she worked. She tended the garden, cooked and cleaned. Zack and I and our own tamariki would often join my mother in this mahi. I therefore have good memories alongside knowledge of how valuable connections to marae are, that rangatahi and tamariki will always feel connected. This is why Te Taitimu Trust wānanga are often held at my marae. Even though it's not the flashiest marae, it's available and the rangatahi feel comfortable there. When we go there, the rangatahi learn how to set the tables, make the beds, and clean the toilets so that they know what might need to be done and how to do it. This sets them up for mahi on any marae.

The values that I grew up with also come from the time I spent staying with my uncles and aunties. I valued these times. Although I could talk to my mother about almost everything, there were some things that I talked through with my aunts. My mother gave my advice about sex and men that I still remember, and that helped me make decisions about how I wanted to be in relationships when I went to college. I've gone on to share this advice with my own sons and daughter. It has also seen me through the ups and downs in my own relationship with Zack, especially when our son took his life. I was determined that we would get through our grief together and not blame one another.

An important element of the Kaiwhakatere role has been that it should not be like more formal state-sponsored services that whānau encounter, so there are very few forms for whānau to complete and reporting is largely narrative within the case notes being kept. Although Georgina is a social worker and does not downplay this, the formal tools that she was used to using with whānau (e.g., assessments, checklists) remain in

the "background". Her priority is firmly fixed on whanaungatanga and uplifting the mana and confidence of whānau. This approach is similar to other Māori health practitioners who describe themselves as professionally Māori; that is, they weave their professional training into their strong foundation of who they are as Māori to be both clinically and culturally competent when they engage with whānau (Hollis-English, 2012). On top of this, their relational practice means that their "theory of change" is essentially one of whanaungatanga leading to whanaungatanga leading to whanaungatanga, as their relationships with clients are strengthened as the primary platform for any other changes to occur (Mauriora ki te Ao, 2010). Te Taitimu Trust and the Kaiwhakatere exhibit this approach within their community-driven work with rangatahi and their whānau, including the importance of creating opportunities for rangatahi to connect, build and strengthen their relationships with one another.

Alongside community-driven approaches, strategies for building youth identity, resilience and culture are becoming more widely recognised as key to Indigenous youth suicide prevention (Advisory Group on Suicide Prevention, 2005; Ngā Pou Arawhenua, Child and Youth Mortality Review Committee & Suicide Mortality Review Committee, 2020). Sometimes young people's lives are chaotic and/or they are shy, lacking in confidence, and do not have chances and supports to fulfil their potential. They can be drawn out of themselves through the opportunities to build connections with others which, in turn, strengthen their collective resilience. In other words, whanaungatanga gives them a network of people they can call upon for friendship, support and help in times of crisis or despair (Penehira et al., 2014). As the Kaiwhakatere, Georgina can fill one of these supportive roles, a kind of professional auntie, for those who might otherwise not have or be able to call upon someone who fills this role in their lives. In turn, she is able to connect

with many rangatahi and whānau through whakapapa, uncovering her *auntie* status within genealogy to make her role more than just a metaphor.

In her first months as Kaiwhakatere, Georgina was a key liaison between rangatahi and whānau and the Trust's fundraising activities that allow rangatahi to attend Trust wānanga and other events. This often meant she followed up the rangatahi who had attended a Trust wānanga to see what additional help and support the Trust might be able to provide to them and their whānau.

> So, after every wānanga here's the list of people; here's the list of kids we can connect with, and the navigator goes out and makes the connection. (Zack at Evaluation hui, 9 April 2019).

As there are whānau costs to rangatahi involvement in wānanga (e.g., accommodation, food, entry to swimming pools), the Trust provides opportunities for them to work together with the Trust to fundraise to cover these costs. These opportunities include firewood days, where whānau come out and help chop and stack firewood (See Figure 1), and hangi fundraisers. As Zack says, the fundraising is about "not giving them a hand, but a hand-up" (Evaluation hui, August 8, 2019). While explicitly about fundraising, these activities enable whānau to engage with the Trust and with one another, often through spending the day outside working together. The firewood and other fundraising projects provide an opportunity for whānau to come "outside" and work together with those from the Trust for a common kaupapa. It is also interesting that the motivation for whānau to do this is so their tamariki and rangatahi can attend a summer camp that is all about connectivity with the environment. Rangatahi (and their whānau) collect skills (e.g., picking watercress) as well as knowledge about whakapapa and whenua that they may not have had (e.g., learning the location of their house where their nan

Figure 1: Te Taitimu Trust Facebook Post and Picture, October 2019.

grew up). As the Kaiwhakatere, Georgina is often able to walk alongside rangatahi and whānau to share this knowledge with them.

> I love doing that stuff: the firewood, doing a hangi with the kids, showing them how to pick watercress… and how to clean it. The fact that they're eating what they picked when they have a kai and they're loving it and sometimes if there's enough, they're picking enough to take home for their whānau as well, so they feel good about that. It's basic, simple stuff but there so much learning in it that's so good for the soul, for the wairua. (Kaiwhakahere, April 16, 2020)

She was able to point out to one of the rangatahi that he was from the marae that was just across the way from where the firewood was being split, and that his grandmother had lived in a house close to the marae. She described how this rangatahi put his chest out with pride. This seemingly casual sharing of mātauranga provided a very real connection for rangatahi and whānau with their tūrangawaewae, even though they may not call it that or have visited it before.

> It's the first time he's ever been on a marae, at 9 [years old], and yeah he too has whakapapa to my marae … he just loved it, it was so good for him. (Kaiwhakatere, April 16, 2020)

Georgina's mahi with rangatahi and their whānau reflects the Trust's overall strength-based approach of supporting tamariki and rangatahi to realise their potential. She is able to connect with whānau in a way that puts them at ease. When she moves though whanaungatanga with whānau she can see them visibly relax when they realise that she's connected to them (through whakapapa and/or through experiences) and not there to judge them. They also find out that her interest is in helping them achieve their moemoeā through options such as strengthening their involvement in Trust activities. Georgina is also able to observe

and intervene in any unsafe practices by talking with whānau about health and safety regulations when they engage with the Trust, and she supports them to connect with other support services (e.g., parenting programmes).

Her visits with whānau are not about taking a service delivery (e.g., social work) approach that focusses on solving whānau problems in order to fix things. Rather, visiting with and connecting with, whānau is more about building a trust relationship with whānau. This marks her practice as very different from the formal services (e.g., Oranga Tamariki) that whānau might usually encounter. This difference, and reports of whānau negative experiences with these formal services, provides a rationale for why a Kaiwhakatere *service* is needed for whānau. Overall, her approach is about enabling whānau rangatiratanga and working with them to strengthen the "good stuff". Whānau, in turn, are able to dictate their level of engagement with the Trust more generally, and Georgina can remain linked through Facebook for any whānau that may need to step back or take time out due to other events and/or pressures in their lives.

Towards the end of 2019, a small group of rangatahi was referred to the Trust by schools that felt they would benefit from going on the Trust's January 2020 summer camp. Georgina's initial approach to the whānau of these rangatahi was to talk with them and get their permission for the Trust to engage with them as a whānau and to see how she could help them get their rangatahi onto the camp. This was about going to see them, introducing herself and the Trust, whakawhanaungatanga, and getting permission from them for the Trust to be there for them. Often these rangatahi and their whānau members then engage in the Trust's fundraising activities as well as wānanga. These provide the rangatahi with opportunities to connect with whānau and whenua, which for some is a new experience. Feedback from the receptionist

at one of the schools attested to the improved engagement and wellbeing of the rangatahi, and she attributed this to their experiences with the Trust.

This referral pathway was expanded in the first half of 2020, when the Trust made more formal approaches to three schools in their community to talk about the Trust's work and ask if there were any rangatahi they felt would benefit from being referred to the Trust. A referral form was developed that explicitly asks the schools if whānau are aware that a referral is being made, as well as the reasons the school is making the referral. One of the main reasons for referrals is that schools are concerned that rangatahi are not well-connected with their peer group. Schools see this as a potential barrier to the rangatahi fulfilling their potential. Once a referral is received, Georgina follows her process of visiting with a whānau, including the rangatahi, to talk more about the Trust's activities and invite the rangatahi to be involved. The ongoing nature of the Trust's activities means less pressure on rangatahi, as the activities are the Trust's usual business rather than being implemented specifically for rangatahi. Rangatahi can therefore opt in and participate in a low-key way. Georgina has already noticed that some rangatahi who are quiet and a bit hesitant to join in can change from silent passengers in the van on the way to an activity to being very chatty on the return trip. She takes this as a good sign.

Taikoko practice model

The practice model for the Kaiwhakatere role is emerging, guided by the Trust's strategic direction (see Table 1) and informed by Georgina's upbringing. Central to the Trust's work, and therefore the Kaiwhakatere role, is the creation of opportunities for rangatahi and whānau to be ordinarily Māori. Helen Moewaka Barnes (2000, p. 4) writes that "it is ironic that the concept of maori (Ryan, 1995), arising from the meaning of ordinary, is now seen as

Table 1. Kaiwhakatere Taikoko Practice Model—Practice and Early Outcomes

TAI	Practice
TAITAUNGA	**Grounded in Tākitimutanga** Georgina and Zack live, raise their whānau, and work in their community. They are well-known and have whakapapa links with people throughout Hawke's Bay. Their practice is inherently Kahungunu—Tākitimutanga, as this is the tikanga and kawa that infuses their work.
TAIOPE	**Whanaungatanga—working together** Fundraising events (e.g., firewood, hangi) enable whānau to strengthen relationships, with the Trust and with one another. These activities encourage whānau involvement in a strengths-based way that maintains their mana.
TAIOHI	**Resilient youth—confidence** The Kaiwhakatere's mahi with rangatahi reflects the Trust's overall strength-based approach of supporting rangatahi to realise their potential. The Kaiwhakatere strengthens their connectedness with things Māori by sharing her knowledge and skills with them.
TAIPAKEKE	**Whānau** The Kaiwhakatere visits with whānau are about the Kaiwhakatere building a trust relationship with whānau so they can share their inspirations, aspirations and moemoeā.
TAIAO	**Connection to the environment** The firewood and other fundraising projects provide an opportunity for whānau to come outside and work together with those from the Trust for a common kaupapa.
TAIPUMAU	**Enduring heritage—mātauranga** The seemingly casual sharing by the Kaiwhakatere of mātauranga provides a very real connection for rangatahi and whānau with their tūrangawaewae, even though they may not call it that or have visited it before.

the other." To regain the ordinariness of being Māori the knowledge of how to *be* Māori and the skills of how to *do* Māori are being shared by the Kaiwhakatere within the context of the Trust's activities and her own interactions with whānau and rangatahi. Learning how to set a table in a whare kai (see Figure 2), for example, means that rangatahi gain both a skill as well as an understanding of manaakitanga and mahi tahi. Similarly, going out with the Trust to cut, stack and deliver firewood is an opportunity for mahi tahi and to participate in the conversations and sharing that occur when people travel, work and eat together. The engagement of rangatahi in these activities and the ordinariness of being Māori is being positively received and having small but important impacts on rangatahi and their whānau. The challenge within a developing practice model is to capture the extraordinariness of navigating rangatahi and whānau to have ordinary Māori experiences that build knowledge, skills and collective resilience for suicide prevention.

Conclusion

Reports and commentaries about the overrepresentation of Indigenous peoples among those taking their own lives by suicide have grown increasingly clear in the past 15-25 years that the suicides of Indigenous peoples must be understood within the context of their experiences of colonisation. Similarly, the solutions proposed to eliminate these deaths by suicide, and the loss of individuals and their future generations, must address this legacy and the need for decolonisation and societal transformation if Indigenous peoples are to live good lives; that is, lives full of "purpose, hope, belonging, and meaning" that promote health and wellness (White & Mushquash, 2016, p. 5).

This includes dismantling structural forms of racism, settling land claims, promoting community self-determination, healing from intergenerational trauma, and reducing social inequities that contribute to high

Figure 2: Marae table setting workshop (F. Cram, April 2019).

levels of hopelessness and distress among many Indigenous communities. (White & Mushquash, 2016, p. 4)

Although being Māori used to be about being ordinary, colonisation turned this on its head through the marginalisation and exploitation of Māori by newcomers to this land. The dismantling of this change is about the reclamation of Māori as ordinary and ensuring that Māori, rangatahi included, have access to the means to both *be* and *do* Māori (Henare et al., 2011). Te Taitimu Trust creates ordinary experiences for rangatahi through its wānanga and haerenga that are (extra)ordinary by virtue of strengthening of the collective resilience of these young people. This, in turn, is key to the Trust's suicide prevention work.

The incorporation of a Kaiwhakatere role within the Trust recognises the important roles that Georgina had been fulfilling as Zack's wife and partner in the Trust. Funding for this position has enabled

her to cease her work as a formal social worker and begin to explore and expand a practice model of being a *professional auntie*. Whānau Ora navigators and navigators working within government agency and organisational settings (e.g., hospitals) primarily navigate whānau to people, places and organisations that can support them to fulfil their aspirations for health and wellbeing. Georgina, on the other hand, navigates rangatahi and whānau to and into a whanaungatanga network through pathways of ordinary Māori experiences.

It is anticipated that the Kaiwhakatere role will continue to develop over the next 12–18 months as more feedback is gathered from rangatahi and whānau about what they value about Georgina walking alongside them and rangatahi being able to experience the Trust's activities. The goal during this time is to provide additional "proof of concept" that whānau benefit from an authentic trust relationship with a Kaiwhakatere who is committed to seeing young people safe and fulfilling their potential.

Glossary

Source. Māori-English English-Māori Dictionary online (www.maoridictionary.co.nz)

atua	ancestor with continuing influence, god
haerenga	journey, trip
Kaiwhakatere	navigator, *professional auntie*

karakia	prayer, incantation	Tai Mātātū	turning the tide
kaupapa	ground rules, agenda	Taikoko	rising spring tide
kawa	etiquette, protocol	Tākitimutanga	ways sourced from those on the Tākitimu migration canoe
mahi	work		
mahi tahi	to work together, cooperate, collaborate	tamariki	children
		Tangaroa	atua of the sea and fish
marae	courtyard, forecourt of building. Often also used to include the complex of buildings around the *marae*	tangi, tangihanga	funeral, rites for the dead
		tīpuna, tūpuna	ancestors
		tūrangawaewae	place where one has the right to stand – place where one has rights of residence and belonging through kinship and *whakapapa*
mātauranga	knowledge, wisdom, understanding		
moana	sea, lake, ocean		
Whānau Ora	Māori family wellness	wairua	spirit
		wānanga	deliberations, forum, educational seminar
moemoeā	dream, vision		
moko, mokopuna	grandchild, grandchildren, great-grandchildren	whakapapa	genealogy, lineage, descent
papakāinga	original home, home base, village	whakawhanaungatanga	the process of establishing relationships
rangatiratanga	self-determination, sovereignty	whānau	family collective, extended family group
tai	tide, sea	whenua	land

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Social worker experiences in disaster management: Case studies from Aotearoa New Zealand

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ABSTRACT

INTRODUCTION: Despite minimal public attention, many social workers in Aotearoa New Zealand have been active contributors to disaster management practice. Disaster management comprises four stages: risk reduction; readiness; response; and recovery. Social workers, as professionals in multiple fields of practice, may be engaged in one or more of these stages.

METHODS: This article draws from a four-stage project that explored the involvement of registered social workers from Aotearoa New Zealand in disaster management. In the final project stage, 11 social workers were interviewed for the purpose of developing case studies for research and teaching purposes. This article presents the practice observations of two of these social workers in a case study format.

FINDINGS: The experiences of the two social workers emphasises the importance of understanding communities, debriefing and supervision, and having a suite of tools for post-disaster situations. The case studies highlight the complex and vital work undertaken by the social workers following the Canterbury 2011 earthquakes.

CONCLUSION: It is important that social workers understand disaster management and how their skills and knowledge can be transferred into this space. Regular professional supervision, and adequate resources are essential components in the long-term recovery phase of disaster management. Social work as a profession can provide leadership in disaster management through celebrating previous social work practice in this field.

KEYWORDS: Disasters; emergencies; case studies; social work; supervision; disaster planning

Social workers practise across a myriad of fields with individuals and communities. Their roles encompass an array of activities including direct client work, advocacy, community development, policy, research and education. Often social workers are located within multi-disciplinary or interprofessional teams in environments that extend beyond those of the social work profession. Consequently, they may be active contributors to enhancing the wellbeing of people and communities but not necessarily as prominent or visible actors. In other organisational contexts they may be situated as key professionals working alongside other social workers. Although the title of "social worker" became a protected term in Aotearoa New Zealand from 2021 through the Social Workers Registration Legislation Act (2019), many registered social workers have been employed under different titles,

such as whānau worker, support worker, navigator and needs assessor. Whatever their title, social workers as professionals are committed to social justice, human rights and promoting social change (IASSW & IFSW, 2014). Social workers are trained to support people in times of crisis, to seek solutions to challenges, to advocate for individuals and communities and to undertake this work in accordance with professional codes of ethics and conduct (Dominelli, 2014). Their positioning across fields of practice and in the heart of communities allows them to be critical agents in respect of their core work, but also to have a standing in the field of disaster management (Alston et al., 2019).

A disaster can be defined as "an event that causes major losses to people and destruction of place. It can result from a natural or human-induced event or from intentional human actions" (Alston et al., 2019, p. 5). The effects of disasters may be felt locally, nationally and globally. Multiple government, non-government and private organisations may be involved in the mitigation and management of disasters (Hay, 2019). Disaster management is commonly divided into four phases, each of which guides and informs the others (Paul, 2011). Risk reduction and readiness both occur in the pre-disaster phase with a focus on reducing the likelihood of disasters and planning for an event that may lead to a disaster (van Heugten, 2014). Activities in these phases often include policy and organisational development, practice drills, organising emergency kits, information distribution and setting up relevant systems such as tsunami warning sirens or cell phone alerts. The response phase occurs immediately after an event and incorporates all efforts associated with relief and rescue (van Heugten, 2014). The recovery phase focuses on reconstruction, short- and longer-term recovery and any post-disaster developments (van Heugten, 2014).

For decades, social workers have played a pivotal role in disaster management although the role of social work has largely gone unrecognised in the literature until more recently (Alston et al., 2019; Dominelli, 2014). At times this work has been specified as part of their professional role, although often social workers have unexpectedly found themselves working in recovery and response efforts following disaster events (Hugman, 2010). Examples of social worker engagement in disaster events include the creation and implementation of helplines and other immediate support services (Dominelli, 2014; Maher & Maidment, 2013); the establishment of new planning frameworks and protocols for current and future events (Cooper-Cabell, 2013; Maher & Maidment, 2013); direct client work with existing and new service users with a particular focus on psychosocial practice addressing trauma, grief and loss (Briggs & Heisenfelt Roark, 2013; Du Plooy et al., 2014); and community connectedness and development pre- and post-disaster (Alston et al., 2018; Milner, 2013; Shevellar & Westoby, 2014; Tudor et al., 2015).

In Aotearoa New Zealand, social worker involvement in disaster management has received minimal attention publicly (Hay & Pascoe, 2018). Further, there is limited awareness from disaster management professionals of what social workers do and how they can be active and deliberate contributors in the disaster management phases (Hay & Pascoe, forthcoming). This article showcases the experiences of two social workers in disaster management work in Aotearoa New Zealand. The case studies in this article highlight the important practice undertaken by the social workers following disaster events and their subsequent learnings. Themes from the case studies are discussed and offer ideas for consideration by social workers as well as other professionals working within the disaster management domain. The findings from this study are also relevant in the new local and global context created by the Covid-19 pandemic.

Method

The development of the case studies was the final stage of a four-part project that focused on different stakeholder perspectives on social workers' engagement in disaster management. The project aimed to map social workers' involvement in disasters in Aotearoa New Zealand and to examine their role, capacity, utility and training needs in the four phases of disaster management. The primary research question was:

> How have registered social workers been involved in disaster management in their professional role in NZ?

The first stage of the project comprised a content analysis of the portrayal of social work, social workers and emergencies (disasters) in Aotearoa New Zealand online media between 2006 and 2016. A key finding from this stage was that "social workers and their emergency-related practice remains largely invisible in New Zealand's online media" (Hay & Pascoe, 2018, p. 5). The media portrayed social workers as being primarily associated with long-term recovery efforts rather than involved in the risk reduction, readiness, reduction and response stages of disaster management.

The second stage of the project generated data from interviews with disaster management professionals who were not social workers. The purpose of these interviews was to elicit their perspectives on what social workers do in their professional role, how they are (or could be) involved in disaster management, the skills and capabilities they offer, and their current profile in disaster management. An important finding from this stage of the project was that social workers needed to "have a stronger profile so that the cross-section of disaster management personnel could better understand what their skills were and how their expertise could be most effectively utilised" (Hay & Pascoe, forthcoming).

The third stage of the project involved a survey of registered social workers in Aotearoa New Zealand which was distributed through the Social Workers Registration Board in 2018. This survey posed questions about social workers' engagement in disaster management and associated key activities, whether they felt equipped for this work, perceptions of visibility, and the utility of social workers in future disaster events. The results from the 57 participants indicated their involvement in disaster management spanned "direct client work, planning and policy development, training, research, networking, and debriefing" (Hay & Pascoe, forthcoming). Further, the results suggested that social workers may be underutilised in the disaster management field, but they have multiple skills and attributes that could be of value. Participants in the survey were invited to contact the researcher if they wished to be involved in the fourth and final stage of the project wherein they would engage in a semi-structured interview that was designed to become a case study about their involvement in one or more of the disaster management phases.

A total of 11 registered social workers offered to participate in the final project stage. All had been engaged in the recovery and response phases of disaster management and several had also been active in risk reduction and readiness planning. Several participants had been living and working in Canterbury at the time of the 2010 and 2011 earthquakes and thus experienced these disaster events. Subsequently, they became involved in the recovery and response efforts in their professional roles. Some of the participants who were engaged in the Canterbury community following the major earthquakes were sent to the region by their organisations, usually for a short two- to five-week period. Other case studies focus on the North Canterbury or Kaikoura/Wairau earthquake of 2016 and a flooding situation in the North Island of Aotearoa New Zealand. Following the interviews, the approved transcripts

were shaped into case studies. A common structure was applied to each case study for consistency and included: the context of the case; the practice environment; practice approaches; challenges; lessons learned; and reflections for other professionals. These areas loosely aligned with the interview schedule. A research assistant drafted the case studies, and these were edited by the first author before being returned to individual participants for further editing. This approach strengthened the trustworthiness and credibility of the analysed data especially as it recognised a level of reflexivity from the authors as they were not present during or after the disasters being discussed by the participants (Braun & Clark, 2019; Lietz & Zayas, 2010). A thematic analysis guided by the framework approach of Ritchie and colleagues (2014) was then applied to all the case studies. This involved familiarisation with the case studies and identification of common concepts and themes (Ritchie et al., 2014). Examples of the emerging themes included social work models, theories and approaches; resilience of social workers; management of staff; understanding of trauma; networking; and organisational systems. Based on this analysis, decisions about which case studies would sit alongside each other in subsequent publications were determined. What follows are two case studies that contain observations from experience upon which is built a discussion about key aspects of the two social workers' experiences. Following initial writing of the publication, feedback from the case study participants was invited to ensure that their perspectives had been accurately represented.

Ethics approval for this project was granted by the Human Ethics Committee at Massey University, New Zealand. Informed consent and confidentiality were important ethical considerations for the design and implementation of the interviews and survey. The participants in the case study stage of the project agreed to be named in any resulting presentations or publications. In addition, they were informed they could have an active role in checking and editing the case studies and share the authorship of any publications.

Social worker case studies – Canterbury earthquakes 2010 and 2011

Context

At 4.35am on 4 September 2010, a magnitude 7.1 earthquake ruptured in Canterbury, a South Island region of Aotearoa New Zealand. The epicentre was located 40km west of Christchurch, the largest city in the South Island. Felt throughout the country, significant damage to infrastructure, homes and businesses occurred in and around Christchurch, however, no lives were lost as a direct result of the earthquake. Following months of tremors and aftershocks, further devastation followed on 22 February 2011, when a 6.3 magnitude quake struck approximately 10km southeast of Christchurch. Occurring at 12.51pm, many people were at work, school or away from their homes. The collapse of infrastructure and buildings took the lives of 185 people and injured many more. With damage to roads, transport and telecommunication systems, people were unable to directly contact family and friends for hours or even days to check on their welfare or whereabouts. As one of the deadliest natural disasters to have occurred in Aotearoa New Zealand, consequences and recovery efforts continue years after the event.

Social worker 1

The practice environment

Social worker 1 is currently a registered social worker employed as a clinical social worker and supervisor in private practice at Aspiring Hauora Health and Wellbeing in the Upper Clutha and Whakatipu, Aotearoa New Zealand. When the September 2010 and February 2011 earthquakes occurred, she was employed as a mental health social worker with the Southern District Heath Board.

A couple of weeks following the February earthquake, local staff began experiencing exhaustion and there was demand for additional staff to be brought into the Canterbury region to respond to the needs of residents. The social worker was contacted directly by managers of social services in Canterbury and asked to relocate and work in the region. At the time, the district heath boards were sharing staff across districts to manage demand, and so she was able to move to Christchurch to support the response and recovery efforts. By April 2011, the social worker held a permanent role within the child adolescent recovery team in Christchurch. Her work was predominantly focused on young people and their families for short-term intervention.

Working in unstructured, constantly changing contexts and responding to significant demand on services was emotionally and physically draining for the health staff. Simultaneously, they were managing their personal circumstances, with most having lived through both the September 2010 and February 2011 earthquakes. Aftershocks were frequent but unpredictable, with staff and patients experiencing on-going trauma and anxiety. Within the mental health services, young people were presenting with post-traumatic stress disorder (PTSD), anxiety and sleep disruption, with instances of trauma transference from parent to child also evident. Family resilience varied, and work with young people often required addressing family dynamics.

Following the February 2011 earthquake, representatives from a Queensland university and a university in Melbourne were flown from Australia to Christchurch to deliver training for mental health practitioners. This was funded by the Australian and Aotearoa New Zealand governments. A recovery package had been developed by Australian universities following the 2009 bush fires and Cyclone Yasi in Australia. The recovery package addressed the psychological safety of young people and their families, outlining trauma created by natural disasters, what risk factors to look for in individuals and families, how to manage intervention, and forecasting long-term responses. The social worker and her colleagues adopted this package of triage assessments and screening for PTSD and disturbances in young people. Brief intervention was applied, ranging from one to five sessions, often including the young person's parents. For instances where the earthquake had triggered previous traumatic experiences or more complex needs were present, the social worker was able to fast-track the client into the standard mental health services. The Australian team continued to support both the psychological recovery of staff at the District Health Board and the Urban Search and Rescue team.

Practice approaches

When working in disaster response and recovery, a strong understanding of trauma and the resulting psychological impacts is necessary to inform safe and appropriate practice. This includes understanding coping mechanisms such as denial, as well as triggers to prior negative experiences. Where knowledge is limited, social workers need to engage with literature, research and training to strengthen their practice.

Aside from her social work training, the social worker was trained in psychological first aid which included assessment skills. This approach enabled information gathering to prioritise needs and determine what level of intervention may be necessary. Other skills commonly utilised included minimal encouragers, open questioning, paraphrasing and exploring strengths. Despite having standard procedures and approaches that may be required in everyday practice, during disaster response and recovery, social workers may need to adapt assessment methods, as the presenting situations will vary significantly.

Following a disaster, response and recovery efforts require considerable flexibility to

respond to chaos. Social workers may be engaged across broader contexts including homes, schools, hospitals and resource centres, with limited office provisions. With the changing environment, resourcing can be disrupted, and unforeseen needs arise, therefore it is important to be mobile and adaptable to work in unstructured settings. Furthermore, roles are often fluid. Social workers may be conducting assessments in the morning, then unloading supplies from a helicopter in the afternoon, as experienced by this social worker and her colleagues.

Challenges

The September and February earthquakes were followed by approximately 8000 aftershocks. This made the disaster additionally challenging as, unlike a flood, cyclone or bush fire, aftershocks cannot be predicted. Due to the unpredictable nature of aftershocks, it was difficult for social workers and others to prepare for them and many people were continually re-exposed to trauma, increasing the complexity of needs. What may have initially presented as appropriate intervention and support changed rapidly for the social work staff.

The capacity of staff was, at times, limited as many had lived through the disaster and were managing their own personal circumstances including trauma, stress, family and financial struggles. Bringing in social workers from outside Canterbury was necessary to combat local limitations. Additionally, having the support and collaboration of friends, colleagues and neighbours was important for staff to work effectively, as continuing aftershocks saw facilities close and resources reduced. Accessing alternative means of support through these networks was vital, including being able to find childcare to be able to continue working.

Lessons learned

The social worker identified that strengths may arise from a disaster as she saw

firsthand how communities and families can pull together in times of struggle. Described as a "silver lining", community cooperation continued for several months after the initial earthquakes, with neighbours building stronger relationships and supporting one another to access resources or care. During disaster response and recovery, boundaries can often become less rigid. As a social worker it is important to recognise your own humanity as everyone will continue to have their own responses to the situation and the ongoing aftershocks. Showing fear and emotion in front of colleagues and clients may occur more than would be usual in practice. This can create connection and build relationships as emotions and experiences are held in common.

Reflections for other professionals

A key recommendation for professionals involved in disaster response is to withhold judgement. Reactions to the earthquakes and aftershocks varied between residents. Although involvement in, and following, a natural disaster is a shared experience, not everyone will respond or manage in the same way. Accepting people's reactions as their own is important, as judgement is not helpful to the individual, their family or the intervention. For example, as the social worker explained, a child she worked with presented as constantly anxious about rocks falling on them during aftershocks, even when there were no rocks present. It was not until the child disclosed that he had seen rocks falling down and causing damage near his house during the February earthquake that his anxiety could be understood and contextualised. She summarised: "You don't know anything about a person's life until they tell you." There are no rules outlining what is or is not appropriate to feel during and after a disaster.

Additionally, addressing psychosocial needs and having social workers at the front of response and recovery to triage what people need and knowing where to go for support is important. Local civil defence groups

could better work with health and welfare based social workers to assist in managing evacuation or resource centres for future disasters.

Lastly, reflecting on the recovery stage of the Christchurch earthquake, the social worker advocated for the continuation of support services to address long-term effects on child and adolescent development and mental health. The full extent of needs was not anticipated or understood following the quakes, with many problems and challenges arising several years after the earthquakes occurred and after many recovery support services had been discontinued. Long-term needs must be considered when developing and resourcing recovery efforts.

Social Worker 2

Social worker 2 is a registered social worker based in the Canterbury region of Aotearoa New Zealand. Between 2011 and 2017, she was employed in a range of roles focused on elder care including contracts with Age Concern, the older person's health specialist team at Princess Margaret Hospital, and the Mabel Howard day clinic. At the time of the 2011 Canterbury earthquake, the social worker was employed by the Princess Margaret Hospital and was working in the interdisciplinary older person's health specialist team.

Practice environment

Immediately following the 2011 earthquake, people from damaged aged residential care services and other community-based care and support services were rapidly transferred around Aotearoa New Zealand to alternative facilities including hospitals and residential care facilities. Hospitals in Christchurch were faced with high rates of inpatients with injuries following the earthquake.

The entire Kate Shepherd residential village was evacuated, having been almost submerged because of land movement and

liquefaction (where the soil loses its strength and stability, turning into a liquid). Residents were shifted two or three times within a matter of days following the disaster. Poor communication and limited feedback systems resulted in missing information in the recorded relocation data and saw people unaccounted for. Family members also intervened during this time to remove their loved ones from residential care services to provide care themselves. Unfortunately, many people who had taken in their elderly family members were not prepared or equipped to take on the role of carer while also managing their own stressors following the earthquake. Further, community-based elderly people reliant on in-home support services, including medication assistance, meal preparation and personal cares, had their services interrupted with many workers unavailable to attend or unable to travel to the homes of their clients. Many of those people who were relocated or injured were the social worker's existing clients.

Immediately following the earthquake, considerable time was spent phone-calling facilities and homes to locate existing clients and assisting residential services with relocation data and transportation lists. This was vital to map where vulnerable elderly people and elder care residents were, to develop accurate records to communicate with family members, and ensure continuity of care. However, with the influx of elderly patients to the Princess Margaret Hospital, focusing on this task alone was not feasible and social workers also became involved in triaging elderly hospital inpatients. To manage the constant flow of patients in and out of the hospital, stickers were used to identify people and their belongings to reduce the risks of wrong medication or lost possessions in the mass movement of people. Assessing the level of need required flexibility and creativity, by-passing standard procedures during the emergency response to ensure people got adequate care. Social workers often liaised with geriatricians over the phone to complete needs assessments and find beds so that service users could

access hospital-level care and have their immediate medical needs attended to.

Following the first couple of days locating elderly people and triaging elderly inpatients, the social worker joined an outreach team with army personnel and nurses to check on aged residential care facilities and existing community-based clients still in the Christchurch region. Often faced with highly stressed staff and residents, de-escalating situations to negotiate options for relocation out of destroyed or damaged homes was central to her work. Considerable practical support was also provided by the outreach teams, including sourcing generators, linking residents to other community services and providing assistance by feeding residents in care facilities to enable staff to take lunch breaks.

Practice approaches

Working with highly stressed people and their families in disempowered or compromised positions often requires efforts to de-escalate the situation before establishing a clear understanding of need or exploring solutions. Reflecting and rephrasing how someone is feeling, what they have said or what they are experiencing, as well as showing empathy and checking one's understanding of information are important skills social workers adopt when working with people in highly stressed, traumatic circumstances.

Social workers are competent in assessment processes and have well-developed questioning skills that can establish risks, needs and required resources. Combined with the creativity and flexibility needed to respond to constantly changing situations, social workers bring a range of assessment skills which enable accurate and quick assessments to prioritise and triage needs in an emergency. Many people were distressed and seeking help without necessarily having had the time to consider what resources, opportunities and skills they already

possessed. Assisting people to explore and draw upon their own strengths and support systems or creating new connections with people was central to managing needs in a time of resource scarcity.

Following the earthquakes, knowing what was happening in the neighbourhood, wider community and Christchurch city was essential. Understanding what communities can offer and what local resources are available during response and recovery is an important aspect of social work practice. With the volume of elderly people needing support, the outreach teams were not able to provide regular, repeated visits or meet all the practical needs required. However, by being able to link people to local support groups, resource centres and other agencies or organisations operating in the area, social workers were able to help address need at a local level and reduce isolation by delegating tasks and encouraging community building.

The social worker continued to work in the aged care sector during the long-term recovery phase following the earthquakes. Her position at Age Concern was funded by the Canterbury Earthquake Appeals Trust. It was in this position that she saw perhaps the most devastating impacts of the earthquakes on older people and this was where her social worker skills were essential. The recovery phase can continue for a long period following a disaster, and the skills and expertise that social workers can offer are valuable, both in respect of client work but also skills sharing and education. Having an understanding of the grief process, PTSD, and mental health as well as tapping into community resources and practical assistance are vital to the recovery phase. Social workers are perhaps better equipped than most other professionals to work directly with these issues.

Challenges

In times of emergency, systems are not necessarily operating as usual, therefore, access to information can be compromised.

Next of kin details, for example, were not always up to date at hospitals or residential care facilities. Furthermore, social workers may not be able to confirm who is calling to enquire about the location and health of a person in their care. Maintaining privacy and confidentiality can, therefore, become complex. To support the health of older people, particularly in a time of crisis, knowing what community resources, networks and supports are available from existing organisations is important. Some social workers were brought in from other regions to help respond to the earthquakes; however, the roles they could fill were limited as many were not familiar with the local communities and resources. On a personal level, the initial response phase was extremely difficult and there were days, and even hours when the social worker dreaded being at work as she felt incapable of meeting the needs of all the people she was endeavouring to support. Dealing with the high levels of stress with virtually everyone she encountered was very draining.

Lessons learned

Social workers also need to be offered support during disaster response and recovery efforts: "Working on the frontline, you just keep going. You push through the stress, exhaustion and anxiety to support others, but you do not necessarily give much thought to your own needs." Having lived through the disaster while also working in the community, social workers have their own situation and challenges to manage. Many responders will be living with traumatic memories of what they encountered and the ongoing impacts. Therefore, opportunities for personal one-to-one debriefs and on-going supervision and counsel are essential for social workers as well as other responders.

The social worker drew strength from the people she worked alongside following the earthquakes. She appreciated the wisdom and resilience that others shared with her, both colleagues and clients.

While there were many people who found it challenging to cope, others were able to successfully manage their own lives and, at times, transferred learnings from previous experiences to the situation. As an example, an elderly client explained her immediate response to the 2010 earthquake which occurred while she was asleep in bed was exactly the same as what she had been taught to do during bombing raids in London during World War II. Instinctively, she responded by pushing her feet against the wall, thus making space between her bed and the wall which she was able to fall between and remain physically safe. The courage and determination of others can encourage and motivate others, including social workers.

Response efforts following the earthquakes also revealed existing social problems. For instance, as a result of homes being checked for safety, many issues within a person's home were identified that would have ordinarily been undetected. In the social worker's context this related to the elderly, where there was an increased awareness of neglect, isolation and hoarding. This has been an ongoing issue with social workers continuing to encounter these concerns a few years after the quakes.

Reflections for other professionals

Regular supervision and debriefing should be embedded into disaster planning across all first responders and short- and long-term recovery professionals. A combination of both group debriefing and individual debriefs provides opportunities for workers to express themselves, reflect on what has happened and begin to process the range of effects on them, both personally and professionally. Sharing these debriefing or supervision processes can support the development of workplace support networks.

Needs continue to exist in Christchurch and the wider Canterbury region years after the earthquakes. Funding was initially

provided to increase services following the disaster, for example the establishment of the Earthquake Support Coordinators who provided practical support with issues such as managing insurance claims, but much of the funding has now ceased, reducing the services and supports available. Despite discontinued or reduced funding, significant needs remain and staff continue to operate under considerable pressure in the face of increased community need.

Discussion and implications

The case studies signal that social workers can bring immense personal and professional resources into the disaster management field. Trained in crisis management, individual, family or whānau and group work, as well as policy and community development approaches, social workers can span and usefully contribute to all aspects of disaster management, but perhaps most obviously, the response and recovery phases (Dominelli, 2014). The social workers in this article integrated and transferred many of the models and theories they utilise in their usual practice into post-disaster work. Strengths and solutions-focused perspectives, as well as assessment, communication and networking skills have particular value as shown in the experiences of the two social workers (Tan & Yuen, 2013). A non-judgemental approach, which focuses on drawing upon people's own resources and supports, sits at the heart of social work practice, and was emphasised in the case studies. This resonates with disaster management approaches that encourage people to take control of their own situations, as much as possible, in preparing for, during and following a disaster event (Blake et al., 2017). As the case studies highlighted however, people's needs may not be known until a disaster event occurs. To remain non-judgemental and then be able to respond appropriately, it is important that social workers understand the structural and socio-political conditions that may inhibit individuals or communities from becoming fully prepared prior to an

emergency or having the resources or skills to address their own needs independently following an event, such as unresolved trauma, neglect or isolation. Social work education has a vital role in ensuring that new graduates are equipped with beginning competency in the skills, knowledge and values required for engagement in disaster management including understanding how learnings can be transferred across contexts. Post-qualifying opportunities for social work training in disaster management could also assist with continuing professional development in this field.

As illustrated in the case studies, social workers generally hold extensive knowledge of community resources and services and have far-reaching networks and relationships. These connections can be critical after a disaster when resources may be stretched or constrained but when more people require additional support. Being a connector and mobiliser of resources is a key role of a social worker and they are also able to recognise and encourage the existing strengths and resources within communities and prioritise community-building. These skills are invaluable in the different disaster management phases, especially in the medium- and longer-term recovery phase (Dominelli, 2014). While the social workers in the case studies remained within their own organisations during the post-disaster phase, having social workers embedded in local civil defence groups and the National Emergency Management Agency as well as other responding organisations such as the Police and Defence Force would be of considerable benefit. Social workers could then utilise their skills and knowledge in these organisations in all phases of disaster management. Recently, with the Covid-19 pandemic across the world, social workers have been shown to be strategically placed inside a variety of health and social services settings, transferring their knowledge to respond to this particular disaster (Berg-Weger & Morley, 2020).

As the case studies illustrated, supervision is especially important in times of crisis to

ensure the safety of workers and the wider community. Following disaster events, usual organisational practices, including supervision, may be challenged due to the inevitable immediacy of other activities and tasks. Adamson (2018) has highlighted that supervision in disaster management is under-addressed in the literature. Given this limitation in the current research, there is opportunity to engage in further exploration of the use of professional supervision in disaster management and especially in organisations that may be less familiar with this construct. The importance of supervision and debriefing cannot be underestimated especially in the post-disaster context when additional pressures are added to workers' personal and professional lives.

Finally, ongoing resourcing, especially in the longer-term recovery phase, was noted as a considerable challenge by the two social workers. Social workers frequently work in environments constrained by funding and other resources and the impacts of significant disaster events, such as the Canterbury earthquakes further compound the challenges they face. Continuing to have strong connections with organisations such as local civil defence groups and other organisations engaged in disaster recovery efforts especially beyond the initial response and recovery phases, may assist in maintaining an awareness of ongoing impacts on individuals and communities. In addition, social workers may also be able to add another voice to lobbying efforts with local and central governments. Sustaining these relationships will also aid in increasing the understanding of disaster management professionals about what social workers do in their professional role and their critical space in the disaster management field.

Conclusion

Dominelli (2014, p. 349) argued that "with leadership, commitment and energy, social work can innovate and foster practice in new directions and promote the production of shared knowledge and learning". In the

disaster management field and including the current Covid-19 pandemic environment, there is ample opportunity for the social work profession, locally, nationally and globally, to embrace this challenge. In Aotearoa New Zealand, claiming space alongside other disaster management professionals, such as those from local civil defence groups, social workers can amplify relevant models, theories and practice that would strengthen current disaster management approaches. Further, raising awareness of how social workers can contribute to this work will increase future engagement which, in turn, will enable the co-production of solutions and collaborative initiatives. Celebrating the excellent practice of social workers who have been engaged in the disaster management phases serves to raise public awareness of the profession of social work as well as acknowledge the important work already undertaken.

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"Knocking on the door to integration":
Korean immigrants' stories of seeking membership in Aotearoa New Zealand society

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ABSTRACT

INTRODUCTION: While citizens of Aotearoa New Zealand are granted full participation regardless of racial and cultural background, Asian immigrants appear exempt from the benefits of inclusion. For many, immigration is a stress-inducing journey with resultant socio-economic marginalisation adversely impacting on their participation in society.

METHODS: Theoretically underpinned by symbolic interactionism, this Straussian-grounded theoretical study explored how nine South Koreans re-constructed life after immigration. Semi-structured interviews were analysed using open, axial and selective coding.

FINDINGS: To re-establish their lives, participants gradually "knock on the door to integration" while retaining a sense of safety in their ethnic community. This process continues until they find a place where they are recognised as a member of society. In this sense, "seeking membership" is what participants try to achieve in the host society.

CONCLUSION: If we want to be at the forefront of efforts to address ethnic minority groups' life-challenges, social work practice must include specific competencies in assisting Asian immigrants, helping them to master their new surroundings and endorse their equal membership in society.

KEYWORDS: Korean immigrants; membership; participation; social interaction; Straussian-grounded theory; symbolic interactionism

On 15 March 2019, an extremist white supremacist killed 51 innocent Muslim people at Al Noor Mosque and the Linwood Islamic Centre in Christchurch, a tragedy which deeply shocked Aotearoa New Zealand society. This horrific incident, described as "New Zealand's Darkest Day," raised important questions of how people with different racial backgrounds live together in society. By revisiting the country's carefully constructed image of racial harmony (Duncan, 2007), the Christchurch mosque attacks led to more societal efforts towards embracing ethnic diversity in order to build an inclusive society.

In the past, Aotearoa New Zealand society was considered bicultural, being made up of Māori as tangata whenua (the indigenous peoples) and (predominantly) British settlers (Cheyne et al., 2008), until a change in immigration policy occurred in the 1980s. In 1986, for example, 87% of Aotearoa

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New Zealand's population was European, followed by Maori (9%) and Asians (1%) (Jackson & McRobie, 2005). Since then, a massive inflow of Asian immigrants has contributed to increased ethnic diversity. According to the 2018 Census, 70.2% of Aotearoa New Zealand's population is of European ethnic origin, 16.5% Māori, 15.1% Asian and 8.1% Pacific, followed by 1.2% from Middle Eastern, Latin American and African countries (Statistics New Zealand, n.d.). The Asian community is often referred to as a mostly-immigrant community, based on the fact that the majority arrived in Aotearoa New Zealand recently, while acknowledging their presence in this land since the early 1800s (King, 2003).

Given the increase of Asian immigrants, achieving social cohesion—which is vital in the functioning of a stable society (Kate et al., 2018)—requires the promotion of Asian participation in society. In response, the New Zealand Settlement Strategy was launched in 2004 with a belief that "New Zealand's prosperity is underpinned by an inclusive society, in which the local and national integration of newcomers is supported by responsive services, a welcoming environment and a shared respect for diversity" (Department of Labour, 2004, p. 9). Nevertheless, there are replicated reports that Asian immigrants find participation in society to be challenging due to the complexity of the acculturation process (Ho, 2015), coupled with a prejudiced social reception towards them (Kim & Hocking, 2016), while Aotearoa New Zealand's socio-political systems are ill-prepared to serve their needs for participation (Wright-St Clair et al., 2017).

Asian immigrants in the Aotearoa New Zealand context

Despite the lasting historical controversy surrounding the text of Te Tiriti o Waitangi, with the Māori and English versions containing significantly different meanings (Cheyne et al., 2008), there is no doubt that "Aotearoa is the tūrangawaewae of Tangata Whenua" (ANZASW, 2019, p. 6). At the very least, Te Tiriti o Waitangi guarantees Māori rights to a governance relationship with the British Crown (Ruwhiu, 2001). To that end, Te Tiriti o Waitangi requests a reciprocally respectful relationship with Māori. The author firmly insists that Asian immigrants are Tauiwi (non-Māori) in this land and must protect and preserve the indigenous rights of Māori at every level.

The spirit of Te Tiriti has raised an awareness of cultural safety in society and creates a path for the co-existence of different races in Aotearoa New Zealand (Briggs, 2001, cited in Pepworth & Nash, 2009). Te Tiriti o Waitangi requires all Tauiwi to be aware of and respect Māori traditions and worldviews, while its spirit promises ethnic minority peoples' rights to stay connected with their cultural origins (Nayar, 2013). To this degree, it should be noted that the Asian immigrant community is not homogeneous in the Aotearoa New Zealand context, but is made up of 34 different ethnic groups; each with several sub-ethnic groups (Ho, 2015). Such diversity is an indication that big differences inevitably occur within the Asian community itself, including different demographic characteristics, culture, and languages. Thus, labelling Asians as one group is problematic.

As such, understanding their stories and different cultural backgrounds separately where possible is vital in addressing Asian immigrants' respective needs for participation in society. This paper focuses on Korean immigrants, whose stories are often unheard and overshadowed by the larger and more established Asian groups such as Chinese and Indian communities (Park & Anglem, 2012).

Korean immigrants in Aotearoa New Zealand

Despite the more than 70-year relationship between the two countries, the number of Koreans immigrating to Aotearoa New Zealand has grown over a relatively

short period of time. In 1991, for example, only 930 Koreans resided in the country, compared with 30,792 by 2006 (Statistics New Zealand, 2006). This figure indicates that the majority of Koreans are the first-generation immigrants, having lived less than two decades in Aotearoa New Zealand. According to the Ministry of Foreign Affairs of the Republic of Korea (ROK) (2019), fewer than 38,114 Koreans lived in Aotearoa New Zealand in 2019, comprising the fourth-largest Asian ethnic group in New Zealand after Chinese (231,387), Indian (221,916) and Filipino (72,612) (Statistics New Zealand, n.d.).

The majority of Aotearoa New Zealand's Korean immigrants live in the greater Auckland region. Many are monolingual and rely heavily on ethnic resources to continue their lives in the host society (Kim & Hocking, 2016) with a hybrid Korean-New Zealand identity (Epstein, 2006). These demographic characteristics result in their encountering a range of constraints in transition, including language barriers, disruption of support networks, and difficulty in employment, leading to Korean immigrants' social isolation and economic marginalisation (Chang et al., 2006; Kim & Hocking, 2018). This may explain the 2% decline in their numbers between 2006 and 2013 (Statistics New Zealand, 2013), as Korean immigrants returned to their home country or on-emigrated to countries such as Australia or Canada.

Korean immigrants have their own cultural and linguistic backgrounds distinct from those of other Asian groups. It is therefore necessary to understand their unique challenges and needs in relation to facilitating their participation in society. Despite the availability of a small number of studies relating to the degree of acculturation, identity, cultural beliefs, and employment (Chang et al., 2006; Epstein, 2006; Kim & Hocking, 2016; Park & Anglem, 2012), the issues related to Korean immigrants' settlement have been sparsely heard or addressed. Questions concerning

the meaning Korean immigrants attach to their life in their new country still remain unanswered. The purpose of this study is to recognise issues Korean immigrants encounter in Aotearoa New Zealand and to explore how they reconstruct life-meaning in response to these issues.

Social work with Asian immigrants

Despite Aotearoa New Zealand's ethnic diversity, racial inequality still exists (Cheyne et al., 2008), limiting Asian immigrants' options for making healthy lifestyle choices. Scholars also report that discrimination, racism and even hostility prevail towards Asian immigrants, and this prejudiced social reception closely relates to their socio-political marginalisation, creating formidable barriers to equal citizenship (Ho, 2015; Kim & Hocking, 2016). In the light of this, the social work profession can offer itself as a strong ally to this population, reducing the inequalities faced by this group through its strong advocacy for social justice and human rights (Palattiyil et., 2019; Viola et al., 2018).

Aotearoa New Zealand's immigration policy no longer focuses solely on importing immigrants into the country, but also on guaranteeing their integration into society. Integration entails a process of new immigrants adapting to new social norms while their traditions are valued (Berry, 2008). Social workers can assist with this process when they empower Asian immigrants with limited ability to engage in the host society. By restoring the adaptive balance between people and their environment (Payne, 2014), social workers can help create conditions where Asian immigrants experiencing "lack of resources, social barriers, intolerance, and negative prejudices of the host population" (Fazzi, 2012, cited in Viola et al., 2018, p. 484) are able to reach their full potential. Indeed, in their practice, many social workers are already at the forefront of the effort to address Asian immigrants' life challenges, as they work to increase immigrants' social

skills and social opportunities, alongside strengthening the community's capacities to solve immigrants' transitional life challenges.

Working with ethnic minority groups requires cultural competence, including social workers' tolerance of difference, understanding of various cultural norms, and an ability to communicate cross-culturally (ANZASW, 2019). Some have critiqued, however, that despite the complexity of immigrants' settlement processes, social workers' knowledge remains "naïve, voluntary and experience-based" (Barberis & Boccagni, 2014 cited in Viola et al., 2018, p. 484). In particular, due to insufficient resources reflecting ethnic diversity in society (Wright-St Clair et al., 2017), little training is available for social workers to acquire knowledge and skills relevant to Asian immigrants' life challenges, sometimes contributing to an avoidance of working with them (Palattiyil et al., 2019). The outcomes of this research have the potential to contribute towards acquisition of knowledge and skills with which social workers can more competently work with Asian immigrants and promote their integration into society.

Theoretical stance

Symbolic interactionism theoretically underpins this study, with its belief that meaning is constructed through the process of self and social interaction (Blumer, 1969); that meanings emerge only when a person's consciousness engages with objects in the world they interpret (Charon, 2010). Epistemologically, symbolic interactionism is located within a constructionist paradigm that attests "meaning and experience are socially produced and reproduced, rather than inheriting within individuals" (Burr, 1955 cited in Braun & Clarke, 2006, p. 85).

In symbolic interactionism, the self refers to a process through which a person interprets others' actions by putting oneself in the place of the other (Charon, 2010), which is only possible through significant shared

symbols (Blumer, 1969). The central notion of symbolic interactionism is, therefore, a process of interpretation through which a person constructs oneself and creates the world of experience in which they live. This notion helps us appreciate that objects are not inherently meaningful; rather, people assign meaning through interaction.

In addition, the author aligns with structurally oriented symbolic interactionism from Stryker (1980) and Shibutani (1955) who attested that the self is constructed through interaction at the crossroads of social institutions. From their points of view, the self and the environment are inseparable, as the environment potentially offers opportunities as well as constraints; that is to say, "both society and person are abstractions from on-going social interaction" (Stryker, 1980, p. 2). Their ideas help the author to appreciate "who I am depends on the 'Me' that is called forth by the social context" (Bowers, 1988, p. 37). In this context, it is equally important to examine societal contexts as much as the process of self/social interaction.

Methods

Grounded theory guided the study design, a methodology designed to study a person as an active actor who takes a role in responding to situations on the basis of the meanings they construct through social interaction (Glaser & Strauss, 1967). For grounded theorists, "knowledge arises through the acting and interacting of self-reflective beings, and those activities are typically precipitated by a problematic situation, where one cannot automatically or habitually respond" (Corbin & Strauss, 2008, p. 2). Admittedly, the analytic focus of this study was participants' actions in problematic situations and the meanings they attach to those actions in the host society.

Furthermore, grounded theory is relevant to a relatively unknown population by producing an explanation grounded in the data. Just as human beings interact with each

other through the process of taking the role of the other, grounded theorists attempt to take the role of the research subject (Corbin & Strauss, 2015). Through this process, grounded theorists immerse themselves in the world of the research subjects and as a result, remain close to the experiences of the people they study (Glaser & Strauss, 1967). In this sense, grounded theory is a particularly useful method when investigating Korean immigrants whose settlement issues are under-researched or not known.

In particular, the author followed the guidelines of Straussian-grounded theory, which holds that the meanings of social action rest on the context in which they appear (Corbin, 2009). That is to say, the process of actors' meaning-making must be explored within social and political contexts. From their point of view, a range of contextual conditions determine people's actions/interactions; thus, relating a person's inter/actions to structure is an essential step in analysing what is happening in the real world (Strauss, 1987). Bringing the societal structure into the participants' actions when analysing their stories is relevant to this study, as immigrating to a new country inevitably involves interaction at both the individual and societal levels (Nayar, 2013).

Recruitment

To be eligible, participants were required to satisfy the following criteria: (i) aged 20 years and over; (ii) had immigrated from South Korea after 2000; (iii) had lived in New Zealand for more than three years; and (iv) held New Zealand residency or citizenship. To recruit participants, advertisements were placed in several ethnic newspapers.

Initially, one man and two women contacted the author to express their interest in the study. During the first contact, the author outlined the ethical issues regarding the study as well as informing them of their right to withdraw at any point. A further six participants were recruited through snowball sampling and theoretical sampling whereby the author sought future participants among the existing study subjects' acquaintances (Naderifar et al., 2017), in particular those who could elaborate on concepts derived from previous data analysis (Glaser & Strauss, 1967).

The interviews occurred between October 2018 and July 2019. The participants selected the date and venue convenient to them for the interview. Nine Korean immigrants aged between 28 and 55 years participated in this study. Six were female. At the time of the interview they had resided in New Zealand between 4 and 19 years (with a mean of 13 years). All the participants resided in the greater Auckland region. Their demographic characteristics are detailed in Table 1.

Data collection

All interviews were conducted in Korean and lasted approximately 60 minutes. The interviews were semi-structured with open-ended questions, to allow participants to talk freely about any issues relevant to research questions. Apart from indicative questions, participants were given considerable control over what topics to include and the level of detail they wished to share, with the purpose of listening to their narratives in their voice and from their point of view.

Alongside interviews, a range of alternative sources were collected for the analysis. This included memos for participant observations and articles from ethnic newspapers. A combination of different sources of data helps researchers to have insight into, and be able to give meaning to, the events and happenings in the studied world (Glaser & Strauss, 1967).

Data analysis

The author transcribed the interviews verbatim, listening and re-listening to the interviews thus enhancing researcher-driven thinking in grounded theory (Strauss, 1987). Then, three stages of coding were used progressively: open, axial,

Table 1. Participants' Demographic Characteristics

Name	Gender	Age	Marital status	Children	Arrival in New Zealand	Employment status	City of residence in New Zealand
Sook	F	53	Married	2	2010	Employed	Auckland
Moon	F	47	Married	2	2010	Employed (Part time)	Auckland
Hong	F	46	Married	1	2001	Employed	Auckland
Miho	F	52	Married	2	2007	Employed (Part time)	Auckland
Gahee	F	55	Married	1	2003	Student	Auckland
Yong	M	47	Married	2	2000	Employed	Auckland
Sol	M	38	Married	0	2008	Employed	Auckland
Jung	F	28	Married	0	2001	Self-employed	Auckland
Gong	M	46	Married	3	2015	Self-employed	Auckland

Note. (All names are pseudonyms).

and selective coding, through which the conceptual abstraction of data emerges and its reintegration as theory occurs (Corbin & Strauss, 2015).

Open coding refers to the initial interpretive stage where the analyst fractures data by words, phrases, and events, and begins to look for patterns of participants' actions and meanings related to those actions. During this process, the author gained lists of open codes strongly linked to participants' narratives and located those codes under categories such as, *dreaming of overseas life; struggles in transition; traversing two cultural spaces;* and *finding a place in communities*. At this stage, memo writing was an integral part of the analysis, with the author constantly jotting down ideas and potential coding schemes.

Axial coding refers to re-assembling data in a way that draws attention to the relationships between and within categories (Wicks, 2010). Through constant comparison, categories are related to one another, with some subsumed under more abstract categories, to develop more precise explanatory concepts. The conditional/consequential matrix is also employed to obtain understanding of a phenomenon's complexity (Corbin, 2009). At this stage, several significant categories emerged such as *having language difficulty; seeking ethnic resources; experiencing isolation;*

approaching neighbours; and *volunteering*. The author constantly compared those categories and later developed a more abstract category, namely *knocking on the door to integration*. Upon arrival, most participants initially sought ethnic resources to continue their lives due to language barriers and cultural differences. While mastering new surroundings with the aid of ethnic resources, participants gradually approached neighbours or volunteered to integrate into communities. This category encapsulates a pattern of participants' engagement in communities while positioning other categories as its subcategories, to answer questions such as when, why, how and with what consequences (Corbin & Strauss, 2015).

Selective coding is the final stage. During this stage, categories are further developed and refined and then brought together to tell a larger story through a heuristic process of reconstruction (Braun & Clarke, 2006). In other words, the analyst integrates the significant categories to yield a central concept that captures the essence of *what is going on* in the research field (Corbin, 2009). At this stage, the author hypothesised the central concept of the study as *seeking membership in society* and continuously checked this proposition against incoming data, to verify this central concept that pulls all other major categories together. In this sense, selective

coding is "a deductive process" (Price, 2010, p. 2) through which the author concludes that the concept of seeking membership in society is abstract enough to encapsulate the meaning participants pursued in the host society and still be applicable to all cases in the study.

Ethical consideration

The two main areas for ethical consideration were confidentiality and accuracy. Pseudonyms were employed to protect participants' identities. To enhance accuracy, participants had an opportunity to read the transcription of their interview. The accuracy of the excerpts translated into English was verified by a translator who signed a confidentiality agreement. Ethical approval was granted by the Massey University Ethics Committee in 2018 (ref. 4000019476).

Findings

For the participants of this study, immigrating demanded a major re-configuration of their daily routines in communities. The story participants commonly shared related to acculturative stresses, coupled with language barriers, financial hardship and un/underemployment, with the resultant anxiety, depression and low self-esteem. In response, participants traversed two cultural spaces, entitled "knocking on the door to integration" a strategy by which participants gradually arrive at the point where they accept Aotearoa New Zealand as home. Through this process, participants constantly sought an opportunity to make their existence visible in society; that is to say, they were *seeking membership in society*. This is a concept which encapsulates the meaning they pursue in communities, in the hope that one day they will be recognised as members of Aotearoa New Zealand society.

Dreams and struggles in transition

South Korea has achieved rapid economic growth since the 1970s. Paradoxically, this economic success has created a high level of competition in society where excessive working hours, "I had worked hard over the last 10 years and I was so exhausted" (Gong) and academic success is a part of its citizens' lives, "Everything changes so fast in Korea. If you want to survive, you can't be behind" (Hong). For the participants of this study, immigration seemed to be a way of escaping their stressful lifestyle: "I decided to leave the country to refresh my life for myself and my children" (Moon), and seeking a place to restart their life, particularly in Aotearoa New Zealand, a country attractive to them because of its mythology of being clean and green, "I envied New Zealand's green natural environment and people's relaxed lifestyle" (Sol).

In coming to a new country, however, participants encountered unforeseen difficulties. Language barriers and a lack of networks, accompanied by unfamiliarity with new surroundings, impeded their ability to continue with their daily routines. Communication skills in English were essential to rebuilding their place in communities, "If you speak English, everything gonna be ok. But we can't speak English well" (Gahee). Of particular note, many participants struggled to gain employment in their area of expertise due to language barriers, "I was a teacher in Korea but here I worked as a cashier at the ethnic health shop" (Miho). Many participants relinquished many things that were taken for granted at home because of language barriers, in particular in the area of employment. Sook voiced how difficulty in employment resulted in a dizzying effect on her life:

> My husband worked at the Korean butchery. He was a successful salesman in Korea. I didn't worry about income at that time … [here] Our income was minimal, and it made our spending simple. We cut our spending for dining, travel and even donation to church. We had to forget the glory in [the] past and start from scratch here.

The process of creating a place in communities began regardless of their readiness. It was a highly stress-inducing process in which participants had to learn about their new surroundings with insufficient local knowledge and limited language skills, influenced by several factors at both the social and individual levels. From this perspective, their experience of settlement inevitably resulted in numerous health problems ranging from mental to physical, "it was stressful to look after my family without enough English skills … My wife recalled, when she asked me to call somewhere in English, she could see how anxious I was on my face" (Gong) and "my father worked hard at the lunch bar. One day he collapsed and is now physically disabled" (Jung), while participants dealt with loneliness and isolation, "I was lonely because I had no one around" (Sol), and encountered a new social status in communities:

> I was a person expecting people would normally serve me as they had in Korea … [Here] I became a kitchen hand. I washed someone's dishes and cleaned their tables. I became a person who serves for other people. It hurts my pride. (Sook)

Knocking on the door to integration

Participants' actions are always situated in a context of invisible personal and societal determinants. As described earlier, a number of salient conditions adversely impacted on participants' adjustments to a new cultural milieu. In response, participants in this study used a strategy of "knocking on the door to integration." This strategy refers to on-going actions undertaken by participants in response to the situations in which they find themselves. This strategy contains two sets of sub-processes; *utilising past knowledge* and *extending the safe zone to local communities*. Given limited resources and support networks, these two sub-processes are commonly employed wherein participants

initially seek local ethnic resources to retain a sense of safety, while preparing themselves for the host society.

Utilising past knowledge

For the participants, re-establishing a home in a foreign country required them to find continuity in life. For participants who had language barriers, utilising past knowledge might possibly be the only way to function autonomously in the host society. They consciously sought a place where they could use their native language and previous knowledge. Through this strategy, participants retained a sense of safety in the host society, and this may explain Korean immigrants' heavier concentration in the Auckland region where they can continue a life in Korean. Miho explained how Korean immigrants easily continue a life in Korean in this city:

> Almost everything is available in Korean here. We can find a job or easily start a business ... To go through my day, I don't need to speak English or meet local people if I wish. I can find Korean staff or 1.5 generation Koreans at shops, bank and hospital.

As Miho disclosed, utilising past knowledge refers to participants' behavioural pattern of sticking to ethnic resources and traditions in a foreign country. In this context, participants mostly interacted with their own ethnic groups, "I normally hung out with other Koreans" (Yong). Through this network, participants built a sense of affiliation and friendship as well as eased their loneliness in an unfamiliar environment, "I met my wife when I was a member of the Korean [art] group" (Sol). For Korean immigrants who urgently needed a job for their visa application, utilising past knowledge was not optional but was necessary to continue a life in communities, "I worked at the Korean […] because the owner promised to support my residency application" (Sook).

Undoubtedly, a strategy of utilising past knowledge greatly helped participants ease the pressure of settlement in communities. The greatest advantage of this strategy participants commonly reported was that they could learn about their new surroundings with a sense of safety, "at my workplace, we speak in Korean. We don't need to worry about misunderstanding" (Gong). However, while sticking to ethnic resources and traditions, participants also experienced a range of disadvantages, notably social isolation in the host society. Since they mostly engaged in the Korean community where "everyone virtually knows each other" (Miho), they likely preserved the old lifestyle in Aotearoa New Zealand, "although my business is hardly profitable, I couldn't charge some of my friends. It is our culture, how could I?" (Sook), and experienced social isolation, "at school, my children always hung out with other Koreans. They hardly made local friends … It wasn't what I expected here. I felt we lived in Korea" (Moon).

Of particular note, exploitation in the labour market was concerning in the Korean community, "I had to do extra jobs outside my job description. It was common because of the small size of Korean businesses" (Sol). The degree of exploitation seemed to increase when a job was necessary for participants' visa status. This included unpaid overtime work, "I haven't asked overtime pay because they didn't like it" (Gahee), unfair treatment, "the boss knew I needed this job for my visa … I wasn't in a position to negotiate my pay or working conditions" (Gong), and emotional abuse, "yelling is normal for small mistakes" (Sook). Sook was in tears when she recalled her experience of working at the Korean business:

> The boss knew I needed this job for my visa, so he could demand everything he wanted but paid me less. If he was unhappy with my performance, he was easily upset. Every day after work, I didn't go home right away. I calmed down myself or sometimes cried for a while at the local park, so my family didn't worry about me.

Extending the safe zone into local communities

This strategy refers to participants' efforts to approach the host society. While utilising past knowledge, participants gradually mastered their new surroundings leading to their increased readiness to approach the host society. In this sense, the Korean community can be "a steppingstone for integration" (Gong). For participants with insufficient English skills, perhaps the first place they sought outside their safe zone was a place where they hoped to improve their language skills. For many participants, speaking a local language crucially determined their involvement in many areas of social settings, "My application wasn't successful because of my English" (Sol), with a result that participants regarded language skills as a panacea for their participation in society, "if you speak English, you won't have any problem here" (Sook). Thus, participants made constant efforts to improve their English skills, "my wife now learns English at the community centre" (Gong), in particular by interacting with local people, "I joined a local Toastmaster club to learn English as well as meet local people" (Gahee).

Despite a number of participants retaining a job or running small businesses in the Korean enclave that required little or no communication skills in English, some participants began to set up businesses which served local people, "we bought a sushi shop from a Korean agent and most of our customers were locals" (Sook). Some participants worked at Korean businesses whose customers were mostly local people, "I worked at the […] shop. I had lots of opportunity to practice my English with locals. It was so helpful" (Gong). This experience played a role in increasing participants' local knowledge and helped them extend their safe zone outside the

Korean enclave, "my work experience at the Korean […] was helpful when I got this job at a local business" (Sol).

Some participants sought a place in communities where they used their transnational knowledge. For example, Miho secured a job in which she could utilise her native language, "I teach Korean at the local primary schools". Gahee also worked at the local agency with her transnational knowledge, "When I looked for a job, my agency also needed someone to support Korean immigrants". Other participants used a local recruitment agency to find a job in their community, "I had a job offer through a recruitment agency. They helped me to get a job matching my profile" (Sol).

For the participants, having a job played a significant role in supporting themselves and their families as well as connecting them with the host society. Participants in this study showed that they continued to seek jobs in which they interact with the host society. Gong was determined to find a job in the host society:

> Over the last few years, I kept applying for the same job. It is my dream job here. Every time when my application was declined, I checked what I missed … I will improve relevant skills to that job and keep applying for it until I get it.

Apart from areas in employment, there was a range of opportunities that helped to extend the safe zone into their local communities. Some participants joined in volunteer work with the hope of improving their English skills as well as building networks with local people: "Many Koreans want to be a volunteer because they believe it helps to learn English and meet locals" (Hong). For participants with school-aged children, schools seemed to be a place where they could extend the safe zone into their communities, "I did volunteer at several events at my daughter's school … Through those events, I met many local parents"

(Yong). To extend the safe zone into their local communities, some participants were courageous enough to knock on the door of a local club where they did not have any previous connection, "I just visited the local Lions club and asked them how I join. I joined the club because I wanted to know the community where I lived" (Gahee).

While extending the safe zone into their local communities, the degree of their participation was inseparable from the reception they encountered, "When my son started school, my wife was hesitant to go to classroom because of her English … Some kiwi parents always hugged her and welcomed her at school" (Gong). Participants greatly appreciated the support they received when approaching the host society, "I have received lots of support from local people" (Moon). Gahee described the welcoming reception she received at her club and explained how it contributed to her long-term engagement in the club:

> Why have I been a member for 10 years? Umm, maybe kind people. They don't treat me differently nor discriminate my differences. People accept and respect my differences. They even appreciate my presence at the club saying my differences will flourish the club culturally.

Upon arrival, participants initially utilised past knowledge, seeking ethnic resources which helped them to learn about their new surroundings with a sense of safety. With this confidence, participants gradually extended the safe zone into their local communities, particularly to places where they received welcoming and supportive receptions. This is a strategy commonly employed by participants through which they eventually arrived at the point of mastery in their communities: "I feel settled now. I know people around me and what happens in the community. I can speak English a little, not fluently but enough to express myself" (Hong).

Seeking membership in society

The concept of seeking membership in society is the meaning which participants aspire towards when they settle in Aotearoa New Zealand. Participants continually seek opportunities through which they can be recognised as members of Aotearoa New Zealand society. By utilising ethnic resources and extending their engagement into local communities, the participants reported that they became to acknowledge new lifestyles while accepting Aotearoa New Zealand as a home, "Yes, we are still financially tight. But I don't care too much about it now. I love to live with clean air and beautiful nature here. This is my home now" (Moon). At this stage, the main point participants wished to make was that they did not hope for assimilation, "no matter how long I live and I like [it] here, I think I am Korean" (Moon). Nonetheless, they appreciated the opportunities that their new home country offered to them, "I prefer relaxed lifestyle here" (Gong) and "we have more opportunities here. We can start a new thing anytime regardless of our age" (Gahee).

In the meantime, participants reported that their membership in society was not automatically granted, "to be honest, we are not equal. You can hear lots of those stories from media" (Moon), despite the perception of New Zealand's racial harmony, "I chose New Zealand because I heard it has a low level of racism and crime" (Gong). In addition, the small size of the Korean population contributed to their invisibility in society, which impacted on their sense of belonging in society as Hong described:

> Maybe a Kiwi is European? Media also often depicts them as a kiwi. I love to call myself a kiwi, but people don't think we are. What's the point … unless society believes we are.

Participants constantly pursued membership of the society while accepting Aotearoa New Zealand as a home. They sought and engaged in activities with which they made their presence visible in communities, with the hope that they would obtain a sense of fitting in as well as being included within communities, "at my workplace, I always shared my Korean style lunch. Later people loved it and often asked me how and where to buy it" (Gahee). It was through making their presence visible, "I want to do something for this country" (Yong), that participants sought recognition in relation to gaining membership and making a contribution to their new home country, "I want to organise something in a name of Korean people so people know we are here and doing something for the country" (Gong).

Participants engaged in a range of activities with which they made their presence visible, with the purpose of seeking recognition as members of society. Noticeably, many participants began to make their presence visible at workplaces, "I do my best for my job. They gave me a chance to work and in return, I want to do something for them" (Sook) and "my manager told me she was impressed by my work ethic" (Hong). Some participants made an effort to enrich cultural diversity in communities, "I organised a Korean night event at my club" (Gahee), while others enhanced their ethnic community's success in society, "I taught at the Korean school. I helped Korean children learn Korean and develop Korean identity" (Miho), in particular, connecting ethnic people with the host society: "Many people don't know about local services available to them. I do lots of presentations regarding what kind of services are available to Korean seniors" (Yong).

For participants, the point at which they feel they have obtained membership closely relates to the extent to which their presence is visible and valued in the community, with a hope of contributing to their own ethnic community as well as the host community. According to Gong, making himself visible

refs to being recognised as a member of society:

> We are invisible here, you know, in election or national event? We don't make our voice … I want to do something the society recognise us. Maybe express our opinions or participating in events in a name of Korean people.

In summary, participants disclosed that they rebuilt their lives in the host society through a strategy of "knocking on the door to integration." This strategy helped them gradually master their new surroundings and accept New Zealand as their home. In the meantime, participants constantly sought and engaged in activities, with the hope of obtaining membership in society. Seeking membership in society has the greatest explanatory relevance to encapsulate the life meaning that Korean immigrants pursued in New Zealand.

Discussion

Despite immigration being a global phenomenon in the 21st century, there are replicated findings that the age of immigration (Castles & Miller, 2009) arrived without society's readiness to live together (Wright-St Clair et al., 2017), with the resultant socio-economic marginalisation of immigrants and ethnic divisions in society (Ho, 2015; Kim & Hocking, 2016).

The majority of studies about immigrants in the Aotearoa New Zealand context have been framed as an acculturative process (Berry, 2008), employing the concepts of assimilation, separation, marginalisation and integration, based on their strategy of adapting to life changes in a new country (Chang et al., 2006; Epstein, 2006; Ho, 2015; Park & Anglem, 2012). More recent studies, however, suggest that settling involves a process of negotiating control over their lives (Kim & Hocking, 2016; Nayar, 2013) falling into six major clusters: "family; social dislocation and alienation; cross-cultural concerns; support and services; employment,

education, and language; and community" (Kate et al., 2018, p. 463). It is crucial to note that immigrants' experiences within these main areas differ due to their different status of entry, skills and life situations, and this heterogeneity contributes to society's incapacity in generalising and meeting their needs as a whole.

To ensure immigrants' success in Aotearoa New Zealand, the government launched the settlement strategy in 2004. This strategy aims to ensure immigrants' participation in society by: (i) feeling welcome and accepted; (ii) being in the right job; (iii) being housed well; (iv) speaking and understanding New Zealand English; (v) knowing how to access information and services; and (vi) understanding New Zealand's way of life (Department of Labour, 2007). This strategy is an integrated framework in which the local and national integration of immigrants is supported by responsive services, a welcoming environment and a shared respect for diversity (Department of Labour, 2004). It has been almost two decades since the government began to consider the everyday needs of immigrants. The focus is clearly on assisting newly arrived immigrants to master things reflective of Aotearoa New Zealand society. This societal effort was somewhat fruitful, in that many immigrants gradually accepted Aotearoa New Zealand as home while obtaining a sense of mastery in communities, "I feel settled now" (Hong). This would be a starting point in relation to building an inclusive society where all people can participate in their communities.

Participants, however, reported that the mastery of new surroundings through different stages of the acculturative process is not the end of their settlement journey, since having a sense of mastery does not necessarily determine their membership in society. Despite a relatively long period of residence and knowing their new surroundings, participants' ethnic minority status is often associated with their lack of belonging in society, "no matter how long

I live here, I think I am Korean" (Moon). In this sense, the author suggests that immigrants' settlement journeys do not stop at the point of mastery of new surroundings, but continue until they have true membership in society. Thus, the emphasis of the government's support should be promising immigrants' membership in society while guaranteeing their equal participation in communities.

Admittedly, the author argues that a sense of mastery in new surroundings should not be the final outcome in determining immigrants' success in the host society, as long as they experience a situation in which the statement, "I don't think we belong here" (Moon) still holds true. This finding is congruent with previous research findings that immigrants constantly seek a place in society where their presence is recognised and valued (Kim & Hocking, 2016, 2018). Participants disclosed that membership in society contributes to an increasing sense of belonging and subsequently enhancing their quality of life, "I am grateful to live here and appreciate the support I have received from society. Now it is time for me to return something to society" (Yong). It is a necessity that the Aotearoa New Zealand government further commits to developing an atmosphere in which immigrants' membership can be promoted as integral to becoming a flourishing society.

Implications for social work in Aotearoa New Zealand

In principle, social work is a profession promoting social cohesion and collective responsibility (IFSW, 2014). In line with this principle, social work in Aotearoa New Zealand has two central focuses: i) to empower people and communities; and ii) to engage in action to change the structures of society that perpetuate injustice (ANZASW, 2019). This perspective provides a useful framework in which social workers consider the interplays of context between the numerous actors involved in the settlement process to address Asian immigrants' transitional life challenges in communities.

For many Asian immigrants, social workers might be the first people they engage with in seeking support. With an emphasis on a systematic approach in the profession (Payne, 2014), social workers have the strengths to alleviate social suffering and improve the quality of Asian immigrants' lives through interventions at the micro, meso, and macro levels; for example, increasing individuals' problem-solving skills while mobilising the community's resources and challenging institutional racism. A systematic approach is necessary wherein social workers empower Asian immigrants to make the host society their home, as well as linking support from government agencies, local communities, civil partners, volunteers, and ethnic self-help groups.

In particular, the findings of this study suggest that Asian immigrants make a continual effort to obtain membership in society. This effort possibly led them to having an opportunity to represent their home country, "whenever I met local people, I consider my behaviours may represent my community" (Yong), as well as flourishing in their new country, "At my Uni course, my lecturer and students liked my presentations. They said because of my presence in class, they could better understand Asians and their culture" (Gahee). In this sense, the author recommends that social workers' abilities in this field can be enhanced if they support Asian immigrants to secure "a valid role to play in contributing to, and helping construct, local community and society at large" (Nayar, 2013, p. 385).

Social work in the Aotearoa New Zealand context cannot be separated from the diverse cultural groups that exist here and this environment requires social workers to have sufficient knowledge and skills to work with ethnic minority groups (ANZASW, 2019). It is crucial for social workers to have adequate knowledge of Asian immigrants'

resettlement processes. Specifically, this includes understanding the life meaning that Asian immigrants pursue in a new country while dealing with acculturative stresses and social inequalities prompted by their ethnic minority status in society.

Limitations

Within the paradigm of constructionism, "data are not in an epistemological vacuum" (Braun & Clark, 2006, p. 84). This leads to the findings being co-constructed by the analyst and participants (Corbin & Strauss, 2015). The trustworthiness criteria suggested by Lincoln and Guba (1985) (credibility, transferability, dependability and confirmability), were carefully used to ensure the findings accurately captured the participants' experiences. The strategy of member checking was adopted to gain credibility and having multiple sources of data increased transferability. To enhance dependability and confirmability, the findings were validated by peers, alongside the self-reflexive stance.

All participants were aged between 28 to 55 years and resided within the greater Auckland region since 2000. This demographic character led to the fact that the findings may not fully embody stories of Korean immigrants, in particular those who settled outside of this city and the 1.5 Korean immigrant generation. Verifying the concept of "seeking membership in society" across a range of ages, arrivals and locations is a research avenue to be pursued.

Conclusion

The participants' stories revealed severe disruption in many areas of their social settings, coupled with their ethnic minority status. In response, participants employed a strategy of "knocking on the door to integration." This is a process in which participants gradually extend their safe zone to local communities while maintaining a sense of safety by seeking ethnic resources. The concept of seeking membership in

society encapsulates the participants' pursuit of their settlement journey, until they feel they are recognised as members of the society.

Ethnic diversity is a reality that social workers encounter in Aotearoa New Zealand, and this requires them to have sufficient knowledge and skills in relation to work with ethnic minority groups. The findings of this study suggest that social workers should not only assist Asian immigrants in mastering their new surroundings, but also endorse the meaning they pursue in a new country. This would allow social workers to enhance Asian immigrants' participation in the host society.

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Re-writing the "rules of engagement":
Using critical reflection to examine ableist social work practice

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ABSTRACT

INTRODUCTION: Normative beliefs and practices reaffirm a hegemonic construction of human ability that legitimises the socio-cultural status quo. This disenfranchises people with diverse abilities who are excluded from this construction whilst simultaneously normalising the structural inequality and oppression that they experience. Helping professions such as social work often provide support to people who are disadvantaged by these social structures. However, practitioners within these fields are not immune to the influence of socio-cultural norms, therefore it is essential for them to reflect on the ways in which they might reproduce them within their practice.

APPROACH: This article outlines my experience of using critical reflection as a research methodology to examine an incident from my practice. Deconstruction and reconstruction methods were used to analyse the normative assumptions within my construction of this incident.

REFLECTIONS: The deconstruction analysis revealed how assumptions about impairment within my account of the incident were underpinned by ableist discourses. Reconstructing this through a neurodiversity lens enabled me to generate new insights around the anti-oppressive potential for using a pluralistic approach that undermines hegemonic constructions of ability.

CONCLUSIONS: By critically reflecting on this incident, I realised the importance of challenging normative assumptions when practising within neoliberal contexts where socio-cultural hegemony is amplified.

KEYWORDS: Critical reflection; social work; ableism; neurodiversity

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Ableism involves devaluing the ways of being and doing that deviate from what is considered normative or functional according to the socio-cultural status quo (Oliver, 2013). This is perpetuated at the macro (structural) level through systems that disadvantage those with diverse abilities, and at the micro (interpersonal) level through attitudes and practices that de-value certain social identities (Burgers & Beukeboom, 2016). Despite the importance that is placed on the interpersonal

dimensions of social work practice, there is currently a limited analysis of the socio-cultural norms that underpin them (Haney, 2018). In turn, social workers may rely on unquestioned socio-cultural norms and standardised practice approaches to fill the gaps in their understanding when engaging with neurodiverse service users (Haney & Cullen, 2018). This is problematic, as it leaves room for ableist assumptions and biases to inform their practice (Krcek, 2013). Furthermore, as neoliberalism has continued

to encroach upon social work service delivery contexts, it has established greater barriers to relationship-building and anti-oppressive practice (Morley, 2016).

The following article examines ways that social workers can resist, or reinforce, ableist practice norms that bolster the neoliberal status quo and foster oppression. This article presents insights from a qualitative research project that investigated ableism in relation to social work practice within neoliberal contexts. The research project sought to investigate the central question: how might normative approaches to interpersonal engagement reproduce oppressive social work practice? Normative approaches are defined in this research as the implicit *rules* of interpersonal engagement within certain socio-cultural fields of practice (Wiegmann, 2017). Oppressive practice is conceptualised as the attitudes and actions that reaffirm the power imbalances within social work relationships and perpetuate the marginalisation of de-valued social groups (Purcell, 2014).

Background

The neurodiversity paradigm

The medical model of disability focuses on discerning the difference between *normal* and *abnormal* human functioning (Masataka, 2017). Within this framework, cognitive impairments are conceptualised as deficits in the development of the brain associated with conditions like autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), specific learning disorders, and intellectual disability (Armstrong, 2015). While the medical model has historically dominated the discourse around disability, this has been challenged in recent years by the social model of disability (SMD) which draws attention to the way that ability is socially and culturally constructed (Krcek, 2013). Proponents of this model argue that the way environments and social systems are structured determines people's ability to participate in society

more than their impairment (McGee, 2012). Aligning with this model is the neurodiversity paradigm, which champions a pluralistic view of human ability that rejects normative constructions of functional and dysfunctional (Dinishak, 2016). A key feature of the neurodiversity paradigm is that people with cognitive differences are dis(abled) by socio-cultural structures that privilege these normative categorisations of functioning (Den-Houting, 2019).

The link between ableism and social disadvantage

Social, economic, and political environments are structured to reproduce normative constructions of functional ability (Leveto, 2018). By extension, functionalities that are considered atypical in relation to the normative standard are positioned as being innately defective, and are de-valued as a result (Masataka, 2017). These structures disenfranchise people who are cognitively diverse by establishing barriers to social mobility and community participation (McGee, 2012). For instance, normative expectations and discriminatory attitudes in the workplace foster an array of barriers for neurodiverse individuals when gaining and maintaining employment (Sarrett, 2017). In turn, neurodiverse populations are more likely to experience long-term unemployment, economic hardship, housing insecurity, and poverty (Bathje et al., 2018). Furthermore, neurodiverse populations have considerable incarceration rates, mostly in relation to petty crime or disorderly conduct when interacting with police (Ellem & Richards, 2018). Moreover, people who are neurodiverse experience high rates of depression, anxiety, trauma, and substance abuse (Bathje et al., 2018).

Limitations in current social work practice approaches

Neurodiverse populations frequently access specialist disability services, however, these predominantly focus on the bio-psycho dimensions of wellbeing, discounting

socio-economic factors (O'Connor, 2014). In connection to the social disadvantage that neurodiverse populations experience, they are over-represented as service users in health, welfare, and criminal justice systems (Ellem & Richards, 2018). Services within these systems are generalist in nature, and, by design, often do not accommodate diverse support needs (Ellem et al., 2013). People who are neurodiverse communicate their thoughts and feelings in ways that deviate from normative concepts of being and doing (Masataka, 2017). This is often misinterpreted by social work practitioners who lack understanding of cognitive diversity (Haney & Cullen, 2018), and consequently misjudge people's support needs (Haney, 2018). However, it can be argued that social workers currently have a limited scope of knowledge to draw from when expanding their understanding of neurodiversity and its implications for practice (Krcek, 2013).

The need for critical social work research

Medical research paradigms are scrutinised throughout critical disability literature for the way that they dehumanise people who are neurodiverse (Dinishak, 2016). Research examining the socio-political dimensions of ableism illustrates how the construction of difference as deficit reflects the structural disadvantage and interpersonal oppression that neurodiverse populations experience (Oliver, 2013). Social work research has used this socio-political framework to examine how paternalistic practice approaches are often underpinned by a tokenistic construction of (dis)abled identities (Hallahan, 2010). While social work research has embraced these critical frameworks, a significant portion of the existing literature about neurodiversity is grounded in medical paradigms that focus on deficit-based assessments and interventions (Krcek, 2013). Haney (2018) argues that social workers should employ the neurodiversity paradigm when expanding their understanding as it offers an anti-oppressive approach when engaging with existing knowledge around

cognitive disability. Similarly, Muskat (2017) suggests that using a neurodiversity lens allows social workers to practise from a strengths-based approach when working within deficit-based contexts.

Conceptual framework

The research problem was conceptualised using Young's (2014) theory of oppression in conjunction with a social-political model of disability (Owens, 2015). A Bourdieusian theoretical lens was used to inform the analysis of doxas that reproduce the status quo of oppression within the social work *field* of practice (Edwards & Imrie, 2003). Doxas were defined in this research as the absent but implicit *rules* of practice within each *field*, embodied in the performance of action (Oerther & Oerther, 2018). The project also employs Bourdieu's notion of reflexivity, which embraces the way that socio-cultural discourse interconnects with the research practitioner's subjectivities as central to the knowledge-production process (Wiegmann, 2017). This research further draws on a post-structural approach, particularly Deleuzean theory, to critically question and re-value the meaning that is imposed by normative constructions of being and doing (Coleman & Ringrose, 2013).

Critical reflection as a research methodology

Critical reflection focuses on examining the interconnection between power structures, social systems, and the narratives that we construct and infer meaning from (Morley, 2008). This is guided by the premise that subjective experience is a window into the social and political forces that manifest in the interpersonal aspects of practice (Daley, 2010). Central to this is the notion that the act of critically questioning our constructed meaning around phenomena can prompt us to reconceptualise the way that power works through our interpretation of truth (Fook & Gardner, 2007). This draws from postmodern philosophical traditions, which propose that the meaning that we construct within

a situation is not fixed, or universal across perspectives, but is instead multifarious and malleable to interpretation (Pease, 2009). Combining these insights with those from modernist notions of emancipation, critical reflection further examines how this meaning can be destabilised to foster one that is more transformative (Morley, 2014).

In this study I used Fook and Gardner's (2007) critical reflection model as a research tool to examine my construction of a social work field incident. This model was originally developed as an educational tool for social workers to use when evaluating their practice (Fook & Gardner, 2007). Morley (2008) expanded on this by using critical reflection as a research methodology to analyse normative assumptions that underpin social work practice. I used a similar conceptual framework to inform the research methodology of this study. This involved recording my initial account of the incident as data for reflexive narrative analysis (see below). Deconstruction and reconstruction methods were then used to dissect, and subsequently re-write, the key narratives within my account of this incident (Morley, 2012). The present study examines how socio-cultural truths, that reinforce the status quo of power, influence the micro-political dimensions of social work practice. Therefore, this research used critical reflection as a counter-hegemonic approach to the medical paradigms that are predominant within existing understanding of neurodiversity (Dinishak, 2016).

The deconstructive analysis involved dissecting the assumptions that were underpinning my account (Fook & Gardner, 2007). This located the socio-cultural narratives within my construction that had presupposed these assumptions as truth (Coleman & Ringrose, 2013). Discourses were identified by examining the way that language was used throughout my account to construct these narratives (Foucault, 1974). Inspecting the unquestioned *rules* of practice in my construction revealed the underlying doxas that had informed my approach to the

situation (Edwards & Imrie, 2003). Moreover, this analysis investigated the portrayal of identity within my construction and the way that power had been fixed according to this (Morley, 2014). Central to this was asking critical questions such as: who benefits from my construction of power; and how would this construction change if the *rules* of practice were different? Additional insights and further avenues of reflection were generated by discussing my account of the incident during supervision sessions throughout my student placement.

The reconstruction process used a post-structuralist lens to destabilise and reconfigure the fixed notions of truth that were driving my initial construction of the incident (Morley, 2008). This approached meaning as multifarious, and therefore malleable, in order to re-value the significance that was attached to these notions (Coleman & Ringrose, 2013). By reconstituting the dynamics of meaning within my initial construction, I was able to envision power as multi-faceted and open to subversion (Morley, 2014). Drawing these dynamics into the foreground allowed for the consideration of nuance, subjectivity, and multiplicity within my understanding of the situation (Fook & Gardner, 2007). In challenging the dichotomous constructions that had established rigid boundaries of thought around the situation, I generated counter-hegemonic narratives as a way of resisting oppressive socio-cultural norms (Morley, 2012). This prompted me to contemplate alternative interpretations of my account that reframed the situation outside of the socio-cultural structures that were governing my construction of meaning (Bayliss, 2009).

Ethical considerations

This research did not require formal approval from a research ethics committee as I was the only active participant. Whilst the data collected was based on my construction of an incident, it portrays individuals who have not consented to their information

being represented. The potential risk that this posed to confidentiality was mitigated by de-identifying my incident recording, i.e., organisational details have been excluded and a pseudonym has been used throughout to protect the anonymity of the individual featured. Furthermore, certain incident details have been omitted from the recording in order to further protect the anonymity of individuals featured within my account.

The purpose of this research was to enhance my critical reflexivity skills as an emerging social work practitioner. Maintaining and strengthening an anti-ableist framework was a core motivation in this endeavour. This is guided by a commitment to social justice and anti-oppressive practice, but also my experience of being autistic and struggling to interact with normative structures and neoliberal systems. My social work practice values are largely influenced by my own experience of communication barriers and needing others to advocate for me. The most troubling aspect of my critical incident was that I had engaged in the same oppressive practice that I have experienced first-hand from others. Therefore, it was crucial for me, both ethically and existentially, to critically interrogate the underlying assumptions that had informed my approach to practice in this incident.

Summary of critical incident

The following is an account of a practice incident that occurred during my final social work placement. This incident happened when I was supporting a service user, Aria, in going to her local welfare office. Aria had recently moved and needed to speak to the workers at the welfare office about updating her address details. Aria has a mild intellectual impairment and experiences difficulty with verbal comprehension and communication. She often masks this with acquiescence and by taking on a passive communication role. I was concerned that this may possibly cause Aria to misunderstand the workers' questions and to become confused.

I was also conscious of how inaccessible and punitive neoliberal welfare systems can be for vulnerable populations, so I asked Aria if she wanted me to speak to the workers for her. She agreed. In the end the workers changed Aria's address and did not question the information that I gave them. However, I feel that my approach to this interaction with Aria, particularly the way that I asked for permission to speak for her, was problematic. I did not take the time to discuss the situation with Aria or clarify why I was asking to speak on her behalf. I acted on the assumption that the system was too difficult for Aria to navigate without my assistance and therefore it was easier to speak to the workers for her without explaining why.

Deconstruction

A predominant assumption within my account of the incident was that Aria needed someone to speak on her behalf. Underlying this assumption was my belief that she was vulnerable to being overpowered by the welfare system because of the communication barriers inherent within its structure. This was underpinned by the notion that Aria's ability to communicate for herself was impaired and, therefore, would have struggled to navigate the interaction with the welfare officers. My construction was also directed by the assumption that the welfare system is too complex for Aria to understand, and so it would have been difficult for me to explain it to her. Interrogating these assumptions revealed how they reflect broader socio-cultural narratives about people with cognitive impairments lacking the functional capacity to comprehend the world around them, which create the communication barriers that they experience (Masataka, 2017). Deconstructing my account of the situation allowed me to identify the doxas that had presupposed these assumptions as fixed *truths* within my incident. For instance, operating within my construction was the doxa that verbal communication is the only way to transfer information (Phutela, 2015).

This was established through a dichotomous construction of communication as either verbal or non-verbal.

The deconstruction process uncovered ableist discourses within my account that had reduced communication to a factor of verbal intelligence based on socio-cultural notions of the "functional" norm (Dinishak, 2016). This construction materialised power as verbal ability, which determined who could speak. For instance, throughout the incident Aria had the least power because I had discounted her ability to speak. Moreover, Aria's identity is defined by her impairment, which constructs her as vulnerable and incapable. I constructed myself as Aria's supporter/advocate based on a fixed identity of social workers as heroic shepherds for the vulnerable (Hyslop, 2018). In contrast, the welfare officers were constructed as being bureaucratic gatekeepers of justice who were obstructionist and punitive (Gwilym, 2018). Upon deeper inspection of this, it became apparent that, by defining identity in these terms, I had allocated myself the power to direct decision-making within the situation. Furthermore, my perception of this managerial barrier resulted in a paternalistic approach to practice that disempowered Aria by marginalising her right to self-determination (Wallace et al., 2011).

I identified two key oppositional assumptions in my account that were implicated in the construction of power: 1) myself versus the welfare officers; and 2) Aria versus the welfare system. These fixed dynamics of practice were established through an oppressor and supporter dichotomy, which simultaneously delegated power according to these roles (Singh & Cowden, 2015). This fostered a hierarchical construction of power that positioned the welfare officers at the top and Aria at the bottom. Further analysis revealed the implicit doxa that service systems are designed to reproduce social disadvantage and need to be navigated on the basis that they are inaccessible for people with cognitive impairments (Garrett, 2010).

This was generated through a discourse of neoliberal fatalism, whereby the welfare system is constructed as being so managerial that it ultimately aims to obstruct rather than assist the people it was set up to support (Wallace et al., 2011). By extension, there is no space within this system for empathy or flexibility.

Reconstruction

When reconstructing my initial account of the incident with Aria, I needed to confront the narratives that had constructed her in (dis)ableing terms (Owens, 2015). Medical paradigms that pathologise neurodiversity are reflected in socio-cultural norms that de-value difference, which permeate throughout our collective unconscious and manifest in unquestioned assumptions and practices (Lollini, 2018). Post-structural theorists like Deleuze argued that there is no intrinsic value or purpose to human ontology (ways of being and doing), as nature is an ever-changing pattern of difference (Bayliss, 2009). Instead, socio-cultural constructions of normative ascribe meaning to human activity and define what forms of functioning are valued within certain contexts (Coleman & Ringrose, 2013). In order to destabilise the problematic construction of Aria, I used a lens of *brain plurality* to counteract the meaning that had been imposed through socio-cultural categorisations of impairment (Lollini, 2018). This allowed me to resist hegemonic constructions of cognitive deficit by embracing human neurodiversity as a vital part of the variation and difference that is fundamental throughout nature (Bayliss, 2009).

During the reconstruction process, I questioned why I had used verbal communication norms to define the parameters of engagement with Aria. These norms reflect structuralist notions that construct communication and interpersonal skills as innate psycho-linguistic traits that have universal meaning across human interactions (Chomsky & Foucault, 2011). However, there are many forms of

communication, as each person has a unique way of understanding the world based on their subjective experiences and individual cognitive differences (Ivanov & Werner, 2010). I wondered how my construction of the situation would change if I considered the vast potential of communicative diversity as expanding, rather than limiting, the avenues of engagement with Aria (Phutela, 2015). In reframing my construction through this lens, I generated counter-narratives about how I could have diversified my approach to communication when engaging with Aria. For example, I wondered how the incorporation of visual and/or written communication tools within my approach could have assisted in explaining the situation to Aria.

Throughout my initial construction I conflated my role in advocating for Aria with the need to be adversarial towards the welfare workers. In deconstructing this, I realised that it was underpinned by ableist discourses that had informed a paternalistic approach to practice (Gwilym, 2018). In turn, my attempt to shield Aria from unjust systemic structures inadvertently minimised her agency and bolstered the status quo of power. Foucault (1974) describes how discourses reaffirm the power dynamics within a social field by governing our sense of agency as subjects in relation to them. This is exemplified in the way that I submitted to the predetermined *rules* of neoliberal welfare systems and subsequently discounted the possibility of practising outside them. Neoliberal ideology disenfranchises pluralistic ways of being and doing by reinforcing attitudes and practices that normalise historical injustice and structural oppression (Owens, 2015). I reproduced this process of oppression in my practice by using a normative approach to define the *rules* of engagement with Aria (Bayliss, 2009).

Interrogating my initial construction revealed how my approach to the situation with Aria was informed by a teleological–consequentialist ethical framework (May, 1980). For instance, the outcome of my practice (helping Aria avoid potential financial penalty) was the primary focus and therefore justified the means of achieving it (speaking on Aria's behalf). However, by constructing the situation in these terms, I had unwittingly allowed neoliberal doxas to define the purpose of my practice and working relationship with Aria. In order to shift this construction, I considered what might have occurred if I had removed myself from the situation entirely and left Aria to engage with the welfare system by herself. I realised that this would have potentially disempowered Aria even further by minimising her neurodiversity and disregarding her right to supported decision-making (Owens, 2015).

In reconstructing this, I wondered if it was possible to implement a framework of understanding around the situation that draws on a feminist ethics of care without abandoning my original analysis of power (Gray, 2010). Feminist ethical theories place emphasis on the relational aspects of social work practice by highlighting the importance of working alliances that empower vulnerable people (May, 1980). When applying this lens to my incident, it can be seen how forming a reciprocal and collaborative alliance with Aria should have been central to my role in supporting her. By constructing the situation in outcome-based terms, my approach to practice was guided by the perceived threat of neoliberal oppression and the consequences associated with this (Singh & Cowden, 2015). Instead, I could had focused on working with Aria to navigate these barriers as a team. This would have involved positioning engagement as the primary "goal" of my practice by prioritising relationship-building as a key "outcome" (Gray, 2010).

Discussion

The findings from this critical analysis provide an insight into the interpersonal dimensions of oppression and ableism within the context of social work practice. Oppression, in all forms, involves marginalising certain groups of

people by relegating them to a disadvantaged social position that limits their access to resources and opportunities (Young, 2014). Interpersonal oppression is not necessarily enforced by direct political authority, but instead through social and cultural norms that inform people's actions and attitudes towards de-valued identities (Purcell, 2014). This research presents a practice-based example of interpersonal oppression and the micro-political factors that underpin it. The analysis revealed that ableist assumptions about cognitive functioning contributed to a paternalistic approach when engaging with a neurodiverse service user. This aligns with the premise that interpersonal engagement is inherently micro-political as it reflects hegemonic socio-cultural norms (Dinishak, 2016).

A key theme within my analysis was the intersection between ableism and neoliberal welfare systems (Spies-Butcher & Chester, 2014). Neoliberalism places emphasis on individual responsibility and self-sufficiency which, in turn, normalises structural oppression and social inequality (Mladenov, 2015). Consequently, neoliberal systems foster greater levels of oppression for structurally disadvantaged groups as they operate on the presumption that everyone has equal opportunity and universal access (Parker Harris et al., 2012). Furthermore, neoliberal ideology reinforces a commodified view of human functioning, whereby ableist discourse is positioned as common sense, i.e., people with disabilities are disadvantaged because they are dysfunctional and therefore "unable" to do (Mladenov, 2015). Following this logic, power is exercised through socio-cultural constructions of functioning that reaffirm the neoliberal status quo (Lollini, 2018). These research findings align with critical disability literature that has identified patterns of oppression and inequality across a broad scope of social structures (Oliver, 2013).

Implications for social work practice

The incident in this critical reflection took place at the beginning of my final social work placement. Therefore, the insights from this analysis had a profound impact on my learning while on placement, and have continued to shape my approach as an emerging practitioner. When this incident occurred, I was immediately aware that I had engaged in oppressive practice, but I could not envision any alternatives to it. I knew that I had made the right decision to speak on Aria's behalf; however, I was uncomfortable with my assumptions about her ability to understand and participate in this process. Using critical reflection to confront the aspects of my approach that were incongruent with my anti-oppressive practice values allowed me to examine the ethical tensions that were underpinning this incident (Morley, 2012). An important insight from this was that anti-oppressive practice is an on-going process, in the sense that it requires continuous learning and reflection.

One of the lasting implications that this critical reflection has had for my practice is a greater appreciation of how I can prioritise a flexible engagement approach, one that draws on diverse modes of communication, when working with people who are neurodiverse. A key finding from this research was that interpersonal engagement is a dynamic, and constantly evolving process of relationship building. My initial construction of the incident had placed emphasis on Aria's neurodiversity as an engagement barrier in our working relationship rather than considering how my own approach factored into this. In realising this, I started to focus on how I could have adapted my practice to Aria's individual communication style instead. These findings align with existing social work literature that identifies a person-centred approach as "best practice" in disability settings (Bigby, 2012). Central to this is forming collaborative relationships with people that support their participation in decision-making processes (Douglas & Bigby, 2018).

This critical analysis provides insight into the micro-political dimensions of interpersonal engagement as they illustrate how ableist

discourses had informed my construction of Aria's identity. Arguably, for person-centred practice to be legitimate, social workers must reflect on how they have constructed this *person-hood* and the socio-cultural narratives that may inform it (Krcek, 2013). This is particularly crucial when working within neoliberal structures that pressure social services to prioritise operational efficiency over relationship-building and person-centred care (Spies-Butcher & Chester, 2014). These structures have made it increasingly difficult for social workers to engage in critically reflective praxis that recognises the dynamics of power and privilege within their practice (Morley, 2016). This was apparent in my incident as the neoliberal practice context had amplified the existing factors of oppression within my working relationship with Aria. However, by critically reflecting on this, I was able to challenge my assumptions around purposeful practice and diversify my construction of power.

Throughout this research, a neurodiversity lens was pivotal in shifting my construction of Aria's ability to participate in this situation. There is an emerging social work literature base around the anti-oppressive potential of implementing a neurodiversity paradigm to challenge deficit-based understandings of cognitive functioning (Krcek, 2013). The findings from this study exemplify this as they suggest that the application of a pluralistic framework may assist social workers when engaging with cognitively diverse service users (Muskat, 2017). These findings also provide insight around the importance of using critical reflection to challenge normative assumptions about cognitive functioning and interpersonal engagement. This interpretation invites social workers to see the engagement process as an opportunity for micro-political resistance to the normative structures that reproduce the socio-cultural status quo.

Limitations

The case study format of this research is a key limitation as the findings only capture

a singular practice experience. Therefore, it is difficult to draw conclusions from this analysis that can be implemented across the broader context of social work practice. Nevertheless, this research provides new insights into how critical reflection can be used with social work practitioners to challenge the normative constructions that shape their understanding of neurodiversity. Future research into this topic would ideally collect incident data from multiple participants and investigate key themes across their accounts of different practice contexts.

Conclusion

In summary, this study investigated the interconnection between normative rationality and socio-political discourse through analysis of a critical practice incident. I used a process of critical reflection to analyse the normative assumptions within my account of this incident. This involved deconstructing the socio-cultural narratives that were underpinning my account in order to generate alternative interpretations of the situation that simultaneously re-authored these narratives (Morley, 2014). My initial construction of the incident was underpinned by modernist understandings of power and identity that had fostered a dichotomous approach to practice. This construction was challenged by examining the unquestioned assumptions that were underpinning my account of the situation and exploring diverse ways of thinking about power (Fook & Gardner, 2007). Central to this was elucidating the discursive and ideological mechanisms of power, and how they had manifested, and were reproduced, within my construction.

A key factor within my construction of power was that I had allowed neoliberal doxas to define and constrain the parameters of my practice. This was echoed in the findings as my adversarial approach to the welfare system was engendered by a sense of neoliberal fatalism that ultimately bolstered the status quo of oppression

(Garrett, 2010). Moreover, the construction of power in commodified terms had informed a consequentialist ethic within my approach, whereby the outcome of my practice had justified the means of achieving it (Gray, 2010). The analysis further revealed the ableist discourses within my account that had defined cognitive impairment in terms of innate deficit, which subsequently legitimised a paternalistic approach to practice (Mladenov, 2015). Destabilising this allowed me to implement a pluralistic framework of understanding of difference as *diversity* rather than *deficit*. In doing so, I expanded my understanding of interpersonal engagement by considering ways in which I could have prioritised a relational approach to practice and minimised the power imbalance between myself and the service user.

Acknowledgements

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Mamae Nui me te Takiwātanga: Surplus suffering and autism spectrum disorder in school social work practice

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ABSTRACT

INTRODUCTION: This research investigates social work interventions available for Social Workers based in primary schools in Aotearoa New Zealand, to address surplus suffering related to autism spectrum disorder (ASD). The aim of this research is to explore possible interventions by reviewing literature, and investigating the practice of professionals, in order to discern the best possible practice. The research questions that will be investigated are: 1) How do social workers in primary schools address the surplus suffering of students?; and 2) What interventions are employed when working with children on the spectrum? There is limited relevant literature; however, the published material suggests that most social workers in schools who work with children on the spectrum employ social-ecological perspectives.

METHOD: Qualitative methodologies have been employed, focusing on semi-structured interviews that were designed to answer the pre-set questions while also taking note of other concepts and ideas raised by the interviewees. This study has employed social-ecological theory, as well as social theories of disability.

FINDINGS: This research has found that, while social workers employ social-ecological interventions readily, they are reluctant to engage in potentially beneficial therapeutic techniques.

IMPLICATIONS: The implications suggested by this research are the need for diversification in social work training, and the need for further research to discern the best school social work practice.

KEYWORDS: Autism; SWIS; school; neuro-diversity

Nobody realizes that some people expend tremendous energy merely to be normal.

(Albert Camus)

Having been diagnosed with Asperger's Syndrome in primary school, the above quote has always resonated with me, as I too, struggled to be normal, and instead found I was isolated, bullied, and misunderstood throughout my education. In my social work studies, I sought to better understand how people like myself could be helped by school social workers.

Philosopher Jean-Paul Sartre famously proclaimed, "Hell is other people." This mantra may explain *surplus suffering* in the simplest possible terms. The term surplus suffering was used by Clarke and

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Van Amerom (2007) to describe the result of stigma and superfluous suffering caused by medical treatments. In the context of this research, surplus suffering is used to refer to any and all suffering caused by conditions outside of the purview of their actual impairments or limitations/needs, such as children with autism spectrum disorder (ASD) being isolated, due to how others perceive them and their diagnosis, irrespective of the actual behaviour or characteristics of the children. In this way, surplus suffering can be considered as disenabling created by society and systems around a person, rather than the person themselves (or their disability), and is comparable to the ideas of "disableism" as outlined by Thomas (2012). As an example, while unusual language patterns are a common symptom of ASD (Shearer et al., 2006), the resultant bullying is surplus suffering. This can manifest as peer rejection, isolation within classes, or teachers classing students as being "too hard" due to the diagnosis. There is a relative paucity of literature regarding both surplus suffering and ASD in social work. Furthermore, the majority of the available literature regarding social work practice and autism, relates to surveys of social workers in order to find patterns in practice; see Foster (2015), Eveslage (2012), and Grasu (2015).

There are no official statistics for autism in Aotearoa New Zealand, however Autism New Zealand (2020) suggests that the frequency may be as high as one out of every 54 people. Kids Health (n.d.) suggests that the number of children on the spectrum may be approximately one out of every 100 children in Aotearoa New Zealand. Internationally, the numbers are expected to rise (Elsabbagh et al., 2012; D'Astous et al., 2016; Suresh, 2018).

This article will report on a small study that investigated the nature of social workers' interventions regarding surplus suffering in primary schools. Two questions were investigated: 1) How do social workers

in primary schools address the surplus suffering of Autistic students? And 2) What interventions are employed when working with children on the spectrum?

Literature review

Definition of ASD

ASD is classified as a neurodevelopmental condition that affects a person's social, cognitive and sensory processing abilities (Autism NZ, 2020). As a spectrum, it encompasses "classical autism", Asperger's syndrome, pervasive developmental disorder not otherwise specified (PDD-NOS), childhood disintegrative disorder, and Rett syndrome (Sussman, 2008). It is traditionally characterised by a deficit perspective, with focus on the characteristics of challenges which are usually framed as inabilities or deficits, regarding behavioural management, social cognition, sensory management and joint attention (American Speech Language Hearing Association, 2019). As a result of these characteristics, it is generally considered a developmental disability (Centre for Disease Control, 2018), despite the heterogeneity of autistic characteristics and arguments about the exact nature of autism, (Hens, 2019).

This literature review will focus on material related to addressing surplus suffering, and discuss ways in which social workers can work with people on the autism spectrum to ensure the best results, that minimise both inherent and surplus suffering. As previously stated, although there are no official statistics for autism in New Zealand, it is estimated that approximately one out of every 54 people is on the spectrum (Autism New Zealand, 2020). However, international trends suggest that this can only be expected to rise—it has not been determined if this due to a genuine increase of prevalence or improvements made in screening techniques, as well as greater public awareness around ASD (D'Astous et al., 2016; Elsabbagh et al., 2012; Suresh, 2018).

Interventions

Based on reviews of the limited literature, there appear to be two primary types of intervention used by social workers in schools (SWIS) in general when working with students with ASD and their families. These are social-ecological, and therapies rooted in pragmatic language skills.

Social-ecological interventions

Several authors used the term *social-ecological* to refer to a series of interventions that work with both the child and the ecosystem around them (Foster, 2015). These interventions emphasise the child in the context and acknowledge the strain and stress that the families of autistic children can experience. Regarding social-ecological interventions, Foster (2015) surveyed 65 social workers regarding their practice with students with ASD and found that workers primarily focused on social-ecological interventions. Eveslage (2012) supports this by emphasising the need to coordinate external supports for families. Both Foster (2015) and Eveslage (2012) argue that this approach is paramount to addressing familial isolation, as discussed by Grasu (2015), who examined the role of school social workers when working with families and the wider contexts of the child, as well as Kayama and Haight (2013), Minhas et al. (2015) and Terry (2015) in their empirical studies related to autism, disability and family stigma. Foster (2015) outlined the social-ecological approaches for school social workers working with children on the autism spectrum, specifying interventions such as: supporting families, and collaborating with multi-disciplinary teams. Foster (2015) also found that SWIS provided psycho-social education to those in the children's ecosystem, such as peers, teachers and even family. VanBergeijk and Shtayermman (2005, as cited in Foster, 2015) suggested that social workers create support groups for families, to create additional support systems. Furthermore, in considering macro contexts, both Foster

(2015) and Eveslage (2012) argued that school social workers needed to consider working towards policy changes, addressing misconceptions held by staff, and facilitate long-term support and change within school environments. This approach is reinforced by the survey data compiled by Foster (2015).

Pragmatic language interventions

There is a clear link between ASD and struggles related to pragmatic language (Klusek et al., 2014). Both Klusek et al. (2014), and Abdoola et al., (2017) define pragmatic language as the ability to adapt a person's speech to social contexts. Abdoola et al. (2017) and Scattone (2007) outline the use of group interventions that assist children gaining proficiency in pragmatic language. While both Foster (2015) and Eveslage (2012) discuss the possibility of social workers engaging in interventions related to pragmatic language, Foster (2015) found that few workers did so. This may be due to debate about the effectiveness of pragmatic language interventions. Whilst Parsons et al. (2017) found overall positive results for pragmatic interventions, Plavnick et al. (2015), and Adams et al. (2012) question the validity of the interventions by suggesting that the therapies were impractical and yielded negligible results. Grasu (2015) disagrees with this and suggests it to be viable in a school social work context. As a result, Sheridan (2012) argues that further research is needed to test the practicalities and effectiveness of such interventions.

In response to these corrective interventions, some writers have raised ethical questions. Shavrina (2014) compared the medicalisation of ASD to the medicalisation of homosexuality. Both Shavrina (2014) and Clarke and Van Amerom (2007) highlighted that the medical perspective of ASD is contradictory to how many people with ASD see themselves. Hens (2019) stated that that this debate had to be considered when working with ASD, as many on the spectrum saw it as their identity, while people on the spectrum perceived professionals seeing

it as a condition to either cure, ameliorate or in some way change the person. This perspective is exemplified by Oberman (2008) who argued that the functional issues associated were severe enough to warrant a "disability" classification. Oberman (2008) does not, however, answer the question raised in Ripamonti (2016), as to when difference becomes disability, and why disability is treated as inherently negative. Nor did it address the concerns raised by Dinishak (2016) about the concept of disability creating a standardised human mould, that workers may endeavour to force people into. Despite this, neither Ripamonti (2016), nor Shavrina (2014) address how to approach the practical issues associated with ASD, such as difficulties in socialising, communication or obsessive behaviours (Sussman, 2008).

The paucity of literature regarding ASD and school social workers reflects the need for greater research into interventions to address the surplus suffering of school children with ASD. Social-ecological interventions can address a degree of suffering, but are stifled by a lack of resources, often forcing workers to advocate for policy changes to allow them to operate effectively. Pragmatic language interventions are lacking enough evidence to be uniformly employed and require more research. This presents more issues regarding the ethics of such research and requires ethical discussions about what constitutes a "standard human." As a result, more research into both social-ecological and pragmatic language interventions is needed.

Methodology

This study used the case study method of research. Since case studies are in-depth investigations of a single case or unit (Gilgun, 1994), the case study method was beneficial for this research because it is focused on practical applications. Generally, case studies focus on tacit knowledge, what workers actually do in real work environments as opposed to in theory (Greenwood & Lowenthal, 2005). Case

studies in this context allowed this research to explore what social workers *do* and gain a practical understanding of their actions in practice. At the same time, case studies are also cohesive with interpretive paradigms (Thanh & Thanh, 2015). This is because, according to Thanh and Thanh (2015), the case study method is designed to provide qualitative data that allow for researchers to gain better understanding of situations in a wider context, and the interpretive paradigm is designed to analyse qualitative data, without searching for an absolute conclusion.

Research paradigm

This research is rooted in the interpretive paradigm, as the methods and philosophical background centres on unique lived experiences at the expense of objective, universal realities and is based on a desire to understand socially constructed realities, and hermeneutics (Chilisa, 2012). The interpretive paradigm was chosen because it is useful for discerning, not only the nature of the interventions, but the underpinning understanding of ASD, as the research was able to discern what aspects of ASD and the social environment need to be addressed. A focus on context is also an important aspect of the interpretive paradigm, as it allowed a focus on the understanding of the individual workers, and explore how their understanding and perspectives, as well as other contexts, affect the interventions (Thanh & Thanh, 2015). When used together with the case study methodology, interpretivism allows for the creation of rich, detailed, and non-numerical data. This style allows researchers to explore situations and questions, as well as the answers, while also acknowledging the unique backgrounds, contexts, and philosophy of the workers themselves (Chilisa, 2012; Ponelis, 2015).

Method

Interviews were conducted with four professionals in order to better understand both the interventions employed and their limitations. Three of the interviewed

professionals were school social workers (Mary, Natalie, and Anne) while the fourth worker was a behavioural psychologist (BP) working at a multi-disciplinary private practice specialising in autism (Sophie). Whilst the interviews with Natalie, Anne and Sophie were conducted face to face, Mary offered a written response to the questions as she was unavailable for face-to-face meetings. These interviews allowed the researcher to gain an understanding of the practice of the four workers, as well as an insight into their experiences and understanding of autism, surplus suffering, and other relevant phenomena (Creswell, 2003; Gill et al., 2008). The interviews were semi-structured to facilitate a more fluid conversation that allows the interviewee to discuss broader ideas. This is especially useful when examining new topics, or topics with sparse information (Adams, 2015). Once the interviews were completed, thematic analysis was employed to identify recurring themes within the answers, related to both the topics and the understandings of the interviewees (Vaismoradi et al., 2013).

The interview and research questions were designed to investigate how social workers addressed surplus suffering. This was achieved by investigating what kind of social-ecological and pragmatic language interventions were employed, and how they could address surplus suffering, either directly (such as addressing a school culture of bullying), or indirectly (such as pragmatic language interventions to address social skills to address loneliness from a lack of reciprocal friendships in the long term). In this research, surplus suffering was defined as *when superfluous suffering is associated with a person's diagnosis but is not caused by the condition diagnoses*; an example of a child being teased by classmates for being bald as a result of chemotherapy is offered.

Ethics

This research received ethical approval from Manukau Institute of Technology, and as such, the research was guided by the

eight principles of the Manukau Institute of Technology's (2017, p. 4) ethical guidelines. These principles are:

1. informed and voluntary consent;

2. respect for rights of privacy and confidentiality;

3. minimisation of risk;

4. limitation of deception;

5. social and cultural sensitivity;

6. research adequacy;

7. avoidance of conflict of interest;

8. respect for property rights.

Of particular significance to this study was principle six, which requires that research both contributes to the education of participating researchers, as well as contributes "to the advancement of knowledge to an extent that warrants the cost to participants." (Manukau Institute of Technology, 2007, p. 17) The research was designed to ensure that the knowledge collected had actual practice value. Information about participants has been stored confidentially. Pseudonyms have been used for this report. The information of each interviewee will be held by the Manukau Institute of Technology for six years before being destroyed. An information letter and consent form were provided to the interviewees prior to the commencement of the interview. When the project is completed, each interviewee will be provided with a hard copy of the research report.

Findings and discussion

Surplus suffering

When asked about the term surplus suffering, all four interviewed professionals agreed that the term, with the definition offered, applied to ASD. Both Anne (school social worker) and Sophie (BP)

identified rejection and isolation as common themes. Anne said, "I see a lot of social and peer rejection, and isolation a lot of misunderstandings with teachers and staff members and other people in the school community. Probably misunderstanding from parents too." While Sophie (BP) identified issues around social skills as relevant, she also argued that stigma arises from the autistic label, stating "also sometimes a label, and that can create the stigma around autism as well as people being uneducated about autism as well. That can cause suffering too, because people do not know how to interact with them."

School social worker Mary further identified an oppressive element to surplus suffering, stating "… once people know they have ASD diagnosis, they treat them differently and work on trying to get them to be like everyone else." This attitude highlights another aspect of surplus suffering: how bias and stigma can lead to oppressive attitudes. Iannuzzi et al. (2015) have argued that ASD has more in common with sub-cultures characteristically than disabilities. Sub-culture can be understood as a group of people with an identity, based on interests or characteristics, within a larger group (ergo it can be separated from cultures with racial underpinnings, such as Tikanga Māori or the culture of Highland Scots). Iannuzzi et al. (2015) have argued that any worker who does not take a (sub)culturally appropriate perspective is acting oppressively: what Young (2003) calls "cultural imperialism." In this context, cultural imperialism is defined as the oppressive imposition of one set of cultural norms onto another group (McLean, 2011). This can be linked back to Oberman's (2008) arguments. It is worth noting that even here, the questions of Ripamonti (2016) remain unanswered and may be worthy of more consideration and research.

The research of Clarke and Amerom (2007) and Shavrina, (2014) reiterates that ASD has more in common with subcultures than other disabilities, and so an approach that is (sub) culturally appropriate within the domain

of "disability culture," may be beneficial for social workers and those they work with. The interviewees did not discuss the possibilities for (sub)culturally appropriate interventions, and it presents an opportunity for future research into disability culture, and how this relates to school social work regarding children on the spectrum.

Isolation and social skills interventions

Rotheram-Fuller et al. (2010), found children on the autism spectrum were less likely to have reciprocal friendships, and be well less accepted than other peers. Although, according to Masten et al. (2011) there is a scarcity of literature that relates to the perception of isolation for people with ASD. Masten et al. (2011) found isolation and rejection to have the same psychological effect on neuro-typical students. Memoirist John Elder Robison (2008, p.226) wrote of his isolated childhood:

> And all those child psychologists who said "John prefers to play by himself" were dead wrong. I played by myself because I was a failure at playing with others. I was alone as a result of my own limitations, and being alone was one of the bitterest disappointments of my young life.

Social isolation was identified by two professionals, Anne, and Sophie, as a common issue related to ASD, and as an aspect of surplus suffering. In both instances, the professionals identified the need to address the issues related to social skills inherent to most definitions of ASD (Dinishak, 2016), as a way to deal with this aspect of suffering. Both professionals discussed therapeutic interventions as possible mechanisms. When shown the work of Abdoola et al. (2017), regarding therapeutic techniques to improve the social skills of children on the autism spectrum, Anne identified the social skills programmes they had been running which served a similar function, such as a drumming group

that has allowed ASD students "to learn simple skills such as reading the person next to you, oh they're just about to finish … what does their face look like? Oh, they're prompting me to start." Mary identified the use of games to build social skills as well as the use of social stories designed to improve the quality of social interactions for people with ASD, the validity of which are discussed by Karal and Wolfe (2018) as a means to assist children in learning social skills. Sophie (BP) stated that their therapies can have a similar function as they are trying to help children to interact with others and communicate with others more functionally. This suggests some social workers may need to consider inter-disciplinary practices when practical, as such groups would be traditionally considered the domain of occupational therapists.

As previously stated, Scattone (2007), and Abdoola et al. (2017) have outlined the use of therapeutic interventions that address pragmatic language difficulties common amongst people with ASD. Sophie (BP) identified this as an indirect treatment for what she considered to be a root cause of surplus suffering, the difficulties of communication which lead to isolation and stigma. Both Scattone (2007), and Abdoola et al. (2017) argued that pragmatic therapies could address this issue, and the school social worker believed this to be within the mandate of SWIS.

Such interventions present an interesting possibility for addressing social isolation. Despite a scarcity of written literature to support these interventions, the data suggest that school social workers see these interventions as appropriate methods to alleviate the social isolation that contributes to surplus suffering of people on the autism spectrum.

Changing school climate and policy issues

Although the term *school climate* was not used, three of the four professionals

interviewed identified issues with the school climate as contributing to surplus suffering. School climate can be defined as the amalgamation of many social factors in a school, such as the relationships between stake holders, the values of the school, and the attitudes fostered by the school and held by students, staff, or parents regarding tolerance, and inclusivity (Iachini et al., 2017; Preble & Gordon, 2011). As such, this should be distinguished from isolation in schools, as discussed previously. While school climates can include isolation, the concepts are not mutually exclusive, as a school climate can also include patent bullying, harassment, or violence and discrimination (Preble & Gordon, 2011). Anne identified surplus suffering caused by misunderstandings between teachers, students and staff, and people with ASD. Natalie explained that she sees children carrying biases from home as to what is normal (in doing so, she aligned biases of *normal* behaviour to biases regarding religion and colour), and that she seeks to create a school that is more tolerable. Mary stated that it was part of the school social worker role to "promote inclusion, helping other children understand the individual differences."

Sophie and Anne identified that teachers often put such students in the "too hard basket" (while stipulating that this was not a universal rule and not all teachers did this). Anne stated that she had seen a lot of "misunderstandings with teachers and staff members." Sophie said:

> One thing that I've found is that when teachers do not have enough of an understanding around ASD, they tend to put those children in the too hard basket or they're the naughty ones, or too difficult to deal with.

Natalie made a similar comment: "some teachers will see that diagnosis and label that child as difficult, not realising that there is support and they can still work with them— again like a 'normal' child, and not have it have such a major impact." All workers

identify that, in some cases, it is necessary to educate teachers about ASD (as well as other learning difficulties) in order to lessen this aspect of surplus suffering, as well as the need to educate the wider community to lessen the prejudice.

Regarding surplus suffering, each of the four interviewed professionals highlighted anecdotal evidence of children on the autism spectrum in schools, suffering due to both bullying from peers and conflicts/tensions with teachers. This suggests that cultural issues, as well as the school climate, can and do contribute to surplus suffering. School social workers will need to address this. Hwang et al. (2018) found children on the autism spectrum were more likely to be victims of bullying and there is also anecdotal evidence of bullying behaviour towards children on the spectrum from parents of other children (Robert-Domolaize, 2019). This suggests cultural issues in schools are causes of surplus suffering for children on the spectrum. Ann addressed the limitations of her role as a SWIS, while also paraphrasing a sentiment raised by Natalie, stating "I think at the end of the day what we can do as SWIS workers is create an environment where that kid feels understood, and feels like a human being while they're with us."

Despite there being little literature directly related to this, Testa (2011) recommends that interventions within a school context would require anti-oppressive and community development models in order to be conducive to school-wide change. Social workers may also wish to consider the ideas of Iannuzzi et al. (2015), who considered that autism should be treated more like a culture than a diagnosis and, as such, principles of cultural competence need to be considered. This idea is supported by Shavrina (2014) and Clarke and Van Amerom (2007), as well as the neurodiversity movement, which characterises ASD as being an acceptable variation between peoples (Robison, 2013). Openshaw (2018) stated that it is the primary purpose of a school social worker to ensure

students thrive in the school environment thus making school climates a domain of SWIS. Although, as Higgins (2005) argues, changing the values, practices, pedagogy or even attitudes of a school requires the cohesion of an entire staff. It is important to note that, although each of the domains mentioned in this paragraph have a different interpretation of culture, this does not make the ideas presented by each discipline (about how to work with culture) contradictory— they can be used together in practice.

The three social workers identified issues at a community level that are relevant to the school social worker role in addressing surplus suffering. Social ecological systems theories (Ungar, 2002) suggest frustrations experienced by social workers with the school climate may reflect greater systemic issues and a need for social workers to work within a macro context. Natalie specifically pointed out a lack of consultation between policymakers and social workers regarding educational policy that affects social work.

Working with whānau

When asked about interventions and supports that affected the entire whānau, Natalie (a school social worker) spoke about the importance of building a relationship with the whānau "It's just having constant open communication. I work alongside families and I like to incorporate what works for them." Regarding direct work with whānau, Anne spoke about "providing psycho-education around what ASD looks like, and what kind of interventions we can have to make sure that the child has a solid routine, and to deal with that rigid thinking and all that kind of stuff." Sophie (BP) spoke of the need to be efficient with time and money "I prefer to do intensive therapy, you know, the more hours the better. But if the parents can't afford that, I would rather work with them and teach them the skills needed."

It is also important to foster external supports for the whānau, in order to address

long-term needs. Mary, in her written response, wrote about 1: Connecting them to support systems outside the school. 2: Connecting them with the school as they feel alienated when the school environment seems inconsiderate of their needs and what they are going through with their needs.

These familial interventions are aligned with similar research. Foster (2015) surveyed 65 American SWIS and found that working with the families as a whole was contentious among some workers who believed that their sole mandate was to work with the children in educational matters. Despite this, Foster (2015) found that one fifth of workers also performed family counselling, transition planning, and worked with support groups. These workers, according to Foster (2015) also stated that, in some cases, creating new support networks was necessary, and a part of practice and assisted in communication between families and schools. Readers should be aware of the differences between American and Aotearoa New Zealand social work practices when evaluating these readings, as "counselling" is not considered a social worker's role in Aotearoa New Zealand. However, it is worth noting that the interviewees did validate the need to involve outside support systems in familial interventions, as suggested by Foster (2015). A research project on a similar scale to Foster's (2015) survey in Aotearoa New Zealand may be necessary in order to ascertain a more comprehensive overview of how school social workers work with people on the spectrum in general within the unique ethnic and cultural contexts of Aotearoa New Zealand.

Although the professionals interviewed did not discuss parental stress, evidence of family stress impacting children (Payne, 2014) as well as evidence of familial struggles associated with ASD (Shepherd et al., 2017) allow us to infer that addressing the struggles of families associated with ASD is a pre-requisite to addressing the surplus suffering of students. This can be achieved

through socio-ecological interventions that seek to build supports outside the pre-existing (and often short term) school and family supports. These could include the formation of support groups for families or people on the spectrum, as well the involvement in the creation of educational resources where there is a lack of external supports for the worker to refer whānau to.

Conclusion

In summary, this research sought to discern how social workers can address the surplus suffering of people with autism spectrum disorder. By using semi-structured interviews, patterns of interventions were identified that aligned with the dominant discourse in the literature. This research identified that the entirety of the small group of workers interviewed agreed that the term and concept of surplus suffering was appropriate to some extent: that children on the spectrum suffer from the actions of others when they react to the diagnosis of autism. Other identified themes include individual and whānau interventions and the need to address issues within school cultures.

A lack of relevant literature and research regarding school social work practice and ASD has been highlighted throughout this research by multiple authors in multiple contexts. Further research is needed to discern the most effective interventions for school social workers to employ when working with people on the autistic spectrum. This research, as well as other research material, further implies that there is a need for diversification of skills, and extra training needed for social workers looking to work with autistic children. This research also suggests there is a need for workers to address issues that have ramifications for the entire school community, as well as issues at a policy level. This may involve writing submissions to Select Committees or advocating for changes in policy changes at different levels of administration and government. As

such, the use of community development/organisation techniques may be beneficial to address the stigma and ignorance that appears to be at the root of surplus suffering. Future research into school social worker practice may also be helpful in establishing a (sub)cultural approach to ASD, to allow workers to accommodate the fact that ASD is as much a culture as a diagnosis, if not more so.

The workers interviewed demonstrated that, despite a paucity of literature, social workers will find ways to work with ASD and to benefit these students. The majority of the practice highlighted in this report aligned with the literature. The exception to this was the use of pragmatic language interventions. While some research identified pragmatic language therapies as a possible means of intervention, and one worker used them, the majority of interviewed workers did not see it as part of the school social work role. Despite this, school social workers appear to be well equipped and positioned to, not only experiment with therapeutic approaches such as pragmatic language interventions, but also in community development. Such interventions would be useful to address issues within school cultures, and, as such, school social workers may wish to consider training in this area as well.

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Caught between a rock and a hard place: Social work in non-government organisations

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ABSTRACT

INTRODUCTION: Non-government organisations (NGOs) make a significant contribution to social service delivery in Aotearoa New Zealand. The purpose of this research is to understand how government policy impacts social work practice in non-government organisations in Aotearoa New Zealand. How NGO social workers apply and maintain ethical principles and standards in the current socio-economic climate was explored. The study aimed to increase understanding of how NGO social workers remain dedicated to the pursuit of social justice and social change in their day-to-day practice, within conflicting policy environments and the government's social investment approach.

METHODOLOGY: A qualitative research methodology informed by a constructivist epistemology was adopted as the research strategy for this study. The interest was in exploring personal perspectives so qualitative in-depth interviews were carried out with five experienced NGO social work practitioners.

FINDINGS: Thematic analysis of the research data found that contemporary NGO social work is a practice characterised by a sense of powerlessness. From this sense of powerlessness, five sub-themes were identified: freedom and powerlessness; the application of the principle of social justice at a macro level; professional dissonance; issues of funding and resourcing constraints as a result of neoliberal economic policy; and finally, different realities and a notion of othering.

CONCLUSION: This research found that the social justice element of social work practice may be at risk should the dominant neoliberal social policy environment remain in existence.

KEYWORDS: Non-government organisations; social work; policy; social justice

According to Stats NZ (2018), of all the non-profit activity groups, social services are the largest contributor to GDP and second largest in number of institutions, which include iwi and religious organisations. While non-profit organisations are deemed to be "in control of their own destiny" (Stats NZ, 2018, p. 7), this statement is contestable in the current socio-economic climate. Three decades of neoliberalism as a dominant social force in Aotearoa New Zealand have created an interesting and challenging environment in which to practise social work in the non-profit sector. Because neoliberalism highlights the value of free market competition, many non-government organisations (NGOs) have moved away from their values-based

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agenda, applied a business model to their operations resulting in more competitive practices (Evans et al., 2005). The demands of managerialism, compliance, productivity measurement, accountability and risk aversion, otherwise stated as neoliberal ideology (Fenton, 2014; Hyslop, 2016; Stark, 2018) have influenced social work practice and social service delivery. Reliance on state funding has implications for NGOs' and social work's ability to challenge the decisions of policymakers. For many social workers, political-economics is the antithesis of why they entered the profession and often social workers do not appreciate, understand or realise the implications of such neoliberal policies on their work and on the lives of those whom they work with (Spolander et al., 2015; Stanley & Kelly, 2018). The purpose of this research was to understand how government policy impacts social work practice in non-government organisations (NGOs) in Aotearoa New Zealand and to explore how NGO social workers apply and maintain ethical principles and standards in the current neoliberal socio-economic climate. It should be noted that the research was conducted during major national economic and social uncertainty regarding housing shortages.

Neoliberalism is a challenging concept. According to Mudge (2008), neoliberalism can be considered a "sui generis ideological system born of historical processes of struggle and collaboration in three worlds: intellectual, bureaucratic and political" (p. 704). At other times, neoliberalism is also referred to as economic Darwinism, free market fundamentalism or a theory of political economic practices (Giroux, 2010; Harvey, 2010; Thorsen & Lie, 2006). For the purpose and context of this article, Hyslop's (2018) pragmatic summation of neoliberalism is fitting. Hyslop (2018) identifies neoliberalism as a set of values, ideas and practices, along with a "way of understanding and acting in the world that positions individuals to meet the needs of capital" (para. 3).

Aotearoa New Zealand has not escaped neoliberalism as a dominant social force, despite the image of our nation as an egalitarian Scandinavia of the Southern Hemisphere (Marcetic, 2017). Aotearoa New Zealand is recognised as where the welfare state originated (Belgrave, 2012; Kelsey, 1995), for being the first country to give women the vote, and for embracing diversity. However, socio-politically, it is now often known by what is referred to as the "New Zealand Experiment," whereby untested economic theories, informed by Thatcherism, became Aotearoa New Zealand government policy (Kelsey, 1995). Aotearoa New Zealand has continued to embrace neoliberalism as an ideology and policy model. During the Key government (2008 to 2017), public services were hollowed out in a quest for budget surpluses, slashing health funding, cutting support for education at all levels, and ramping up privatisation despite public objections (Marcetic, 2017). A social investment approach, adopted by the Key government in 2015, was based on the concept that government investment should be mediated on avoiding additional government investment in the future. This actuarial approach doubled down on Aotearoa New Zealand's neoliberal rationalities and governance but had little to do with helping disadvantaged people (Chapple, 2017).

Concerns over the impact of neoliberalism on social work are evident within the literature, suggesting that the implications of a neoliberal policy model range across comprehensive structural frameworks, from policy construction to consideration of values and concepts of practice (Wallace & Pease, 2011). According to Morley and Macfarlane (2014), "neoliberalist discourses have infiltrated ethical standards in professional social work" (p. 337) and, although it is expected that social workers support practice that upholds social justice mandates, many reflect more of a commitment to a neoliberal agenda. Neoliberal changes to service delivery systems press social workers into

emphasising the policing, compliance and accountability aspect of their work, rather than promoting social change capabilities, or reflecting the ethos and values of social work (Welbourne, 2011). This has flow-on effects, such as rewarding non-profits in the sector who deliver services for being competitive and compliant rather than transformative (Abramovitz & Zelnick, 2015; Smith, 2007).

Within the Aotearoa New Zealand context, research indicates that that the current neoliberal framework for social work and social services has proved challenging (Humpage, 2019; Hyslop, 2013; O'Brien, 2009, 2016; Sawyers, 2016). Although a focus of social work is "to inform society at large about the injustices in its midst, and to engage in action to change the structures of society that create and perpetuate injustice" (Aotearoa New Zealand Association of Social Workers [ANZASW], 2019, p. 7), this may be easier said than done. The findings of Hyslop's (2013) study indicate that the profession of social work within a neoliberal framework continually contends with the paradoxical impression that its orientation is emancipatory, while the reality is otherwise. Although social work is dedicated to the achievement of social justice for all (ANZASW, 2019), the neoliberal agenda's preoccupation with efficiency and accountability poses a threat to both the commitment to the social justice mandate, and to service users themselves. Challenging social inequities and dominant discourses has been marginalised, replaced with conservative, individualised practices which mirror a neoliberal sense of personal responsibility, in which citizens are responsible for their own success—or lack of it (Kamali & Jönsson, 2019).

Method/research design

To explore how social workers from NGOs were experiencing the national policy environment, the research project adopted a broad social constructivist ontological position, utilising an interpretivist approach which prioritised the voice and perspective

of the participants. The research sample comprised four, female, registered NGO social workers and one female, non-registered NGO social worker, recruited through the ANZASW website. A non-probability sampling method was used to recruit these social workers. A purposive sampling technique then allowed the researcher to apply her own criteria when defining the sample, using judgement to select individuals for the study based on Ritchie and Lewis's (2003) strategy where "members of a sample are chosen with a purpose to represent a location or type in relation to the criteria" (p. 77). No male social workers responded to the recruitment invitation, therefore only women participated. The participants were required to have a minimum of two years' experience working in NGOs to ensure a depth of practice knowledge and an understanding of the non-profit sector. The five participants were practising in a variety of settings, including three large community-based social service providers, one church-based organisation and a health provider.

A qualitative, semi-structured interview process involving questions and discussion around the participants' experiences practising social work in an NGO was employed. Questions focused on how the social workers positioned their practice within the NGO sector, and how they experienced and managed tension as a result of broader neoliberal policy paradigms. Various key themes were identified using Braun and Clarke's (2006) six-phase guide to identify patterns or themes within the findings. The Whitireia-WelTec Postgraduate Board of Studies assessed this research as low ethical risk and provided approval for the research to proceed.

Findings

The findings of this research study were presented in line with the interview questions asked relating to the research question, "Does government policy impact on social work practice in NGOs?" The main, overarching

theme extrapolated from the findings of this study was the deep sense of powerlessness experienced by the participants in their day-to-day practice. Five sub-themes were also identified. These were: freedom and powerlessness; the application of the principle of social justice at a macro level; professional dissonance; issues of funding and resourcing constraints as a result of neoliberal economic policy; and policy imperatives and realities; and a notion of othering. Although each sub-theme is distinct from the others, there is a clear relationship between them—the overarching theme of powerlessness, with each theme implicitly entwined with the others in this regard.

Powerlessness

The word *powerlessness* was not overtly used by the participants, but it was clear that these social workers experienced feelings of powerlessness which were ubiquitous and pervasive.

> I've experienced things that I've never experienced before in that you can't help people. You can't help people … It's changed the way I work. Sometimes I work with people with less optimism than I did because for that person I am going to do my best, but I don't think there's going to be a lot to change their situation. (Participant One)

> You really feel like the power that we had has been depleted because the resources aren't there for people. (Participant One)

Powerlessness related to the social workers' feelings of not being able to access adequate resources, change situations or actually do their jobs well. It was particularly evident when the practitioners discussed housing insecurity in Aotearoa New Zealand. The housing crisis was seen as a structurally imposed issue that there was no solution to within the social workers' realms of influence, suggesting an impotency to promote change at a macro level. Societal change at a more macro or government

policy level appeared not to be an intervention the social workers felt able to undertake and was not identified as an option. The social workers exhibited a passive acceptance of their clients' precarious housing situations and a sense of resignation to the situation being out of their hands, deeming it to be a structural issue and one which is left to *others* to address. Instead, they chose to concentrate on individualised micro practice. One social worker stated, "it's frustrating and worrying, but it's an issue I can't do anything about" (Participant Four). The challenges faced by clients were seen by the practitioners as the consequence of what was perceived to be poor policy decisions by policymakers who were seen to retain control over determining how help was given to those individuals in need.

Particularly noteworthy was the apparent extension of who the powerless were—from clients or users of services, to the inclusion of the NGO social workers themselves. The social workers in this study frequently referred to a lack of funding, resourcing, and the very low rates of pay they received in their NGOs. These challenging working conditions appeared to contribute to the feelings of powerlessness they experienced. All the practitioners talked about the effects on their practice of working with minimal resources over a 10-year period, and the consequent sense of powerlessness to practice as wholly as they would like to. The powerful "others" the social workers appeared to hold responsible for their powerlessness were policymakers, staff from government ministries, particularly the Ministry of Social Development, funding agencies, and government itself.

Freedom

Interestingly, while powerlessness in their practice was a central theme, when discussing working at a non-government social service agency, the participants also described experiencing freedom. One practitioner illustrated their experiences of freedom by stating:

> I've actually really, really enjoyed it, simply because we've got a little bit more freedom than you would if you were in a statutory organisation of some kind. (Participant Four)

The freedom the social workers spoke of, however, was experienced at an organisational level, or coal-face level, as distinguished from the wider structures they identified as leaving them feeling powerless. The social workers identified their capacity to self-manage, freedom from supervisory scrutiny and a high level of self-determination in their decision-making and interventions with clients. The social workers measured the freedom they experienced by comparing their work environments with what they perceived to be the tightly prescribed boundaries, time constraints, and management measures experienced by statutory social workers.

These findings suggest the perceived freedom the practitioners experienced was restricted to certain aspects of their individual practice, such as the freedom to conduct the normative daily activities and apply professional discretion regarding their clients. However, their experiences of freedom did not appear to extend beyond this individualised practice to the broader organisational level. Contractual parameters and eligibility criteria for services were identified as dictated by the funding agencies, and as limiting the practitioners' freedom to assist and work with clients in the way they wished to. Although the social workers showed that they made work-related decisions on the basis of their professional knowledge and values, they were very clear that they were subject to the directives of those outside the profession and to constraints that were inconsistent with their professional social work knowledge and values (Weiss-Gal & Welbourne, 2008). They attributed these constraints as coming from outside funding agencies and policymakers. The practitioners identified that they exercised the freedom they experienced, which they deeply valued,

within a framework of accountability. This reflects the premise that neoliberal governance promotes individual autonomy while at the same time contradicting social work's commitment to social justice through high levels of accountability and efficiency. This reinforces the larger professional challenges of "sustaining the social work discourse in the current socio-economic climate" (Hyslop, 2016, p. 8).

Social justice principles

Contrary to expectations, the theme of social justice, an integral part of a social worker's value set, was not really part of their deliberations regarding their role. Social justice, a key ethical principle which guides social worker's pursuit of social change, was, surprisingly, left largely undiscussed throughout the interviews. It simply did not arise as an area of concern for the participants, in spite of the purposeful crafting of interview questions designed to encourage discussion around the social workers' experiences and what informs their practice.

For most of the participants, understanding what informed their practice was challenging to articulate. The social workers referred to a complex and interacting mix of practice experience, social work theory, professional development, policy and funding requirements, and community need as suffusing their practice. The core value of promoting social justice was only vaguely touched on by one practitioner as a possible future practice focus.

This finding suggests that the social workers in this study did not feel that challenging wider, systemic social injustices was part of their remit, leaving difficult issues such as housing insecurity to unidentified others to address. Paradoxically these others appeared to be the government institutions the social workers identified as being complicit in creating oppressive structural challenges. This point is evidenced by the statements of two social workers in this study. One social worker

stated, "I can't carry what is essentially a structural problem" (Participant One). Another stated, "I'm stuck, there's not a lot I can do" (Participant Five). Fighting for change at the macro level was not a priority, and indeed, an air of resignation prevailed. The rise of neoliberal ideology within public services has led to an emphasis on bureaucracy and micro-interventions, with social work practice confined to the individual level, rather than challenging those structures that create oppression (Rogowski, 2020). The practitioners' evident powerlessness to apply a critical lens to societal conditions is concerning given the need for purposive and structural change rather than merely the amelioration of individual issues (Reisch, 2016).

Professional dissonance

Professional dissonance, characterised as "an experience of discomfort arising from the conflict between professional values and job tasks" (Taylor, 2002, p. 36), appeared to be experienced by the social workers interviewed. Tension, ambivalence, and incongruity were significant features of their everyday professional lives.

Participant Two, who worked for a government-funded emergency and social housing provider primarily working with those experiencing housing insecurity, offered a practical example of the professional dissonance she experienced in her practice. Initially she stated unequivocally that, in her practice, the ANZASW *Code of Ethics* "overrides everything else". She clearly asserted, "if it doesn't match up with my ethical obligations then I am not doing it." However, she went on to offer an example of how the rights of clients and the ethical obligations of social workers can be superseded by the compliance demands of government agencies. This social worker described an agonising ethical practice quandary whereby she was forced to screen clients and refuse services to those individuals with more complex needs, to ensure her organisation

met Ministry of Social Development prescribed targets:

> … you get smarter at the beginning and that's a terrible decision to have to make but what I'm saying is that if you were just talking about numbers then you have to be smarter at the beginning to get the output that you want … which is terrible and you shouldn't as a social worker, I shouldn't have to do that, it should be who's got the greatest need … if you haven't met your numbers you won't get your contract again and I think that's really sad. (Participant Two)

The method described is known as *cherry picking*, an exclusionary practice whereby clients with the highest needs are perceived as non-viable or too difficult to meet government prescribed targets and outcomes. Here we see evidence of contemporary social work's subjection to competing demands and conflicting values systems—those of the social work profession and those of the powerful dominant forces that direct social service delivery. The dilemmas faced in their day-to-day practice highlight the practitioners' powerlessness to maintain the social work discourse in any meaningful way.

Lack of funding and resourcing

A lack of funding and resourcing also impacted the social workers on both a personal and a professional level. The word *funding* arose 47 times throughout the interviews, so was a significant theme in this study. On a personal level, the social workers indicated that reconciling their love of their jobs with low rates of pay, poor resourcing, inadequate funding, and consequent feelings of being undervalued was a constant. This is evidenced by the following statements:

> … we stay because we are passionate about the work that we do and about helping people, and I mean, I didn't go into social work for the money, but the reality is, you know, you need money to survive… (Participant Two)

Another participant stated, "we just never get good salary increases … our pay just doesn't go up … it affects us on a personal level" (Participant Three).

All the social workers spoke of their feelings of being fiscally undervalued. When they discussed this, it was in one of two ways. For some, it was in a fatalistic manner, indicating a sense of resignation to change their current situation. Others overtly expressed frustration and anger at the disparity between their working conditions and salaries, and what they perceived to be the better working conditions and salaries of the government workers creating the polices they were required to apply. One social worker described her work conditions and pay as:

> … shocking! In a bad way, just the level of … lack of resourcing and not nearly, not as good systems or not as good management, not as good leadership, not good working conditions. I've been quite astounded at the conditions in which people work actually. It's a real contrast you know. (Participant Three)

Situated within this theme, the issue of mandatory reporting requirements for the government agencies arose. These reporting requirements appeared to be a source of dissension for these practitioners. The frustration the social workers expressed at the amount of time they spend on administrative requirements, such as the need to provide extensive personal information about their clients, was evident:

> People are entitled to that privacy, you wouldn't ask a government minister to give their personal information like that, why are you expecting someone, because they've got nothing, to have to give personal information to someone who's just going to use it how they're going to use it. (Participant Four)

The participants explained that administrative requirements for the funding agencies had increased over the past ten years. They all expressed their frustration at spending so much time on "paperwork" for what they perceived to be "statistical purposes." One social worker explained that she would set aside an entire day each week for administration duties, stating, "it's ridiculous" (Participant Two). Another social worker identified that she spends less time with her clients and more time on administration, impacting her direct practice:

> Now we spend more time on admin, we spend more time emailing people, we spend more time phoning people, we spend more time you know solving sort of problems away from the client. I used to in the past … I probably would have done things when I was there in the home, and with the client supporting them to do it, but now I have to do more for them because I haven't got time to do that … I've got less time to be with them, helping them do things and maintaining their independence as much as possible… (Participant Three)

The participants' experiences of a preoccupation with measuring, quantifying and evaluating processes in a bid for efficiency can be defined as a "tyranny of metrics" (Muller, 2018), threatening direct practice and undermining social workers' ability to promote client kawanatanga. The practitioners' experiences reflect Freidson's (2001) ideology of managerialism which claims that a managerialist approach "denies authority to expertise by claiming a form of general knowledge that is superior to specialization because it can organize it rationally and efficiently" (pp. 116–117), potentially leading to a shift in the very essence of the profession.

Policy, reality and "othering"

The final theme is of a disconnect between what the participants refer to as "reality" and what policymakers understand to be reality, resulting in an "othering" phenomenon. The social workers in this study suggested

that the policies they were compelled to mediate were, at times, not fit for purpose. The implication was that policymakers are too far removed from the situations the policies are meant to address, and therefore do not comprehend the reality for the service user and the challenges for the practitioner working within the social policies they are developing:

> This lady [from MSD] … was just like, wow, you know it is so different to be able to talk to somebody who is dealing with things firsthand.

The participant goes on to say:

> … any kind of interaction between policymakers in government and social workers, you know, they don't understand the actual reality of what it is like and what is actually going on with people. I think sometimes it is easy when you're in your office or wherever and you're not really seeing the guts of what's going on. (Participant Two)

The word *reality* was used frequently by the social workers throughout the interviews, in particular when discussing what they perceived to be societal need and what they understood to be a lack of understanding of this need by the government agencies that create policy. This disparity frustrated the social workers, with references made to policymakers "sitting in offices." The social workers advised that, on the infrequent occasions they spoke with policymakers, the government employee typically appeared to have little concept of what the social workers did, how the policies they developed were mediated, or any depth of understanding about the lived realities of service users. The social workers spoke of a lack of communication, identifying that they were rarely included in direct dialogue with policymakers.

Although not explicitly stated, the social workers in this study experienced a subtle form of oppression by those they considered to hold the power, i.e., policymakers. Feelings of exclusion, devaluation, and unequal treatment both fiscally and professionally were alluded to, pointing to the evolution of a them–us dichotomy as a result of being perceived as inferior to those holding more power. One of the social workers in this study expressed extreme frustration in this regard, illustrated in the following statement:

> I get a bit angry … I thought, there's so many people that work in this organisation (MSD) making policy and what are they doing and why are they all kind of like, why is there so much money going into this and we're really, our organisation is struggling to pay us a decent wage. (Participant Three)

Discussion

Several salient conclusions for the social work profession can be inferred from this small study. By interviewing social workers from the NGO sector working in a neoliberal policy environment, key challenges that they expressed should be noted by others in the wider field of social work provision in this country. In particular, barriers to ethical and principled social work practice in the NGO sector in Aotearoa New Zealand exist. Social justice imperatives are shown to be sidelined in the pursuit of more managerial practices. This results in workers at the coalface feeling a sense of powerlessness at their lack of inclusion in the policymaking process.

The paradox of power(lessness) and freedom

While this concept of powerlessness is a central theme permeating this study and can be directly attributed to changing ideological agendas of governments over the past ten years, there was also a sense of individual freedom in their day-to-day work with clients. Thus, a paradox emerges. Powerlessness originates from an inability to enact choices and exposure to the disrespectful treatment that results

from occupying a marginal status and is most likely to be experienced when there is a rift between those exercising power and decision-making authority (Barnes & Mercer, 2004; Young, 1990). While this explanation may be a fitting description of the experiences of social work service users, it can also be applied to the social workers themselves.

Although the social workers' experiences of disempowerment were often subconscious, their satisfaction around the freedom they experienced was overt. The concept of freedom the social workers discussed is a beguiling, yet contradictory one, characterized as *individual* or *personal* freedom. According to Hayek's (1960) philosophy of freedom, concern for the public good is contradictory to the greatest good of individual freedom. As such, it could be argued that the practitioners' perceptions of freedom arise from a neoliberal ideology which emphasises individualism, perpetuating policies of personal accountability, self-advancement and free enterprise, rather than shared obligation, collectivism and citizenship. This individualisation reflects a political preoccupation with personal responsibility and the preeminence of the individual, exemplified by the social investment approach adopted by the previous National-led government (O'Brien, 2016). Paradoxically, NGO social work's call for improved government funding may lead to increased compliance and accountability requirements, constraining the much-enjoyed freedom the social workers experience. This micro-level approach may limit a big-picture perspective that enables social workers to collectively focus on the prevention of problems by promoting structural solutions to oppression (Reisch, 2016).

Promotion of social justice is hypothetical

The global definition of the social work profession developed by the International Federation of Social Workers (IFSW) (2014) states that principles of social justice, human rights and collective responsibility are central to social work. This definition highlights the importance of social justice to the practice of effective social work (O'Brien, 2013). The IFSW (2019) states that "social workers must challenge employers, policymakers, politicians and civil society, situations where policies and practices are socially unjust" (p. 2). Therefore, the limited references by participants to a social justice imperative is noteworthy, suggesting the possibility that the social workers find applying this principle challenging. This premise supports Strier and Breshtling's (2016) proposition that social workers are now, more than ever, expected to interpret and enforce the regulation of behaviours by the state, a practice that challenges any attempt at applying the social justice obligation of the profession. It also supports O'Brien's (2009) assertion that without explicit attention to social justice, social work becomes "something else."

Participation in decision-making at a policy level does not appear to be within these social workers' frames of reference and may not be realistically feasible within the parameters of the current relationship with funders and policymakers. A binary understanding of power may go some way to explaining the social workers' lack of participation at a macro level. According to Fook (2007), "individuals can participate in their own domination, by holding self-defeating beliefs about their place in the social structure, their own power, and possibilities for change" (p. 445). The practitioners' reluctance to challenge oppressive dominant social structures suggests that perhaps a contemporary social work practice worldview now exists, whereby social workers in Aotearoa New Zealand observe social issues at a depoliticized distance. This may suggest a shift in the social work agenda. Challenging social injustices, particularly those policies that undermine human rights, is not an easy task and may consequently often be reduced to rhetoric (Morley & Ablett, 2017). The level of access by service

users to necessary resources such as secure housing is what determines the degree of ability for social workers to effect change; if these resources are not readily available, the ability of social workers to influence the macro socioeconomic structure or have the capacity to effect policy change is diminished (Sadan, 1997).

While it could be assumed that most social workers would agree in principle with core values such as social justice and challenging unjust policies and practices, the social workers' lack of emphasis on a social justice mandate at a macro level substantiates Morley's (2016) suggestion that many conventional social work practices, when critically analysed, "reflect more of a commitment to being aligned with the systems that create injustice, rather than supporting the people who are disenfranchised by them" (p. 42). The type of social work that fulfils its ethical mandate, as set out in the IFSW Global Social Work Statement of Ethical Principles (2018), has been termed *critical/radical* social work (Ferguson, 2009; Hyslop, 2016; Morley, 2016). According to Morley and Ablett (2017), radical social work challenges the social structures that disadvantage, and can lead social work through its capacity to analyse the socio-economic-political context that produces oppression. This type of critical/radical practice, according to Stark (2018), is merely meeting the pre-neoliberal social work imperative of being socially critical, political practitioners who challenge and influence the macro structures in society, and so participate in the development of social policy.

In the context of this study, the social workers' ethical code gives them both authorisation and obligation to challenge issues of social injustices; however, there is little evidence of enactment of this ethical requirement in practice, especially at the macro level. This may suggest the need for what Morley et al. (2014) identify as a social work approach which supports and advocates for social reform, challenges current society and pursues social justice and human rights.

Forced compliance in a neoliberal world

Social work is a profession characterised by difficult decision making, conflicting beliefs and values and often dichotomous professional roles. Consequently, the pressure to meet contractual obligations may encourage some social workers to adopt exclusionary practices such as choosing to work with easier-to-assist clients (Aronson & Smith, 2010). The professional dissonance experienced by the social workers in this study substantiates Hyslop's (2013) research findings which suggest that maintaining the social work discourse in a neoliberal environment is difficult, with social workers experiencing pressure to move closer to the demands of the system and further from the needs of the client.

This study demonstrates the co-option of social work into neoliberalism. The professional dissonance associated with meeting obligations to the funding agency rather than addressing the needs of the most vulnerable in our communities is referred to by Foucault as the "governmentalization of the state" (1991, p. 103). Weber's (1946) theories of rationalization (1864–1920) may also offer insight into the social workers' feelings of dissonance, suggesting that values once entrenched in an ethical context are lost in society, with rational calculation and efficiency prioritised over a more sympathetic and harmonious society. Powerful decision-making by policymakers supplant regard for individuals, prioritizing rule-following and efficiency (Tsakiris, 2018).

The previous National-led government's social investment framework embraced the nascent neoliberal policy setting and endorsed the gathering of ICT-based output data, suggesting that social work principles have been relegated in favour of managerial accountabilities (Burton & van den Broek, 2009; Hyslop, 2016). Efficiency-focused organisations have been "increasingly attracted by the promise of output and outcome measures associated

with scientised 'evidence-based' approaches to social work practice" (Hyslop, 2013, p. 15), with expanding government contracts requiring social service agencies to provide comprehensive outcomes-based data based on homogeneous measurement processes (Abramovitz & Zelnick, 2015). Indeed, the accounts of the social workers in this study substantiate Smith's (2011) assertion that neoliberal policy and processes effectively stymie many options for emancipatory practice and the pursuit of social change.

The experiences of the social workers in this study support the notion that contemporary social work is no longer a values-based, social justice focused profession (Hyslop, 2012). For NGO social work, the political challenge of neoliberalism may necessitate a redefinition of practice principles away from those ideological values that once were attainable, to a more realistic set of guidelines. Regrettably, these economic policy models that embrace free-market capitalism have become entrenched, with the hegemonic nature of neoliberalism left unchallenged, and although not accepted as ideal or desirable, neoliberal governing practices may need to be seen as necessary or inevitable (Skilling, 2016; Wallace & Pease, 2011).

A disconnected sector

A disconnect between what the social workers in this study refer to as reality and what policymakers understand to be reality is evident. The subordination and oppression experienced by the social workers in this study can be described as othering—a complex process of attitudes and behaviours embedded in an inegalitarian societal worldview that is constantly affirmed and reproduced through institutional practices, cultural norms, and individual actions that treat some people as superior and others as inferior (Dominelli, 2002).

The suggestion that there exists a disconnect between social workers' and policymakers' perceived realities, and the perceived

disparity between working conditions and rates of pay resulting in this othering phenomenon, is consistent with aspects of Cribb's (2017) research. Cribb found that there has been a deterioration in the relationships NGOs have with government funders, with NGOs becoming increasingly mistrustful of government agencies. Cribb's research suggests that funders require good knowledge of the needs of the communities they are serving, and that this is unlikely to occur from a desk in Wellington or through a paper-based reporting relationship. As to communication between social workers and policymakers, Mosley (2017, as cited in Sheehy, 2017) suggests that, frequently, the feedback loop is broken between the officials who make decisions about the policies and the agencies responsible for implementing the policies. Policymaking would likely be more effective if the nonprofit social service providers had a seat at the table. For the most part however, they are strikingly absent from the policymaking process (Cribb, 2017).

According to Maidment and Beddoe (2016), "social work is about fostering social change, and this entails understanding the social policy milieu in which these change efforts occur" (p. 21). Because social policy underpins the legislative framework that social workers function within, it is important for practitioners to understand more about the development and rationale behind policymaking, otherwise social workers may unintentionally reinforce flawed policies as a result of not applying a social justice lens to their practice (Popple, 2017; Powell et al., 2013). Robust social policy that responds to the disparities and inequities in our society can and should be informed by the experts in the field—social workers.

Conclusion

The impact of macro-economic neoliberal policy is far-reaching and has implications for social welfare and social work practice. This study highlights that neoliberal macro-economic policy has been embedded so pervasively in Aotearoa New Zealand

that it is difficult for social workers to articulate an alternative vision for their profession, particularly in non-government organisations. In essence, they carry out the work of the state, possibly saving the state money. NGOs' reliance on state funding for survival means that challenging government-imposed policies or directives that do not align with the guiding principles of the social work profession is dangerous as funding may not continue.

This results in the social justice element of social work practice being put at risk, should the dominant neoliberal social policy environment remain in existence. While the social workers in this research demonstrated insight, acknowledging the existence of structural inequities and the influence of socio-economic and political factors as barriers to service users' wellbeing and development (IFSW, 2018), there was no strategy articulated to address these structural barriers or attempts to transcend the micro–macro divide. In short, current social work practices fail to uphold the social change mandate or challenge social injustice, including government policies that harm wellbeing. That said, the small size of the sample means the perspective of these practitioners may not be representative of all NGO social workers. Another limitation to consider is that the research was conducted at the height of the housing crisis, which dominated the interviews conducted. The interviews were conducted shortly after a change of government, consequently further contemporary research on this topic is recommended. It is also recommended that the Social Workers Registration Board promote macro practices, particularly those related to social justice. Social work educators should enhance students' understanding of macro practice, re-examining curricula to ensure the inclusion of critical social work contexts.

Hyslop (2012) suggests that social work is often experienced and described as *tricky* work, ascribing the terms "risky,

uncertain, precarious, unpredictable, dangerous, contradictory, ambiguous, contingent, conflicted and complex" to this profession (p. 414). This research supports this premise, emphasising the *Janus-faced* and contradictory nature of social work in non-government organisations. These practitioners are caught between a rock and a hard place.

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Trauma responsive care model:
An Aotearoa New Zealand research informed practice model for residential group homes

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ABSTRACT

INTRODUCTION: This article presents a research-informed model of trauma responsive care for use in residential care practice social work settings with children and young people in Aotearoa New Zealand. The model was developed from a qualitative project which sought to address the research question "Does the quality of relationships with staff members have a positive impact on outcomes for children who reside in group home settings?"

METHODS: Using semi-structured, in-depth interviews, eight children were interviewed regarding their experience of relationships while living within supervised group homes (SGHs). In order to gain multiple perspectives on this topic, six biological parents and two legal guardians of children were interviewed and focus group discussions were held with staff members from three SGHs. Thematic analysis was used to identify key themes identified from the findings.

FINDINGS: Five dominant themes were identified from the children's and parent's interviews. The central theme was the importance of relationships; that relationship is the key when working with children who have experienced trauma. Children who have experienced trauma need to feel safe in the context of relationships and benefit from bottom-up interventions in order to heal from their traumatic experiences.

CONCLUSION: A research-informed model of trauma responsive care was constructed from study findings informed by two principal bodies of knowledge: (1) attachment theory; and (2) neuroscience. The resultant trauma responsive care model provides a framework of strategies for anyone working with children in residential care settings who have experienced trauma and/ or attachment difficulties.

KEYWORDS: Foster care; residential group homes; therapeutic model; trauma-informed practice; trauma responsive care; child-centred practice; attachment

This article presents a trauma-informed and relationship-based framework to help understand some of the challenging behaviours exhibited by children in foster care who have experienced trauma and who have attachment difficulties. "She is just attention-seeking"; "they are just naughty kids"; "they just need to learn consequences." These are phrases we commonly hear from well-meaning individuals when referring to challenging behaviours exhibited by children and young people who have

experienced trauma or who have attachment difficulties. Is it *just* attention-seeking behaviours or is there an underlying driver of the behaviour? What would happen if we started using a trauma-informed lens and re-framed "attention-seeking" behaviours as "connection-seeking"?

This qualitative research project was focused on hearing children's experiences while they lived in supervised group homes (SGHs) within Aotearoa New Zealand. SGHs are staffed residences that provide care for children who have high to intensive needs (Child, Youth and Family, 2010). The majority of these children have experienced trauma, abuse and neglect throughout their childhoods and, by the time they enter the group homes, they often have complex needs and challenging behavioural issues such as aggression and self-injury (Child Youth and Family, 2010). While completing this research project, I was working as a social worker within an SGH and was motivated to complete a piece of work that had the potential to facilitate positive outcomes for children in care.

Scholarly residential settings literature highlights that practice within this field is typically underpinned by behavioural approaches which aim to change or modify undesirable behaviour by altering its antecedent or consequence, or both. These behavioural approaches at times have an unintended effect of re-traumatising children and youth (American Association of Children's Residential Centers, 2014). Trauma literature, by contrast, claims that practitioners need to incorporate a more reflective approach in their practice, one that supports them to make sense of the child's behaviour by considering the reasons that might underlie their actions. A gap in this knowledge motivated the current study.

The lack of a child-centred and trauma-informed approach is not isolated to residential settings, and appears to have been an organisational-wide gap within Oranga Tamariki (formerly known as Child,

Youth and Family), Aotearoa New Zealand's child protection agency. This knowledge gap was highlighted in both the interim report (Ministry of Social Development [MSD], 2015a) and the final report (MSD, 2015b) by an independent Expert Panel. The Expert Panel was established by the Minister for Social Development in April 2015 to oversee the development of the business case for modernising Child, Youth and Family.

The Children's Commissioner's State of Care report (Children's Commissioner, 2016) has emphasised the need for a consistent child-centred and trauma-informed approach within residential services. Given that most youth in residential settings have extensive histories of trauma exposure (Briggs et al., 2012), it is crucial that a trauma-informed approach is undertaken in our interventions. Caring for children with attachment difficulties and a history of trauma needs to be more than behaviour management. We need to have a deeper understanding of how early attachment experiences and early trauma have impacted on their current behaviour and with that lens of understanding, provide therapeutic strategies that can bring healing and restoration to children who have suffered trauma.

The trauma responsive care model is a research-informed practice model that I have developed, building on the current research findings, and located within the Aotearoa context. The model incorporates attachment-based and trauma-informed strategies for working with children who have experienced trauma. This article outlines the research undertaken and how the trauma responsive care model was developed as a framework from the research findings and the literature reviewed.

Methodology

The research question, as stated earlier, was: "Does the quality of relationships with staff members have a positive impact on outcomes for children who reside in group home settings?" A qualitative approach involving

semi-structured, in-depth interviews was undertaken. Eight children were asked about their experience of care and the importance of relationships while living in group homes. In order to gain multiple perspectives on this topic, eight parents or guardians of children were interviewed and focus group discussions were held with staff members from the three group homes. Using triangulation, multiple forms of evidence were gathered rather than relying on one source of data (Creswell & Miller, 2000).

Participants and sampling

The four-point sampling approach by Robinson (2014) was used in this research. The "target population" was three SGHs in Aotearoa New Zealand selected based on geographical distance. Children residing in the three SGHs, their parents or legal guardians and staff members who worked in the SGHs were the sample population.

The sample size of eight children and eight parents/guardians was decided on due to the number of children placed in the various homes. Staff members who worked within the three SGHs were approached to take part in focus group discussions. To ensure the information collected describes a range of possible experiences, a maximum variation method of sampling was utilised (Bryman, 2012).

Lastly, sourcing the sample and recruiting participants was the final step. Consistent with ethics approval, third party contact was made with all potential candidates. Three sets of participants comprising children, parents/guardians and staff members consented to take place in the study. No participants were approached until a written consent to participate was received from them.

Ethics approval

Ethical approval was sought and gained from the University of Otago Human Ethics Research Committee before any research

was carried out. Approval from the MSD Research Access Committee was also sought and approved in line with their requirement that any research project that involves clients and staff must be approved by them (MSD, n.d.). The ethical implications of interviewing children were addressed to ensure that research was carried out in an ethical and safe manner (Powell, 2011).

Data collection and analysis

Semi-structured interviews were used with the children, their parents/guardians and the focus groups with staff members. A list of interview questions was used. During the interview, an open-questioning technique where the precise nature of the questions was not determined but depended on the way the interview developed. Each interview lasted for approximately an hour and all interviews, including the focus group discussions, were audio recorded. Some examples of questions that were asked of the children were "Tell me about what it is like for you living here?; What is important to you living in this group home?; Who do you think cares about you while you are living here?; How do you know they care?; Describe a staff member that you like, why do you like him or her?"

Thematic analysis was utilised to find themes relevant to the research question (Braun & Clarke, 2006). Each interview and focus group interviews were transcribed verbatim and the data were then read and re-read to ensure thorough comprehension of the data (Bryman, 2012). Data analysis was completed manually with the use of Microsoft Access to categorise common themes.

Summary of findings

The five major themes from the children's and parent/guardian's interviews are summarised below:

Theme 1 How children enter and exit group homes: The children and parents/guardians talked about how they were admitted into

group homes and the impact of that process on them. Five out the eight children talked about not knowing anything about the SGH before shifting in:

> **Child**: *[I knew] absolutely nothing! I just knew it was in city X and knew it was a home. And I didn't even get to come down for a visit first and everyone else gets visits. I just got chucked in… Yeah and they told me I was going … in 3 weeks. It was the next day! My Social Worker rang me that night, oh no and said I was coming down tomorrow.*

> **Researcher**: *Yup, so you didn't get any notice.*

> **Child**: *Or sleep… It was horrible.*

Both children and parents voiced wanting to be involved in a clear transition plan to and from the group home. Children who were older wanted to develop more skills and independence to enable their smooth transition to adulthood.

Theme 2 Importance of relationships, having a secure base: Relationships formed the dominant theme that was identified across all interviews. All eight children talked about the importance of having trusted relationships with staff members. Children expressed that they liked staff members who were positive in their engagement and attitude, who showed the child they cared through their tone and actions and staff who modelled trust in the relationship.

> **Child**: *When a staff member was spending time getting to know me, listening and talking to me when I first arrived, took me shopping for my school books. I felt safe.*

Theme 3 Creating safety within relationships and the environment: During the interviews, children shared their experiences of living in the SGH environment. The children spoke about the rigid structure and rules in the group home and how punitive they found the points and levels system to be. The physical environment of the SGH was talked about and children expressed wanting a

more relaxed atmosphere rather than having everything contained and locked.

> **Researcher:** *Okay, so I am really curious on the lock on the fridge, so when you are hungry what happens?*

> **Child:** *You just gotta go. We have set times of when we are allowed to eat which is normal times.*

> **Researcher:** *Yeah.*

> **Child:** *And we just have to go ask for staff to open the fridge or open the pantry.*

> **Researcher:** *How does that feel if you are hungry?*

> **Child:** *I reckon it's dumb.*

> **Researcher:** *Mmm okay. So if you could change that you wouldn't put a padlock?*

> **Child:** *No, it's like we are treated like not humans.*

Theme 4 Importance of family: All eight children interviewed mentioned how important family is to them and the importance of having regular contact (face-to face) with them and phone calls being an addition to that. One child who lived in a different city from her family discussed how difficult this was for her.

> **Child:** *It's crap. Horrible. Cause I have to watch other people walk out of the house with their family and I mean mum can't even come down because they can't fund for her. And it's difficult being in a different city to my family.*

Theme 5 Children want a voice: it was clear in the interviews that the children want to have a say in their plans and to be heard while residing in the SGH. They want to be included in setting goals for themselves.

> **Researcher:** *…so what would work well for you?*

> **Child**: *For me? Just like what we've been doing, the individual goals and stuff.*

Discussion

The findings presented in this article, show that children want to have a clear transition plan when they enter and exit group homes. The children also voiced the importance of a trusted relationship with staff members within the group home and wanting an environment that promotes a sense of safety. Contact with their family was also an important theme that was identified and, lastly, children wanted a voice and say over their plans and goal setting.

Figure 1 depicts the trauma responsive care model which is a diagrammatic representation of the findings from the research project and the literature reviewed.

Overview of model

Figure 1 depicts the trauma responsive care model. The wharenui (Māori meeting house) is first viewed from the marae ātea/courtyard. This represents how children enter and exit residential group homes. The marae ātea/courtyard is divided into three segments: pre-transition, transition and post-transition. This represents the phased transition that needs to occur when children enter and exit the SGHs.

The words "secure base" are at the base of the wharenui emphasising that our interventions with children need to be built on the foundations of attachment relationships. On the right amo (the vertical supports that hold up the ends of the maihi) there is an arrow pointing up with the words "brain development" illustrating how the brain develops upwards from the base. Within the wharenui, the four rectangles parallel the hierarchical development of the human brain which develops from the "brainstem" to the "cortex"; from the "bottom-up" and the "inside out." Each rectangle within the wharenui summarises key practice interventions based on the interviews from the children and parents/guardians and the literature reviewed.
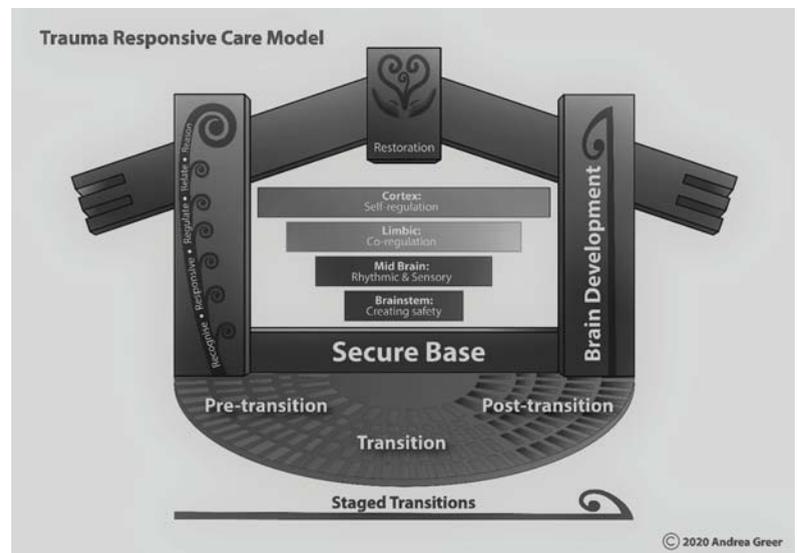

Figure 1. Trauma Responsive Care Model.

On the left amo are the words "Recognise, Responsive, Regulate, Relate and Reason," These 5Rs provide practice prompts for staff to implement bottom-up strategies when working with children who have experienced trauma. The journey of supporting a child begins with first recognising the effects of trauma (Substance Abuse and Mental Health Services Administration, 2014), then being responsive to their individual needs, followed by interventions completed in this specific order "regulate, relate, reason" (Perry, 2017, p. 6). The final "R" of the model is the word "Restoration" which is located on the koruru of the wharenui; it signifies that the entire trauma responsive care model is about bringing restoration to children's lives. We discuss each part of the model in further detail in the following sections.

Staged transitions

The model is first viewed from left to right at the marae ātea/courtyard area, where "the length of stay" of children residing in residential group homes starts from "pre-transition" moves to "transition", and finally to "post-transition". It is important that when children enter and exit group homes that this is done in a planned, staged and purposeful manner.

Children and parents expressed clearly in their interviews that they wanted pre-visits to the SGH before they were admitted. The children said that not having prior knowledge of the home and not having familiar relationships there was a fearful experience for them. Five out of eight children felt they did not have a choice about living at the group home and did not know anything about the home before they moved in. Children expressed that having a visit to the home before they shifted in and having a familiar face coming into a new environment would help their transition.

Transitions into new placements need to be child-centred rather than system-centred; allowing the child's needs to guide the process of transition rather than time frames which are depicted by the pressures of the system. The National Care Standards came into effect from July 1 2019 and mandate that the child or young person must be supported through transitions to ensure that their care transition needs are met (New Zealand Legislation, 2019).

From a neuroscience perspective, involving children in where they live and a pre-visit to their placement before they shift helps to create safety because familiarity with the physical environment will reduce the risk of the fear system within the brain being triggered (Streeck-Fischer & Van Der Kolk, 2000; Porges, 2004). A sense of safety increases the likelihood of placement stability and success.

Based on the interviews with the children and parents as well as the literature reviewed, it is recommended that children's admission to the SGH and care placements need to be a stepped process so they are given time and space to adjust to new people and the new environment. Before a child shifts into their placement, it is recommended that they visit the placement with a trusted adult. These visits to the placement could consist of settling-in activities that help a child to adapt and integrate into their new home environment

(Jones et al., 2016). These settling in strategies are a process rather than a one-time event and consist of providing something special to help a child feel valued and to promote a sense of belonging. Jones et al. (2016) discuss ways to help children settle in by integrating belongings into rooms, by accommodating food preferences, by being sensitive to individual needs, and by helping children internalise routines.

Creating a secure base: The foundation of the model

At the base of the wharenui are the words "secure base." One of the most important interventions that caregivers and staff can provide is a secure therapeutic relationship where children feel nurtured and safe (Geller & Porges, 2014). Providing a secure attachment relationship is crucial in trauma healing for children (Bowlby, 1988). Harder et al. (2012) recognises that the relationship between child and worker is an important factor contributing to positive outcomes for children in care.

All eight children interviewed in the research project talked about the importance of having a trusted relationship with a staff member. It made a huge difference to the children when they knew a staff member cared for them and had a connection to them. This is what attachment theory calls the *secure base*, where the primary caregiver provides a safe, nurturing and consistent relationship for the child (Graham, 2006).

At Seneca Center Residential Program, "the staff–client relationship and interaction is used as the treatment to promote self-regulation of emotion and behaviour" (Sprinson & Berrick, 2010, p. 6). Applying attachment theory and employing trauma-informed interventions will enable staff members and caregivers to develop a deeper understanding of the trauma experienced in the life of a child and the behaviours exhibited that could otherwise seem like "bad" or disturbing behaviours (Sprinson & Berrick, 2010, p. 21).

Children who have experienced trauma need to feel safe in the context of relationships (Szalavitz & Perry, 2011). Through repetition and consistency, children learn that they are safe and would not be abused (Ziegler, 1994). We have an opportunity to re-work their internal working model of themselves and re-wire their brains through positive relationship experiences (Ziegler, 1994). Through experiencing nurturing, safe, responsive and sensitive relationships, children begin to see the world as a place of safety, learning and exploration (Golding, 2008). Relationships were the most mentioned theme in the interviews with the children and, for any intervention to be successful, we need to start off with creating a secure base as the foundation of the model.

The vertical part of model: healing trauma using bottom-up approaches

The next part of the model is vertical which parallels how the brain develops from birth; from the brain-stem to the cortex, from the bottom up. The brain develops sequentially at birth from the brainstem to the diencephalon (midbrain), to the limbic system and to the cortex; from the "bottom" up and the "inside out" (Perry, 2010). The brain is also organised in a "hierarchical fashion" (Perry, 2006, p. 30).

Toxic stress caused by trauma, neglect or maltreatment in childhood and infancy causes structural and functional changes to the brain (De Bellis, 2005). However, therapeutic interventions can help to heal traumatised brains through using bottom-up approaches; from the brainstem up to the cortex (Van Der Kolk, 2014). Perry has come up with 3Rs "regulate, relate, reason" that need to be completed in this specific order for it to be effective (Perry, 2020). If a person is not regulated (feeling emotionally and physically settled), he/she will not be able to relate through feeling connected and comfortable (Perry, 2020). Until a person can relate to another, they will not have the ability to engage their cognitive reasoning and problem-solving skills (Perry, 2020).

Healing trauma starting from the brainstem: creating safety

We begin with the brainstem as it is the first area of the brain to develop from conception. The brainstem is known as the "survival brain" because it controls the autonomic functions necessary for life, like breathing, heart rate, blood pressure, appetite and sleep (Perry, 2005). This is the most primitive part of the brain that is already "online" when we are born and is also known as the reptilian brain (Van Der Kolk, 2014). A baby is born dependent on another human being to meet its basic survival needs for example, feeding, protection from danger, comforting while distressed and to be looked after when ill (Howe, 2005). Relationships are key to our survival (Szalavitz & Perry, 2011).

The survival brain as it is designed to detect threats in the environment. Through sensory input, the brain can choose a "fight", "flight" or "freeze" response (Van Der Kolk, 2002). Children who are exposed to continuing threats in their environment become hyper-vigilant to threats in their environment (Ziegler, 1994). The result is that traumatised children become "brainstem driven" (Perry, 2006) by adopting different styles of adaptation to threats. The response of a traumatised child perceiving a threat in the environment is fear. The fearful child is often misunderstood as being oppositional, defiant or exhibiting controlling behaviours (Perry, 1997). Ironically, the main aim of the child at this point is to achieve the neuroception of safety, a subconcious quest for safety (Porges, 2004).

In order for traumatised children to regulate their stress response, they need to re-experience the caregiving relationship as a source of safety (Howe, 2005). Zelechoski et al. (2013) argue that non-clinical programme staff in residential homes are part of the treatment process because they facilitate and model safe, healthy and appropriate relationships for traumatised children.

Children in a state of alarm or fear pay more attention to non-verbal cues such as tone,

facial expression and body language (Howe, 2005). It was evident from the interviews with children and parents that these non-verbal cues that staff displayed were very important to them. Children and parents expressed that they liked staff members who were positive in their engagement and attitude, staff members they liked were "warm and friendly", "respectful", "tone of voice is friendly" and staff who had a "nice attitude". Children spoke fondly of staff members who modelled trust in the relationship, were attentive to their feelings, listened and engaged well with them. The open and engaged stance is crucial for a strong therapeutic relationship because "without openness there can be no real trust and connection" (Hughes & Baylin, 2012, p. 104).

On the other hand, children made it clear which staff they disliked. Children described these staff members as those who had a negative or grumpy tone, those who failed to listen and attend to the child's emotions and those whom the children felt were unfair. Porges (2004) discusses the impact that non-verbal cues such as a flat facial affect, lack of inflection in tone of voice and rigid muscles of the face can activate the neuroception of danger and cues of life threat. Adult interaction with children is the best form of intervention because they model to the children how to regulate their emotions by being calm and in control of their behaviours and reactions (Sprinson & Berrick, 2010).

Healing trauma, the midbrain: rhythmic and sensory activities

The second part of the brain to develop is the midbrain which controls sensory integration and how our brain integrates our senses from the environment (Forbes, 2012). As this primary sensory input first comes into the brain stem and midbrain, it is matched against previous experiences and if it is associated with a previous threat, the brain will activate a set of responses to ensure survival (Child Trauma Academy, 2004). There is good evidence that early

abuse and neglect significantly affect the part of the brain that processes sensory input which makes children with such histories vulnerable to misinterpreting sensory input as danger and threat (Van Der Kolk, 2002).

When caring for children who have experienced trauma, it is important to create an environment that sends messages of *safety* rather than fear or control. The children talked about how they perceived the SGH environment in their interviews. Overall, children felt their physical needs were well provided for: things like meals and a bed. However, children expressed that they were struggling with the rigid environment of the home where everything was locked and expressed wanting more normality and a more relaxed, family-like environment.

Physical environments convey powerful symbolic and concrete messages (American Association of Children's Residential Centers, 2014). The "home environment which is warm and inviting, comfortably appointed, and adorned with age developmentally, and culturally appropriate accoutrements convey a sense of belonging and worth to the inhabitants. This includes the living environment and offices, waiting rooms, and general areas" (American Association of Children's Residential Centers, 2014, p. 100). It is crucial to take into consideration locks, barriers and feelings of confinement which may convey a message of power and control instead of helping children feel a sense of safety and security (American Association of Children's Residential Centers, 2014). In order to help create a therapeutic milieu, a place where children feel a sense of belonging, feel at home and safe, it is important that the physical environment is inviting, warm and child friendly. Examples of this would be providing cushions and bean bags for living areas, child-friendly photos, art work on the walls, allowing children to decorate their room with personal belongings and photos and even having soft toys available for children. An environment which is warm and inviting signals to the somatosensory

system and the lower parts of the brain that they are in a safe place.

As mentioned, children who have experienced maltreatment and neglect often have sensory processing difficulties because they have missed out on behavioural, cognitive and social experiences at key times during their development (Hambrick et al., 2019). It is important to understand each child's unique sensory system and how they respond to stimulation in the environment. Children's sensory processing deficits can often be misinterpreted as misbehaviour due to a lack of understanding (Forbes, 2012).

It is recommended that staff or caregivers understand each child's unique sensory needs and develop individualised sensory-based interventions (McGreevy & Boland, 2020) with the support of an occupational therapist. Understanding what sensory activities help children when they are dysregulated is vital. (Champagne, 2006). Examples of calming activities could be a warm bath, looking at a lava lamp, or smelling lavender. Another idea is to create individualised sensory toolboxes for children where they can select different items from the sensory box to help them regulate their senses (Champagne, 2003). Creating a room designated as a sensory space where children have access to items that help promote the regulation of their nervous system is also recommended (Champagne, 2006).

Perry (2006) identified the effect of abuse on the growing brain and highlighted the use of sensory experience and creative therapies in healing. One child expressed in her interview wanting practitioners to provide support for children to calm down when in a state of distress. Repetitive motor movement is a way practitioners can support children regulate their state of arousal. Patterned, rhythmic, and repetitive movements settle the brain and activate the vestibular system (Forbes, 2012). Examples of ways to provide rhythmic repetitive movement are using a rocking chair, sitting on a swing/hammock or bouncing on a swiss ball. These rhythmic

and repetitive movements are calming to the lower parts of the brain.

Healing trauma, the limbic system: co-regulation

The third part of the model is the limbic system. This is also known as the "emotional or social brain" as it controls attachment and our ability to relate to others (Ziegler, 2002). Attachment determines survival early in life and our ability to form meaningful relationships later in life (Ziegler, 2002). The first key attachment relationship formed is with our biological parent or primary caregiver (Bowlby, 1988). Positive parental co-regulation experiences that occur within the context of a parent–child relationship supports the development of self-regulation skills (Herbers et al., 2014).

Newborn babies are unable to regulate their own arousal (Howe, 2005). They need an external regulator, a caring parent that helps them to regulate their arousal when they are stressed (Schore, 2011) by providing soothing and calming activities such as rocking, singing, making soothing noises and comforting touch. An external regulator calming a baby down is known as co-regulation. The experience of a caregiver soothing the infant successfully teaches the infant how to manage their emotions and eventually as they grow older, they learn to self-regulate their emotions (Golding, 2008).

Co-regulation is done by adults modelling how to be calm through words and actions (Perry, 2011). We can teach children how to self-regulate by providing them with co-regulation first. When we are calm, we can regulate the children we work with and help them to calm down. When our young people are distressed, it is about tuning into their emotions, and modelling being calm in our tone of voice and body language.

In interviews with children and their birth parents, all children and seven out of eight parents talked about how important family contact is to them emphasising the

importance of having regular face-to-face contact as well as additional phone calls. Children expressed wanting quality time with their biological parents, what Herbers et al. (2014) call positive parental co-regulation experiences.

The importance of contact with family was also a dominant theme that emerged in Atwool's (2010) interviews with 47 children and young people in care. Research on children's perspectives on contact with birth families highlights that children want contact with their family, particularly their mother and siblings and this desire for contact does not decrease over time (Munro, 2001). It emerged in the interviews that many children do not give up hope of returning to live with their biological family (Wilson & Sinclair, 2004).

The literature suggests it is important that no rule of thumb be applied when making decisions as to whether children have contact with birth parents (Atwool, 2013). A consistent message that has come through the research and the findings is that contact with the birth family is important and that children want to be consulted about this (Atwool, 2013). The importance of family came through in all interviews, and when the children were asked the question "Who do you think cares for you?" All eight children said "family."

Healing trauma, the cortex: self-regulation

The final part of the model is the cortex, the highly developed part of the human brain and responsible for higher executive functions and self-regulation skills (Howe, 2008).

The points and levels system is a behaviour change model that utilises concepts of the token economy system based on principles of operant conditioning (Bailey et al., 2011). The aim of a token economy system is to increase positive behaviours and decrease misbehaviours by allowing children to access privileges when they perform desirable

behaviours (Spiegler & Guevermont, 2003). The points and level system was being used across the SGHs at the time that the interviews were conducted.

Children expressed in their interviews that the points and levels system did not feel normal and did not allow them to be themselves. One child described it as feeling like a bribe and another child said it was too difficult to attain level three, the highest level in the system, so they had all given up. On the points and levels system, when children drop down to level one, they had to wait eight days before they could redeem privileges and rewards. Eight days felt like a long time to the children.

Incentive systems like the points and rewards system rely heavily on executive functions of the prefrontal cortex (Warner et al., 2013). Six out of eight children interviewed expressed frustration and dislike toward the points and levels system at the SGH. Spiegler and Guevermont (2003) discuss "response cost" to be a punitive consequence. Response cost refers to the removal of some specified amount of reinforcer following undesired behaviour (Mohr et al., 2009). Within the points and levels system, children receive a loss of points and are possibly demoted to a lower level if they are engaging in overt, undesired behaviours (Mohr et al., 2009). Staff members verbalising to a child "acting out" that they are losing points can often aggravate their behaviour (Mohr et al., 2009).

From a neuroscience perspective, if a child is operating from their lower brain regions, telling a child or reasoning with them that they are losing points is an ineffective behaviour management strategy. Behaviour change models presume the cortex can deal with the emotional limbic system and other lower brain regions (Howe, 2005). In fact, trying to reason with a child while they are experiencing arousal and threat will only increase their danger cues of flight, fight and freeze modes (Porges, 2004). While behavioural approaches may benefit some

children, it is important to bear in mind that children who are extremely dysregulated may not benefit from this top-down approach (Mackinnon, 2012).

The points and levels system will work well for children who are functioning at their chronological age. However, it is important to remember that the population of children within foster care and residential settings are rarely functioning developmentally at their normal age-range. Children who have been raised in chaotic, neglectful, relationally deprived and cognitively impoverished environments will develop key functional capabilities at a much slower rate (De Bellis, 2005). Therefore, when working with children, we need to have developmentally appropriate treatment plans that are individualised to their specific needs (Mohr et al., 2009). As Perry (2006) highlights, it is "stage not age." We should be targeting programmes to suit children's developmental stages, not their chronological age. This is a complete mind-set shift for professionals and caregivers working with children within foster care.

Even though children expressed frustration at the points system during their interviews, they still saw the importance of setting goals. All eight children talked about the theme of goal setting during their interviews and preferred to have individual goals rather than a one-size-fits-all points and levels system (Bailey et al., 2011).

Conclusion

The results of interviewing children in the SGHs underscores that relationships must be at the core of our work with children for interventions to be effective. The trauma responsive care model provides a framework of interventions when working with children who have experienced trauma. Healing the emotional pain of the past needs to be done through providing a secure base and reflectively consider how children's experiences are affecting them currently. Interventions need to be

bottom-up approaches and grounded on principles of attachment theory and neurodevelopment. Children in care need to experience relationships around them with unconditional care, compassion and commitment which will help to re-work their internal working models of themselves and the world around them. I conclude with a quote from Perry: "The more healthy relationships a child has, the more likely they will be to recover from trauma and thrive. Relationships are the agents of change and the most powerful therapy is human love" (Perry, 2006, p. 230).

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Social work and public health – Logical collaborators

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This last year, our lives have been turned upside down by Covid-19 and the public health responses needed to keep our communities safe. Most of us probably had little awareness of public health before this. At the height of lockdown, and almost overnight, public health had become a topic of daily conversation; suddenly, everyone was talking about epidemiology, and disease modelling. The pandemic turned public health from obscurity into a focus of intense and life-saving relevance, taking public health professionals a bit by surprise; everyone from chief medical officers to epidemiologists were getting crash courses in media interviews and press conferences. Skilled health communicators such as Siouxie Wiles in Aotearoa New Zealand and Norman Swan in Australia became crucial interpreters for the wider community in the face of complex information about the pandemic. While many social workers may not know a lot about public health, either as a discipline or specialisation of medical practice, there are substantial points of connection with our profession—enough to consider that social work and public health are logical collaborators.

Some information about public health

Public health's origin story takes us back to another pandemic—that of cholera, in the late 19th century (Krieger & Birn, 1998)—a bacterial infection spread through contaminated food or water supply and often linked to poverty. During the 1854 Broad St outbreak in London, physician John Snow removed the handle of a public water supply pump and prevented access to the contaminated water supply. This

act created a powerful image of a simple social intervention that positively affected the health of the entire community by preventing disease. As with any origin story, there is a lot more detail, yet it is this image that captures something important about public health medicine.

Last April, public health researcher Louise Thornley authored an article titled "A beginner's guide to public health" (Thornley, 2020). As Thornley observes, public health is often behind the scenes and not at the adrenalin end of medical practice. This gap in knowledge made writing such a beginner's guide important. When we think of health, we often imagine doctors, nurses, and hospitals. In the broader health context, they are the ambulance at the bottom of the cliff—providing health care once something has gone wrong. Public health is poised at the top of the cliff to work out why people are falling off and then to work out what needs to be done to stop this. The pump handle story demonstrates how simple upstream actions to prevent the spread of disease can avert disaster by preventing whole communities from being exposed to disease. Such public and environmental measures benefit everyone; however, they specifically benefit poorer communities who have limited health alternatives.

Public health has developed as the social justice voice in medicine, focused on the influence of social conditions on health, both good health and illness. Public health research focuses on the links between systems, social conditions and inequities and poor health. It advocates addressing social and structural problems that contribute to disease and other health problems, including

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factors like poverty, poor housing, and discrimination, because these contribute to worse health outcomes and shorter life expectancies.

If this sounds familiar, there are good reasons for that. There are historical parallels between the origins of social work and public health in the progressive movements of 19th century United Kingdom, which also saw the rise of anti-slavery and women's emancipation movements. They occurred at a time when there was an increasing focus on the conditions of poverty and the negative impacts it had, not simply for individuals but for society as a whole. It included a focus on structural influences and moves away from blaming individual moral failure for poverty or illness. These threads come together in C Wright Mills' (1959) concept of the sociological imagination, which most of us would recognise as the connection between private troubles and public issues.

What significance does this have for social work?

Public health was already significant to social work, even before Covid-19 and the needed public health responses. We already engage with public health knowledge and concepts to talk about social work concerns, whether we are aware of the connection or not. Concepts like the social determinants of health, health promotion, and population health measurements of inequality and socioeconomic deprivation come from public health (Crampton et al., 2020). We draw on these knowledge sources in social work to understand population and structural issues affecting the people and communities we work with. Public health research has expertise in identifying influences on health from statistical analysis of population-level data and epidemiology. Population health studies create an important basis in evidence for the impacts of social and economic disadvantage, even though they are focused on only one aspect (health); their capabilities in statistical analysis add weight to the

social and economic benefits of reducing disadvantage, poverty, and inequality.

Public health's significant body of research on inequality and inequities constitute a major benefit for social work in the context of our shared concerns for the impact of these things in people's lives. While public health is more specifically focused on health outcomes, social work expands the view to consider how health can be both *outcome* and *influence* along with other social factors such as education, housing, occupation, and so on.

Some countries have more established links between social work and public health, including a recognised field of public health social work (Ruth et al., 2020). Here, professional practice brings the strengths of both discipline areas together to emphasise person AND population. Social workers in these contexts talk about the value of the broader perspective of social work for approaching public health work in relation to a grounding in interdisciplinary knowledge and specifically sociological theory. In Aotearoa New Zealand, explicit practice links between the disciplines have not been as strong despite the substantial synergies.

Public health and social work also share a vision of social justice: that individual suffering has societal influences that create and perpetuate inequities. This is strongly evident in public health research and advocacy, especially some of the great work done in Aotearoa New Zealand on housing (Baker et al., 2012; Howden-Chapman et al., 2007) and poverty (Carroll et al., 2011; D'Souza et al., 2008). Public health focuses or organises these specifically as health inequities while social work maintains a broader view of social inequities (which have consequences for health but also for other kinds of ills or social suffering).

Collaborating as a critical friend

So how might social work, in turn, be significant for public health? It could be

tempting to look at public health as a well-established and well-resourced discipline and feel that social work and social workers do not have so much to contribute. However, social work brings important strengths in its broader sociological, interdisciplinary, and transdisciplinary knowledge base that may not feature as strongly or deeply in public health. Social work's scope of practice and vision encompasses working with individuals through to communities and societal structures, where public health is commonly focused on the macro and population levels. Social work has a distinctive skill in maintaining that dual perspective. Social work is also actively engaged with communities on the ground in the doing of social work. In these respects, social work can be uniquely positioned to identify gaps and speak up for people who may be invisible in some population-level views and to provide a link with those communities. Social work was among the first global voices to challenge and reframe the public health term *social distancing* to *physical distancing, social solidarity,* thus highlighting the need to maintain social connectedness when people need to be physically separate (International Federation of Social Workers [IFSW], 2020). The vital role of sustaining social connection for mental and social health has been witnessed globally and repeatedly as communities have lived through successive lockdowns to control the virus spread.

To explore how collaboration with public health might work, I would like to introduce the notion of the *critical friend.* This concept had been developed in education and teaching practice as a component of reflexive practice. A critical friend is defined as "a trusted person who asks provocative questions, provides data for examination through an alternative lens, and offers critique as a friend" (Baskerville & Goldblatt, 2009, p. 207; see also Costa & Kallick, 1993; Hedges, 2010). While the term may be unfamiliar in the social work context, this description of what a critical friend does will be very familiar in its similarities to

practice supervision. We might understand a collaboration between social work and public health relative to critical friendship as a parallel to the work of a critical friend between individuals. Vital to such a collaboration are acknowledging strengths and wanting to help with moving forward. The *critical* stands in an analytic rather than a destructive sense. The purpose of a critical friend is to identify strengths and to encourage as well as pose questions and present other perspectives. The intent of these activities is to support moving forward.

One of the key functions of a critical friend is to identify gaps that might only be seen through an alternate lens. Social work as a discipline and profession has expertise in looking for the gaps. Under-recognised gaps in public health responses have been a consistent feature of Covid-19 outbreaks internationally, and often linked with social disadvantage, marginalised communities, and structural brittleness. We have seen examples of these gaps in the disproportionate effects on people in low-paid and often precarious casual work who cannot work from home or afford to isolate after testing. A specific instance worldwide has occurred in the context of residential aged care—a sector commonly dependent on a low-paid, casualised workforce, frequently working across several institutions in order to cobble together enough hours for a basic level of income. These social conditions have contributed to difficulties managing outbreaks in many countries and specifically affect migrant, First Nations, and communities of colour, where racism and colonisation have exacerbated problems (Büyüm et al., 2020). The unrecognised gap of conditions in migrant worker dormitories was a driver behind the secondary outbreak in Singapore. Privacy and surveillance concerns have been raised related to tracking app technology and automated data-gathering by governments, notably where there is low trust about data linking and a lack of clarity about future use to target individuals (Kang & Haskell-Dowland, 2020). Other examples

in our region include descriptions of the August outbreak in Auckland, identified as "South Auckland"—which is often read as code for Māori or Pasifika (especially in parallel with the categories *factory work* or *large families*). Similarly, during the Victorian second wave, mention of specific suburbs known to be places where there are significant migrant communities contributed to fears in those communities and reticence to get tested. Identifying and changing stigmatising language is a vital intervention to support marginalised communities to engage with public health work and to avoid discrimination in public messages. Social work is well positioned to identify such discursive elements and advocate for greater care in public health communications.

It remains vital to acknowledge that public health, like social work, exists as part of coloniser structures (Büyüm et al., 2020). That structural context and the types of emergency powers that can be invoked under the Public Health Act require accountability to Māori, Pasifika, and other marginalised communities in the actions undertaken and their impact. Social work and public health share murky histories of anachronistic paternalism when it comes to social control (Ashton, 1988). There has been work in public health which parallels social work's efforts to adopt more collaborative ways of working with First Nations people, even if it is yet to tackle decolonisation. However, the risks of colonial paternalism remain, especially in high stress situations combined with statutory powers. Lockdown measures have affected marginalised communities to a greater extent and in ways that we are still only beginning to understand.

Self-determination for First Nations communities has been one of the shining stars in the pandemic response and creates the strongest case for giving over both control and resource as a longer-term structural shift (Marwung Walsh & Rademaker, 2020). Early in the pandemic, there was significant concern in public

health about poorer health in First Nations communities worldwide and the implications for devastating death rates in the event of Covid-19 infection arising from the impact of past pandemics (Crooks et al., 2020). This time, communities and Aboriginal controlled health services were given control over both prevention and response. Remote communities in Australia have been an exemplar, where Aboriginal leadership took charge, made the decision themselves to close communities, and produced clear and unambiguous health information in appropriate language (Finlay & Wenitong, 2020). As a result, the usual gap between First Nations health and the general population has been reversed precisely because the response started with listening to communities and handing over control of the response (Silva, 2020). The challenge now for public health and policy is to build on this early success and address the long-standing structural vulnerabilities for these communities (Fitts et al., 2020).

Systemic issues are beyond the capacity of a disaster response, for either public health or social work. However, public health responses have highlighted in stark terms the impact of social structures and economic decisions on health for communities as well as individuals. Social work's familiarity with the communities we work in and alertness to structural disadvantage give us an important foundation to work with public health as a critical friend, to keep them and ourselves accountable, and to move us all forward in pursuit of social justice.

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Animal abuse and family violence:
Reflections from workshopping with veterinary students

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Introduction

The notion of social work teaching in the veterinary science programme may seem novel for our profession. However, the philosophy underlying the context of animal and human welfare in *One Health* is the result of the collaborative effort of multiple disciplines and professions to attain optimal health for people, animals and the environment. *One Health* emphasises some of the key domains such as creating an enabling environment and advocating change and communication amongst healthcare professionals (Courtenay et al., 2014). Even when interprofessional education (IPE) and *One Health* competencies are evident in courses, Courtenay and colleagues (2014) noted that they are mostly at clinical level. In recent years, there has been a call for more collaboration between human and veterinary medicine to learn and practise *One Health* competencies, and "links" between the abuse of children, vulnerable adults and animals have been identified as a key area for exploration (Arkow, 2015a; Jordan & Lem, 2014). In 2015, the second author and the Head of School of Social Work at Massey University had the opportunity to skype with Dr Elizabeth Strand, the Founding Director of Veterinary Social Work (VSW) (Strand et al., 2012), from University of Tennessee-Knoxville to discuss setting up VSW and also to seek advice on challenges and strategies on engaging and collaborating with the veterinary school. Dr Strand shared her experiences and encouraged us to contact the Head of the Veterinary School at our university to start a conversation. Our Head of School

approached the then Head of School of Veterinary Science and within days a meeting was organised. We went into the meeting expecting a first level of exploration with the Head of School to see if he was interested but were surprised when we were joined by another senior lecturer (SG) who had been re-designing the course content of professional practice for veterinarian students. He was very keen of our idea on working with him to develop a module on teaching his students about the link between animal abuse and family violence. It seemed the Veterinary School had been identifying gaps in their curriculum for some time in relation to health and wellbeing, communication skills and conflict resolution, but they had only accessed support from student health services at the university. He also acknowledged the increasing attention in research literature about the link between human and animal violence as a pivotal area that could be integrated within the Veterinary Science Professional Practice curriculum, but did not realise that social work could play a role in supporting their curriculum and knowledge building. The meeting was a success, and within a year, we started our contribution by running the first two-hour workshop with first-year veterinary students discussing animal abuse and family violence, a workshop which then became a regular feature of the veterinary programme between 2016 and 2018. The purpose of this paper is to provide a description of what was included in the educational contexts, reflections from veterinary students' engagement and future needs to connect between human service and animal service professionals to address the link.

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The link between animal abuse and family violence

A growing body of research documents a relationship between animal abuse and child abuse, and domestic violence has been the focus of much international research in recent years (Arkow, 2015b; Ascione et al., 1997; Faver & Strand, 2003; Newberry, 2017; Volant et al., 2008). Both international and national studies have identified that animals are commonly harmed or killed as a form of family violence and a significant number of women and their children remain in abusive relationships due to concerns for the safety of their pets/animals (Bright et al., 2018; Haden et al., 2018; Roguksi, 2012; Williams et al., 2008). Recognition of this link between animal abuse and family violence has led to a call for greater awareness, and for more interprofessional training, education and cross-referral between human and animal welfare professionals (Holcombe et al., 2016; Newland et al., 2019; Randour et al., 2019; Strand et al., 2012; Williams et al., 2008). Despite the prolific research correlating interpersonal violence, family violence, and child and adult animal cruelty mentioned, challenges for cross-sector reporting are still hindered by the separation of animal and human welfare when it comes to intervention (Long et al., 2007). In recent times, a *One Welfare* approach has also been established to complement the *One Health* approach, which focuses on the interconnections between animal welfare, human wellbeing and the environment, in order to improve ways of working in a more integrated approach to achieve better animal welfare and human wellbeing globally (Pinillos et al., 2016). Research has indicated that veterinarians were aware of the link between animal abuse and human violence (Benetato et al., 2011; Lockwood & Arkow, 2016; Robertson, 2010); yet studies in Australia, NZ and the USA reported that they were still reluctant to report cases of animal abuse (Donley et al., 1999; Green & Gullone, 2005; Williams et al., 2008) due to barriers such as lack of training and lack of helpful resources.

Concern about animal abuse is not just about a clinical focus, but also about the deontological positions in which individuals consider what action to take in relation to the duties, obligations, rights and the welfare of animals (Szucs et al., 2012). Social work has been connected to human animal issues in practice for over 30 years starting with Gerda Bikales (1975) who called for consideration of human–animal relationships in intervention planning. The development of VSW by Dr Elizabeth Strand, as mentioned earlier, has pioneered the intersection between veterinary medicine and social work practice, focusing on the human side of the human–animal bond (HAB) through four key areas: grief and loss of an animal, compassion fatigue in the animal service fields, the link between animal abuse and human violence, and animal-assisted intervention (Holcombe et al., 2016). Because social work aims to be a justice-oriented profession, we also have a duty to consider Indigenous knowledge and interconnectedness with the role of other-than-humans to understand the animal rights movement from a deeper and often spiritually guided authentic attachment to address and strengthen human relations with animals to reduce the prevalence of animal abuse and human violence (Legge & Robinson, 2017; McGinnis et al., 2019). Based on this evidence, the collaboration between social work and veterinary science was deemed to be an important first step to address the intersection through supporting veterinarian students receiving foundational training so that they can diagnose animal abuse from their veterinarian training but also learn how to deal with animal and human victims of abuse.

Workshop structure and content

The workshop consisted of three parts. Part one was a lecture-type presentation, which delivered information on (1) an overview of veterinary social work; (2) animal abuse and family violence; (3) ethical dilemmas for professionals to deal with disclosure and reporting; and (4) the Aotearoa New Zealand experience on addressing animal abuse and

human violence. The second part of the workshop presented four case scenarios for students to work on in groups. The final part offered practical guidance for veterinarians. The following provides a more detailed discussion for each section.

Veterinary social work (VSW)

As stated earlier, our conception of the workshop was based on VSW through reference to the work of Dr Elizabeth Strand who coined the term in 2002, examining the intersection of veterinary medicine and social work practice (Holcombe et al., 2016; Strand et al., 2012). The main areas of VSW address: grief and pet loss; animal-assisted interactions; the link between human and animal violence; and compassion fatigue management. Although VSW has been around for nearly 20 years, this is still a relatively new field in Aotearoa New Zealand. Some anecdotal evidence of social workers being linked with veterinary clinics to discuss animal welfare and human violence issues exist informally in the field; yet there is limited integration and collaboration at tertiary programme and curriculum development levels. It remains unknown how the topics of animal abuse and family/domestic violence are being taught pro-actively or reactively within veterinary science. Given the targeted audiences were first-year veterinary students, their preliminary views of studying veterinary medicine could be more rooted in clinical-focused interventions, rather than at the level of internalisation of professional values and adoption of professional behaviours (Armitage-Chan & May, 2018). Hence, during this part of the workshop, information was introduced to students to connect them with a mutual understanding and acceptance of the HAB between veterinary and social work practices to build a foundational relationship with the students.

Animal abuse and family violence

This section focused on discussing the link between animal abuse and family violence. A brief review of core literature (both international and from Aotearoa New Zealand) regarding the link between animal abuse and family violence was presented (e.g., Febres et al., 2014; Roguksi, 2012; Signal et al., 2018). Key information was presented regarding family violence in Aotearoa New Zealand regarding: a definition of family violence; prevalence of family violence; child abuse and neglect; legislative and policy responses (Atwool, 2020; Family Violence Death Review Committee, 2017). Information regarding a veterinarian's professional and legal obligations in relation to animal abuse and family violence was presented, drawn from the Veterinary Council of New Zealand's *Code of Professional Conduct* (2020).

Ethical decisions

Professionals are often faced with decisions that include an ethical dimension. For veterinarians faced with a situation where animal abuse is evident, they will also need to consider implications for the animal owner and other persons living in the owner's household. The Veterinary Council Working Party (2013) provided guidance for veterinarians in dealing with cases of suspected or actual animal abuse and family violence.

Prior to completing case studies that consider possible links between animal abuse and family violence, the students were introduced to two ethical positions that provide a foundation for ethical decision making. First, duty ethics, that is concerned with gaining an understanding of what is good and right by considering what duties each person has towards other people (e.g., confidentiality). From this position an action is right if it is in accordance with a moral rule or principle (e.g., the right to self-determination, confidentiality). Second, consequentialist ethics, where the rightness or wrongness of an action is based on the consequences that action has for other persons (Hugman, 2008). The focus on this discussion was to give these first-year students some foundational

knowledge to think about animal welfare and ethics (AWE) (Tzioumis et al., 2018) rather than philosophical debates. Although authors of this viewpoint paper did not have any veterinary training background, our consultation with SG in the Veterinary School, along with research and literature (e.g., Armitage-Chan & May, 2018), indicated that teamwork through group work and reflection, communication skills and ethical reasoning on ethical or welfare dilemmas, and the consequences for the animal, people and the public were crucial curriculum content in first-year students' pre-clinical year, further forming a strong rationale of our workshop content.

In addition, SG informed us that professional studies teaching in medical and veterinary education has been undergoing major changes to move away teaching students professional behaviours to designing curriculum that supports them to develop professional identity associated with emotional resilience and success in practice to facilitate complexity in professional decision-making. As such, it was important to support veterinary students to resolve professional dilemmas by extending beyond applying "best evidence" in clinical medicine. To help veterinarian students build skills for decision negotiation and implementation such as when dealing with ethical problem solving, resources on the HAB and public health were considered valuable in articulating the immediate (to the client / person who is the victim of family / domestic violence) and wider (to the public) consequences of the veterinarian's actions. The information-gathering of resources that were important to help veterinarian's decision-making in complex situations was facilitated by us providing and discussing the importance of a professional code of ethics (codes provide guidance that takes account of both the duty and consequentialist perspectives). This aligned well with how Armitage-Chan (2020) conceptualised professional reasoning to help construct one's professional

knowledge, skills and judgement, rather than representing personal opinions and worldviews. Two examples of codes were identified in the presentation: *The Veterinary Council of New Zealand's (VCNZ's) Code of Professional Conduct* (2020), and the *Aotearoa New Zealand Association of Social Workers Code of Ethics* (2019). Students were asked to consider whether a veterinarian would be morally justified to report suspected cases of abuse to the appropriate authorities. If so, is the professional legally authorised to report the case even when bound by the rule of professional secrecy? (Lachance, 2016). What issues are involved when making decisions that contain an element of concern? What factors should be taken into account?

The Aotearoa New Zealand experiences

Students were introduced to multiple studies that have been conducted in Aotearoa New Zealand in relation to animal abuse and human violence (Roguksi, 2012), drawing on the Women's Refuge knowledge and experiences, veterinarians' knowledge and attitudes regarding animal abuse and domestic, family or interpersonal violence (Robertson, 2010; Williams et al., 2008) and its implication on veterinary pathology (Lockwood & Arkow, 2016). The purpose of introducing the previous research formed a process of fact-finding to communicate the complexity of the issue from multiple stakeholders. This was intended to unveil the conflict between the responsibilities that must be balanced by the veterinarians, as legal and professional obligations may not align with societal expectations, the needs of the clients, or evidence described as best practice mainly from a clinical perspective (Grimm et al., 2018). Rather than engaging with the situation of animal abuse and family violence as a private problem, the workshop content intended to help students to start learning how to articulate the reasons and explanations for concerns from professional judgement rather than a subjective or simplistic evaluation.

Case studies

The second half of the workshop involved students forming into four to six small groups—each group was assigned a case study to consider. Each case study contained information that potentially linked animal abuse and family violence and each group was given 15 minutes to discuss following questions and then presented their findings and reflections back to the whole class:

- How can you tell there may be suspicious around animal and family/human abuse or neglect?

- What strategies may help you to facilitate the situation?

- What are some of the challenges that you may face in this situation?

- After your discussion, you can nominate a spokesperson to provide feedback to the whole class.

Guidance for veterinarians

Information produced by the by Veterinary Council Working Party (2013) established the basis of discussion regarding identification of animal abuse and situations where family violence is suspected. Two flow charts derived from its guidance for veterinarians dealing with cases of suspected or actual animal abuse and family violence were shown to students describing which processes could be facilitated when encountering animal abuse and human violence. By providing some practical strategies and guidance, the workshop moved away from bioethical models of veterinary clinical use to focus on the issue of animal abuse or welfare (Mullan & Main, 2001) to incorporate knowledge in veterinary ethics, the HAB, professional responsibilities, clinical reasoning by joining communication skills, group reflection and review of decision-making and its outcomes.

Gaining students' perspectives

During the first part of the workshop, we stopped periodically and asked students for their perspectives on their perceptions, knowledge and attitudes on animal abuse and interpersonal violence by using an online polling application, Mentimeter (https://www.mentimeter.com/). We sought low-risk notification from Massey University to collect these data for research purposes. Students were informed that the data collected remained anonymous and their participation to undertake the online polling was voluntary. Table 1 shows pre-workshop data for students' self-perceived responsibility and obligations of a veterinarian in animal welfare and family violence in 2016 and 2017. Results, similar to Williams et al,'s (2008) study conducted in Aotearoa New Zealand, showed that the majority of the veterinary students in both cohorts (98% and 94% respectively) felt quite strongly that veterinarians should

Table 1. Responsibility and Obligations of Being a Veterinarian in Animal Welfare and Family Violence Based on Responses from Veterinarian Students in 2016 and 2017

	2016	2017
Vets should be legally required to report suspected animal welfare abuse to the SPCA and/or police	(N = 100)	(N = 101)
Yes definitely	55 (55%)	47 (47%)
Yes, to some degree	43 (43%)	47 (47%)
Not really	0 (0%)	7 (7%)
Not at all	1 (1%)	0 (0%)
Don't really care	1 (1%)	0 (0%)
Don't know	0 (0%)	0 (0%)
Vets should be taught how to deal with cases of animal abuse and family violence	(N = 100)	(N = 89)
Yes definitely	62 (62%)	70 (79%)
Yes, to some degree	33 (33%)	17 (19%)
Not really	4 (4%)	2 (2%)
Not at all	0 (0%)	0 (0%)
Don't really care	1 (1%)	0 (0%)
Don't know	0 (0%)	0 (0%)

be legally required to report suspected animal welfare abuse to the SPCA and/or police. They also felt strongly that veterinarians should be taught how to deal with cases of animal abuse and family violence (95% and 98% respectively). In 2018, we asked veterinary students to rate three statements for their views on animal abuse and human violence (see Table 2). Over 90% (4.7/5) reported agreeing that vets have a moral and a legal responsibility to intervene where they suspect animal abuse while 80% (4/5) agreed that "people who abuse their animals are more likely to abuse their children and/or spouse." This response was particularly interesting and positions veterinarians as the potential key to mitigate family/domestic violence as some pet owners described veterinarians as "the other family doctor" (National Link Coalition, 2019, p.9), indicating this relationship could provide rapport and trust to those who experienced vulnerability.

Table 2. Views on Animal Abuse and Human Violence – Responses from 2018 Veterinarian Students (N = 98)

Statements	2018 Mean* (%)	2008^ %
Vets have a moral and a legal responsibility to intervene where they suspect animal abuse	4.7/5 (94%)	97%
People who abuse their animals are more likely to abuse their children and/or spouse	4/5 (80%)	74%
I feel confident to deal with suspected association between animal abuse and family violence	2.4/5 (48%)	13%

*1 = strongly disagree to 5 = strongly agree
^Williams et al. (2008)

Table 3. Average of Workshop Evaluation Between 2016, 2017 and 2018 (N =299)

Statements	Mean* (over three-year)
The workshop was interesting	3.5/5
I learnt new things	3.5/5
The content was relevant	3.8/5
It will help my vet training and professional development	3.8/5

*1 = strongly disagree to 5 = strongly agree

However, only 48% reported to "feel confident to deal with suspected association between animal abuse and family violence." These results were also similar to Williams et al.'s (2008). Students' evaluations of the workshop over the three years (2016, 2017 and 2018) were also collected. Table 3 shows on average, 70% felt "the workshop was interesting" and "I learnt new things." Over 75% felt "the content was relevant" and "it will help my vet training and professional development." In addition, veterinary students were also asked to type the barriers that may prevent veterinarians from exercising these professional and legal obligations through the online polling application. Answers were collated and streamed into root words through a Wordle application online (http://www.wordle.net/) (see Figure 1). They frequently reported "fear of losing/offending clients"; lack of "concrete proofs, evidence"; already formed "relationship with clients"; they may get it "wrong"; and "absence of support" as the main barriers, consistent with Robertson's (2010) reporting.

Practice reflection

The workshop has been a successful interdisciplinary partnership between the two schools. While currently published evidence of implementation and success of veterinary student education regarding the link between animal abuse and family violence is limited (Newland et al., 2019), the collaboration can be seen as addressing the educational gaps of veterinary student education about the link. Due to the limited published literature regarding the design, implementation and success of veterinary training focusing on the link between animal abuse and family violence and its relevance in the clinical context, contextualisation has been the main pedagogy that enhances meaningful learning in the area concerned (Litchfield et al., 2010). The two-hour duration for the workshop format sought to provide a balance of teaching approaches, including: direct instruction via Power

Point, synchronous online polling, use of questioning and reflection, and student scenario-based learning. The development of the workshop showed a similar pattern to how Armitage-Chan (2020) has developed a comprehensive professional reasoning framework to support professional identity formation among veterinarian students. The relevance of the topic has been supported by the feedback received from veterinary students and the college, and this workshop continued to be part of the veterinary professional skills programme in 2019 and 2020. However, the location of the workshop within the five-year veterinary degree programme is subject to review, and it may be better placed later, when the students' sense of professional identify has consolidated and they are closer to commencing practice.

Veterinarians have been identified as potential frontline professionals to recognise and intervene in animal abuse and family violence (Newland et al., 2019; Randour et al., 2019) but they will need to have greater access to resources and continuing education to build confidence in dealing with animal abuse and its association with family violence. Recent research has advocated for ongoing cooperation, coordination, cross-training and consultation between human service and animal service professionals (Randour et al., 2019). Interprofessional collaborations are bolstered through the ability of social workers and academics to analyse, develop and utilise their collaborative skills to empower interprofessional teams. Social work's knowledge and expertise in detecting and dealing with interpersonal violence can work collaboratively with veterinary professionals to include the HAB through an interdisciplinary approach to practice (Arkow, 2020). Other areas of VSW such as grief and pet loss; animal-assisted interactions; and compassion fatigue management present further opportunities for interdisciplinary collaboration. Social work could contribute to veterinary student training regarding interpersonal
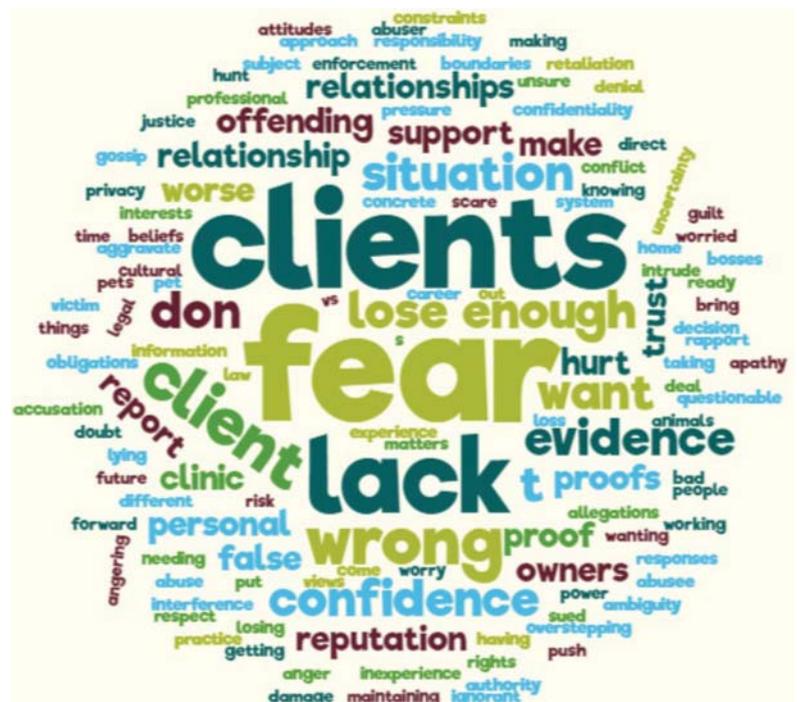
Figure 1. Word Cloud Representation of Words Reported by Veterinarian Students (N = 106) Describing Barriers Preventing Veterinarians Reporting Animal Abuse and/or Family Violence.

communication and the development of professional identity.

Acknowledgement

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Maintaining social work connections during lockdown

Anne MacAulay, Aotearoa New Zealand Association of Social Workers

On Saturday 21 March 2020, Prime Minister Jacinda Ardern announced a 4-level alert system around the rise of covid-19 coronavirus in Aotearoa New Zealand. At that time there were 52 confirmed cases in New Zealand. On Monday 23 March, Ardern announced New Zealand would move to Level 4 and full lockdown[i] at midnight on Wednesday 25 March. Full lockdown in New Zealand meant exactly that. Everyone working from home, unless they were deemed essential workers. Retail outlets all closed. No travel unless essential. No interactions with people outside of your household—your "bubble"[ii].

A number of economic support measures were also announced, but the main thought on everyone's minds was around "How do I work from home?" and "Does my job still exist?"

Initially social work was not included on the essential services list, and then it was and then there was confusion. The main message though was: if you can stay home, work from home, you should. This was about the whole country pulling together to combat the spread of covid-19.

I work from home anyway. I have been doing so for nearly 2½ years. I watched as my work colleagues scrambled to organise their work from home offices. Working spaces, desks, chairs and computers were set up. Links with servers were organised. Communication processes within the organisation were worked out. We were also getting regular communication from social work members: "How do we work under Level 4?"; "What are the rules for social workers when working from home?" How did we advise social workers when we didn't have any precedent?

In my role as Continuing Professional Development Coordinator, I connect with social workers regularly by way of webinars. We have begun using Zoom to hold discussions and consultations. I decided to set up a Zoom meeting for social workers to talk about what was happening in their workplaces, what their colleagues were talking about, how they were adapting their work.

The session was posted on Tuesday late afternoon to be held on Thursday and 340 people registered. We were limited to 100 people in any one Zoom session. I quickly decided that I would run another the next day. Over 100 people registered for that session too. I considered increasing the numbers allowed, but decided that if I was running a face-to-face session, 100 people would be a lot to manage in one hour. Having 100 people in a virtual meeting could be made to work if we ran more meetings.

That first session was a bit overwhelming!! We were all a little at sea—what would our work look like? What could we do? What services were available?

Initially concerns were expressed that, although social workers could work, they could not connect with the services— "Everything's closed." Social workers working in and with food banks, emergency services, refu, etcetc.,, were able to reassure other social workers that these services were all still running—but they, like everyone else, were based at home. The message was "continue to refer by phone or email. We will get back to you." Services appeared to be very responsive within the confines of the situation. Contacting Work and Income would take hours. There were no shortcuts

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with this, it was a direct result of this strange situation we all found ourselves in.

I began to start each session with a quick rundown on how to use Zoom. Look at the camera, here are the controls, here is Chat, use it like this. I was often asked "what are we allowed to do?" I emphasised that, no matter the circumstances, we are still social workers. Our Code of Ethics and Code of Conduct still apply. At times like this we may be working on the edges of our skills and knowledge, and so supervision becomes really important. And I recommended that social workers ensure that documentation included the information that this intervention occurred during the Covid-19 lockdown. This might be important information in 20 years' time when someone is wondering why a particular course of action was taken.

Each session was different. Some had huge numbers, some were smaller and we could just chat. Social workers shared contact details for Civil Defence and local councils who were providing services or connections to services locally. We talked about how to teach someone to use Zoom over the phone. Social workers shared contact details and then helped each other with Zoom or specific issues outside of the session. Social workers working in the same field but for different (or the same) organisations and at different ends of the country connected with each other.

Social workers shared stories of being toldidn't did not need supervision while working from home; of having someone else schedule their video meetings with clients starting at 8:00 am, finishing at 5:00 with no breaks during the day; struggling with separating work from life. Children joined some of the video conferences—curious as to what their parent was doing. Pets were often seen. Just as we were finding with our clients, this process was giving us glimpses into a more private and intimate world.

Social workers also told stories of what they were seeing and experiencing. There

is research which indicates that when a person perceives that they are talking with a machine or virtual human, they are more honest about reporting symptoms that might be perceived as "unacceptable" or risky or for reporting illegal, unethical, or culturally stigmatised behaviour (Lucas et al, 2017; Weisband & Kiesler, 1996). Initial research on the use of virtual humans to conduct clinical interviews suggests that interviewees appear more open to virtual human interviewers than their human counterparts (Joinson, 2001; Lucas, Gratch, King, & Morency, 2014; Pickard, Roster, & Chen, 2016; Slack & Van Cura, 1968).

These reported phenomena with virtual humans appear to also manifest when working with people via video conferencing. Social workers reported clients disclosed more, at a greater rate and earlier in the relationship. Young people were particularly easy to engage via video conferencing and electronic means, often communicating with their social workers clearly and openly for the first time ever. Young people contacted their social workers more often and earlier when an issue arose, so matters were more easily sorted. Men were also more willing to engage via virtual means.

Two presenters conducted a webinar "Risk assessment for family harm in relation to Covid-19" early on in the lockdown period. One of the presenters talked about changing his language when talking with male perpetrators of interpersonal violence. He had been running sessions with clients via Zoom for a couple of weeks before lockdown, and had found that if he said "It's go live time" and let men know that they were now having the chance to "step up" there was a consequent recognition of responsibility and a change in behaviour.

Social workers often stated that the families they were working with were doing really well. They were being given a clear opportunity to show that they could cope—and they were. As social workers our aim is always to empower and support

independence—now we really had to walk the talk!!

A number of social workers described the increasingly settled behaviour of children who were diagnosed with ADHD or Autism with behavioural issues. It seemed the consistency of being at home, with mum and dad (or even just one parent), knowing each day would be the same, resulted in children being calmer and better able to manage their own emotions.

We talked about new ways of working. When working with a perpetrator, they would be asked how they were managing, then how their partner thought they were managing, then "can I speak with your partner and ask them what they think?" There were concerns, but the social workers who navigated these new waters, spoke of success—both partners were feeling heard. Partners could be given support to talk with each other. Changes did happen. Some social workers spoke of being more able to follow a Te Ao Māori model of care where both partners were worked with together, or the whole whānau met with the social worker, rather than just the one person who was the "client."

Apart from the intimacy of being welcomed into clients' homes, there was also some immediacy. When a social worker asked a client "what does your partner think about how you are coping?", if the client had not spoken with their partner, there was the possibility "Why don't you go and ask them now?" It appeared sessions were being more openly discussed with family—possibly because there was not a car journey or gap of some sort between the session and talking with family?

We talked about organising passwords and phrases that would indicate that the person was not safe to talk, and text messages that were code for "phone me now."

Not every possible scenario could be planned for and have a strategy developed,

but it became clear that social workers were using their initiative, developing innovative solutions to enhance client-centred practice and continuing to manage their caseloads.

It wasn't all wonderful—social workers told of tense situations with intimate partner violence, concern about children, families who were struggling to feed their children and lack of access to education when classes were online and families had no, or insufficient, devices or no internet connection.

Through all of this, social workers supported their clients and their communities every way they could. They helped each other, they communicated, they solved problems, they continued to uphold our Code of Ethics and our Code of Conduct.

Alongside so many other people, social workers were pushed into using technology in ways that we never had before. I began asking people who emailed me "How would you design this?", "If you were using technology in your practice, what would it look like?" I got some interesting answers. Social workers are clearly thinking about what we do, how we do it, and how we can do it better.

One of my early tasks was to produce a guideline for E-social work. I looked at a range of guidelines for related professions. I heard what social workers were saying and got to work. The guidelines are fluid. They will be revised and reviewed on a continuous basis as they are used. We have not set times to review because the use of technology and distance social work is growing exponentially. If social workers read them and want to add suggestions, we can update them immediately. Each time I thought that I had added everything to them that I needed to, I'd think of something else, or someone would say something during a meeting and that would give me more ideas.

As we have started to get back to "normal" we have formed a group to work on projects

to build a new normal for social workers in Aotearoa. We want to provide clear information to the public about what social workers actually do. We want to increase our political influence and we want social justice for the most disadvantaged in our society.

Covid-19 has had an impact on the work we do, the way we work, and our economy. It altered plans and changed minds (and mindsets!). People have lost income and occupation. There will be repercussions for years to come. What I don't want to lose are the benefits—more contact by more means with more people across the country and around the world. Social work is all about building relationships—with individuals, with organisations, within societies and across and between nations. It's about increasing understanding of ourselves and others. We should use this increased contact and communication to put our diverse and varied ideas and thoughts together to build plans and actions which result in a better future for all of the members of our society.

Notes

[i] In March 2020, the Aotearoa New Zealand government announced four levels of alert for the Covid-19 pandemic. These levels specified the actions required and Level 4 was the highest. https://covid19.govt.nz/covid-19/restrictions/alert-system-overview/

[ii] The term "bubble" was used in New Zealand to denote the group of people within a dwelling with whom social distancing was not required during the Level 3 and 4 lockdowns.

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Expanding field education: Hope Trust Community Garden

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ABSTRACT

Field education is well known as a defining experience in the personal and professional development of social work students. Authentic, meaningful learning opportunities in the workplace contributes to students becoming socialised to the profession and being able to integrate theoretical learning into their practice. Field education occurs across myriad fields of practice and organisational environments. Community gardens are an emerging field of practice for student placements in Aotearoa New Zealand. This viewpoint reflects on the value of field education in this domain from the perspectives of the field mentor, student and external field educator. The reflections highlight the value of this space for learning and supporting social and environmental justice for clients and communities.

KEYWORDS: Field education; community gardens; hope; Christian social work

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While community gardens themselves have a long history across the globe, in New Zealand they have only recently emerged as a field of practice for students undertaking social work placements (Corkery, 2004). Community gardens may be developed and sustained by city or district councils, non-government organisations or by local communities themselves. They can fulfil several functions including community building, effective use of unused space, food generation and as a place for social and cultural connection (Corkery, 2004). Consequently, social work students can meet competency and institutional requirements for placements in these environments. This viewpoint offers reflections from a field mentor, student and external field educator on one community garden and its effectiveness as a field of practice for a social work placement.

Manager voice (Sandra)

The Hope Trust Community Garden was established by the Waimakariri Social Services, Rangiora High School and the Hope Trust in 2010, with the aim to break down social isolation in the Rangiora area. I began as a volunteer in the garden and was then employed by the Waimakariri District Council and then later employed by the Hope Trust. The aim of the gardens widened as the needs of community appeared, and the focus became, not only on growing vegetables, but also on empowering people in other parts of their lives. By meeting people's need for food, clothing and household items a considerable number of people have been attracted to the gardens and strong friendships have been formed. Items are freely distributed, and this has allowed local people to spend their money on the necessities of life, reduce their debts and break their poverty cycle. Initiating a

fruit and veggie co-op has also helped to improve healthy eating.

Once people's need for food and other necessities are met, they may also become more receptive to receiving support in other aspects of their lives (Sanders & Munford, 2019). From the outset there has been no stigma in coming to the gardens, no paperwork or fear of dealing with the authorities. We have witnessed people's confidence growing when they are able to dress smartly from our free shop and have haircuts and beauty treatments we can provide in partnership with local services. Consequently, many people have become ready to take the next step to make significant changes in their lives, for example making choices to leave abusive relationships and going from someone who first arrived at the Trust needing a food parcel to someone who has gained full-time employment.

The garden has proved to be a safe space for a wide range of people including those who need to complete their community service. It is a place that welcomes all people for who they are. In 2012, we began to partner with Corrections and youth trusts, for offenders to have a placement in the garden to fulfil their community service hours. These mandated clients are given tasks in the garden and are supervised according to need. The garden is a space that welcomes students from the neighbouring high school along with other social service agencies. Students have their own plot in the garden and assist in the free shop and the fruit and veggie co-op as part of work experience.

Relocated for a season, we were still able to provide a place of friendship and connection, but an exciting new chapter has begun on land purchased by the Baptist Church. This has given us a lovely space for our garden beds, seedling growing and compost piles which provide great opportunities for learning the skills of successful gardening. We are now a thriving community with a free shop, a container for storage, a whānau

room and an office. Well-attended daily morning teas, a weekly barbeque and the Hui Wāhine all continue to provide friendship and connection. Our recent partnership with Satisfy Food Rescue provides us with free bread and other food items which are a great help to those who come to the gardens.

The garden is a safe place for those who are marginalised and have had major life events, experiencing many hurts and struggles. Over time, they learn to trust us and are willing to share their pain and receive healing. The garden area now provides a framework for others to mentor and walk life's journey alongside our people and we are now able to offer placements for social work students to bring their much-valued skills. Having a student has allowed many chronic issues facing our garden whānau to be addressed. An example was the student coordinating and facilitating a hui with multiple agencies to collaborate and make a cohesive plan for a whānau who, despite multiple agency involvement, had remained in crisis. The student brought the skills and knowledge to walk alongside this whānau who can now see that their challenges are being addressed and supports are being provided. Another example is a client who had chronic health issues. The student worked with this client to facilitate the journey of gaining the treatment she required and is now on her way to having this resolved. Having a student to support our many garden people with the necessary follow-up required to address their needs has been transformational, empowering our garden people and improving their lives.

I would like to take this opportunity to sincerely thank Rangiora Baptist Church and the Hope Trust for allowing this vision to take place. I have been truly humbled to walk this journey over the years with many people and I have seen them gain enough confidence to take on new responsibilities and to find employment. I give all thanks to God for walking this journey with me.

Student voice (Vivienne)

When I first stepped into the Hope Community Trust Community Garden, I had no idea of the incredible field of practice I was entering, or how this grassroots community development would cement my passion for work within the community. As a student on placement, the garden has provided a platform to practise many of the skills and tools I had gathered through my social work degree. I relished the opportunity to practise group work, one-on-one client work, advocacy, networking and relationship building with multiple external agencies which then opened pathways of support for the individuals and whānau who enjoy the garden. I also became more aware of Mātauranga Māori as whanaungatanga and connecting with the whenua were part of daily mahi.

As a field of practice, the natural setting helps to eliminate power dynamics and therefore enhance relationship building and therapeutic engagement. The perceived bridge you cross walking into an organisation's office building when seeking support, simply is not there when you enter the garden. It is a place of belonging for anyone who finds their way to it, and many who come here do so for social connection. The garden is the embodiment of social work ethics and core values. Social and environmental justice, human rights and empowerment are tangible within this space. Te Tiriti o Waitangi principles are also embraced through enabling Māori and non-Māori to work alongside one another on the whenua.

The free shop contains everything from clothing, furniture, crockery and household wares, and people are encouraged to take whatever they need. This provides a pathway for people to come back and start to engage, trust and then find the support they may be needing.

The weekly Hui Wāhine is an opportunity for the women in the garden to have their own space to do cooking classes, craft or learn skills such as self-care techniques or assertive communication. I facilitated the latter after requests by the garden wāhine. Tino rangatiratanga is alive in action within the community garden space.

The beautiful garden office with a mural gifted from a local Ngāi Tahu artist, Mandy Palmer, sets the scene for tangible social justice and individual empowerment work to take place alongside the many garden tāngata. Every Friday there is a BBQ which is free for all with kai coming from the Hope Trust food bank and local food rescue organisations. This provides the opportunity to sit and share kai and conversation at the end of each week before the garden closes up until the following Tuesday.

Nettle (2014) discusses community gardens as platforms that allow the enactment of social change, and the transformations that take place in the people within the garden space mirrors the ever-changing garden they are working within. If you are lucky enough to have a cuppa and some kai with the garden whānau you will soon understand you are in a very special place. It was an honour to work alongside the tāngata who make up the garden whānau, guided and always safe within intentional clear boundaries. My field mentor's genuine heartfelt care for her garden whānau and passion to create and hold steadfast a safe space where fundamental needs are met is the foundation of all that occurs in the garden. If you are fortunate enough to be a student on placement in the Hope Community Garden, your professional practice will be forever enhanced by the experience.

External field educator voice (Alison)

It has been a great pleasure to provide external supervision to students at The Hope Community Trust in Rangiora. It is always great to see the amazing work they achieve with the care and support

of the staff there, alongside my guidance and experience. In my supervision sessions I offer accountability, mentoring, and an opportunity to discuss skills, explore best practice and identify any gaps in social work competencies. I work alongside supporting individual needs through creating goals and a professional development plan. I create a safe space to reflect on practice and ensure the supervisee has all the supports they need to carry out their role in a confident and competent way.

Having been a student at the Hope Trust myself many years ago, I have a good understanding of its vision, values and aims for the community going forward into the future, which align with my own. Community development is at the heart of The Hope Trust vision which looks for ways to respond, fill gaps and support the community where it can. The community garden is one such initiative. Students have been committed to the mahi and have added considerable value through creating new initiatives and projects where they saw gaps. Some of these are still operating. An example of this is the *We Welcome Women* support group for socially isolated women in the local community to come together and make new friends, to learn from guest speakers and do fun activities like clothes swaps and pamper mornings.

The practice in the community garden aligns with the Aotearoa New Zealand social work *Code of Ethics* (ANZASW, 2019) and Social Workers Registration Board *Code of Conduct* (SWRB). The placement offers grassroots social work to local people who would benefit from some help and support. Further, it is a good place for student placement as the organisation's staff can challenge and grow the students in a Christian environment whilst caring for the local community. Practising from a holistic perspective, with a focus on health and safety, best practice and self-care, there is a synergy between the work in the garden and the externally provided supervision.

Conclusion

The Joint Amplification of The Global Definition for the Asia Pacific Region (Asia Pacific Association for Social Work Education, 2017) emphasises the importance of encouraging sustainable social work and social development practices and the Aotearoa New Zealand Association of Social Workers (ANZASW) *Code of Ethics* now incorporates environmental well-being, sustainability and justice (ANZASW, 2019). Community gardens, albeit in a small, but important, way contribute to meeting these aspirations for local communities. Student engagement through placements in these contexts enables students to recognise and be part of community development, sustainable social work practices and meaningful and authentic learning experiences.

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Reassessing attachment theory in child welfare

Sue White, Matthew Gibson, David Wastell & Patricia Walsh
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In 2019 *Newsroom* published a story showing the attempted removal of a newly born Māori baby by Oranga Tamariki (Reid, 2019). This story was met with outrage by many in the community (especially Māori: Sumner & Reid, 2020), has been the subject of many inquiries, and has been instrumental in a Waitangi Tribunal claim against the state for present and historical over-reaches in child protection policies against tamariki Māori. Attachment has been a key concept mentioned in many criticisms of how Oranga Tamariki handled this case, both in the sense of attachment as theory and the attachment that the child is un/able to form with parents and wider whānau[i].

In late 2020, *Newsroom* again investigated the practices of Oranga Tamariki (Murphy, 2020). This time, however, they questioned the return of Māori tamariki from Pākehā foster families, back to their Māori families (often wider whānau members). The claim was that, since the original 2019 story, Oranga Tamariki had reassessed all cases involving tamariki Māori and were in the process of attempting to reconnect these children with biological whānau. However, this time, the attachment concept and theory was part of the media story, with New Zealand based 'attachment trauma expert' (as introduced) Nicola Atwool commenting in both the original story and a subsequent column (Atwool, 2020). The argument presented by both Atwool and the *Newsroom* team was that these children had now developed strong relationships and attachments with new caregivers and that a disruption of this would be, and was, traumatic for the children.

These two linked news stories show that attachment theory can play a crucial role in decision making in such cases in Aotearoa New Zealand. The purpose of this book review is to discuss what this book and recent articles about attachment theory have to say about the place of this theory in social work itself. If such a concept is indeed part of critical decision making about whether a child can stay with its parents or not, then it behoves us as social workers to be mindful of how we can wield such a powerful tool—and indeed whether we should. Attachment theory, therefore, as the title suggests, is worthy of reassessment.

In the preface to their book, the authors, Sue White, Matthew Gibson, David Wastell and Patricia Walsh, explain that attachment theory has become a very powerful, yet adaptable staple in the kit of child welfare social work. They note that the theory can help comfort social workers experiencing increasing demands for evidence-based work alongside more bureaucratic oversight and performance targets. They comment that this comfort is perhaps because it is more "likable" than other theories like psychoanalysis and behaviourism (p. ix). However, they also caution that because the theory has become so fluid, "it is difficult to overstate the soaring ascent of the persuasive collection of ideas that is attachment theory" (p. viii). Therefore, practitioners can use attachment to explain all manner of behaviours, often leaving parents, particularly mothers, in no-win positions. Critically they note that the book is not setting out to be a "straightforward critique of attachment theory; rather, it is an attempt

to examine its effects on how the child welfare system 'thinks' about children and their needs" (p. x). Therefore, the book asks how attachment theory is deployed in social work to highlight specific ways of thinking about children and their parents and ignore others.

The book starts in Chapter One with an exploration of attachment theory history and covers what social work readers might initially think of as familiar ground: Bowlby and Ainsworth. However, unlike many more typical formulations of the history of attachment theory, White and colleagues clearly show where some of the tensions and disagreements in the initial framings of attachment were. They note the limitations of the "Strange Situation" experiment (it was not random, staged, and the population studied was non-clinical), and emphasise how, from the beginning, there was a focus on parental behaviour (versus environment or even temperament of the child), particularly that of the mother. They end the chapter by noting that three key things made the theory ideally placed as a flexible tool for social work: an invocation of biology (appeal of the "natural"), key founders seeming impervious to critique, and being uniquely interdisciplinary—allowing adherents to pick and choose from separate disciplines to avoid critique.

Building from the previous chapter, the authors explain in Chapter Two how the relationship with social work came to be. Perhaps somewhat controversially, they suggest that the theory has come to function as a "myth" (p. 23)—not meaning that it is untrue—instead (drawing from Barthes) they suggest that it serves as a means of justification, a way of normalising and moralising. Indeed, recent work by Bjerre et al. (2021) evidenced the moralising function of attachment theory in social work case discussions where they observed that it had become less about using scientific concepts (although this is the surface-level justification) and more about temporal and cultural expectations of parenting.

This moralising dovetails with concerns in this chapter that the theory has become a normative tool; a way in which social workers and policymakers have utilised what seems like science to bring parents into line with middle-class parenting norms. They further caution that there has been a rapid dilution of the *science* of attachment theory in popular media and even "handbooks" into a "black box"' packaging that has neatly hidden any questions or controversies (p. 37).

Chapter Three focuses on how attachment theory shapes practice and interventions in the current political and social climate and, while it does not explore direct practice, it is perhaps one of the more critical chapters for it telescopes out to the macro view. There is a particularly interesting section on how the Harvard Center on the Developing Child contracted a public relations company to translate the science into more public-friendly terms. For example, they note that the phrase "toxic stress" results from this collaboration, and is not a term grounded in original research. They go on to explain how, in recent times, attachment has become more and more biologised and note, like previous publications exploring similar (see Gillies et al., 2017; Wastell & White, 2017), there has been enthusiastic uptake by proponents of attachment theory of ideas linking it to neuroscience and epigenetics. Therefore, attachment theory is being coupled with these emergent, biologising ideas to further galvanise action for increasingly early interventions in child protection.

After the previous chapter's macro view, Chapter Four discusses how attachment theory is deployed in practice. They note that the reliance on attachment theory in social work can be linked to a desire for professionalisation. When reading this, I noted an affinity with Flexner's long ago but oft-cited declaration (2001, [1915]) that social work needed its own distinct knowledge base to be considered worthy of the designation profession. Therefore, the authors suggest that social work and social

workers are still feeling this threat today and are thus using attachment theory as an answer to this need. Referencing several studies from different countries (including Aotearoa New Zealand) the authors show that social workers are indeed using the theory in this way—both consciously and unconsciously. Referencing their suggestion from the preface that social workers use attachment theory in a comforting way, to back themselves with a theory, they caution that such use means that it has rapidly become a common sense concept which is thus far less open to critical thinking and challenge. They conclude that this push for social workers to gain "authority and power has resulted in the 'black boxing' of the complexities and contradictions of the theory" (p. 81).

Chapter Five focuses on the use of disorganised attachment in child protection whereby they note that for many, such a designation for a child has become shorthand for child maltreatment. Referencing an extensive review of the concept (see Granqvist et al., 2017) they trouble the notion that the evidence base on disorganised attachment is straightforward, even organised, and strongly caution against such use in practice.

In Chapter Six, the authors return more extensively to the biological turn in recent attachment theory research and spend some time discussing the problems using such analysis (which predominantly uses rodents as proxies for parents—primarily mothers). It is here that readers interested in the studies of rat mothers who did and did not lick and groom their babies, and then the resultant parental behaviour of these pups (see Meaney, 2001), will find an insightful and critical analysis of how these observations were generated. They go on to note that such research, aside from leading to gendered and classed assumptions, seems to make attachment, and even love, a far more delicate and fragile thing, indeed, "it has grown spikes that press into your cells and make you sick" (p. 120).

Their final section, 'Coda: Love reawakened?' notes that all is not lost for attachment theory. Like the authors of a recent article on the use of attachment theory in child protection and custody cases (Forslund et al., 2021), they state that attachment theory is best applied when *not* using it to assess individual differences and when it is used to focus (ethically) on relationships: "it provides a way of thinking *with* the family about their relationships" (p. 133). They emphasise that (like many other *psy-theories*) attachment theory is a product of its time and was created in a specific cultural and temporal moment that reified white, Western values (something also pointed out by Choate et al., 2020) and, as such, social workers and policymakers need to exercise far more caution in using and relying upon it. They end the book on a hopeful note and explain that, as attachment theory was (historically) influenced by social work, perhaps now social work can again exert influence back on attachment theory to render it more appropriate in multiple contexts.

It would be tempting to read this book as overly critical of attachment theory, focusing on the contradictions in its history, use and application, and the comfort that many social workers feel in using this theory. However, that view would be far too simplistic, and one would risk residing too much in the somewhat uncontested space that attachment theory has in the social work world—a space that the authors try very hard to push us out of. It is precisely the existence of that comforting uncontested space that should prick our conscience into delving further. This sort of delving is especially critical in a bicultural Aotearoa New Zealand where the uncritical application of *any* imported theory should raise eyebrows, especially those of any social worker whether they be a student or an experienced practitioner.

Perhaps then in thinking about the stories that I opened this review with, two cases that both relied (in different ways) on attachment theory, and both involving Māori children,

we as social workers based in Aotearoa New Zealand (or in any colonised nation) need to rethink whether this tool, attachment theory, is fit for purpose. Is attachment theory something that can be salvaged? Are we as social workers ready to question something that many of us have held dear? Can we put down the tools and start again? In asking these questions, I am reminded that "the master's tools will never dismantle the master's house" (Lorde, 2003, p. 27). If attachment theory *is* embued with western thinking, and *does* idealise white middle-class parenting, and *is* involved with creating the house of child protection that we see today, as is suggested by this book, then surely we do need to put the tools down and ask ourselves these questions as a matter of urgency.

Note

i   For example, in the Oranga Tamariki internal review it was noted that consideration for attachment needed to be made in planning for uplifts (Review oversight group, 2019), and the importance of attachment was stressed repeatedly in both recent reports on Oranga Tamariki from the Children's Commissioner (Office of the Children's Commissioner, 2020a; 2020b).

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Reviewed by **Eileen Joy** Registered social worker and PhD candidate

"Crossover" children in the youth justice and child protection systems

Susan Baidawi and Rosemary Sheehan
Routledge, UK and New York, 2020
ISBN: 978-0-367-26110-8, pp.146, hardback, NZD 110.01

Having one's prejudices confirmed (Ahaa – so I *was* right about that!), is always a pleasant feeling—a mixture of smug self-righteousness and a sense of, perhaps, being the teeniest bit clever.

If this book was preaching to my particular choir, there is still a strong rationale for its thesis—a disproportionate number of young people progress from the Child Protection system ("victim") to the Youth Justice system ("offender").

So it was as I read my way through a fairly dense 146 pages of academic critique of Youth Justice jurisdictions across a number of countries, including the United States, United Kingdom, Canada, New Zealand and Australia.

This book examines the outcomes for children and young people who are involved in both child protection and youth justice systems: "crossover" children.

Susan Baidawi is Senior Research Fellow and Rosemary Sheehan is Professor at the Department of Social Work, Monash University, Australia. Their book has been meticulously researched over two years using an original study of 300 Australian children/young people aged 10 to 17 years, "investigating the nexus between child maltreatment and adversity, child welfare and youth offending" (p. 31).

The study combined two data collection methods: a detailed audit of Children's Court case files and key stakeholder consultation and focus groups. This is based on an Ecological Systems framework where *micro* (family, peers, school, etc.), *meso* (neighbourhood, work, etc.) and *macro* (cultural values, beliefs, laws, etc.) systems are considered. This data collection method also gives anecdotal information statistical credibility.

There is an established relationship between child maltreatment and youth offending and this research seeks to understand how the respective systems operate and collaborate, especially in cases where children/young people are concurrently or historically involved with both systems.

In my late teens, armed with a strong sense of social justice and little else, I could see that people's judgements appeared to fall into two distinct camps. Take, for example, the aetiology of racism. Are some races inherently lazy/criminally minded/aggressive/intellectually deficient etc., or is there something pathological in our socio-economic systems which creates unfair disadvantages for people who differ from the racial or cultural norm?

Although my argument was not particularly nuanced at the time, I could still see that people appeared to subscribe to either the "blame-the-individual/race-based" pathology or the "blame-systemic racism" pathology.

I was in the latter camp and as I trained and worked as a social worker, everything I learnt and witnessed merely reinforced this view. Whilst working in Care & Protection

(and long before reading this elucidating book), I saw how children with unresolved trauma and loss moved from the Child Protection system to the Youth Justice one. They may as well have had the letters and an arrow tattooed on their foreheads, so predictable seemed their trajectory.

This book comprises nine chapters, each exploring a different aspect of this issue—including the introduction of the topic and its identification as an international trend, through to crossover children's characteristics and pathways, the role of culture and indigeneity, the nature and contexts of offending, where criminogenic risk meets systemic disadvantage and finally "disrupting the [care to custody] pipeline" (p. 124).

Given that the care-to-custody pipeline has been internationally recognised, this book seeks to answer the question as to what experiences distinguish the lives of those children with child protection backgrounds who also have contact with the youth justice system.

The reverse does not appear to be true—less than 3% of those involved with child protection services will have justice system involvement as juveniles (p. 1).

Interestingly, poor parental supervision and parental rejection (i.e., emotional neglect and abuse), are the most consistent predictors of youth offending. Coming from a social work background in care and protection (with a strong focus on attachment), this did not surprise me.

In the form of a disclaimer, nothing in this book actually surprised me but this is not to take away from the thorough research and important conclusions.

You could read Chapter 1, "Child protection and youth offending", along with the conclusions of the other chapters and have pretty much the whole book nailed. This is the strength of the book, not a failing. Its

ongoing reinforcement of the major theme that crossover children are disadvantaged from birth (sometimes even *in utero*) through individual, familial, social, economic and legal systems is impossible to ignore or disagree with.

The dilemma can be summed up in one phrase from an Alternative Education professional: crossover children "had a rough go from day dot." (p. 66) Furthermore, systemic risks compound the risks of each other—they are not merely additive, but cumulative. Indigenous populations experience the double whammy of systemic deprivation compounded by colonisation and consequent institutional racism.

The statistics are compelling: "childhood maltreatment nearly doubles the risk of later violent offending throughout adolescence and adulthood" (p. 11).

As a forensic social worker in the Youth Courts, I see the correlation between childhood adversity and youth justice involvement on a daily basis. Children leave neglectful homes that are full of conflict and find other young people who come from similar backgrounds—an important validating experience in its own right. School attendance can become sporadic with no parent to oversee this process. The further behind a young person slips in their education, the less relevant school becomes. Disadvantage piles on disadvantage and the path of crime is almost inevitable—how else will you eat? The pull of gangs as an alternative whānau is indeed strong—we all need to be understood by someone.

Within the dynamic of crossover kids are two competing philosophies: should the youth justice system be therapeutic (given the crossover children's care and protection backgrounds) or punitive? What would therapeutic jurisprudence even look like, if professionals could agree on its necessity?

Chapter 9, "Disrupting the pipeline: decriminalising child protection-involved

youth" sums up the best approach. At last, I was thinking, having been rather overwhelmed by the negative statistics which brutally document young people's distressing lives.

No real surprises here, either, but good to have my beliefs validated. What is needed is a "whole-of-government approach" (p. 124), including the education, health, welfare, housing, income support and disability sectors. Early intervention (yep, that old chestnut), intensive family support, trauma-informed responsivity and specialised, cross-over children's courts to co-ordinate overall responses.

If this review reads more as a summary of the book than a critique, I am unapologetic. This is an important book—the evidence is out there and we would be wise to take heed.

Reviewed by **Fritha Parkes**, Registered social worker, Auckland, New Zealand

Supervision and professional development in social work practice

Amanda Nickson, Margaret-Anne Carter and Abraham P. Francis
SAGE, 2020
ISBN: 978-93-532-8663-7, pp.275, hardback, NZD140.00

The space for supervision within the current context of neoliberalism and managerial practises compromise professional development and critical reflection. This book provides a solid contribution towards developing frameworks and ideas for students, practitioners, and supervisors related to supervision. Equally, diverse perspectives and research related to supervision are captured and generate an interest for more experienced practitioners, supervisors and academics. As the book's title suggests, there is a specific focus on social work, supervision and professional development within an Australian-Pacific context. However, connections are made throughout to a range of helping professions and the transferability of ideas, skills and approaches in supervision.

The book is in hardcover and well-presented, although the cost for this version is expensive. The content of the book presents as easy to read, combining theory to diverse contexts and enabling the reader to consider its relevance to their own practice. The book is unique in that it captures "voices from the field" related to supervision and associated topics. These voices are from students, practitioners, supervisors and academics who provide rich and diverse perspectives from their own experiences and offer their practice wisdom. At the conclusion of the chapters, exercises and reflective questions are provided to facilitate helpful learning and reflection for the reader. Noteworthy in this book are key links to websites, further readings at the end of each chapter, appendices, an index and helpful tables and diagrams for the reader's future reference.

The foreword is written by Lambert Engelbrecht, a key contributor in the area of supervision, where he summarises the significance of this book. The author's preface also signposts the outline and intention of the book's chapters. Each chapter has a specific focus and readers are guided towards specific interest areas in supervision without the need to read the book sequentially.

The first five chapters provide the significance of supervision, its definition, key debates, an important theoretical guide to supervision along with specific modes, models and approaches to supervision. Students, practitioners (particularly social workers) and new supervisors will find these discussions related to Australian, British and American Codes of Ethics for social workers important in setting the professional context for supervision. Well known Aotearoa New Zealand author, Kieran O'Donoghue's voice from the field is very engaging in Chapter Three where he discusses the two influences on supervision—professionalisation of social work and managerialism. Peer group supervision is explored in Chapter Four as a particular mode for supervision. Models and approaches such as the four-layered practice model for reflective supervision, developmental models, strengths-based approaches and the seven-eyed model are highlighted, although scattered and appear haphazardly through the initial chapters, particularly Chapter Four and Chapter Five.

Chapters Six to Eight explore the essential nature of professional growth and the relevance to supervision; culture

and diversity; and the challenges and opportunities for supervision within a range of practice contexts. Chapter Seven, which explores diversity in supervision is compelling. The *RESPECTFUL* framework referred to offers reflection around multicultural meaning and dimensions together with thought-provoking voices from the field: working alongside Torres Strait Islanders; the perils of operating with a *white* lens in supervision; and LGBTIQ.

The book ends with chapters discussing the ever-changing online landscape of supervision (particularly relevant to Covid-19) and the need to harness compassion, resilience and make the most of reflective supervision. Key up-to-date research is included. Chapter Ten's "compassionate supervision" is thought provoking as the reader is led on a journey exploring self-compassion and its relevance within an organisational framework and in supervision. Petrina May Barson's voice on sustaining compassion is heart-warming—we are reminded that

sustaining ourselves needs to include loving kindness, a common sense of humanity and mindfulness. The risks and protective factors of compassion fatigue and compassion satisfaction are outlined in Chapter Eleven with some useful exercises. Some important voices include those of supervisors and students around the significance of coping, self-care and reflection. Specifically, Dana Esperanza's explores meaning in professional work and whether it brings joy or annoys. The final chapter repeats core messages from throughout the book: building effective relationships, setting goals and getting the most out of supervision.

Literature about supervision and its significance to professional practice is gathering momentum—reflecting the growing understanding and acknowledgment of different practice contexts. The book provides an important overview of supervision and aids students, social work practitioners and supervisors compile a deeper appreciation of the scope asupporting communities.

Reviewed by **Matt Rankine**, Senior Lecturer, University of Auckland, New Zealand

New theories for social work practice: Ethical practice for working with individuals, families and communities

New Theories for Social Work Practice reflects the significance of relationship and relational social work practices already central to Aotearoa New Zealand communities, and for future social work, both here and internationally. Written prior to the upheaval of a worldwide Covid-19 pandemic, this timely book considers emerging practices that are required in a time of significant worldwide change. This book explores new and emerging theories for social work practice in diverse fields of practice. The editors, Robyn Munford and Kieran O'Donoghue, both work at Massey University. This text follows their successful earlier edited text, *Social Work Theories in Action* (2005). Notably, the editors have gathered a book of relevant and unfolding ideas and thinking accessible to both local and international social work students and practitioners.

This book is divided into four distinct parts that discuss areas of practice including, but not limited to, working with older people, disabled people, refugees, Pacific communities, green social work, working in mental health settings and community-based organisations, and teaching ethical theory. The main aim of the text is to explore the emergence of new theories and practices that remain intrinsically imbedded in core social work values and principles of social justice and human rights. Three major themes permeate the book: client at the centre, relational practice, and context of practice, i.e., "social workers seeking out local knowledge and solutions" (p. 16).

A strength of the book was the use of case studies and reflective questions. The regular use of case studies and reflective questions throughout the chapters was a highlight providing constructive examples of social work in practice. These real-world situations enhance the usefulness of this book and describe how the social worker has interpreted the "problem" or the situation and offers the reader a perspective they may not have otherwise considered for their practice. The brief case studies help integrate the theories in everyday social work practice. While the case studies familiarise us with the significance of relational social work practices, the reflective questions may bring the reader to focus on their own relational style, strengths and opportunities for future engagements with clients. The individual authors, and the editors, insightfully ground the emerging theories in practical and genuine social work.

One critical observation of this text pertains to the lack of an Aotearoa New Zealand contribution on spirituality and social work practice. Sadly, consideration of a spiritual aspect to a person or family's wellness or experience is often given the briefest of mentions in many academic books. Although diversity, difference and Indigenous knowledge are represented well in this book, spirituality is, in my opinion, virtually missing. The one chapter on spirituality largely focuses on a Hong Kong Chinese theory Integrative Body-Mind-Spirit approach. While meaningful, this chapter seems out of step with the rest of

the book's alignment with Aotearoa New Zealand embedded knowledge and models. There is a small mention of wairua in the mana-enhancing chapter by Paul'e Ruwhiu, identifying that "wairua is the essence of a person" (p. 195). Perhaps this means there are no, or few, *emerging* Aotearoa New Zealand specific and effective social work practice theories that incorporate or acknowledge spirituality.

Overall, the book is uplifting and relevant. The social work approaches and examples of practice are aimed at students and practitioners both in Aotearoa New Zealand and overseas. The diversity of the fields of practice discussed bring a depth and richness to the topics covered and the present-day challenges being experienced in both the world at large and the world of social work. I am convinced the book achieves what it set out to do: to inform and bring a fresh perspective on contemporary social work theories, practices and services. I would recommend this book to those who are seeking to update their understanding and knowledge regarding working with various individuals, families or communities in Aotearoa New Zealand or elsewhere. Aotearoa New Zealand practice approaches are relevant in many ways, not least, where holistic Indigenous approaches and contexts can teach us all the importance of relationships and client-at-the-centre of decisions that enhance positive social changes. Social work practice is rightly evolving. The origins of social work in social justice and human rights give a stable foreground to the way forward explored in this timely book.

Reviewed by **Carol Parkinson**, Practice Manager MANZASW