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# Recognition of the role of our journal Aotearoa New Zealand Social Work

At the time of writing, it is my pleasure to note that The Editorial Collective of the Aotearoa New Zealand Social Work journal has won the Social Work Research or Education Award and the John Fry Memorial Supreme Award in the 2023 ANZASW Social Work Awards. The Editorial Collective was delighted to receive this recognition for our labour of love, producing the journal. It is an honour and a privilege for us to contribute to social work in Aotearoa New Zealand, and increasingly, to see the journal expand its international reach. In our 2023 report to the Aotearoa New Zealand Association of Social Workers Annual General Meeting, we note that our journal continues to make a significant and well-respected contribution to social work scholarship in Aotearoa and internationally, with 47,000 users accessing journal articles in the last year, 20% of whom are visitors from outside Aotearoa New Zealand. In 2017 after the first year of being open access, we had 14,000 visitors. Each issue of the journal is the result of many hours of work by our authors, reviewers, and editorial collective members, along with our production team.

In “Revisiting the 2019 Oranga Tamariki Inquiries: What did we learn, and what might we learn for the future of child protection in Aotearoa?”, Luke Fitzmaurice-Brown (Te Aupōuri) identifies two contrasting positions within the six reports produced in response to public discontent with the practice of the state child protection agency in 2019. This analysis provides a valuable resource for those seeking a critical understanding of this watershed moment for statutory social work, particularly in relation to outcomes for tamariki and whānau Māori. The future development imagined in these reports is divided into two horizons of possibility:

one concerned with reform of the current system and the other with a more radical transformative vision. Fitzmaurice-Brown reminds us that the issue of power is critical. The development of systems designed to meet the needs of children cannot be separated from the question of who gets to determine these needs and how they should be met. This involves confronting the implications of adopting ‘for Māori by Māori’ solutions consistent with te Tiriti and tino rangatiratanga. In turn, this begs the question of whether this objective can be achieved without significant change to constitutional governance structures within Aotearoa.

In “Nurturing the political agency of young people in Aotearoa-New Zealand”, Amanda Hay, Vincent Wijeyesingha and Nicky Stanley-Clarke investigate the relationship between young people and political action. Young people are often perceived as politically disengaged from the adult-centric context of mainstream politics. Contemporary efforts to take account of young peoples’ voices are often performative rather than empowering. This article reports on a small study concerned with the development of political literacy and agency in young people through the process of political activity. Qualitative interviews with six young people about their experience of political participation are analysed in order to identify how barriers and opportunities might be better understood. The study identifies factors which contribute to awareness and involvement, while suggesting that formal political institutions often fail to take adequate account of the broader ways in which young people engage politically. A cultural shift that makes real political space for young people is advocated: a space which recognises the need to understand how political learning is embedded in everyday

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life, particularly in the use of social media. Ways in which the political agency of young people can be recognised, developed and nurtured are tentatively formulated and issues for further research are identified.

In “Understanding the incidence of street children in Accra, Ghana through the public opinion, mass media, recognition and judgement perspective”, Abraham Tetteh Teye investigates how relations of power influence responses to street children. This is a call to apply theory to practice in a complex environment. Findings from a systematic literature review are combined with insights about the role of media and the politics of recognition. This fusion generates a wider analysis of how street children are perceived and the ways that their rights are violated. It is argued that the political configuration of nation-states influences media framing of social problems, apportioning causation to, for example, individual fault or structural inequalities. It is suggested that perceptions of street children, in terms of public opinion and in the eyes of social workers, significantly influence interventions and life outcomes. Examination of the mainstream narrative indicates that negative attitudes to street children are tied to the liberal structure of the Ghanaian state. Teye considers the capacity of social workers to see beyond the ideological confines of these representations and to advocate for the resourcing and support required to address the needs of children in this context.

Darren Renau, Nicky Stanley-Clarke and Tracie Mafile’o offer an insightful empirical piece exploring social worker understandings of neoliberalism, advocacy and othering. Their qualitative-exploratory study, “Social workers and their understanding of neoliberalism, advocacy, and othering”, found that social workers in Aotearoa New Zealand have a limited understanding of neoliberalism—despite being familiar with its effects—thus generating what the authors call a “neoliberal blindness paradox”. This paradox means that social workers risk

perpetuating and sustaining othering neoliberal practices without necessarily challenging these structures at a micro or macro level. Somewhat concerningly, the authors also found that only half of the participants thought there was any benefit in understanding the prevailing government ideology, suggesting that social workers’ perpetuation of neoliberalism may be linked to an overall lack of understanding of the importance of ideology to practice. Lest readers think this is all a little depressing, this piece has two notes of hope. The first is a discussion of instances of resistant narrative that speaks to how some social workers push back within the confines of their practice to “bend the rules” and create alternate possibilities for clients. The latter, which the authors conclude with, notes that social workers, when given the opportunity, can and do perform important social justice within their communities that might just challenge some of that neoliberal dominance.

In the article: “A scoping Review of New Zealand Women’s Experiences of Substance Use, Alcohol and Drug services” Suzette Jackson, Laura Chubb and Irene de Haan explore the existing Aotearoa research in relation to this topic. Although substance abuse and its adverse effects have been widely researched, the experiences of women, particularly mothers who access services in relation to substance use are often missing. Undertaken to inform the development and delivery of a new residential addiction-treatment parenting programme (Te Whare Taonga) for mothers and children under the age of 3, the authors draw conclusions relating to how substance use, alcohol and drug services can be more responsive to the needs of this client group.

To undertake the review the authors considered research on the topic undertaken in Aotearoa or with participants from Aotearoa. They identified 16 articles of interest. Key learnings from the review included recognising the influence of male partners as well as the role of stigma

and cultural context in shaping women's engagement with substance use, alcohol, and drug services. The authors further identify missing voices within research relating to older women, sexual minorities, Māori, and other ethnic minorities. The article concludes with some suggestions for social practice including the importance of education for social workers and the maintaining of a non-judgemental attitude and open-mindedness towards women engaging with these services.

Social workers' work in many diverse fields of practice, and education for practice does not end with qualification and registration. The next two articles in this issue, while focusing on different fields, explore the needs of social workers working with trauma, death, and end of life care. In "An inquiry into trauma-informed practice and care for social workers in care and protection roles in Aotearoa New Zealand" Rachel Dyer and Charlotte Chisnell interviewed four care and protection social workers, capturing stories in a narrative format and considering in the light of academic research on trauma-informed practice and care (TIP). The authors identified themes relating to social workers' perceptions of trauma, the implementation of trauma-informed practice, the investment in knowledge development about TIP, and practitioner access to TIP and care support. The authors argue for organisational responses to social workers' exposure to secondary trauma, rather than relying on the practitioner managing themselves. Among their recommendations, they advocate for better inclusion of TIP in the social work education curriculum, developing practice guidelines for TIP into agency policies, external supervision and further training for practitioners and supervisors.

Identifying training needs for particular fields of practice was also identified in the second-to-last article in this issue. "Self-care methods of social workers working in end-of-life care", by Suzi Gallagher and Lareen Cooper, focuses on social work involvement in end-of-life care. The authors note that

social workers are becoming more involved in this area of practice and, whilst they often have a good understanding of self-care, how does this change when working with death and dying on a daily basis? Their qualitative study sought to explore these questions and gain a greater understanding of social workers' experiences and challenges. Findings addressed three main themes: first, workers' personal experience and understanding of death and dying, and their professional experience and understanding of death and dying; their personal and professional self-care strategies, and last, the need for specialised training related to working with death and dying. Working with death and end-of-life care provokes many cultural, spiritual and psychological responses and social workers wanted more attention to these, particularly cultural and spiritual elements.

Family violence and social stigma for ethnic migrant women are the focus of the last article in this issue. Irene Ayallo and Tyler Kelly describe the experience of visa-seeking women in "Challenges to the proof of violence, and social stigma for ethnic migrant women in the current Victims of Family Violence (VFV) visa policy in Aotearoa, New Zealand". They note that, while applications for the victim/survivor family violence visa (VFV) are low from Middle Eastern, African, and Latin American (MELAA) communities compared to other groups, these numbers do not necessarily reflect the needs, as reported by workers in the field. Rather, there are complex cultural factors that impact on women seeking this visa. In a qualitative study, the authors used narrative inquiry and semi-structured interviews to explore 20 participants' experiences with the VFV visa policy process. The authors found that proving violence and the inability to return to their country of origin due to social stigma were complex and challenging factors for ethnic migrant women. In this article, themes identified include the dominance of psychological abuse, that violence occurs transnationally, and that the social stigma experienced

extends well beyond the victim-survivors' individual and immediate circumstances. The visa requires a high burden of proof on the victim-survivors with stringent evidence requirements related to the genuineness of the relationship and abuse. The nature of the abuse being experienced, along with social stigma and the precarious immigration status of the victim-survivors makes establishing their status very difficult. Ayallo and Tyler recommend policy and process changes to prevent further abuse due to financial dependency. This would allow the victim-survivors to establish themselves and give them more time to consider their immigration options.

Finally, this issue contains a bumper selection of book reviews. Two reviews are of books that address aspects of professional supervision for practitioners, with a focus on practitioner exposure to trauma. Nicki Weld reviews *Trauma informed support and supervision for child protection professionals: A model for those working with children who have experienced trauma, abuse and neglect and their families* by Fiona Oates, while Nicki Weld's book *Applying the therapeutic function of Professional Supervision: Attending to the emotional impacts of human service work* is reviewed by Ksjenia Napan.

Oluwagbemiga Oyinlola reviews *Social Work with the Black African Diaspora* by Paul Michael Garrett and Marovatsanga Washington. Suzette Jackson reviews *The Routledge handbook of social work and addictive behaviors*, edited by Audrey L. Begun and Margaret M. Murray. Rachel de Lima reviews *Older people, ageing and social work: Knowledge for practice*, by Mark Hughes and Karen Heycox. *Embedding spirituality and religion in social work practice: A socially just approach* by Fiona Gardner is reviewed by Jenny Hare. Finally, Peter Matthewson reviews *The origins of social care and social work: Creating a global future* by Mark Henrickson.

**Liz Beddoe**

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# Revisiting the 2019 Oranga Tamariki inquiries: What did we learn, and what might that mean for the future of child protection in Aotearoa?

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## ABSTRACT

**Introduction:** Widespread protests against Oranga Tamariki in 2019 led to six separate reviews of the agency in the following two years, the majority of which had a specific focus on tamariki and whānau Māori. Now that the dust has settled on those reviews, what can be learned by revisiting them?

**Approach:** This article addresses that question by analysing the key themes of each of the six reviews. It finds that there are areas of concern common to all six, but that there is a major split within the reviews on how to achieve the necessary long-term changes. Some of the reviews suggest that improvements can be made within the confines of the current system, while others suggest that only a more radical transformation will improve outcomes for tamariki and whānau Māori.

**Conclusions:** Understanding the underlying split between the reviews is important given the views of numerous child-protection researchers that more structural changes to the child-protection system are required if we are to address underlying problems. If the issues are more fundamental, then claims to reform may not only be inadequate, but they may also make the problem worse, by sustaining the systems which cause the underlying harms in the first place. The split in the approach of the reports reveals that it is not just “What do children and whānau need?” that matters, it is also the question, “Who gets to decide what children and whānau need?” Understanding these issues from a structural perspective remains crucial, and future reviews of the child-protection system which fail to grapple with those underlying problems are unlikely to lead to effective long-term change.

**Keywords:** Child protection; Oranga Tamariki; tamariki; whānau; Hawkes Bay case

In 2019, widespread protests against Oranga Tamariki, Aotearoa New Zealand’s statutory child protection agency, once again led to an interrogation of the child protection system. At the centre of those protests was a case (“the Hawkes Bay case”) involving the attempted removal of a newborn Māori baby from their mother. The case proved a flashpoint for those concerned about the

state’s treatment of Māori children and families within the system, leading to its description as a “sentinel event” of the type that often leads to reform in many countries across the world (Keddell et al., 2022, p. 2).

Six reviews of the child protection system were initiated following the Hawkes Bay case, five directly in response, and one

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subsequently initiated by the Minister for Children. This article revisits those reviews, analysing the common themes and differences to reveal a tension between approaches which favour reform from within, or ones which push for fundamental transformation. I argue there is an underlying difference between the reviews which viewed the relevant problems as policy issues and those which took a more structural approach, examining underlying causes. Re-examining the reviews sheds light on whether further changes to child-protection policy will be enough to meet the needs of Māori children and families, or whether the system as it currently exists will continue to fail them.

### Background to the Oranga Tamariki reviews

Aotearoa New Zealand's child protection framework has its historical roots in English social policy changes in the 19<sup>th</sup> century (Hyslop, 2022). Hyslop (2022, p. 25) described how the emergence of a focus on children in poverty at the time of the industrial revolution "reflected a synergy between the requirements of the capitalist labour market and moral condemnations of economically marginalised people." His analysis shows how, despite the emphasis on lifting children from poverty, a focus on the structural drivers of economic deprivation have been largely absent for as long as child protection systems have existed (Hyslop, 2022). The modern child-protection system still largely deals with economically marginalised children and families, with recent analysis demonstrating the stark economic inequalities that still exist (Keddell et al., 2019). In Aotearoa New Zealand, the underlying economic factors which characterised the child rescue movement in Britain sat alongside the processes of colonisation, which included widespread confiscation and alienation of most Māori land by the early 20<sup>th</sup> century (Hyslop, 2022; Walker, 2004).

The practice context for the child-protection system emerged within that historical context. The modern Aotearoa New Zealand

system is based on a *notify-investigate* model, in which families are notified to a centralised child-protection agency and then investigated, based on the information provided, despite such information frequently being of poor or inconsistent quality (Keddell, 2022). As Keddell (2022, p. 2) described, such systems "tend to become risk focused and this provides fertile ground for the reproduction of biases." This focus on risk is a central feature of an international trend towards more risk averse child protection systems (Gilbert et al., 2011). Aotearoa New Zealand has followed this trend, with the emergence here of a 'child-centred' system echoing developments overseas (Keddell, 2017). The term *child-centred* was a central feature of the most recent review of the child protection system prior to the six recent reports which are the subject of this article (Expert Panel, 2015). That review of the previous system in 2015 led to the creation of a stand-alone child-protection agency, now known as Oranga Tamariki.

Outcomes for children and young people in state care in Aotearoa New Zealand remain worse on average than those who are not in state care. For example, a recent study found higher rates of hospitalisation and mortality for children and young people who had been in state care, reflecting similar findings overseas (Pugh et al., 2023). Children and young people's subjective experiences are also often challenging, with, for example, significant gaps reported between the rights of care-experienced children and young people to participate in decisions about their care, and what those children and young people experience in practice (Kemp et al., 2022). Tamariki Māori (Māori children) are significantly overrepresented in the child protection system: according to the most recently published data, Māori children and young people are around 27% of the general population, but make up around 68% of children and young people in state care (Aroturuki Tamariki: Independent Children's Monitor, 2023).

I have previously argued that the concept of decolonisation provides a useful framework for understanding these issues, because the underlying problems which plague the child-protection system are tied to the broader context of colonisation (Fitzmaurice-Brown, 2022). While decolonisation has had a range of meanings in different countries at different times, in Aotearoa New Zealand the epistemological importance of the concept has been emphasised (Elkington et al., 2020). This reinforces the idea, originally articulated in a health context, that for Māori to flourish we must be able to 'live as Māori' (Durie, 2001). A decolonisation framework can help address child protection issues from a Māori perspective by highlighting the underlying loss of tikanga Māori (Māori customs and practices) that was, and is, central to colonisation, acknowledging the importance of Māori asserting our own ways of living, articulating the potential tensions in Crown–Māori partnerships, and placing responsibility for addressing the harms of colonisation on those who caused those harms in the first place (Fitzmaurice-Brown, 2022). As this article subsequently discusses, using decolonisation as an analytical tool can also shed light on underlying differences between the reviews of the child protection system conducted over the past five years. The following sections describes key features of each of those reviews.

### **The Professional Practice Group Review – The internal review**

The Oranga Tamariki Professional Practice Group Practice Review (the *internal review*) was the first to be initiated following the Hawkes Bay case, in June 2019, just days after the incident was publicised (Martin, 2019). The internal review focused specifically on the circumstances leading to the case. It was led by a business unit within Oranga Tamariki, with oversight from an independent Māori expert appointed by Ngāti Kahungunu (though the extent to which the tikanga of Ngāti Kahungunu was able to influence the process was not made

clear). The purpose of the review was to “examine the actions of Oranga Tamariki in relation to the baby’s mother prior to, and immediately following, the birth of the baby” (Ministry for Children – Oranga Tamariki, 2019, p. 57). The terms of reference outlined three objectives (Ministry for Children – Oranga Tamariki, 2019):

1. To understand what has occurred from the perspective of the mother, father, whānau, Oranga Tamariki staff, iwi and other professionals involved.
2. To identify what can be learnt from a local and national perspective.
3. To promote restorative actions to address and strengthen local relationships and ways of working.

The review found that, while there were legitimate concerns for the safety of the baby, there was an over-reliance on historical information about the whānau (family) and limited work done to understand their current circumstances (Ministry for Children – Oranga Tamariki, 2019). Key decisions were made without an understanding of the care that the parents could provide, and before engaging with the mother, whānau and key professionals. Rationales for key decisions were not recorded, and neither the strengths nor the needs of the whānau were fully explored. Alternative options for the care of the baby were not sufficiently considered, and indications that the whānau were willing to work with Oranga Tamariki were ignored. Legislation relating to parents who have previously had a child removed was incorrectly applied (Ministry for Children – Oranga Tamariki, 2019).

The report stated that work to identify whakapapa (genealogical) connections for the baby was limited, and there was a perception that the whānau were “difficult to engage with” (Ministry for Children – Oranga Tamariki, 2019, p. 7). People who held relationships of trust with the whānau were largely ignored, and the impact of trauma on the parents was not sufficiently



accounted for, including the impact of the mother's previous child being removed by the same social worker (Ministry for Children – Oranga Tamariki, 2019). Oranga Tamariki staff failed to apply relevant legislation and policy, and the basis for applying for custody orders without notice was weak (Ministry for Children – Oranga Tamariki, 2019). The report found that, at times, Oranga Tamariki deferred to other professionals on decisions which rested with them. Key accountability mechanisms were not utilised effectively, with the report finding that “there is little evidence of critical engagement with a number of aspects of the work in this case” (Ministry for Children – Oranga Tamariki, 2019, p. 11).

The internal review recommended changes at both local and system-wide levels. At a local level, the key recommendation was to “take steps to ensure that the mechanisms designed to promote safe statutory practice and to ensure a culture of accountability, reflection, challenge and transparency are operating as intended within the site involved with this whānau” (Ministry for Children – Oranga Tamariki, 2019, p. 55). This was essentially a statement that the system was not broken, but was not operating effectively in this case. At a system level, recommendations included increased oversight of applications for without-notice custody orders, clarifying legislation, providing additional professional training and directing more resources to FGCs. New professional tools were recommended, and it was suggested that there could be greater alignment between operational policies and practice guidance, particularly relating to the agency's Te Tiriti obligations and to care permanency settings. Finally, work was recommended to “identify how best to articulate child-centred practice in the context of whānau” (Ministry for Children – Oranga Tamariki, 2019, p. 12).

Each of these suggested changes involved modifications to existing processes, with recommendations mostly endorsing

current system settings. The deeper causes of deficiencies were largely ignored. The tension, for example, between child-centred and whānau-centred practice was framed as a failure to articulate how these two imperatives could sit together, rather than whether they were compatible at all.

### **Ko Te Wā Whakawhiti, it's time for change – The Whānau Ora Review**

The Whānau Ora review, released in February 2020, went further in its conclusions. Led by a team of predominantly Māori researchers, the terms of reference for the review said it was being launched because of continued inaction by the state to respond to inter-generational harm towards whānau Māori, including the forced removal of children. The review was stark in its eventual findings, concluding that the child protection system “simply does not work for any of the stakeholders involved” (Whānau Ora Commissioning Agency, 2020, p. 67).

The Whānau Ora report described the historic hostility towards Māori whānau groupings, stating that “attitudes towards the care of Māori children and whānau were deeply entwined with colonial criticisms of Māori socio-economic structures” (Whānau Ora Commissioning Agency, 2020, p. 23). The gradual decline of tikanga Māori in relation to whānau was described as a result of both urbanisation and government policy throughout the 20th century. There was little acknowledgment during that time, the report stated, that tamariki Māori might have unique cultural needs. Removing children from their families “became the commonly accepted response to cases of abuse and neglect” (Whānau Ora Commissioning Agency, 2020, p. 31). The report described how sufficient resources were never provided during attempts to rectify these issues in the late 1980s. While the more whānau-centred reforms of that period were positive, they were never properly funded, and the families who were expected to take on additional responsibilities as a result of

the reforms were also those most vulnerable to the wide-sweeping welfare changes which followed shortly afterwards, in the early 1990s (Whānau Ora Commissioning Agency, 2020).

The report highlighted how funding decisions continued to be tightly controlled in the 30 years since the Children, Young Persons and Their Families Act 1989 was passed. It discussed the concerns of Māori social workers during this time who, for example, criticised the lack of consideration for tikanga in statutory child protection processes. It highlighted how multiple reviews of child protection policy failed to address underlying issues, taking particular aim at the White Paper of 2012 (Ministry of Social Development, 2012), which was said to be “notable for its determined rejection of an analysis of the social determinants of child abuse” (Whānau Ora Commissioning Agency, 2020, p. 36). It drew a distinction between approaches which prioritise whānau support and the emphasis on child-centredness in the Expert Panel report (2015). This clash, between whānau support and child-centredness, was said to be central to many of the problems plaguing the system.

The trauma, not just for individuals but spanning across generations, of having a child taken away by Oranga Tamariki was said to be the most common insight that emerged throughout the inquiry. The report spoke of whānau living in fear of being reported to Oranga Tamariki, and their worry about “having a record” with any government agency, which many of them felt powerless to address (Whānau Ora Commissioning Agency, 2020, p. 49). Whānau said that the methods used by Oranga Tamariki were unwarranted, and many spoke about a perception that it was “virtually impossible” (Whānau Ora Commissioning Agency, 2020, p. 56) to have children returned once they had been removed. The report said that many people shared stories of Oranga Tamariki social workers who had no knowledge of, and very

little empathy for, whānau Māori (Whānau Ora Commissioning Agency, 2020).

The report made recommendations under three headings: *tino rangatiratanga*, *wrap-around support* and *connecting to who we are*. The emphasis on *tino rangatiratanga* (Māori self-determination) reflected “a clear and unambiguous message from whānau for “by Māori, for Māori, with Māori’ services and solutions” (Whānau Ora Commissioning Agency, 2020, p. 62). Wrap-around support included support with housing, financial and legal issues, mental health, trauma counselling, alcohol and drug issues, parenting, literacy and numeracy supports. “Connecting back to who we are” involved connection with whakapapa and tikanga Māori. The report stated that hapū and iwi could play a pivotal role “as repositories of cultural knowledge” in reconnecting whānau (Whānau Ora Commissioning Agency, 2020, p. 64). It also highlighted three action points for immediate change: directing resources towards whānau support, undertaking a more comprehensive review of Oranga Tamariki systems and practices, and establishing a “by Māori, for Māori, with Māori” funding authority.

### **He Take Kōhukihuki: A matter of urgency – The Chief Ombudsman’s review**

A report by the Chief Ombudsman in August 2020 approached the issue from a more technical perspective. The Ombudsman’s review looked at the issue of urgent custody orders (known as section 78 orders) awarded by the court without giving notice to a child’s parent or parents (Boshier, 2020). Analysis was conducted of 74 cases between 2017 and 2019 involving newborn babies, with the review finding that in all 74 cases, every section 78 order was applied for without notice being given to the parents. Over the same period, 94% of all section 78 orders (i.e., not just those relating to newborns) were granted on the basis of a without-notice application (Boshier, 2020). Far from being an

exceptional occurrence, applying for section 78 orders without giving notice to whānau had become routine.

The Ombudsman concluded that while legislation, policy and practice was generally sound, there were nevertheless significant gaps, the biggest of which was a lack of guidance on section 78 orders without notice (Boshier, 2020). This was criticised as “a serious failing in the context of the ministry’s routine reliance on such applications as a way to establish safety for pēpi [Māori babies]” (Boshier, 2020, p. 18). A strong theme of the review was inconsistency. While Oranga Tamariki was generally found to have sufficient tools, those tools were not applied consistently, with (for example) Oranga Tamariki failing in its legal obligation to facilitate family-centred decision-making mechanisms in over half of the cases examined. Staff were found to be hesitant towards new ways of working and frequently failed to take clear opportunities to plan and act early with whānau when concerns were raised during pregnancy. In 77% of the cases reviewed, the ministry was aware of the mother’s pregnancy and the related concerns more than 60 working days before the birth of the child. Without-notice orders were nevertheless applied for in every case (Boshier, 2020).

The report found Oranga Tamariki frequently failed to comply with its obligations regarding decision-making oversight. A total of 77% of case files contained no evidence of consultation between social workers and solicitors, 64% did not include the required meetings with professionals, and half contained inadequate notes (Boshier, 2020). Where good planning did occur, it was often the result of individual efforts rather than systemic support. The Ombudsman made a range of recommendations intended to address these issues. He said that while a number of systemic issues were identified, he was encouraged by “some evidence of good practice” (Boshier, 2020, p. 11). His report noted that the ministry had a number

of tools and mechanisms which broadly reflected the principles of the relevant legislation, which could support best practice if operationalised. In short, the system was not beyond saving.

### **Te Kuku o Te Manawa – The Children’s Commissioner’s Review**

The Children’s Commissioner’s review had two parts, released in June and November 2020. Part One focused on Māori families who had experienced having a baby removed, or whose baby had been at risk of removal, while Part Two included whānau, midwives, community workers and Oranga Tamariki staff. The inquiry adopted a research design “informed by kaupapa Māori” (Office of the Children’s Commissioner, 2020a, p. 18), with participants interviewed by Māori interviewers and recruited through Māori organisations. One question drove the review: “What needs to change to enable pēpi Māori aged 0-3 months to remain in the care of their whānau in situations where Oranga Tamariki is notified of care and protection concerns?” (Office of the Children’s Commissioner, 2020a, p. 14).

#### ***Te Kuku o Te Manawa Part One***

Te Kuku o Te Manawa Part One identified five key themes:

1. I am a mum first.
2. The system is harmful.
3. Statutory social workers have all the power and control.
4. The statutory care and protection system and other agencies have hurt my whānau.
5. We need good support.

From those themes, six areas of change were identified. The first was that the system needs to recognise the role of mums as te whare tangata (the house of humanity) and treat them and their pēpi (babies) humanely. Whānau stated that they were not treated

with empathy and did not know about their rights, or felt their rights were not respected. The second key area for change was that unprofessional social work practice is harming mums, whānau and pēpi. Some of the experiences mothers recalled were horrific—one spoke, for example, about being forced by a social worker to have an abortion (Office of the Children’s Commissioner, 2020a, p. 53). They also spoke about feeling like they were under constant surveillance once they came to the attention of Oranga Tamariki. The third area for change was that whānau need the right support from the right people, upholding tikanga Māori and considering the long-term wellbeing of whānau, hapū and iwi (Office of the Children’s Commissioner, 2020a).

The fourth area for change related to racism and discrimination. There was a strong feeling among participants that having a certain name changed the way they were treated by Oranga Tamariki. The fifth area identified was that the organisational culture of the child-protection system needed to support parents and whānau to nurture and care for their pēpi. Mums and whānau felt like they were excluded from the lives of their children when those children were removed, in direct contradiction with relevant legislation. Some mums described feeling like they had been pushed to breaking point so that social workers had a rationale for removing their children. The sixth area for change was that the system needed to work in partnership with Māori so that they may exercise tino rangatiratanga. Aside from reflecting Te Tiriti o Waitangi, this was because whānau did not trust the current system.

### ***Te Kuku o Te Manawa Part Two***

In his foreword to part two, the Children’s Commissioner stated, “it is unlikely that Oranga Tamariki, or any other iteration of it, can deliver care and protection interventions and services in a way that will be most effective for tamariki and

whānau Māori” (Office of the Children’s Commissioner, 2020b, p. 6). The final conclusion of the second report was that “To keep pēpi in the care of their whānau, Māori must be recognised as best placed to care for their own: this involves by Māori, for Māori approaches that are enabled by the transfer of power and resources from government to Māori” (Office of the Children’s Commissioner, 2020b, p. 13). To achieve that, a new vision would be required: “that tino rangatiratanga is guaranteed and realised through Te Tiriti o Waitangi, so that all whānau Māori can achieve their own moemoeā [vision] for their pēpi, tamariki and rangatahi” (Office of the Children’s Commissioner, 2020b, p. 104). Four recommendations for change were made:

1. That the Government (Prime Minister and Cabinet) commit to transferring power and resources, from Government, to enable *by Māori, for Māori* approaches that keep pēpi Māori in the care of their whānau.
2. That Oranga Tamariki immediately act to stop harm from occurring and improve the experience for pēpi Māori and whānau in the current care and protection system through urgent changes to social work policy and practice.
3. That Oranga Tamariki change the contracting process and increase funding and support to iwi and Māori organisations to deliver better services now, and to support and resource a transition pathway to *by Māori, for Māori* approaches.
4. That the Minister for Children and Oranga Tamariki leadership act to improve the legislation and mechanisms in the current system to better work with Māori, both in the short and longer-term.

The report described what an approach to care and protection based on mātauranga Māori (Māori knowledge) might look like, emphasising three concepts—whānau, whakapapa and whanaungatanga. Māori



wellbeing models were highlighted, such as Mason Durie's (1998) *Te Whare Tapa Wha* and Rangimarie Pere's (1988) *Te Wheke* model, and existing Māori solutions to similar issues, such as Te Kohanga Reo and Whānau Ora, were provided as blueprints for the necessary changes (Office of the Children's Commissioner, 2020b).

Suggested short-term changes included having Family Group Conferences (FGCs) run independently, basing all assessments on up-to-date information, stopping hospital-based removals of babies and stopping without-notice removals of babies. To achieve this, social worker caseloads needed reducing, Oranga Tamariki recruitment and supervision processes needed improving, and ongoing training programmes needed to be developed (Office of the Children's Commissioner, 2020b, p. 86). The report also recommended changes to the Oranga Tamariki Act 1989, such as simplifying the Act's principles, incorporating Te Tiriti o Waitangi, and offering a pathway for the transfer of power and resources to Māori (Office of the Children's Commissioner, 2020b). Overall, the report found Māori were not well served by current systems, with colonisation continuing to have an impact. Further incremental change would not deliver the required shifts (Office of the Children's Commissioner, 2020b).

### **He Pāharakeke, He Rito Whāruarau – The Waitangi Tribunal inquiry**

An inquiry by the Waitangi Tribunal, a standing commission of inquiry empowered to investigate alleged breaches of Te Tiriti o Waitangi, was released in April 2021. The Waitangi Tribunal inquiry was based on three key questions (Waitangi Tribunal, 2021):

1. Why has there been such a significant and consistent disparity between the number of tamariki Māori and non-Māori children being taken into state care under the auspices of Oranga Tamariki and its predecessors?

2. To what extent will the legislative, policy and practice changes introduced since 2017, and currently being implemented, change this disparity for the better?
3. What (if any) additional changes to Crown legislation, policy or practice might be required in order to secure outcomes consistent with Te Tiriti/The Treaty and its principles?

The Tribunal's report focused first on the key Tiriti/Treaty principles at stake, starting with the guarantee of tino rangatiratanga over kainga (homes/villages) in Article 2. The Tribunal stated that both tamariki and whānau were crucial aspects of kainga, and therefore the subject of Article 2. The following passage is quoted in full due to the impact it would have on the rest of the Tribunal's analysis (Waitangi Tribunal, 2021, p. 12):

The disparity has arisen and persists in part due to the effects of alienation and dispossession, but also because of a failure by the Crown to honour the guarantee to Māori of the right of cultural continuity embodied in the guarantee of tino rangatiratanga over their kainga. It is more than just a failure to honour or uphold, it is a breach born of hostility to the promise itself. Since the 1850s, Crown policy has been dominated by efforts to assimilate Māori to the Pākehā way. This is perhaps the most fundamental and pervasive breach of Te Tiriti/The Treaty and its principles.

The Tribunal based their analysis on five additional Tiriti/Treaty principles: partnership, active protection, equity, options, and redress. Regarding partnership, the Tribunal reiterated that Māori have the right to choose how they organise themselves, "and how or through what organisation they express their tino rangatiratanga. This requires the Crown to be willing to work through the structures Māori prefer, whether through iwi, hapū and



whānau or any other organisation” (Waitangi Tribunal, 2021, p. 18). Active protection, the Tribunal stated, “requires the Crown to focus specific attention on inequities experienced by Māori and, if need be, provide additional resources to address the causes of those inequities” (Waitangi Tribunal, 2021, p. 19).

The principle of equity was used to illustrate that the goal should be that tamariki Māori do not enter into state care at all, not that they enter at an equivalent rate to non-Māori. The Tribunal said, “consistency with Te Tiriti/the Treaty and its principles will not be achieved simply by reducing disparities to a point where the number of tamariki Māori in State care is proportionate to the number of Māori in the wider New Zealand population” (Waitangi Tribunal, 2021, p. 22). The principle of options requires not only the availability of a range of services, but also the need to ensure they are resourced. The Tribunal noted that this principle “will require the Crown to constructively engage with those currently engaged in the provision of services to Māori whānau and with those seeking to build and restore the strength of whānau” (Waitangi Tribunal, 2021, p. 23). Finally, the Tribunal discussed the principle of redress, reiterating that where principles of Te Tiriti/The Treaty are breached, the Crown must provide redress. They stated that “the case for substantial redress is obvious” (Waitangi Tribunal, 2021, p. 25).

Discussing the impacts of colonisation, the Tribunal stated that “the disparity cannot be considered simply the result of conditions ‘external’ to Oranga Tamariki and its predecessors” (Waitangi Tribunal, 2021, p. 96). While partly a legacy of colonisation, it was also due to the Crown’s failure to honour its guarantee of tino rangatiratanga over kainga. They said that this assurance “is nothing less than a guarantee of the right of Māori to continue to organise and live as Māori. From this guarantee flows the fundamental right of Māori to care for and raise the next generation” (Waitangi Tribunal, 2021, p. 96).

The Tribunal then criticised several specific aspects of the child-protection system, including the notify-investigate model of practice, a lack of cultural competence among staff, variable social work practice and insufficient monitoring.

The second part of the report focused on whether changes introduced since 2017 would be sufficient to address the breaches of Te Tiriti/The Treaty identified. One Crown argument throughout the hearings was that recent reforms would reverse systemic inequalities for Māori. The Crown pointed to a recently introduced vision statement: “Our vision for tamariki Māori, supported by our partners, is that no tamaiti Māori will need state care” (Waitangi Tribunal, 2021, p. 151). The Tribunal said that “while we endorse that vision statement as consistent with Te Tiriti/The Treaty and its principles, we are not convinced that the legislative and policy changes introduced in 2017 will be sufficient to realise it” (Waitangi Tribunal, 2021, p. 151).

The Tribunal noted that a key feature of the current system is that those tasked with deciding what is in the best interests of Māori children are typically not Māori themselves. They criticised the individualistic nature of key aspects of the legislation, highlighting a tension between the child-centric provisions of the law and a more collective Māori worldview. Attempts at reform previously were noted as “slow, partial, [and] vulnerable to political currents of the day” (Waitangi Tribunal, 2021, p. 154). As a result, the Tribunal concluded that “any attempts to reform the philosophy and operations of Oranga Tamariki within existing parameters will not succeed” (Waitangi Tribunal, 2021, p. 155).

As to what more might be necessary, the Tribunal’s overarching recommendation was the establishment of a “Māori Transition Authority” for child protection. The Tribunal said “it is clear to us that Māori must lead and direct the transformation now required.

This is because the essential long-term solution lies in strengthening and restoring whanaungatanga” (Waitangi Tribunal, 2021, p. 178). Bold change was required because “piecemeal reform of Oranga Tamariki, no matter how well designed, will ultimately fail another generation of children” (Waitangi Tribunal, 2021, p. 179).

The Tribunal gave two caveats in their recommendation for wide-sweeping change. The first was that, while they endorsed a “by Māori, for Māori” approach, they did not support calls for the complete abolition of Oranga Tamariki. The Tribunal were sympathetic to claimants making these calls, but worried about the lack of capacity to replace the current system immediately. They were also wary of replacing one bureaucracy with another. “It seems to us, at least for the time being, some Māori communities may need access to specialist services that Oranga Tamariki or Crown agencies can provide” (Waitangi Tribunal, 2021, p. 182). A Māori Transition Authority, which could balance the need for transformation with the need for immediate support from the Crown, was designed to bridge the gap between the short-term and longer-term changes required (Waitangi Tribunal, 2021).

### **Hipokingia ki te Kahu Aroha – The Ministerial Advisory Board Report**

The final report was that of the Oranga Tamariki Ministerial Advisory Board (the Board), which was established to provide advice on Oranga Tamariki from a Māori perspective. While their initial report was written three months after the release of the Waitangi Tribunal report, it made only a cursory mention of that inquiry, and no mention of the recommendation to establish a Māori Transition Authority. It is unclear why such little attention was given to that report.

The Board were asked to report on how Oranga Tamariki was progressing in its relationships with families, whānau, hapū,

iwi and Māori, its professional social work practices and its organisational culture (Oranga Tamariki Ministerial Advisory Board, 2021). The Board noted that Oranga Tamariki (and its predecessors) has tended to default to reactive processes to address immediate concerns, which over time has blurred its responsibilities. They stated that the Crown has assumed the lead role in supporting tamariki and whānau without knowing how to be effective in this, and, as a result, has undermined the role of communities, particularly hapū and iwi, in developing their own solutions (Oranga Tamariki Ministerial Advisory Board, 2021). Their report made three recommendations:

1. That in order to lead prevention of harm to tamariki and their whānau, collective Māori and community responsibility and authority must be strengthened and restored.
2. That in order to work collaboratively with Māori, community organisations and other government agencies, the purpose of Oranga Tamariki must be clarified.
3. That a national Oranga Tamariki Governance Board should be established to oversee the diversity and depth of changes needed.

The Board argued for an increase in prevention services, stating that over time many of these services could be provided by Māori. They noted that while the Oranga Tamariki Act 1989 provided a platform for partnerships with Māori, the lack of a co-ordinated Māori partnerships strategy was limiting the agency’s effectiveness. There was also a strong focus on improving social work practice. The Board also said the purpose of Oranga Tamariki needed to be clarified, recommending a restrengthening of the influence of social work, especially at national office (Oranga Tamariki Ministerial Advisory Board, 2021, p. 32). They described a lack of clarity on whether recently reduced caseloads genuinely reflected an increased workforce capacity, and described the need

for a return to the original intention of FGCs, noting they were no longer perceived as whānau-led.

The Board noted that “the Oranga Tamariki system continues to allow poor and even damaging behaviour and practice by some Oranga Tamariki employees” (Oranga Tamariki Ministerial Advisory Board, 2021, p. 43), proposing a new governance entity to monitor and address those issues. The Board also stated that the place of Oranga Tamariki within the broader government system needed to be clarified. Overall, however, it was felt that these changes could be made within existing structures. In contrast to the conclusions of some of the earlier reports, the Board concluded that “Oranga Tamariki remains necessary, [and] accordingly, transformation within Oranga Tamariki is equally necessary” (Oranga Tamariki Ministerial Advisory Board, 2021, p. 11).

### **What are the common themes, and where do the reports differ?**

One issue which all six reports agreed on was the need for wider support for whānau before they come to the attention of Oranga Tamariki. The need for that support was framed differently in different documents, but across the reports there was relative consensus that whānau who come to the notice of Oranga Tamariki are almost always in need of assistance in ways that are beyond the powers of the agency currently. This matters because it is important that advocates for reform, even those who favour more radical shifts, do not lose sight of the fact that there are important changes which can be made immediately. The fact that all six reports raised common areas of concern is important, as it makes it clear that there are obvious areas of change which the state must commit to addressing immediately.

The reports differed, however, on several other issues. The current legislative and policy framework was addressed very differently, with the six reviews diverging

on whether that framework required fundamental change. The internal report, Ombudsman’s report and Advisory Board report suggested that current legislation and policy is not fundamentally broken, but staff lack the support to apply it consistently. The Children’s Commissioner’s report and the Waitangi Tribunal report suggested more fundamental change was needed.

The reports also differed on the impact of a child-centred policy orientation. All six reports mentioned the failure of Oranga Tamariki to engage with whānau effectively, but the Waitangi Tribunal report, for example, went further, suggesting that a reversion to a child rescue model of practice was responsible for many of the issues faced by whānau in contact with the system today. All six reports discussed social work practice, but there was no consensus on the extent and impact of practice issues. The emphasis within the Board’s report on reform-from-within implied an acceptance that improving the current system was the best way to address practice issues, but the Children’s Commissioner expressly stated the opposite, labelling current practice as often being unprofessional and inhumane.

Understanding this difference of approach is important because we should not be satisfied with claims of reform if more fundamental changes are required. As noted earlier in this article, multiple authors have highlighted the need to focus on underlying structural factors driving negative child protection outcomes, whether those be socioeconomic inequalities (Keddell et al., 2019), issues of bias (Keddell, 2022), or longer-term challenges such as neoliberalism (Hyslop, 2022) and colonisation (Fitzmaurice-Brown, 2022). The case for a structural approach to reform is clear, with the common theme among these critiques being that a failure to do so will mean that underlying issues are ignored, or even made worse. In my view, the split between the reports reflects a split in the extent to which this reality has been grappled with. The Children’s

Commissioner, Waitangi Tribunal and Whānau Ora agencies explicitly recognised this, while the internal report, Ombudsman's report and Advisory Board left broader issues largely unexamined.

The problem with the latter approach is that where underlying issues exist then claims to reform may not only be inadequate, they may also make the problem worse by sustaining the systems which cause the harms in the first place. To illustrate this dynamic, it may be useful to draw on examples from other contexts. Prison abolitionists, for example, have argued that claims to reform are a major part of what keeps prisons in place, with the discussion of their problems often leading to debate centred exclusively around reform rather than more fundamental changes (A. Y. Davis, 2003). As Davis (2003, p. 20) has described, "frameworks that rely exclusively on reform help to produce the stultifying idea that nothing lies beyond the prison."

More recently, similar questions have been asked in international jurisdictions about child-protection systems (or *family policing* systems, to use the term preferred by abolitionists) (Roberts, 2021). As Roberts (2021, p. 460) described, "trying to reform the system can strengthen it." She argued that those with an interest in transforming child-protection systems have much to learn from prison abolitionists, who have demonstrated that "reforms that correct problems perceived as aberrational flaws ... only help to legitimise and strengthen carceral systems" (Roberts, 2021, p. 463). Dettlaff and Boyd (2020, p. 257) argued that, in child-protection systems, "the elimination of racial disproportionality and disparities, and the harm they cause, will only be achieved when the forcible separation of children from their parents is no longer viewed as an acceptable form of intervention for families in need." Radical transformation, not incremental reform, is the goal of these approaches. Notably, this is not just about tearing down old systems, but also building

new ones, as "an essential aspect of prison abolitionist theory is that eliminating prisons must occur alongside creating a society that has no need for them" (Roberts, 2021, p. 464). While opinions will vary on the extent to which these approaches directly apply to the Aotearoa New Zealand context, this latter sentiment should surely resonate.

Returning to the Oranga Tamariki reports, the ultimate solution to the challenges presented differed sharply. The internal review, the Chief Ombudsman report and the Board report all stated that the problems they identified would be best addressed through changes to the current system. The Whānau Ora report, the Children's Commissioner and the Waitangi Tribunal, on the other hand, all said that efforts to address such deep-rooted problems within the confines of the current system would inevitably lead to failure. They stated that only "by Māori, for Māori" solutions could truly address the underlying issues, and that those solutions (at least in the long term) could only be found outside the current state-run system. That was the only way in which Te Tiriti could be upheld and tino rangatiratanga achieved. Acknowledging the challenge of balancing this long-term vision with the need for short-term change, the Waitangi Tribunal proposed the creation of a Māori Transitional Authority to pave the way for a system grounded in tino rangatiratanga.

### **What happens next, and who gets to decide?**

The elephant in the room here remains the question of state power. This is not a case of two groups coming together and debating an issue on equal terms; the state retains the power to decide what happens next. This was demonstrated once the six reports had been released. In a 2021 Cabinet paper outlining proposed next steps, the Minister for Children rejected the recommendation from the Waitangi Tribunal to create a Māori Transition Authority (K. Davis, 2021). He accepted the preference of the Board for reform from within, stating that this would still be in line



with many of the recommendations of the Tribunal. Rather than accepting the Tribunal's central recommendation, he stated a desire "to act quickly to address the known issues in the care and protection system and increase our focus on prevention" (K. Davis, 2021, p. 9). At the same time as rejecting the Tribunal's central recommendation, the Cabinet paper stated the Minister's proposals were in line with "the principles and the articles of the Treaty" (K. Davis, 2021, p. 11). It was said the proposals would enhance rangatiratanga, as "the actions in this paper seek to enable Māori to have more ownership of the care and protection system" (K. Davis, 2021, p. 11). The Minister's comments, in which he directly contradicts the Waitangi Tribunal, but nevertheless states that his proposals comply with Te Tiriti / The Treaty, are a reminder of the Crown's ultimate authority here.

The exercise of that authority illustrates a broader question about whether Māori interests can ever be served within current state structures. The reports discussed in this article are ostensibly about child protection, but they are also about rangatiratanga, decolonisation and constitutional transformation. Many of the reports are silent on broader questions such as the role of Te Tiriti o Waitangi, the authority of Māori communities to care for our own, and the place of tikanga as it relates to Māori children and families. Debates about child protection must take note of these contexts, because beneath the question of "What do children and whānau need?" lies the question of "Who gets to decide what children and whānau need?" That is not just a policy question, it is a constitutional one. In my view, a focus on decolonisation is one way to address these issues, as this emphasises the need for a long-term shift of power to Māori from the Crown (Fitzmaurice-Brown, 2022).

There are lessons to be learned from international contexts. The abolitionist perspective referred to earlier may be one such example, but questions relating to Indigenous self-determination and child

protection are also being asked closer to home. In Australia, for example, debate continues over whether recent legislative changes enabling delegation of certain child-protection functions to Aboriginal-Controlled Community Organisations will truly be enough to advance Indigenous self-determination—if such delegations still occur within an overarching Western legal and policy framework (Krakouer, 2023). This strongly resembles similar debates in Aotearoa New Zealand. This is not to suggest that lessons from abroad can automatically be transplanted into our own context, but the experiences and insights from advocates overseas, especially Indigenous ones, could help strengthen the case for more structural and transformative approaches back home.

The areas of consensus within the Oranga Tamariki reports suggest we should know where to start with the question of what to do. Wraparound support for whānau who come to the attention of Oranga Tamariki, for example, is a clear area in which even those who disagree about underlying approaches nevertheless agree on what would help in the short term. The areas of disagreement within the reports, however, and the Crown's subsequent response, suggest the broader question of "Who gets to decide" remains unresolved. There is a clear need to take a more structural approach to child-protection reform, interrogating the underlying causes of poor outcomes rather than assuming those outcomes can be improved within current policy paradigms. The differences between the six recent reports provide a stark example of how the assumptions underpinning reviews of the child-protection system can lead to significantly different conclusions. Sooner or later, these questions will be asked again, further reviews will be conducted, and the child-protection system will again be put under the spotlight. Whether through decolonisation, abolition or through other analytical approaches, it is imperative that those undertaking future reviews grapple with these problems as structural issues. For



as long as they do not, the problems which have plagued the child-protection system for decades are likely to remain in place.

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### References

- Aroturuki Tamariki: Independent Children's Monitor. (2023). *Experiences of care in Aotearoa: Agency compliance with the National Care Standards and Related Matters Regulations*. New Zealand Government.
- Boshier, P. (2020). *He Take Kōhukihuki | A matter of urgency*. The Office of the Ombudsman.
- Davis, A. Y. (2003). *Are prisons obsolete?* Seven Stories Press.
- Davis, K. (2021). Direction for Oranga Tamariki August 2021. Office of the Minister for Children. <https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Information-releases/Cabinet-papers/OT-Ministerial-Advisory-Board/Direction-for-Oranga-Tamariki-August-2021.pdf>
- Dettlaff, A., & Boyd, R. (2020) Racial disproportionality and disparities in the child welfare system: Why do they exist, and what can be done to address them? *Annals of the American Academy of Political Science*, 692(1), 253–274.
- Durie, M. (1998). *Te mana, te kāwanatanga: The politics of Māori self-determination*. Oxford University Press.
- Durie, M. (2001). *Mauri ora: The dynamics of Maori health*. Oxford University Press.
- Elkington, B., Jackson, M., Kiddle, R., Mercier, O. R., Ross, M., Smeaton, J., & Thomas, A. (2020). *Imagining decolonisation*. Bridget Williams Books.
- Expert Panel. (2015). *Expert Panel Final Report: Investing in New Zealand's children and their families*. Ministry of Social Development.
- Fitzmaurice-Brown, L. (2022). Te Rito o Te Harakeke: Decolonising child protection law in Aotearoa New Zealand. *Victoria University of Wellington Law Review*, 53(4), 507–542.
- Gilbert, N., Parton, N., & Skivenes, M. (2011). *Child protection systems: International trends and orientations*. Oxford University Press.
- Hyslop, I. (2022). *A political history of child protection: Lessons for reform from Aotearoa New Zealand*. Bristol University Press.
- Keddell, E. (2017). Comparing risk-averse and risk-friendly practitioners in child welfare decision-making: A mixed methods study. *Journal of Social Work Practice*, 33(4), 411–429.
- Keddell, E. (2022). Mechanisms of inequality: The impact of instrumental biases in the child protection system. *Societies*, 12(83), 1–19.
- Keddell, E., Davie, G., & Barson, D. (2019). Child protection inequalities in Aotearoa New Zealand: Social gradient and the “inverse intervention law”. *Children and Youth Services Review*(104), 1–8.
- Keddell, E., Fitzmaurice, L., Cleaver, K., & Exeter, D. (2022). A fight for legitimacy: Reflections on child protection reform, the reduction of baby removals, and child protection decision-making in Aotearoa New Zealand. *Kotuitui: New Zealand Journal of Social Sciences Online*, 17(3), 378-404. <https://doi.org/10.1080/1177083X.2021.2012490>
- Kemp, S.P., Te Urukaiata Mackay, H., Egan-Bitran, M., King, P.T., Smith, A., Valente, S., West, C., Ulrich, T., Quor, Z., Prapaiporn Thonrithi, P., Phillips, K., Phillips, C., Heron, I., Bekele, S., & Baldwin, S. (2022). Kia Tika, Kia Pono – Honouring truths: Ensuring the participatory rights of tamariki and rangatahi who are care experienced. *Journal of the Royal Society of New Zealand*, 1–15.
- Krakouer, J. (2023, July 7). *Towards systemic transformation: Shifting thinking on First Nations self-determination in child protection*. Webinar presentation at UniSA Justice & Society.
- Martin, T. (2019, June 18). Oranga Tamariki Review. <https://www.beehive.govt.nz/release/oranga-tamariki-review>
- Ministry for Children – Oranga Tamariki. (2019). *Professional Practice Group Review into the Hawkes Bay Case*. <https://www.orangatamariki.govt.nz/about-us/news/hawkes-bay-practice-review/>
- Ministry of Social Development. (2012). *White Paper for Vulnerable Children*. <https://orangatamariki.govt.nz/assets/Uploads/Support-for-families/childrens-teams/white-paper-for-vulnerable-children-volume-1.pdf>
- Office of the Children's Commissioner. (2020a). *Te Kuku O Te Manawa – Ka puta te riri, ka momori te ngākau, ka heke ngā roimata mo tōku pēpi*. <https://www.manamokopuna.org.nz/publications/reports/te-kuku-o-te-manawa/>
- Office of the Children's Commissioner. (2020b). *Te Kuku O Te Manawa – Moe ararā! Haumanutia ngā moemoeā a ngā tūpuna mō te oranga o ngā tamariki*. <https://www.manamokopuna.org.nz/publications/reports/tktm-report-2/>
- Oranga Tamariki Ministerial Advisory Board. (2021). *Hipokingia ki te kahu aroha, hipokingia ki te katoa: The initial report of the Oranga Tamariki Ministerial Advisory Board*. <https://www.beehive.govt.nz/sites/default/files/2021-09/SWRB082-OT-Report-FA-ENG-WEB.PDF>
- Pere, R. (1988). Te Wheke. In S. Middleton (Ed.), *Women and education in Aotearoa* (pp.6–19). Allen & Unwin.
- Pugh, M., Bowden, N., Kokaua, J., Dawson, P., & Duncanson, M. (2023). Health outcomes of children in state care in Aotearoa New Zealand. *Journal of Paediatrics and Child Health*, 1–20.
- Roberts, D. E. (2021). *How I became a family policing abolitionist*. *Colombia Journal of Race and Law* (11), 455–469.
- Waitangi Tribunal. (2021). *He Pāharakeke, he Rito Whakakikinga Whāruarua: Oranga Tamariki Urgent Inquiry (WAI 2915)*. Waitangi Tribunal.
- Walker, R. (2004). *Ka whawhai tonu matou: Struggle without end*. Penguin Publishers.
- Whānau Ora Commissioning Agency. (2020). *Ko te wā whakawhiti: It's time for change – a Māori inquiry into Oranga Tamariki*. <https://whanauora.nz/publications/ko-te-wa-whakawhiti>

# Nurturing the political agency of young people in Aotearoa New Zealand

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## ABSTRACT

**INTRODUCTION:** Young people's voices are often coloured by past experiences with significant others in their lives, such as parents, friends, peers, and teachers. These experiences can have long-lasting effects on their beliefs about their capabilities, place, value, and identity in society. This qualitative-exploratory research explored the development of young people's political agency through social and political activism to provide further understanding around how and why young people politically engage to better nurture their political agency.

**METHOD:** A small, qualitative-exploratory Master's research project explored young peoples' experiences of political participation and how these affected their political agency. Data were collected through in-depth interviews with six politically active young people and analysed thematically to identify four key themes.

**FINDINGS:** The research found that young people's understandings of the political world were inconsistent with widespread beliefs about their ability to contribute. The participants in this study were actively engaged in activities within broad civic and political contexts around issues of significance to them. The research also found that social contexts, access to political experiences, and connection to social and political issues were critical in nurturing their political agency.

**CONCLUSION:** The findings suggest formal political institutions frame young people's participation differently. They also advocate a cultural shift in civic and political settings to consistently provide genuine space for young people's active participation.

**KEYWORDS:** Political participation; political agency; social and political activism; young people.

Support for young people's active participation in political arenas is often hindered by the adult-led political world, pre-existing discourses of their apathy and disengagement from formal politics, and views of their developmental capabilities (Breeze et al., 2017; Phillips et al., 2019). This context shapes the experiences of young people in social and political activism, regulating their participatory rights and overlooking their contributions in wider contexts. Today, young people are

embracing new ways of communicating and expressing their agency through digital technology and global movements that are relevant to their everyday lives. In Aotearoa New Zealand, the role of social media in youth political socialisation can be seen through young people's engagement in protest for global climate change concerns and the Black Lives Matter movement (Nissen, 2019). These new ways of engaging challenge traditional understandings of political participation.

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An individual's perception of their ability to influence political processes and government decisions is important for nurturing political agency (Beaumont, 2011). Political agency is not just about the individual, but concern the sociocultural and political settings that surround them, and it is these contexts that have the power to shape conditions for change (Allen, 2011). As the social construction of young people's political identity influences their understandings of their participatory rights in political settings, the way that adult-led civic and political contexts engage with, and involve, youth is crucial for them to feel that their voices matter in the political world. Discriminatory lines of exclusion such as adult-only powers in decision-making processes in these contexts decreases their beliefs that society is fair and government institutions trustworthy (Flanagan, 2013). This includes tokenistic attempts to involve young people and the use of divisive political policies and tools—for example, age restrictions, and youth roles in organisations where there are no genuine outcomes. Research highlights that it is important that participatory opportunities for young people are genuine and meaningful for them to feel heard and that their contributions matter in political decision making (Barbar, 2009; Beaumont, 2011; Boulianne, 2019; Finlay, 2010; Sotkasiira et al., 2010).

This research involved face-to-face, semi-structured interviews which were thematically analysed. It sought to explore how young people are developing their political agency through social and political activism such as volunteering for a community organisation, signing a petition or being a part of a youth group. In doing so, it offers further understanding for policymakers and people working with youth around how and why young people politically engage, and how these experiences serve as a learning platform for their growing political independence.

## Literature

The literature highlights that adult-led discourses and political structures have marginalised young people's active participation in political arenas by creating barriers to their participatory opportunities (Breeze et al., 2017; Lister, 2007; Phillips et al., 2019). Undoubtedly, age is a significant identifier in restricting full participatory rights to youth within this context (Lister, 2007). The social and political constructs that shape the context in which young people are learning to become political focus on formal political participation such as voting as a measure of their engagement (Henn & Foard, 2014; Mycock & Tonge, 2012), and do not consider the ways in which they are engaging in informal settings such as civic-minded endeavours like volunteering for a community organisation (Harris et al., 2010; Wood, 2011). These pre-existing discourses and political structures are framed by adult knowledge, beliefs, and values around traditional understandings of young people's capacity to meaningfully contribute as "full citizens" within a political community (Lister, 2007).

There has been movement in international perceptions in neo-liberal and Western societies on the rights of children and young people to be heard that are supported by a growing body of literature and research supporting youthful agency and highlighting the barriers that adult-centric understandings of citizenship, youth, and political engagement have in the political socialisation of young people (Häkli & Kallio, 2018; Lister, 2007, 2008; Phillips et al., 2019; Quintelier, 2015). However, this movement in the acceptance of youthful agency is not always reflected through genuine opportunities for young people to participate in their communities and the political world (Phillips et al., 2019). As, although their rights to express an opinion are upheld, their positioning to enact political change is still frequently defined by the parameters set and led by adults (Bowman, 2019).

It is widely documented that young people are embedded within the settings and relational interactions in their everyday lives and it is through these settings that they are learning to be political and developing their own political agency (Harris et al., 2010; Mahatmya & Lohman, 2012). These immediate contexts provide multiple factors of political socialisation and meaningful participatory experiences (Mahatmya & Lohman, 2012; Nolas et al., 2017; Quintelier, 2015) such as political talk through everyday interactions at home, in school and in their communities around social and political issues of significance to them that they can connect with through social media or classroom-based activities (Pontes et al., 2019; Seider & Graves, 2020). Broader understandings of political engagement that include these contexts offer accessible opportunities for young people to engage in social and political activism in their everyday lives (Harris et al., 2010; Henn & Foard, 2014; Mahatmya & Lohman, 2012).

Civic learning opportunities provide a key role in nurturing the political agency of young people (Mahatmya & Lohman, 2012; Wray-Lake, 2019), and therefore such opportunities among diverse groups need to be identified and socioeconomic disparities reduced (Wray-Lake, 2019). Longitudinal research has documented age-related increases in young people's political efficacy, knowledge, behaviours, and that informal political learning experiences and social relationships with significant others that build up over time provide an important mechanism for more complex political actions (Eckstein et al., 2012; Quintelier, 2015; Zaff et al., 2011). However, these political learning experiences, and opportunities to access them, are not equally distributed and vary across social and cultural groups in society (Wray-Lake, 2019). This affects the political development of marginalised groups who do not hold the power and privilege in society (Flanagan, 2013; Kahne & Madaugh, 2008). Although this marginalisation creates a barrier for

some young people, for others, experiences of inequality, such as racism, can take on greater meaning to them providing motivation to be involved in making change (Diemer & Rapa, 2016).

The role of social media in young people's political socialisation is an area of growing interest. Recent global student protest around issues of pertinence to young people such as environmental, social, and political concerns both in Aotearoa New Zealand and overseas have been facilitated through online platforms, for example, Facebook (Nissen, 2019; Valenzeula., 2014; Xenos et al., 2014). These platforms are having a globalising effect on young people by engaging them in everyday politics within their immediate contexts (Loader et al., 2014; Nissen, 2019). Embracing social media as a tool and broadening traditional adult-led understandings of political engagement to include informal political participation may reduce political inequalities and increase young people's political agency.

The research reported in this article explores young people's perspectives in Aotearoa New Zealand of their experiences in social and political activism. In doing this it aims to provide greater understanding of the context in which youth are learning to engage with and navigate the political world today to better provide them with an environment that will nurture their political agency.

## Method

Data for this article were collected as part of a Master of Arts (Social Policy) research project. The research explored the development of young people's political agency through social and political activism. It aimed to do this by:

1. Examining definitions of political agency and political participation.
2. Identifying the ways that young people in Aotearoa New Zealand are engaging through social and political activism.



3. Exploring the ways in which these experiences serve as a learning platform for increasing their political agency.

This was a qualitative-exploratory study involving face-to-face, semi-structured interviews with six young people aged between 16 to 20 years. The six participants were recruited using a purposive sampling approach. Young people who had been involved in some form of political participation, formally or informally, were asked to volunteer through an advertisement in local youth community organisations and spaces. All participants were living in a South Island urban community in Aotearoa New Zealand, of which four were residing there for tertiary studies. Although the participants were operating in a regional context and the sample size was small, the findings from this study have proximal similarity, meaning that they may be transferable across similar populations contributing to knowledge building in the area (Lietz & Zayas, 2010; Patton, 2015).

Semi-structured interviews were used to collect the data. This form of interview was chosen to ensure that the complexities of participants' individual experiences and understandings of their political experiences could be explored in depth. Open-ended interview questions were organised around key ideas to guide participants' narration of their political worlds and to enable any unexpected data to be explored in an organic way (O'Leary, 2017). Throughout the interview process, consideration was given to ensuring a supportive and inclusive environment for the participants. The interviews were conducted at times and locations convenient to the participants, and time was given to building rapport with the participants at the beginning of the interview process. Following the interviews, participants were provided with a meal voucher to thank them for their contribution to the research.

Data were also collected through a field journal (alongside the interviews) which

has been retained by the researcher in line with ethical recommendations. This was used to record observations, reflections, and any other information pertinent to the study. It was also an important reflexive tool, enabling the researcher to adopt a conscious position in managing subjectivities by making explicit their worldview to reduce its impact on the research process (O'Leary, 2017).

The interviews were transcribed by the researcher and all the participants were given the opportunity to review and correct their transcript. The data were thematically analysed. This involved a manual process of identifying, analysing, recording, and categorising patterns to provide a synthesis of the meanings from the qualitative data (O'Leary, 2017). The first stage in the analysis process involved the researcher becoming familiar with the data by reflecting on the transcribed interview dialogue alongside the field journal's written recordings. Common themes and patterns were then identified in the data using an inductive process that drew out the data from the interview questions within the context of the participants' experiences to organise and identify core themes that could be mapped and verified (Lietz & Zayas, 2010). As the research focused on the understandings of individual participants in social and political activism, this process involved the interpretation of multiple realities and a critical analysis of and management of potential power imbalances between the researcher and participants (O'Leary, 2017). Referring to the field journal through this process provided the researcher with a conscious viewpoint for continuing to manage these subjectivities and for keeping an open mind to alternative explanations from unexpected data.

The study was approved by the Massey University Human Ethics Committee (Ethical approval number—HEC 21/23). Several steps were taken in the research to authentically gather and accurately represent participants' views to ensure its



trustworthiness (Lietz & Zayas, 2010). It involved a transparent process where the participants were provided with information about the purpose of the study, what information was being sought and how it would be used. The participants were given an informed consent form to sign prior to the interview commencing, which included consent being given to the audio-recording and digital transcription of the interview. The confidentiality of the participants was maintained using pseudonyms and by anonymising all identifiable elements from the details and findings of the research.

## Findings

This research sought to understand young people's perspectives of their political experiences. There was a clear consensus from participants that political frameworks are not always genuinely engaging with young people and that they do not feel that their contributions are consistently valued. The findings consider the sociocultural and political constructions that young people's understandings of the political world are based on and the impacts of this on the context in which they are learning to navigate the political world. The key findings discussed in this article are:

- Participating young people were involved in social and political activism, formally and informally, around issues of significance to them.
- The social construction of young people's political identity is shaped by adult-led conceptualisations of their ability to meaningfully contribute to society.
- Social contexts play a critical role in the development of young people's political agency.
- Young people's cumulative political experiences in social and political activism in their immediate contexts play a critical role in nurturing their political agency.

The findings are explored in the following four sections.

## Participating young people were involved in social and political activism

The first two aims of this research were to examine definitions of *political agency* and *political participation*, and to identify the ways in which young people are participating in social and political activism within Aotearoa New Zealand. Participants' narratives of their engagement with politics reflected a wide range of diverse experiences in different settings. All participants had been involved in the climate change protests either during their time at school or as tertiary students, or both. Two participants had also been involved in Extinction Rebellion's direct action using nonviolent civil disobedience to compel government action on environmental issues in their communities. Three participants had contributed to submissions and been involved in consultation processes for local and central government issues, ranging from local council policy and planning to environmental concerns. Ethan shared his contribution to local council:

I've submitted on the [local council] 10-year plan, both through like a tech submission and in a hearing.

In addition to personally engaging face-to-face, writing submissions, and petitioning, a common vehicle for engagement used by participants was social media platforms such as Facebook groups and petitions and Instagram posting. Anna noted that many of her experiences had been:

Social media driven ... like Instagram sharing posts ... and signing petitions.

The results of this research illustrate that the participants were participating in diverse ways, and that they recognised broader contexts in their communities and educational settings as meaningful and legitimate ways of engaging. This can also be seen illustrated by Isla's understanding of political agency and participation, as being about:

Getting involved in the pressing issues that we have in society, and raising awareness about that, just like being involved in the community.

Participants unanimously agreed that political engagement did not just involve voting in the General Election but:

An engagement with process more so than just voting ... working with groups that influence the process in one way or another, volunteering for a political organisation, even just sharing political views with others, maybe social media, or something. (Peter)

These findings are consistent with contemporary understandings of political engagement which acknowledge the many ways that young people are contributing within their communities (Breeze et al., 2017; Harris et al., 2010; Mahatmya & Lohman, 2012). As research highlights, it is within these informal settings that they are learning to be political, developing increased knowledge, skills, and confidence to articulate their political ideas and develop their own political agency (Breeze et al., 2017; Harris et al., 2010; Mahatmya & Lohman, 2012).

### **The social construction of young people's political identity**

Young people's understandings of the political world and their place within it are shaped by the social and political constructs surrounding them (Allen, 2011). As adults hold the dominant political views and exercise the most power in civic and political settings, they shape the context in which young people's political agency is developing (Allen, 2011; Lister, 2007). It was evident through participants' narratives of their political experiences that they had a heightened awareness of their participatory rights in the adult-led political world.

Being like a young person, it's kind of like, can I come into this? Do I have

almost like the right to feel like I'm allowed to be in here interacting with these people who have probably got years of experience behind them? (Anna)

Participants expressed a feeling of not really belonging in political spaces due to their experiences of interaction within these settings where they did not feel listened to or equally valued. Isla recalled a comment she had heard that led her to believe that they were not being taken seriously:

Things are different in the real world [and] you guys are snowflakes getting pressed about every issue that's raised.

Peter also recollected an interaction that left him feeling that his voice was not valued where on leaving a local council consultation meeting in which he and a friend had spoken at, they were:

Followed out by this lady [who] came and told us all about how everything we did was wrong and how we should have said it better.

These understandings of their place within the political community clearly illustrate that historical understandings of young people's capacity to meaningfully contribute, and the dominant neo-liberal construction of youth participatory rights in formal political arenas continues to implicitly shape their interactions with adults in political settings. This therefore reinforces their feelings that their contributions are not equally valued.

In addition, this dominant adult-centric culture has implications for how they see their voice as valued and whether they see their engagement as worthwhile in civic and political settings. As Flanagan (2013) highlighted, discriminatory lines of exclusion in civic and political cultures decrease young people's beliefs that society and government institutions are trustworthy. To foster their political agency, the context in which they are learning to be political needs to change to genuinely acknowledge the contribution

that young people can make to society (Häkli & Kallio, 2018; Lister, 2007, 2008; Phillips et al., 2019; Wood, 2011). This can be achieved through a youth-centric approach in which the power and responsibility for decision-making is shared, and that provides a space for young people's active participation and voice in decision-making processes (Barbar, 2009; Finlay, 2010; Sotkasiira et al., 2010).

This study confirms that an important factor in providing a meaningful context for young people's political engagement is the relevance of it to their everyday lives and futures (Beaumont, 2011; Breeze et al., 2017; Häkli & Kallio, 2018; Wray-Lake, 2019). In this study, the Schools Strike for Climate movement provided an opportunity for the participants to become involved in political activism around an environmental concern that was relevant to them and to their futures, and provided conditions where they felt that their contributions had meaning and that their voices were being heard. As stated by Peter, the movement was so successful in mobilising young people by reducing:

... almost all those barriers by just building a movement and having the people come, and that inherently got people along, engaged and interested.

Lived experiences of ethnic and cultural inequalities also provided connection and motivation to social action for two of the participants. Eve shared that some members of her family choose not to vote, and the community environment surrounding her family and childhood influenced her motivations today, giving greater meaning to her engagement:

I come as a Māori person. I've seen injustices, especially in [town]... I do want to go back to [town] and see what we could work on.

Isla's immigrant parents' lack of community and political engagement had also influenced her motivation to connect with likeminded people and to be active in social and political

issues. She reflected on her experience of racism in school:

With racism in my school, where I was the only Chinese person there apart from the international students, it was like I would voice my experiences of racism and people wouldn't understand because they had never been through it.

Research highlights that marginalised experiences of societal inequalities may take on a greater meaning to young people personally and therefore increase the significance of it to them motivating political engagement (Diemer & Rapa, 2016). As these structural barriers were part of the sociocultural context in which the participants' political socialisation developed, they are part of their lived experience providing connection and heightened relevance for them.

A common barrier to political participation identified in the research was the lack of resources and inconsistent support provided within educational facilities. Participants identified whether they had found their schools supportive or not, and in some cases which social and political issues that they were happy for their students to support and those they were not.

For those major issues, yes, my school loved it ... they're like yes get involved in it, be a part of it. But they [were] very conservative when it comes to the LGBTQ community. We wanted to hold a pride day and it was turned down immediately. We were just like really confused and were like why? But they just believed that it wasn't necessary.  
(Eve)

Participants also identified that there was a lack of classroom experience in civic-related processes and opportunities to practice skills that may be useful for effecting social change and making politics more accessible. Sarah's reflection illustrated those of others when she said that she had not learnt:

... about political aspects of anything ... I wouldn't even know how to vote.

Although Eve shared this sentiment about her high school as well, she did share the experience of being involved in a social action project about a human rights issue through a couple of her classes which had given her knowledge about the political system.

As a context where young people spend a significant amount of time, educational facilities play a huge part in shaping the knowledge of youth in our political system and in how they can interact with it (Pontes et al., 2019). Seider and Graves (2020) emphasised the importance of facilitating real-life experiences of the political system to effect social change in the development of young people's political agency. Eve's positive learning experience at her school involving a social action project illustrates this role that educational facilities can play in providing knowledge of political processes to young people through classroom projects and initiatives such as the youth voting programme, Ngā Pōti ā-Taiohi.

Online social media platforms like Facebook and Instagram are increasingly being used by young people to engage with and access social and political activism opportunities such as online petitions (Nissen, 2019; Valenzeula, 2014; Xenos et al., 2014). Although the young people in this study believed social media was a valuable tool in mobilising their engagement and that of others, they also identified that it may be a barrier for marginalised youth groups without access to technology and smartphones.

Social media definitely reaches people like me and educated students and people who have the ability to pay for a phone and such. There's actually a large proportion of youth who work or might not have a smartphone or don't have access to that social media. So, it certainly works well to engage with youth that

they're probably already engaging well with, like myself it easily reaches me no stress but the people to be honest they need to engage with the most are people who don't have social media. (Peter)

Isla and Eve cautioned the influence that social media can have over what issues we are hearing about and are therefore being called to act on. Isla referred to this as "selective activism" whereby social media platforms were promoting some causes over others, identifying the example of the Black Lives Matter movement as having far more coverage than Free Palestine. Eve's concern around this was about the coverage of social and political issues from America over local issues in Aotearoa New Zealand which should be prioritised.

Unique contexts of political development have different cultural strengths and resources available that affect the social construction of young people's political identity (Flanagan, 2013; Wray-Lake, 2019). It is important that strategies to inform the political engagement of young people consider the diverse social and cultural groups in society that they come from and the resources available to them in these contexts. Even though online platforms provide a readily accessible and instant way to communicate with young people, the concern shown by the participants in this study for other young people in the community without access to this resource suggests that it needs to be seen as a tool alongside others to ensure that participatory opportunities are not marginalising some youth groups.

Participants highlighted other barriers to young people's political participation such as time, travel, and access to resources. They identified resources that they had and did not have and how this affected their ability to engage in political activities. For some, time, and the cost of travel on top of their other commitments and expenses created a barrier to their participation. The recurring idea throughout this discussion was that

not all resources are available in the same way to all young people. Research has shown that socioeconomically advantaged young people are more likely to have access to civic learning opportunities than those from lower socioeconomic groups (Kahne & Maddaugh, 2008). Participants' concern for the social and political issues affecting other young people's agency reflected an ability to meaningfully contribute as active members of society inconsistent with adult-led conceptualisations of their ability which have formed the context in which they are learning to navigate the political world, affecting their political agency within this setting, and shaping their political identity.

### The critical role of social interactions

It is well documented that social connections and relationships play a crucial role in the development of young people's political agency (Harris et al., 2010; Mahatmya & Lohman, 2012). The participants identified everyday interactions within their familial, social, educational, and community contexts as playing an important part in facilitating their political engagement and nurturing their political agency.

I feel like friends and family have a large influence on you and your choices ... the way you grow up shapes your philosophies. (Anna)

Individually, these experiences varied due to the unique cultural context that had shaped participants' political development, highlighting the importance of multiple factors of political socialisation that occur in young people's surrounding contexts (Mahatmya & Lohman, 2012; Nolas et al., 2017; Quintelier, 2015).

It was interesting that, although these social connections and relationships were important to the participants in this study, the key contributing factor in their willingness to engage was about the relevance of the social and political issue

to themselves directly. Anna spoke of gravitating towards likeminded people but that her political engagement was not entirely dependent on theirs:

If it affects me or feels like it's going to affect me in the future, then I'm probably going to be more inclined to get involved, even without the influence of other people.

This finding suggests that, although they all identified social connections and relationships as significant, these relationships were not the key contributing factor in their willingness to engage and to do so independently of others in their social contexts, illustrating the agency that they were capable of when the social or political issue had meaning to them (Beaumont, 2011; Breeze et al., 2017; Häkli & Kallio, 2018). This finding challenges traditional understandings of young people's political agency as dependent on their families for support and direction, and pre-existing discourses of their apathy and disengagement which are potentially marginalising and overlooking their agency within broader contexts (Breeze et al., 2017). Civic and political contexts need to provide young people with meaningful opportunities to enter and contribute to political life (Boulianne, 2019). This involves the processes that shape youth political engagement considering young people's perspectives in the development of policy that directly affects them and their futures (Beaumont, 2011; Boulianne, 2019; Wray-Lake, 2019). The knowledge that young people's everyday lived experiences can provide for policymakers, educators and significant others in their lives is integral for collaborating with them to nurture their political agency across political arenas.

### Nurturing political agency

The final aim of this research was to explore the ways in which young people's experiences of social and political activism serve as a learning platform for increasing



their political agency. The study found that the participants' political learning experiences in their immediate everyday contexts provided them with increased knowledge, skills, and confidence. Sarah noted that her community engagement had increased her confidence:

To become further involved and take on leadership roles.

Anna explained that her experiences in high school have enabled her to have the confidence to participate today by providing her with knowledge of the political world, and social connections and relationships within it:

I feel like if I wasn't involved in high school, I don't think I would want to be involved in uni or further on ... I feel like if you've already experienced being in that kind of situation then you wouldn't feel that kind of fear of actually being involved.

This finding supports research that informal political learning experiences in young people's surrounding environments provide an important mechanism for more complex political actions in the future (Breeze et al., 2017; Harris et al., 2010; Mahatmya & Lohman, 2012). Integral to this are young people's relational interactions in their social and cultural contexts in providing support, guidance, and access to participatory opportunities. In this study, although each participant's pathway was unique, the context in which they came from was one with rich civic learning resources through multiple factors of political socialisation occurring throughout their development, allowing them to accumulate experiences in social and political activism that have provided them with the confidence to express the agency that they do today. As acknowledged by Peter:

I grew up in a privileged position ... well aware of those interaction opportunities early on.

However, as access to these opportunities is not equally shared across social and cultural groups in society, this research is not representative of the political development of broader groups of youth. It is important that strategies to reduce disparities in young people's access to participatory opportunities are explored.

## Discussion

This research set out to explore the development of young people's political agency through social and political activism to offer further understanding for policymakers and people who work with youth around how and why young people politically engage, and how these experiences serve as a learning platform for their growing political independence. The findings highlight the significant role that adult-led spaces had in shaping the participants' experiences of social and political activism in Aotearoa New Zealand. As emphasised by Allen (2011), political agency is not just about the individual but about the sociocultural and political settings that surround them, and it is these contexts that have the power to shape conditions for change. There was a clear consensus from participants that civic and political frameworks are not always genuinely engaging with young people and that they do not feel that their contributions are consistently valued. Participants identified their experiences of formal and informal political participation in civic and political settings. Whilst all shared some positive experiences of feeling empowered, they also identified occasions where they felt restricted and unsupported in their contributions. These experiences affected participants' perceptions of how they see their voice as valued in the political world indicating continued regulation of young people's participatory rights in civic and political cultures, where youth advisory or consultative roles often do not provide space for their active participation and voice in decision-making processes. This

culture continues to implicitly shape their interactions with adults in these settings, reinforcing the perception that their contributions are not equally valued in these spaces. It highlights the power that sociocultural and political constructs have on how young people frame their identity within the political world, and the important role that adults in these settings have in providing an environment that nurtures their political agency.

Adult-led cultures in civic and political structures need to embrace young people's active participation and voice in decision-making processes and involve youth in processes that directly affect them (Beaumont, 2011; Boulianne, 2019; Finlay, 2010). For this to happen, adult perceptions of young people need to change to acknowledge their capacity to meaningfully contribute to society (Häkli & Kallio, 2018; Lister, 2007, 2008; Phillips et al., 2019; Wood, 2011). This change involves a cultural shift in the way that adult-led civic and political contexts engage with and involve youth in processes to one where the autonomy of young people is respected, meaningful opportunities are provided, and their contributions are equally valued through shared power and responsibility for decision-making (Boulianne, 2019). This can be achieved by providing space for young people's active participation and voice in decision-making processes for them to feel that their voice matters in the political world (Barbar, 2009; Sotkasiira et al., 2010).

These findings also have important implications for how adults view and measure young people's political participation. The way in which formal political institutions frame young people's political participation needs to change to reflect the broader contexts within which young people are engaging in informal settings (Harris et al., 2010; Mahatmya & Lohman, 2012). This involves a more contextual approach that is flexible and offers accessible opportunities for young people to engage in social and political activism in

their immediate everyday lives (Harris et al., 2010; Henn & Foard, 2014; Mahatmya & Lohman, 2012). By broadening the contexts within which their participation is measured, common misconceptions of their apathy and disengagement from political engagement may be dispelled. Furthermore, they may legitimise the context that young people are learning to be political in by acknowledging the many ways that they are contributing to society within civic-minded contexts around social and political issues of significance to them. As political participatory opportunities for young people are not fairly distributed in society, the findings also highlight the need for processes and strategies to be developed which support youth political engagement across different social and cultural groups in society (Flanagan, 2013; Wray-Lake, 2019).

### **Recommendations for future research**

The following recommendations are based on the findings of this study and will support ongoing knowledge building in this area. Further research into young people's everyday lived experiences in civic and political settings may provide valuable insight into how best to nurture youth political agency by providing them with the tools they need to develop the knowledge, skills, and confidence to politically engage. In addition, research into different patterns of youth political engagement across various social and cultural groups in society may inform strategies for reducing disparities in access to political participatory opportunities (Flanagan, 2013; Wray-Lake, 2019).

### **Conclusion**

Understanding young people's perspectives of their political experiences in social and political activism, and the social and political context surrounding them, provides valuable insight for informing future policy around working with young people towards greater politicisation. Although there is increasing acknowledgement of young people's capacity

to contribute to society, consistent with international research, this study found that adult-centric views continue to dominate the political world in Aotearoa New Zealand and overlook youthful agency in broader contexts (Häkli & Kallio, 2018; Lister, 2007, 2008; Phillips et al., 2019; Quintelier, 2015). By broadening the contexts within which their participation is measured, common misconceptions of their apathy and disengagement from political engagement may be dispelled, and for young people, legitimise the context in which they are learning to be political. Young people need to be provided with access to political learning experiences that are relevant to them around social and political issues that they can connect with, and in contexts where they feel that their opinions are valued and that their participation matters in decision-making processes and could produce change. This involves the processes that shape youth political engagement, in which policymakers and people working with youth play a key role, identifying strategies to support their participation and genuinely considering young people's perspectives in the development of policy that directly affects them and their futures.

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## References

Allen, J. (2011). Making space for topology. *Dialogues in Human Geography*, 1(3), 316–318. <https://doi.org/10.1177/2043820611421551>

- Barbar, T. (2009). Participation, citizenship, and well-being: Engaging with young people, making a difference. *Young*, 17(1), 25–40. <https://doi.org/10.1177/1103308801700103>
- Beaumont, E. (2011). Promoting political agency, addressing political inequality: A multilevel model of internal political efficacy. *The Journal of Politics*, 73(1), 216–231. <https://doi.org/10.1017/s0022381610000976>
- Boulianne, S. (2019). Building faith in democracy: Deliberative events, political trust and efficacy. *Political Studies*, 67(1), 4–30. <https://doi.org/10.1177/0032321718761466>
- Bowman, B. (2019). Imagining future worlds alongside young climate activists: A new framework for research. *Fennia*, 197(2), 295–305. <https://doi.org/10.11143/fennia.85151>
- Breeze, M., Gorringer, H., Jamieson, L., & Rosie, M. (2017). Becoming independent: Political participation and youth transitions in the Scottish referendum. *The British Journal of Sociology*, 68(4), 754–774. <https://doi.org/10.1111/1468-4446.12288>
- Diemer, M.A., & Rapa, L.J. (2016). Unraveling the complexity of critical consciousness, political efficacy, and political action among marginalised adolescents. *Child Development*, 87(1), 221–238. <https://doi.org/10.1111/cdev.12446>
- Eckstein, K., Noack, P., & Gniewosz, B. (2012). Attitudes toward political engagement and willingness to participate in politics: Trajectories throughout adolescence. *Journal of Adolescence*, 35(3), 485–495. <https://doi.org/10.1016/j.adolescence.2011.07.002>
- Finlay, S. (2010). Carving out meaningful spaces for youth participation and engagement in decision-making. *Youth Studies Australia*, 29(4), 53–59.
- Flanagan, C. A. (2013). *Teenage citizens: The political theories of the young*. Harvard University Press.
- Häkli, J., & Kallio, K. P. (2018). Theorizing children's political agency. In T. Skelton & S. C. Aitken (Eds.), *Establishing geographies of children and young people* (pp. 1–23). Springer Verlag. [https://doi.org/10.1007/978-981-4585-88-0\\_1-1](https://doi.org/10.1007/978-981-4585-88-0_1-1)
- Harris, A., Wyn, J., & Younes, S. (2010). Beyond apathetic or activist youth: "Ordinary" young people and contemporary forms of participation. *Young*, 18(1), 9–32. <https://doi.org/10.1177/110330880901800103>
- Henn, M., & Foard, N. (2014). Social differentiation in young people's political participation: The impact of social and educational factors on youth political engagement in Britain. *Journal of Youth Studies*, 17(3), 360–380. <http://doi.org/10.1080/13676261.2013.830704>
- Kahne, J., & Maddaugh, E. (2008). *Democracy for some: The civic opportunity gap in high school*. (Circle Working Paper 59). Centre for Information and Research on Civic Learning and Engagement (CIRCLE).
- Lietz, C. A., & Zayas, L. E. (2010). Evaluating qualitative research for social work practitioners. *Advances in Social Work*, 11(2), 188–202. <https://doi.org/10.18060/589>
- Lister, R. (2007). Why citizenship: Where, when and how children? *Theoretical Inquiries in Law*, 8(2), 693–718. <https://doi.org/10.2202/1565-3404.1165>
- Lister, R. (2008). Unpacking children's citizenship. In A. Invernizzi & J. Williams (Eds.), *Children and citizenship* (pp. 9–19). Sage.

- Loader, B. D., Vromen, A., & Xenos, M. A. (2014). *The networked young citizen: Social media, political participation and civic engagement* (pp. 1–14). Routledge.
- Mahatmya, D., & Lohman, B. J. (2012). Predictors and pathways to civic involvement in emerging adulthood: Neighbourhood, family and school influences. *Journal of Youth and Adolescence*, 41(9), 1168–1183. <http://dx.doi.org/10.1007/s10964-012-9777-4>
- Mycok, A., & Tonge, J. (2012). The party politics of youth citizenship and democratic engagement. *Parliamentary Affairs*, 65(1), 138–161. <https://doi.org/10.1093/pa/gsr053>
- Nissen, S. (2019). *Student political action in New Zealand*. Bridget Williams Books.
- Nolas, S.M., Varvantakis, C., & Aruldoss, V. (2017). Talking politics in everyday lives. *Contemporary Social Science*, 12 (1–2), 68–83. <https://doi.org/10.1080/21582041.2017.1330965>
- O’Leary, Z. (2017). *The essential guide to doing your research project* (3rd ed.). Sage.
- Patton, M.Q. (2015). *Qualitative research and evaluation methods: Integrating theory and practice* (4th ed.). Sage.
- Phillips, L. G., Ritchie, J., & Perales, F. (2019). Surveying support for child and youth political participation in Australia and New Zealand. *Citizenship Studies*, 23(5), 460–485. <https://doi.org/10.1080/13621025.2019.1620687>
- Pontes, A. I., Henn, M., Griffiths, M. D. (2019). Youth political (dis)engagement and the need for citizenship education: Encouraging young people’s civic and political participation through the curriculum. *Education, Citizenship and Social Justice*, 14(1), 3–21. <https://doi.org/10.1177/1746197917734542>
- Quintelier, E. (2015). Engaging adolescents in politics: The longitudinal effect of political socialization agents. *Youth & Society*, 47(1), 51–69. <https://doi.org/10.1177/0044118x13507295>
- Seider, S., & Graves, D. (2020). Raise their voices. *Educational Leadership*, 77(6), 36–40. <http://www.ascd.org/publications/educational-leadership/mar20/vol77/num06/Raise-Their-Voices.aspx>
- Sotkasiira, T., Haikkola, L., & Horelli, L. (2010). Building towards effective participation: A learning-based network approach to youth participation. In B. Percy-Smith & N. Smith (Eds.), *A handbook of children and young people’s participation: Perspectives from theory and practice* (pp. 174–183). Routledge.
- Valenzeula, S., Arriagada, A., & Scherman, A. (2014). Facebook, Twitter, and youth engagement: A quasi-experimental study of social media use and protest behavior using propensity score matching. *International Journal of Communication*, 8(1), 2046–2070.
- Wood, B. E. (2011). *Citizenship in our place: Exploring New Zealand young people’s everyday, place-based perspectives on participation in society* [Unpublished doctoral dissertation, Victoria University]. ResearchArchive. <https://researcharchive.vuw.ac.nz/xmlui/handle/10063/1671>
- Wray-Lake, L. (2019). How do young people become politically engaged? *Child Development Perspectives*, 13(2), 127–132. <http://dx.doi.org/10.1111/cdep.12324>
- Xenos, M., Vromen, A., & Loader, B. D. (2014). The great equalizer? Patterns of social media use and youth political engagement in three advanced democracies. *Information, Communication & Society*, 17(2), 151–167. <https://doi.org/10.1080/1369118x.2013.871318>
- Zaff, J. F., Kawashima-Ginsberg, K., Lin, E. S., Lamb, M., Balsano, A., & Lerner, R. M. (2011). Developmental trajectories of civic engagement across adolescence: Disaggregation of an integrated construct. *Journal of Adolescence*, 34(6), 1207–1220. <https://doi.org/10.1016/j.adolescence.2011.07.005>

# Understanding the incidence of street children in Accra, Ghana through the public opinion, mass media, recognition and judgement perspectives in social work

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## ABSTRACT

**INTRODUCTION:** Throughout the entire change process in social work practice, power plays a vital role. Social workers, organisations, governments, and service users exert some form of power in the process of addressing social problems and implementing interventions. The arguments in this article demonstrate how these various viewpoints affect the prevalence of children on the streets.

**APPROACH:** Drawing from existing literature and diverse theories, this article critically examines the power dynamics and perspectives that emerge within the design and implementation of interventions for street children in Accra, Ghana, using the lens of social work, mass media, and public opinion, as well as the recognition and judgment in social work perspectives. When the predominance of street children in Ghana is examined through the lens of public opinion and mass media in social work, it becomes clear how Ghana's status as a liberal state influences the public and the media's negative conceptions of street children. In addition, a critical analysis of the recognition and judgement theory in the Ghanaian context emphasises how street children's fundamental rights are violated, which results in low self-esteem and confidence.

**CONCLUSIONS:** By offering practical suggestions for social workers, the article's conclusion contributes to social work research and practice. Social workers, governments, and organisations may help street children by creating and putting into action rescue plans, raising awareness through advertisements and social media campaigns, and allocating enough human and financial resources.

**Keywords:** Social work; street children; Ghana; recognition and judgement; social work and mass media

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The concept of power is well inculcated in the field of social work practice. In the quest to improve the wellbeing and social functioning of individuals, groups and communities, some form of power is utilised by social workers, organisations, governments, and service users. Social

workers, while designing and implementing interventions for service users, tap into various forms of power roles and relations to influence the change process (Sakamoto & Pitner, 2005). Governments and organisations also exert some form of influence on social workers and service users through comprehensive legislation, policy,



and procedural guidance (Bell & Hafford-Letchfield, 2015). On a more individual level, power translates as how a person can claim control of his or her life and uncover his or her own strengths after being in a state of helplessness (Tew, 2006).

In the field of social work, the concepts of *power over* and *power with* are two widely accepted forms of power that have been examined in a number of theories and practices (Avelino, 2021; Saar-Heiman, 2022). Power *over* is described as a hierarchical type of power in where one person has authority and control over others (Foucault, 1980). According to Foucault (1980), power is not something that is possessed by people or institutions but rather is a relational and pervasive component of social processes and relationships. He further argued that power is continuously being discussed and debated in social interactions and is distributed through a network of relationships. This viewpoint emphasises the need to understand the mechanisms of power in various contexts and the dynamics of power in social work.

On the other hand, power *with* represents a collaborative and empowering form of power where individuals work together to achieve common goals and empower one another (Laverack, 2019). According to the International Federation of Social Workers (IFSW), when working with service users, social workers are advised to employ power with as this method is more service-user-centred and empowering (IFSW, 2012). However, situations may arise where social workers have to use power *over* ethically to ensure the welfare and safety of service users (McLaren, 2007). For instance, in a situation where a child is being abused by his or her parents, social workers may have to use power *over* to rescue the child from the abusive parents, even if it goes against the wishes of the parents. In this case, the responsibility and ethical use of power by social workers is critical, as it encourages the mutual sharing of ideas, provides space for

critical reflection, and always prioritises the needs and best interests of the service user (Hair, 2014).

Drawing from the above, it is evident power plays a significant role throughout the entire change process in social work practice. This article examines how social workers can use various forms and sources of power in their practice, and how they can manage the tension between *power with* and *power over* approaches to serve the best interests of their service users (Tew, 2006). As a result, using the lens of *social work, mass media, and public opinion* theory and the *recognition and judgement in social work* theory, this article will critically examine the power dynamics and diverse actor perspectives that emerge within the design and implementation of interventions for street children in Accra, Ghana. The ideas in this article will show how these different perspectives influence the prevalence of children on the streets. Consequently, this article will conclude with practice recommendations for social workers.

### Problem background

A street child is a boy or girl under the age of 18 who has made the street his or her habitual habitation and source of income, and who is not sufficiently safeguarded, supervised, or directed by responsible adults (Black, 1993). Street children are a diverse group of people that vary in age, gender, area of origin, and even reasons for leaving their homes (Amoah & Jorgensen, 2014). Street children have made the streets their home for diverse reasons such as urbanisation, poverty, violence at home, sexual abuse, neglect, and broken homes (Orme & Seipel, 2007). Children on the streets suffer numerous challenges due to a lack of basic essentials such as food, clothing, and shelter (de Brito, 2014).

Ghana is a West African country with a population of about 30.8 million people, with Accra, the capital, accounting for 17.7% of the country's overall population

(Ghana Statistical Service, 2021). The current prevalence of street children in Ghana is extremely disturbing (Oppong Asante, 2016) as the number of children seen begging, selling, sleeping, and loitering on the streets, around traffic lights and under bridges has spiraled over the years (Tettegah, 2012). It is estimated that about 61,492 children were growing up on the streets of Accra in 2011 (Department of Social Welfare et al., 2011). Out of this number, there were 66% migrant children and 18% urban dwellers among other, smaller groups. According to Amekuedi (2016), child protection experts estimate approximately 90,000 children on the streets of Accra as of 2014. These numbers of street children are not limited to Accra alone but all regional and district capitals in the country.

### Problem statement

Street children in Accra, Ghana, are confronted with diverse challenges which have a negative impact on their welfare and wellbeing (de Brito, 2014). They are deprived of quality education, health care, and essential needs such as food, clothing, and shelter (Dankyi & Huang, 2022). Despite the significant efforts of governmental and non-governmental social service organisations, the prevalence of street children in Accra remains a serious concern (Oppong Asante, 2016). The main purpose of this article is to examine the influence of social work, mass media and public opinion theory and the recognition and judgement in social work theory, on the prevalence of street children in Accra. These theories are relevant for social work practice as they help in understanding how social workers interact with the mass media and public opinion, and how they recognise and judge the circumstances and needs of street children.

In this regard, the article seeks to answer this research question: "How does the Social Work, Mass Media and Public Opinion theory, and the Recognition and Judgement in Social Work theory influence the prevalence of street children in Accra,

Ghana?" Through an examination of these two theories and the experiences of street children in Accra, Ghana, this article seeks to shed light on the underlying factors that contribute to the problem of street children in Accra and inform the development of effective interventions to address the phenomenon.

The public's conceptions and perceptions of street children are shaped, in large part, by the welfare regime and the mass media (Larsen, 2008; Larsen & Dejgaard, 2013). Consequently, public opinion has either a positive or negative impact on how the public perceives street children. If street children are seen as irresponsible, delinquent, or criminal, they may face discrimination and stigma that hinder their chances of leaving the streets and improving their lives (Gayapersad et al., 2020). Conversely, if street children are seen as vulnerable with potential, they may receive support and resources that address their needs and protect their rights (Chingonikaya & Salehe, 2019). Public perceptions, therefore, have a significant impact on planned interventions for street children, and they often determine whether children stay on the streets or are leave the streets to achieve their full potential (Larsen & Dejgaard, 2013).

In addition to public perception, the prevalence of street children is also influenced by how they are treated by those who work directly with them (Ayenew et al., 2020). It is critical for social workers and other stakeholders to recognise the intrinsic value and dignity of street children and avoid all types of bias and judgment (Juil, 2009, 2013). This implies that, to get children off the streets, the concept of recognition and judgment is important because it influences whether children stay on the streets or leave the streets for a better life. The experiences and perspectives of street children should be acknowledged and considered when planning and implementing interventions (Whittaker & Taylor, 2018). If the dignity and rights of street children are recognised, they may develop a positive self-concept

and become empowered to leave the streets for a better life (Kam, 2021). On the contrary, if street children are judged as unworthy and treated with disrespect, they may internalize these views and lose self-esteem and motivation to change their situation (Joseph, 2020).

### Relevance of discussion

According to the United Nations Convention on the Rights of the Child, all children around the world have the right to survival and growth, to be free of all forms of discrimination, to be given priority in all choices that impact their lives, and to participate in decisions that affect them (Freeman, 2007). Children who live on the streets, however, do not have this opportunity because they must fend for themselves. Social work is a rights-based profession, and it thus remains imperative for social workers to ensure the welfare and wellbeing of street children (Androff, 2018). Understanding the aforementioned perspectives of social work, mass media, and public opinion as well as the recognition and judgement in social work can go a long way toward advancing the rights of these street children, as it will contribute to effective and efficient design and implementation of interventions for them.

### Methodology

#### *Review design*

Using sections of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines and qualitative content analysis, this article systematically reviewed and synthesised literature on the prevalence of street children in Accra, Ghana (Page et al., 2021). It also reviewed the theories mentioned earlier to examine how they influenced the phenomenon of street children in Accra, Ghana. Furthermore, it applied qualitative content analysis to gain a deeper understanding and interpretation

of the selected literature for analysis and discussion. These methods ensured a thorough examination of the prevalence of street children in Accra, Ghana and informed the development of effective interventions to address the situation.

#### *Information sources and search strategy*

A systematic search strategy was used to locate relevant literature including books, academic journals, research theses, conference presentations, child protection laws, legal frameworks, and other readily available internet resources. Electronic databases, backward searching and forward searching were the three major channels used for the literature search (Xiao & Watson, 2019). The electronic databases used included the University of Lincoln Library, Google Scholar, Research Gate, Jstor, World Cat, Gender Watch, Research Rabbit, Elicit and Semantic Scholar. These multiple databases were used to ensure that the literature produced more accurate and thorough results, as no single database has the entire set of materials (Tawfik et al., 2019). A backward search was done by scanning through the list of references at the end of the selected publications to minimise the possibility of omitting potentially pertinent material. Consequently, a forward search was also done to discover any publications that had previously cited the reviewed articles.

Keywords and search terms including "Power Relations," "Social Work," "Street Children," "Street Children in Ghana," "Street Children in Accra," "Social Work, Mass Media, and Public Opinion theory," and "Recognition and Judgement in Social Work theory" were used in the search strategies to source the literature. The literature search did not limit the date of publication of the materials. This was because the materials were selected based on their relevance and significance to the current debate on the prevalence of street

children. An effort was made to incorporate as much modern literature as was practical to reflect the relevance and significance of addressing the problem of street children.

***Inclusion and exclusion criteria***

Screening the literature for inclusion and exclusion was based on the problem statement and research question (Xiao & Watson, 2019). This article aimed to understand the prevalence of street children in Ghana using the two mentioned theories. Therefore, only literature that related to street children and these two theories was included in the article. The relevance, authority, and currency of the literature were taken into consideration before being included in the article (Browning & Rigolon, 2019). The authority of the literature depended on whether it had undergone

peer review, been professionally edited, and been published by a reputable source. The literature was relevant if it had enriched the existing body of knowledge about the prevalence of street children. The literature was further judged for currency based on how well it addressed recent debates about the prevalence of street children. Literature that was not in the English language were excluded. Furthermore, duplicate materials, inaccessible full texts, and publications with only abstracts were excluded from the article.

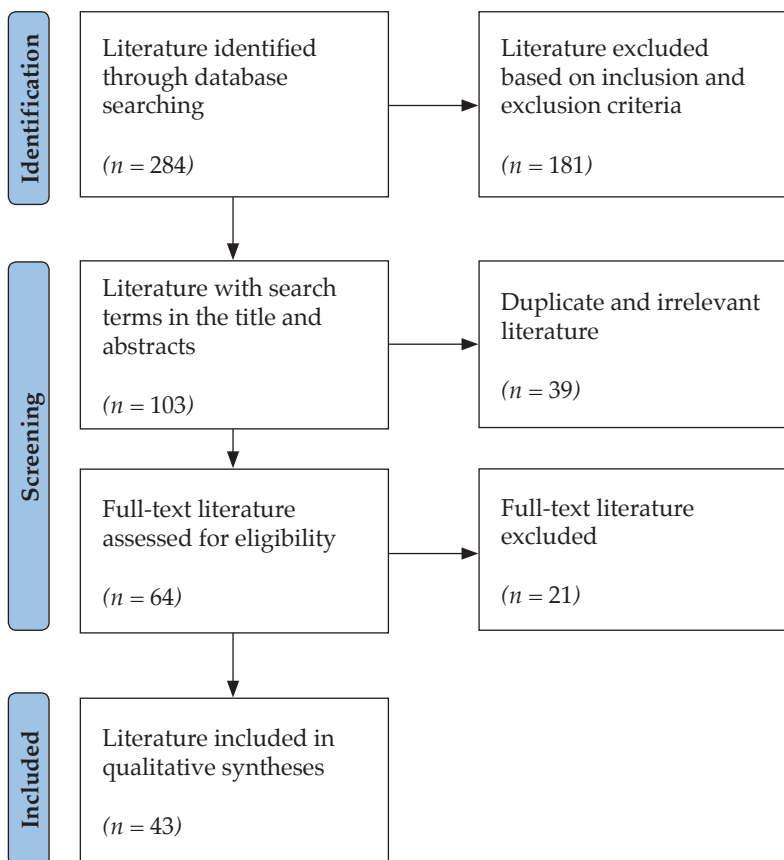
***Method of data analysis***

An in-depth reading of the selected literature was done to obtain all relevant information. Qualitative content analysis was then used to interpret the collected information (Merriam & Tisdell, 2016). This method was used to ensure that the collected information provided a deeper theoretical understanding of the phenomenon of street children. The existing literature was then summarised under the following themes: social work, mass media and public opinion; recognition and judgement in social work; and practical application of perspectives. Consequently, the information gathered throughout the summarising phase was then combined, linked, and paraphrased to make the literature condensed, clear and coherent for further critical analysis and discussion.

**Social work, mass media and public opinion**

This perspective places emphasis on a link between welfare regimes and how they tend to influence public attitudes and perceptions about the poor and unemployed (Larsen, 2008). Thus, the state establishes and selects the type of welfare regime which it adopts, and in doing so, it has control over citizens by influencing how they regard the poor and unemployed in society. This perspective examines three welfare regimes (social democratic, liberal, and conservative), as well as how they affect public support for welfare

Figure 1: Literature Selection Flowchart



policies for the poor and unemployed through time (Esping-Andersen, 1990). Consequently, social democratic welfare states have strong public support for the poor and unemployed whilst public support in liberal and conservative states on the other hand remains low and moderate respectively (Larsen, 2008). According to Larsen (2008), this can be attributed to the fact that the public in social democratic states are ethnically homogenous, and they tend to have a passion for equality whilst the public in liberal states are usually ethnically heterogenous and tend to have passion for freedom over equality. The public in conservative states on the other hand tend to be focused on delivering reciprocity and equal opportunities (Shorthouse & Kirkby, 2014).

Radio, newspapers, magazines, novels, video games, and online media such as blogs, podcasts, and video sharing are examples of mass media, which is a type of communication aimed at reaching a large audience (McFadden, 2010). The type of welfare regime under which the mass media operate has a tremendous impact on the content of the media which, in turn, affects the public perceptions of poverty and vulnerability (Larsen & Dejgaard, 2013). The economic freedom in liberal states (Larsen, 2008) breeds inequality, which exacerbates societal issues such as crime, teen pregnancy, and underclass culture (Wilkinson & Pickett, 2010). This suggests that the economic freedom enjoyed in liberal states results in an unequal distribution of money and wealth, which causes poverty for some people and communities and can then lead to diverse social problems.

The media then reports on these social problems and portrays them as the result of individual weaknesses rather than structural inequalities. This creates a negative and stigmatising image of society that influences the public's attitudes and opinions. For example, a study by the Joseph Rowntree Foundation (2008) found that the media often depicted poverty as a personal choice or a consequence of bad behaviour, rather than a

complex and multifaceted issue that requires collective action. In contrast to liberal regimes, poverty and welfare beneficiaries in social democratic regimes are depicted positively by the media, resulting in a good public opinion of them (Larsen & Dejgaard, 2013). In social democratic regimes, the presence of equality reduces the occurrence and severity of social problems (Larsen, 2008). This provides the ideal setting for the media to convey good stereotypes of the poor and vulnerable (Larsen & Dejgaard, 2013).

The literature on *deservingness* also gives some insight for understanding the social work, mass media and public opinion perspective (Larsen, 2008). The fundamental goal of the deservingness criterion has been to determine whatever criteria the public use to determine whether a person or a group of persons deserve assistance (Baute et al., 2022). The criterion in this case hence affects mass media and public opinion about the poor and vulnerable. The deservingness criteria are based on five categories namely, control, need, identity, attitude, and reciprocity (Oorschot, 2000). The control criterion states that people with no power to change their situation of neediness have a higher degree of deservingness, but the needs criterion elaborates the greater the level of need, the higher the degree of deservingness (Larsen, 2008). Larsen (2008) further asserts that the identity criterion emphasises the importance of sharing a sense of belonging with the groups who will be supported. Hence the greater the sense of belonging to a group, the greater the sense of deservingness. The attitude criterion refers to how people react to support whilst the reciprocity criterion states the more people contribute to society, the greater their deservingness of receiving welfare benefits (Larsen, 2008).

### **Recognition and judgement in social work**

The core ideology behind the recognition and judgement perspective in social work is about how service users should be treated



in order to improve their situation and how to minimise the hurdles that prevent them from seeking help (Juul, 2009). Juul (2009) explained this by presenting the social work norm of recognition as a counterpoint to institutional practices based on unfavorable judgement of service users. Judgment, in Juul's opinion, leads to disrespectful practice. This implies that it is imperative for social workers to create rapport and respect the inherent worth and dignity of service users without any form of bias or prejudice (Reamer, 2018). The recognition and judgement in social work perspective is modelled on Axel Honneth's theory of recognition (Honneth, 2018). According to Honneth (2018), mutual acknowledgement is necessary for human prosperity. As a result, recognition is a basic human desire as well as a prerequisite for successful identity formation. The three forms of recognition namely recognition of love, legal recognition and social appreciation must be satisfied if an individual is to have a positive connection with himself or herself (Honneth, 2018).

The *recognition of love* sphere involves intimate human relationships. This sphere places particular emphasis on the ability to form a favourable relationship with oneself based on the assurance of the continuance of affective bonds. In this case, if one's existence is acknowledged through love and affective ties, one can build his or her self-confidence which is crucial to a person's ability to act, communicate, and engage in public life (Juul, 2013). *Legal recognition*, the second type of recognition, is concerned with how one should be treated equally in the legal system. The emphasis is on universal and equal rights for all. Legal recognition used to be determined by social standing and privilege in old societies. Modernity and the advancement of universal rights, on the other hand, have separated legal recognition from social status and privilege (Juul, 2013). The third form of recognition known as *social appreciation* has to do with how individuals are recognised for the values and qualities they ascribe to themselves. Hence one's

principles and attributes are key factors to boosting and developing one's self esteem (Juul, 2013). These three types of recognition are consistent with three types of disrespect (*bodily violations, rights violations, and forms of life violations*), all of which undermine one's recognition. Such violations can cause a loss of self-confidence, self-respect, and self-esteem and ultimately lead to feelings of humiliation, outrage, and fury (Honneth, 2018).

It is vital to avoid all sorts of judgment to acknowledge individuals. Social workers, in their work with service users, should maintain objectivity. In social work, the recognition and judgment approach examines the concept of judgment from an institutional and societal standpoint. According to Juul (2009), institutional practices and ways of thinking have a significant impact on social workers' work with service users. As a result, institutions have some control over social workers—which has an impact on how they interact with service users in the process of planning and implementing interventions.

However, because social workers bring their own knowledge and expertise to the table when interacting with service users, institutions do not have complete authority over them. Social workers apply their knowledge when developing interventions for service users because of the theoretical and practical knowledge they acquire through education and training. Due to this, institutions are not solely responsible for the outcomes of interventions in social work; rather, the interaction between social workers' knowledge and abilities and those of the institutions is what ultimately determines how well interventions work for service users. Recognition in social work is based on a full mutual understanding that characterises social workers' relationships with service users, but this is frequently hampered by institutional judgment in the form of economic and political signals (which act as a regulative force) limiting

what social workers can think and do. As a result, the service users may be rendered invisible or stigmatised (Juul, 2009).

### Practical application of perspectives

Reviewed literature showed that information on the phenomenon of street children in Ghana incorporating the two earlier mentioned theoretical perspectives was elusive. Research on the phenomenon of street children in Accra, Ghana, has predominantly focused on the plight of street children, their experiences on the street and the role governments can play to address the phenomenon (Awatey 2014; Opong Asante, 2016; Quarshie, 2011). Using the relevant perspectives to try to understand the occurrence of street children is therefore important as it allows one to look at street children in Accra from different viewpoints.

The social work, mass media, and public opinion perspective will allow one to know how state systems influence public opinion and support for children living on the streets. It will also allow one to consider how these regimes form and shape information the mass media feeds to the public about street children (Jahan & Rahman, 2016). This theoretical perspective will further enable policy makers in state regimes to be more aware of the power they yield over the plight of street children, directly or indirectly. Policy advocates will also be informed on the course of action to take to help children off the streets. Furthermore, using the recognition and judgment in social work theory to examine the phenomenon of street children in Accra will enable social workers to have a distinct perspective on how state systems and theoretical knowledge affect how they recognize service users in diverse interactions. This perspective further allows social workers to remain vigilant and avoid all forms of judgment when working with service users (Houston, 2016).

The welfare regime in Ghana is a liberal one characterised by political equality based on

the right to vote and reasonably free and fair elections; civil liberties, freedoms, and human rights protected by a constitution that is upheld by all Ghanaians (Ayelazuno, 2015). Despite these freedoms and civil liberties in Ghana, the country's inequality has been rising, and poverty is still prominent in many areas (Cooke et al., 2016). In Ghana, approximately 3.57 million people lived in extreme poverty in 2021 (World Data Lab, 2021). The issue of poverty amongst other factors has contributed to the rising number of children living on the streets (Orme & Seipel, 2007). The social work, mass media and public opinion perspective where in liberal regimes the public opinion and support for the poor and vulnerable is low clearly depicts the situation of street children in Ghana. Ghana being a liberal state means the various arms of government exercise power over the populace as they influence their perceptions about children on the streets. The country prioritises freedom over equality, and this has grossly affected how street children are perceived by the public (Mensah, 2022). These street children are thus considered as social deviants who have nothing to offer society (Quashie, 2011).

Additionally, the mass media in Ghana contributes to these perceptions of the public about street children through the news presented via radio, television, and other online platforms. Most of the information given out by the media houses about street children usually revolves around lack of basic social services and amenities as well engagement in diverse social vices such as pickpocketing, stealing, prostitution, amongst others (De Moura, 2002). Although this may not have been the objective from the start, the media has inadvertently developed a bad stereotype about street children. Most media outlets set out to inform the public on the plight of Ghana's street children but, in the end, the material they provide casts street children in a negative light, establishing a stigma surrounding their existence and quest for survival on the streets.

The deservingness criteria linked with the social work, mass media, and public opinion perspective describes street children in Ghana and public opinion about them in five distinct ways: control; need; identity; attitude; and reciprocity (Larsen, 2008). In terms of control, the public sees street children as young people who are unable to regulate their neediness and hence demand assistance. Regarding need, the public perceives street children as having a higher level of need and, consequently, deservingness. In the case of identification, street children do not always feel like they belong because the public does not provide them with the acceptance, attention, and support they require. Their level of deservingness is relatively low in this case. The fourth criterion of deservingness places street children at the bottom of the deservingness scale because the population views them as less grateful. The public views street children as obstinate and resistant individuals who have nothing to offer society in return, resulting in a low level of deservingness in terms of reciprocity.

The perspective of social work, the media, and public opinion certainly impacts recognition and judgment in the field of social work. The welfare system, in combination with public opinion and perception, imposes institutional judgment on social workers. In the context of Ghana, social workers are influenced by the government systems in which they work, and this influences their encounters with street children (Juul, 2009). Governmental laws and actions regulate how social workers should design and implement interventions for street children. Various interventions have been developed to rescue children from Accra's streets and reunite them with their families or reintegrate them back into society (Amekuedi, 2016). However, these interventions have failed because, in most cases, institutional judgements have limited the reach of social workers.

Many times, street children in Ghana have been misidentified and treated with disdain

(Nieminen, 2010). This has contributed to the children's continued presence on the streets, as they are constantly criticised and ostracised. Because of the stereotypes against these children, the majority of them lack self-confidence and self-esteem. They believe they are neglected and despised. Nonetheless, as human beings, they have rights that must be respected and recognised legally. The most important thing is to get the children off the streets and give them the opportunity to fulfill their full potential. Consequently, it is critical for social workers to acknowledge the value and dignity of street children by advancing their rights and refraining from passing judgment on them (Reamer, 2018). Social workers can do this by finding a balance between street children, governments, and policy makers through advocacy. This would go a long way towards ensuring that the children are finally taken off the streets and linked to various social protection programs.

### Conclusion and recommendations

There has always been some form of tension in social work between the notion of professionalism and the use of authority and power, which is typical in many disciplines of practice (Campling & Smith, 2008). Social work, and social workers in particular, have always had to act as a bridge between professional authority in the shape of governments, welfare regimes and the service users who require empowerment. The perspectives of social work, mass media, and public opinion, as well as recognition and judgment in social work, give a framework for understanding various power dynamics and actor viewpoints. The application of these perspectives to the prevalence of street children in Ghana sets the tone for a better understanding of how welfare regimes impact the media, social workers, and the general public. Furthermore, these viewpoints make it easier to see the need for recognising the neediness of street children in their fight for survival without passing judgment.

The public's image of street children, as well as how they are handled by systems and social workers, determines whether they remain on the streets or leave the streets to seek a better life for themselves. States wield considerable power; thus, it is critical for government regimes to make it a priority to design policies that support interventions to rescue children off the streets to reduce the number of them living on the streets. These policies should also be closely monitored and assessed. Roles and responsibilities for leading departments to enable the policies' implementation should also be allocated and expressed explicitly (Amekuedi, 2016). The media must also make it a point to inform the public about the government's programmes aimed at reducing the number of children on the streets. The media can portray a favourable image of street children through commercials and social media campaigns. These campaigns might highlight how some street children have successfully transitioned from a life on the streets to a better life.

Adequate capital and human resources are required to rescue children from the streets. Funding is needed to provide basic needs such as food, clothing, and shelter for street children (Cumber & Tsoka-Gwegweni, 2015). This implies that the provision of basic necessities is crucial for the survival of street children as it addresses their most pressing needs and lays the foundation for their rescue and future success. Additionally, social service organisations that work directly with street children require funds to provide services including technical, vocational and skills training for rescued street children (Dabir & Athale, 2011). Human resources required to help in addressing the problem of street children may include social workers, psychologists, and teachers. These professionals will be actively involved in reuniting street children with their families, reintegrating them back into society and linking them to other complementary services such as health insurance and school feeding schemes. It is therefore imperative for governments, in collaboration with

non-governmental organisations, to make sufficient finances and resources available for social workers and other professionals to empower these children and finally get them off the streets. Given the viewpoints presented here, it is important that future research explores the perspectives of street children on welfare systems, social workers, the media, and public opinion.

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### References

- Amekuedi, G. L. (2016). *Addressing child streetism in the La-nkwantanang Madina municipality: The role of stake holders* [Unpublished master's thesis]. KDI School of Public Policy. <https://archives.kdischool.ac.kr/>
- Amoah, P. A., & Jorgensen, S. H. (2014). Social capital, health, and health care among street children: A case study of street children in Kumasi metropolitan area, Ghana. *Developing Country Studies*, 4(4). <https://core.ac.uk/download/pdf/234681539.pdf>
- Androff, D. (2018). Practicing human rights in social work: Reflections and rights-based approaches. *Journal of Human Rights and Social Work*, 3, 179–182. <https://doi.org/10.1007/s41134-018-0056-5>



- Avelino, F. (2021). Theories of power and social change. Power contestations and their implications for research on social change and innovation. *Journal of Political Power*, 14, 425–448. <https://doi.org/10.1080/2158379X.2021.1875307>
- Awatey, S. (2014). Assessing the effects of streetism on the livelihood of street children: A case study of Kumasi (in Ghana). *Research on Humanities and Social Sciences*, 4(9), 165–173. <https://iiste.org/Journals/index.php/RHSS/article/view/12500>
- Ayelazuno J. (2015). Two decades of liberal democracy in Ghana: A critical political economy perspective. In S. Adejumbi (Ed.), *National democratic reforms in Africa*. Palgrave Macmillan. [https://doi.org/10.1057/9781137518828\\_3](https://doi.org/10.1057/9781137518828_3)
- Ayenew, M., Kabeta, T., & Woldemichael, K. (2020). Prevalence and factors associated with substance use among street children in Jimma town Oromiya national regional state Ethiopia: A community based cross-sectional study. *Substance Abuse Treatment Prevention and Policy*, 15, 61. <https://doi.org/10.1186/s13011-020-00304-3>
- Baute, S., Nicoli, F., & Vandenbroucke, F. (2022). Conditional generosity and deservingness in public support for European unemployment risk sharing. *Journal of Common Market Studies*, 60(1), 721–740. <https://doi.org/10.1111/jcms.13283>
- Bell, L., & Hafford-Letchfield, T. (2015). *Power*. Open University Press.
- Black, M. (1993, February 15–25). Street and working children. Innocenti global seminar (Florence, Italy) summary report. *UNICEF International Child Development Centre*. [https://www.unicef-irc.org/publications/pdf/igs\\_streetchildren.pdf](https://www.unicef-irc.org/publications/pdf/igs_streetchildren.pdf)
- Browning, M. H. E. M., & Rigolon, A. (2019). School green space and its impact on academic performance: A systematic literature review. *International Journal of Environmental Research and Public Health*, 16(3), 429. <http://dx.doi.org/10.3390/ijerph16030429>
- Campling, J., & Smith, R. (2008). *Social work and power*. Macmillan Education. <http://public.eblib.com/choice/PublicFullRecord.aspx?p=6418375>
- Chingonikaya, E. E., & Salehe, F. S. (2019). Contribution of law enforcement institutions in protecting street children's rights in Dar Es Salaam, Tanzania. *Archives of Current Research International*, 17(1), 1–10. <https://doi.org/10.9734/acri/2019/v17i130099>
- Cooke, E., Hague, S., & McKay, A. (2016). *The Ghana poverty and inequality report: using the 6th Ghana living standards survey*. <https://www.unicef.org/ghana/media/531/file/The%20Ghana%20Poverty%20and%20Inequality%20Report.pdf>
- Cumber, S. N., & Tsoka-Gwegweni, J. M. (2015). The health profile of street children in Africa: A literature review. *Journal of Public Health in Africa*, 6. <https://doi.org/10.4081/jphia.2015.566>
- Dabir, N., & Athale, N. (2011). *From street to hope: Faith based and secular programs in Los Angeles, Mumbai and Nairobi for street living children*. Sage. <https://dx.doi.org/10.4135/9788132107651>
- Dankyi, E., & Huang, K. Y. (2022). Street children in Ghana's golden triangle cities: Mental health needs and associated risks. *Child Psychiatry & Human Development*, 53(5), 840–851. <https://doi.org/10.1007/s10578-021-01216-4>
- de Brito, A. (2014). *Street children and the implementation of child protection regulations: comparing Brazil and South Africa*. Linneaus University: Faculty of Social Sciences. <http://lnu.diva-ortal.org/smash/get/diva2:748332/FULLTEXT01.pdf>
- De Moura, S. (2002). The social construction of street children: Configuration and implications. *British Journal of Social Work*, 32, 353. <https://www.jstor.org/stable/23716805>
- Department of Social Welfare, Ricerca e Cooperazione, Catholic Action for Street Children & Street Girls Aid. (2011). *Census on street children in the greater Accra region, Ghana*. [https://bettercarenetwork.org/sites/default/files/2020-12/census\\_street\\_childern\\_in\\_accra.pdf](https://bettercarenetwork.org/sites/default/files/2020-12/census_street_childern_in_accra.pdf)
- Esping-Andersen, G. (1990). *The three worlds of welfare capitalism*. Princeton University Press.
- Foucault, M. (1980). *Power/knowledge: Selected interviews and other writings*. Pantheon Books.
- Freeman, M. (2007). *A commentary on the United Nations Convention on the Rights of the Child, article 3: The best interests of the child*. Brill.
- Gayapersad, A., Embleton, L., Shah, P. P., Kiptui, R., Ayuku, D., & Braitstein, P. (2020). Using a sociological conceptualization of stigma to explore the social processes of stigma and discrimination of children in street situations in western Kenya. *Child Abuse & Neglect*, 104803. <https://doi.org/10.1016/j.chiabu.2020.104803>
- Ghana Statistical Service. (2021). *Ghana 2021 population and housing census. General report volume 3a*. [https://statsghana.gov.gh/gssmain/fileUpload/pressrelease/2021%20PHC%20General%20Report%20Vol%203A\\_Population%20of%20Regions%20and%20Districts\\_181121.pdf](https://statsghana.gov.gh/gssmain/fileUpload/pressrelease/2021%20PHC%20General%20Report%20Vol%203A_Population%20of%20Regions%20and%20Districts_181121.pdf)
- Hair, H. J. (2014). Power relations in supervision: Preferred practices according to social workers. *Families in Society*, 95(2), 107–114. <https://doi.org/10.1606/1044-3894.2014.95.14>
- Honneth, A. (2018). *The struggle for recognition the moral grammar of social conflicts*. John Wiley and Sons.
- Houston, S. (2016). Empowering the shamed self: Recognition and critical social work. *Journal of Social Work*, 16(1), 3–21. <https://doi.org/10.1177/1468017314566789>
- International Federation of Social Workers. (2012). *The ethics of social work: Statement of principles*. <https://ifsw.org/policies/the-ethics-of-social-work-statement-of-principles/>
- Jahan, A. & Rahman, M. (2016). Media and social work. *International Journal of Science and Research*, 5(8). <https://www.ijsr.net/archive/v5i8/ART2016690.pdf>
- Joseph, R. (2020). The theory of empowerment: A critical analysis with the theory evaluation scale. *Journal of Human Behaviour in the Social Environment*, 30(2), 138–157. <https://doi.org/10.1080/10911359.2019.1660294>
- Joseph Rowntree Foundation. (2008). *The media, poverty and public opinion in the UK*. <https://www.jrf.org.uk/report/media-poverty-and-public-opinion-uk>



- Juul, S. (2009). Recognition and judgement in social work. *European Journal of Social Work*, 12, 403–417. <https://doi.org/10.1080/13691450902981418>
- Juul, S. (2013). *Solidarity in individualized societies: Recognition, justice and good judgement*. Routledge.
- Kam, P. K. (2021). Strengthening the empowerment approach in social work practice: An EPS model. *Journal of Social Work*, 21(3), 329–352. <https://doi.org/10.1177/1468017320911348>
- Larsen, C. A. (2008). The institutional logic of welfare attitudes: How welfare regimes influence public support. *Comparative Political Studies*, 41, 145–168. <http://cps.sagepub.com/content/41/2/145.full.pdf+html>
- Larsen, C. A. (2008). The political logic of labour market reforms and popular images of target groups. *Journal of European Social Policy*, 18(1), 50–63. <https://doi.org/10.1177%2F0958928707084451>
- Larsen, C. A., & Dejgaard, T. E. (2013). The institutional logic of images of the poor and welfare recipients. A comparative study of British, Swedish and Danish newspapers. *Journal of European Social Policy*, 23(3), 287–299. <http://esp.sagepub.com/content/23/3/287.full.pdf+html>
- Laverack G. (2019). *Public health: power empowerment and professional practice* (4th ed.). Red Globe Press.
- McFadden, J. B. (2010). *Understanding media and culture: An introduction to mass communication*. University of Minnesota Libraries Publishing. <https://www2.palomar.edu/users/lpayn/115/GC115-Understanding-Media-and-Culture-An-Introduction-to-Mass-Communication.pdf>
- McLaren, H. J. (2007). Exploring the ethics of forewarning: Social workers, confidentiality and potential child abuse disclosures. *Ethics and Social Welfare*, 1, 22–40. <https://doi.org/10.1080/17496530701237159>
- Mensah, R. O. (2022). Ghana's constitutional evolution since 1960: A comparative analysis of the country's equality and anti-discrimination legal provisions. *E-Journal of Humanities, Arts and Social Sciences*. <https://doi.org/10.38159/ehass.2022371>
- Merriam S. B., & Tisdell E. J. (2016). *Qualitative research: A guide to design and implementation* (4th ed.). John Wiley & Sons.
- Nieminen, E. (2010). *The street children situation in Tamale, Ghana* [Unpublished bachelor's thesis]. Diaconia University of Applied Sciences. <http://www.theseus.fi/handle/10024/14980>
- Oorschot, W. V. (2000). Who should get what, and why? On deservingness criteria and the conditionality of solidarity among the public. *Policy and Politics*, 28, 33–48. <https://pure.uvt.nl/ws/portalfiles/portal/388335/whoshould.pdf>
- Opong Asante, K. (2016). Street children and adolescents in Ghana: A qualitative study of trajectory and behavioural experiences of homelessness. *Global Social Welfare*, 3, 33–43. <https://doi.org/10.1007/s40609-015-0039-8>
- Orme, J., & Seipel, M. M. O. (2007). Survival strategies of street children in Ghana: A qualitative study. *International Social Work*, 50(4), 489–499. <https://doi.org/10.1177%2F0020872807077909>
- Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., & Brennan, S. E. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *Journal of Clinical Epidemiology*, 178–189. <https://doi.org/10.1016/j.jclinepi.2021.03.001>
- Quarshie, B. N. B. (2011). *Public's perceptions of the phenomenon of street children: A qualitative study of students and shopkeepers in Accra, Ghana* [Unpublished master's thesis]. Norwegian University of Science and Technology. [https://www.researchgate.net/publication/308606611\\_Public%27s\\_Perceptions\\_of\\_the\\_Phenomenon\\_of\\_Street\\_children\\_A\\_Qualitative\\_Study\\_of\\_Students\\_and\\_Shopkeepers\\_in\\_Accra\\_Ghana](https://www.researchgate.net/publication/308606611_Public%27s_Perceptions_of_the_Phenomenon_of_Street_children_A_Qualitative_Study_of_Students_and_Shopkeepers_in_Accra_Ghana)
- Reamer, F. G. (2018). *Social work values and ethics*. Columbia University Press.
- Saar-Heiman, Y. (2022). Power with and power over: Social workers' reflections on their use of power when talking with parents about child welfare concerns. *Children and Youth Services Review*. <https://doi.org/10.1016/j.childyouth.2022.106776>
- Sakamoto, I., & Pitner, R. O. (2005). Use of critical consciousness in anti-oppressive social work practice: Disentangling power dynamics at personal and structural levels. *British Journal of Social Work*, 35, 435–452. <http://www.jstor.org/stable/23720657>
- Shorthouse, R., & Kirkby, D. (2014). *Give and take: How conservatives think about welfare*. <https://brightblue.org.uk/wp-content/uploads/2017/03/Giveandtake.pdf>
- Tawfik, G. M., Dila, K. A. S., Mohamed, M. Y. F., Tam, D. N. H. Kien, N. D., Ahmed, A. M., & Huy, N. T. (2019). A step-by-step guide for conducting a systematic review and meta-analysis with simulation data. *Tropical Medicine and Health*, 1–9. <https://doi.org/10.1186/s41182-019-0165-6>
- Tew, J. (2006). Understanding power and powerlessness: Towards a framework for emancipatory practice in social work. *Journal of Social Work*, 6, 33–52. <https://doi.org/10.1177%2F1468017306062222>
- Tettegah, C. A. N. (2012). *Streetism or living in the street, an emerging phenomenon as a way of life in developing countries, a case study of children living on the streets of Ghana* [Unpublished doctoral dissertation]. University of Nottingham. <http://eprints.nottingham.ac.uk/13703/1/575417.pdf>
- Whittaker, A., & Taylor, J. (2018). Professional judgement and decision-making in social work: An introduction. *Journal of Social Work Practice*, 32(2), 113–116. <https://doi.org/10.1080/02650533.2018.1462780>
- Wilkinson, R., & Pickett, K. (2009). *The spirit level: Why equality is better for everyone*. Penguin.
- World Data Lab. (2021). Number of people living in extreme poverty in Ghana from 2016 to 2021, by area (in 1,000s). *Statista*. <https://www.statista.com/statistics/1245342/number-of-people-living-in-extreme-poverty-in-ghana-by-area/>
- Xiao Y., & Watson M. (2019). Guidance on conducting a systematic literature review. *Journal of Planning Education and Research*, 93–112. <https://doi.org/10.1177/0739456X17723971>

# Social workers and their understanding of neoliberalism, advocacy, and othering

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## ABSTRACT

**INTRODUCTION:** As part of advocating for clients, it is a requirement for social workers to understand structures and power bases which sustain social injustices. This article summarises a study which aimed to understand how neoliberalism affected the ability of social workers to provide support and advocacy to disadvantaged people.

**METHODS:** This article reports on the findings of a qualitative-exploratory study. The data were collected via eight semi-structured interviews with social workers in Aotearoa New Zealand; data were analysed thematically.

**FINDINGS:** A key finding of the research was that social workers have limited understanding of neoliberalism, are placing themselves at risk of sustaining neoliberalism, and are engaging in "othering" discourses towards their clients.

**CONCLUSION:** The research illustrates the presence of neoliberalism, evidenced through increased compliance and standardisation of social work practice. A neoliberal blindness paradox exists; social workers are frustrated that neoliberalism impacts their work but place neoliberal messaging on their clients when encountering structural injustice. Social workers identify change as possible within their local communities but require greater leadership to engage in this advocacy. Further research into social workers' understanding of neoliberalism and how this affects their worldview would offer further insight into their capacity to engage in social change.

**Keywords:** Advocacy; neoliberalism; othering; ethical responsibilities

This article is based on a Master of Arts (Social Policy) research project which explored how neoliberalism impacts on social workers' abilities to provide support and advocacy to disadvantaged families and give voice to their experiences practising in a neoliberal environment. The goals of the study were to: (1) understand community-based social workers' views about risk and vulnerability; (2) gain insight into how the focus on risk and vulnerability has changed community-based social workers' practice;

(3) explore community-based social workers' understanding of their roles as advocates; and (4) discuss opportunities for community-based social workers to act as advocates to enhance their services for disadvantaged families. To note, there was a deliberate decision made at the start of this research to focus on social work advocacy without drawing on issues impacting on Māori. Colonisation has produced many adverse wellbeing concerns for Māori and now neoliberalism has shaped societal thinking

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into blaming Māori for being marginalised and vulnerable (Henrickson, 2022). These unique implications for Māori warrant a distinct study, though this research lays the conceptual groundwork for further exposition.

This article reviews literature about neoliberal discourses in social work, noting the dominance of individual social work practice within heavily managerialist workplaces. There is a brief discussion of the methodology and methods used in the qualitative-exploratory approach, including thematic analysis of the participant accounts using Braun and Clarke's (2022) six-phase process. The findings are presented before engaging with the existing literature to offer new insights, revealing a neoliberal blindness paradox within participant narratives.

In Aotearoa New Zealand, neoliberalism has shaped the social policies within which social workers engage. In the last decade, this saw the introduction of the fifth National-led government's social Investment programme to reduce future liabilities, which included reducing social welfare spending by targeting those beneficiaries identified as being the biggest drain on welfare expenditure, and moving them into employment (Baker & Cooper, 2018). The social investment programme also resulted in community services purchasing outcomes and requiring evidence of the service's effectiveness. The nature of outcomes-focused contracts meant that community services had to operate in uncertainty regarding long-term planning for the provision of support and workplace development (Boston & Gill, 2017).

The Aotearoa New Zealand Association of Social Workers Code of Ethics (ANZASW) defines advocacy as a process which seeks to influence social, economic, and political systems (2017). Advocacy is a requisite for social workers, with the Social Workers Registration Board (2020) requiring social

workers to advocate for social and economic justice and to understand the structural causes of injustice. However, neoliberalism requires impoverished people to move themselves out of poverty through hard work. It then comes down to a choice of individual self-interest if one wants to improve their own living standards (Stanley-Clarke, 2016). Social workers therefore need to direct their advocacy towards persuading the powerful to change their response towards an issue in a way that empowers their client (Wilks, 2012). Hyslop and Keddell (2018) described how society saw these individuals, who have not taken responsibility for their lives and have used government support, as "other" people; those who have less character than hard-working New Zealanders. Othering has been defined as a process of alienation of "a person we do not wish to be and will never be" (Krumer-Nevo & Sidi, 2012, p. 300). Krumer-Nevo and Sidi (2012) outlined a sociological process in which othering is achieved through the establishment of stereotypes, isolation of behaviour from the context in which it exists as a way to remove reasoning for behavioural choices, historical factors are ignored, and the imposition of a narrative which appears to be self-evident. How is it, then, that social workers advocate for their clients within this context?

### **Neoliberal discourses in social work**

Neoliberalism has created a new social ontology, a discourse which has established seemingly self-evident truths and, as such, "neoliberalism has become the water in which we swim" (Wilson, 2017, p. 50). Since neoliberalism became the dominant governing ideology in the late 1980s, shifts in policy have drawn social workers away from practice which redefines people as affected by structural injustices towards seeing individuals who have made poor choices as needing to make better choices (Ferguson et al., 2018). This reframing of personal responsibility occurred alongside a change of focus in social work practice from

the community as a source of engagement towards a greater value on engaging one-to-one with individuals (McCarten et al., 2018). This turn to individualised work saw social work dominated by evidence-based clinical approaches that preference dispassionate social workers. Within this paradigm, social workers often ignored economic and social system root causes in favour of seeing families as damaged individuals needing treatment to achieve measurable outcomes (Hyslop, 2017). With the rise in empowerment as a social work practice, the accompanying commitment towards client self-determination helped to sustain the individualism paradigm (Payne, 2014). Of concern, Conneely and Garrett (2015) have suggested that making clients more comfortable in uncomfortable environments has replaced the social justice goals of social work.

Social workers now struggle to maintain empathetic practice as a result of neoliberalism pervading workplaces via “managerialism” (Lavee & Strier, 2018). Managerialism included increases in demand, increased intensity of workloads, the loss of autonomy, as well as significantly more social workers feeling demoralised and reaching burnout (for example, see Hendrix et al., 2021). This influence resulted in social workers experiencing emotional turmoil in the course of their work, leaving social workers feeling like they are battling against their workplace. Consequently, these factors led to social workers losing compassion for their clients; a protective mechanism that saw a rise in increasingly moralistic judgements from emotionally dissonant social workers resulting in the othering of clients (Lavee & Strier, 2018).

Despite working in a neoliberal context, social workers can engage in ethical practice through empowerment practice and social advocacy, guided by social justice principles (Boone et al., 2020; Joseph, 2019). Empowerment practice requires the social workers not to cast blame on individuals if they fail; however, it also

explores the utilisation of principles of personal responsibility and self-sufficiency (Payne, 2014). Of note, O’Brien (2013, 2016) contended that these principles increase the risk of social workers perpetuating neoliberalism’s influence on social work, given neoliberalism also prioritises personal responsibility and self-sufficiency.

Research has shown that many social workers see the social advocacy dimension of social work as significantly less important than the dominant individual reflexive-therapeutic approach to social work (Houston, 2016). In some cases, social workers have narrowed their social justice focus to the individual level and are seeking more immediate change within the client’s community, rather than larger structural issues (O’Brien, 2010). Further, this localised advocacy involved social workers engaging in normative judgements that favour client narratives and worker morality above rules and legal requirements (Musheno & Maynard-Moody, 2015). Social workers have also managed to resist managerial demands and a structured focus on risk, and they have proven to be resilient in the face of these demands (Ferguson, 2008; Hyslop, 2017).

Here the abundance of literature has demonstrated that neoliberalism has significantly altered the way society thinks of those in need of social support. At the same time, neoliberalism has impacted the management of social work workplaces and the experiences of social workers within their workplaces. Despite these concerns, the literature also offers ways in which social workers can navigate these concerns and engage in advocacy for their clients.

### Methodology and methods

This qualitative exploratory study employed purposive sampling for the participant selection via the ANZASW’s Research Participation Invitation system. Purposive sampling involves the researcher naming certain aspects of the population which would be of benefit for the study (Patton,

2015). Here the criteria were community-based social workers with a social work qualification with at least five years of practice experience since 2009 in Aotearoa New Zealand. The research data were collected via semi-structured interviews over Zoom. Eight participants were selected as they responded to the research advertisement and met the inclusion criteria. The participants were based in various locations around Aotearoa New Zealand and had diverse, community-based social work experiences in the child welfare, foster care, sexual behaviour, health, mental health, disability, and family harm sectors.

The interviews comprised a mix of theoretical and experiential questions. The topics covered in the interview included views about poverty, risk/vulnerability labels, the role of political ideologies in social work practice, and what they understood with respect to neoliberalism. Interviews were completed during January and February 2020, were audio recorded using Zoom software; the narratives were transcribed and returned to participants for comment and correction. The researcher thematically analysed the data to generate an understanding of participant experiences and meaning through coding of data, production of themes, and then further refinement of themes from the participant narratives (Braun & Clarke, 2022). Four main themes were developed: (1) participants understand structural injustices and stigma associated with poverty; (2) opportunities for advocacy in compliance-driven workplaces; (3) individual social work dominates participants' practice; and (4) social advocacy in local communities is a preference to address structural issues.

The research is subject to several limitations. The research uses a small sample size to generate themes and there is subjectivity within the participant narratives; however, findings may have a broader application (Trochim et al., 2016). The findings offer proximal similarity when looking at other

experiences of social workers engaging with clients in a neoliberal context in Aotearoa New Zealand. The research contributes to knowledge building about social worker understanding of neoliberalism, the value social workers hold for ideological influences in general, and the capacity and willingness to engage in advocacy for their clients.

## Results

The participant interviews generated narratives from a tension-filled working environment impacted by bureaucracy and managerialism. Each of the participants were aware of societal injustices and the link to impoverishment of their clients. The participants witnessed societal stigma about this and could also describe their professional colleagues (and in some cases, themselves) engaging in othering. A surprising finding was that the participants had little understanding of neoliberalism and did not hold any considerable value to understanding ideology as part of their practice. The results also show social workers were practising at an individual level via empowerment practice with some examples of advocacy, but when pressed to think about clients' futures felt solutions needed to come through macro social change. The following themes derived from the participant narratives are presented below.

### *Awareness of societal injustices*

The participant narratives demonstrate their awareness of the need for social advocacy due to structural injustices. Participants unanimously agreed that there was significant societal unfairness in Aotearoa New Zealand and were readily able to discuss the causes of poverty and the impact of living in impoverished homes. Amy recalled her experiences of the overwhelming effects of poverty on the families she worked with, "they've had one shit thing after another shit thing happen to them and they can't find their feet". Participants



regularly talked about the emotional strain of living in an impoverished situation. Ida spoke of “a sense of hopelessness, a sense of discrimination, not being listened to, being judged”, with Elizabeth noting that, “people start to operate from a place of fear rather than a place of security”.

Most participants demonstrated a degree of empathy. Jodie talked about the emotional difficulty she felt in trying to have families reconsider choices which would have compounded their situation. Hinetau spoke from personal experience by reflecting that: “myself and my partner have fulltime work. We both get paid well. However, we haven’t climbed the ladder, so how can people that get nothing step up a step?” Anne and Jodie acknowledged that they had experienced times when they had made poor financial or behavioural choices. Amy also offered insight into how oppression can impact on people:

I can do that [be relentless] on behalf of somebody else ‘cause I have righteous anger behind me, but when it’s for myself and I’m being told “no, you’re not really worth it, nah, that was your own fault anyway”, of course you get dejected, and you give up.

Here the findings show that participants were able to clearly demonstrate their awareness of the structural injustices in society, including the negative consequences of poverty, framed within empathetic responses to the plight of people experiencing poverty.

### ***Societal stigma***

The participants were aware of societal stigma towards their clients. Robyn explained that Aotearoa New Zealand had suffered because there is now less tolerance of people and society had become quick to blame less fortunate people. Helena was concerned that society views impoverished families “as not being worthy and they’re

being brushed with this idea that they’re just not trying”. Two of the participants raised the propagation of the othering discourse in the media. Elizabeth saw that “it’s kind of rampant in the media, so there’s that discourse out in our communities that people ought to blame”. Several participants expressed concern about the level of societal apathy. Amy offered the view that, “unless people who are okay, understand, have some kind of concept of the [dysfunction] of the system, they’re not going to be able to see it”. Jodie hoped that people would be more supportive of people in impoverished situations but was concerned this would not eventuate because of the popular view that “everyone in New Zealand is treated equal, we get all the same chances”.

Elizabeth was the only participant who thought that the social work profession had an engrained blaming discourse, “I think people got really categorised and judged a lot ... I certainly saw in practice, social workers judging families who were deemed at risk.” Two other participants also expressed similar views when reflecting opinions that some families ought to be responsible for their circumstances. One participant expressed considerable frustration about a challenging family she had worked with. This participant showed considerable frustration about parents who spent their money drinking for days on end, leaving their children little food or clothing. Furthermore, she expressed annoyance at the parents wanting financial assistance for their children, arguing that the parents’ requests for support should be declined until they stopped their excessive drinking.

The participants noticed the presence of concerning attitudes in other helping professions. Anne spoke of her concerns when, “you have to listen to people [professionals] saying, ‘oh my god, why doesn’t she just do some budgeting’ or whatever it is. It’s like [the cause of poverty are] well beyond that”. Several participants also recalled how professionals limited their efforts for families they saw

as undeserving. Helena noted that within interagency meetings, “they described this family, ‘haven’t really worked hard enough, haven’t tried hard enough to change their situation, and so don’t put any time into that family. Don’t bother meeting with that family’”. Ida recounted, “they haven’t really done anything for the family, other than they make judgements on them. They say, ‘she’s a useless mother, she’s got an alcohol problem’”.

### ***Social worker understanding of ideology and neoliberalism***

Half of the participants believed that understanding ideology was necessary as part of their work. Of those, however, Hinetau saw the importance, but immediate concerns overburdened her to pay any attention to ideology in her daily practice. Also, Elizabeth’s position had changed over her career as a response to her experiences, which eventually saw her be mistrustful of government messaging. Therefore, the sense of disenfranchisement expressed by Elizabeth and Hinetau meant that only two of the participants expressed an unambiguous value of understanding ideology. The other half of the participants found little value in understanding ideology. Jodie, for example, thought, “they’re [political ideologies] all pretty much the same if you ask me. I like to think they’re different, but on the ground, I don’t see it”. While all the participants had heard of neoliberalism as a governing ideology, it was surprising that only one of the participants expressed value in understanding political ideologies as part of their work *and* could discuss a working knowledge of neoliberalism.

All the participants expressed views that suggested they knew neoliberalism to be of concern. Helena suggested neoliberalism was a flawed bureaucratic process, “[that is about] finding a way to be accountable for the strange work of the social worker, because we do strange work. It’s very hard to say how much of it is going to go

into helping a family”. When asked about risk and vulnerability labels, four of the participants expressed clear opinions against the usefulness or appropriateness of these terms. Perspectives included a link back to societal blame:

It speaks of the other... We class somebody else who’s not with us, as vulnerable or at risk. It makes us feel better. I’m not a fan of the term. It’s comfortable for some people to think that people who are in poverty are there by their own fault, or their own misdeeds, or their own doings. (Jodie)

In alignment with Jodie, Elizabeth explained, “my concern was that people get labelled and then really stuck with that and blamed for the circumstances they were in”. Two participants accepted that the terms were necessary. Ida noted that, “I don’t like labels per se, but I think there are some very vulnerable families and very at risk families”. Another two participants expressed that, while hearing “at risk” and “vulnerable” as classification terms, they had not considered what that might mean for their practice.

### ***Bureaucracy and managerialism***

All the participants believed that the nature of their practice had greater levels of bureaucratic requirements than at the start of their careers. These issues included increased administrative work, a focus on contractual priorities, and increased compliance. Hinetau succinctly reflected her view that, “unfortunately paperwork has taken priority over people, so the [greater] percentage is behind the desk”. She expressed frustration about the increased compliance issues with the contract requirements:

We’re supposed to be getting people to engage, because if people don’t engage, they’re not going to change ... getting them to tick boxes? I’ve never convinced a murderer to give up their murdering ways by getting them to tick boxes.

With the increased bureaucracy some of the participants expressed concern about accountability towards policy compliance. Amy acknowledged that she had performed actions that she did not necessarily believe in, “to protect my own ass”. Hinetau had a similar view, commenting that, “this paper trail of nothing that takes the whole day ... it’s a matter of having to keep myself safe, rather than fighting against it”. In contrast, Ida spoke of occasions where she refused to complete tasks that she did not think were right for her clients, and in one account this resulted in, “a supervisor actually chased me through the corridor saying, ‘you come back here, and you do as you’re told, I’m ordering you to do that!’”. There was also a simple but stark account where one manager openly told the participant that she could not work with a family because “they’re only a drain on it [because they did not fit into contract eligibility]” (Helena).

Half of the participants recalled times when, to achieve a necessary outcome, they had actively breached workplace regulations. Three participants talked about manipulating funding requirements to achieve the desired outcome of better service support. They rationalised this behaviour as “not doing anything so terrible” (Amy), “innovative and taking initiative ... nothing majorly illegal, just seeing a need” (Elizabeth), and “I would never do anything really wildly overt, but I’m a bit subversive at the edges” (Anne). The other participants believed that following the rules was a necessary part of being safe. Helena detailed a process where she would work through challenges with her external supervisor to ensure she kept an ethical position while being able to work in an organisation. Elizabeth provided a warning to social workers about the challenge of being able to advocate for their clients:

... the reality of stepping into a role in the organisation, the purpose of the organisation, the values and policies or organisation, don’t actually call for

working around social justice. They call for treating, treating families ... it’s about fixing them up because there’s something wrong.

It might not be surprising that social workers have experienced increased administrative and compliance requirements in their work; however, it is concerning that they face ethical issues when having to circumvent workplace rules to achieve what they thought was the right social work decision.

### ***Advocacy and empowerment***

All the participants were able to recall at least one instance of a supportive manager who encouraged advocacy. Amy talked of “a real culture of advocacy ... it had that sort of slightly renegade ‘two women in a truck and off you go’ ... incredible and it felt compatible with what I believed”. Jodie spoke of a manager who “experiences the same frustrations we do ... she’s going to try and advocate for us, advocating for our families”. Helena recalled a manager who had shared values around working in the community to effect change: “she was unique, and I knew that at the time, and I always thought, ‘take that’, because it’s not going to last forever”. Hinetau reflected that “I have a manager who is amazing. We have a Māori kaupapa, but he actually lives it”.

Participants described individual advocacy as a significant part of their social work. When asked about examples of advocacy, common participant responses focused on personal empowerment of families. Hinetau noticed that in one case, “their self-confidence and self-worth started to grow ... they started taking pride in themselves because they had a purpose”. Other participants commented: “the change needs to come from within. I think by encouraging them and highlighting the strengths that they’ve got ... you support them in that, and you point them in the right direction” (Ida). For Elizabeth it was about “their own kind of self-respect, self-esteem, and what

was possible for them ... so really changing their own view of their circumstance". There were examples of advocacy for the rights of the client against the face of professional othering. Robyn noted that in these professional meetings she was able to, "sit and stay true to this individual, whose voice should be paramount".

When discussing the utility of macro advocacy in their work, all the participants recognised the need to address systemic issues, however all but one struggled to recall examples of macro advocacy. Jodie's articulation of a key principle of social work is representative of the common response by participants, "when you look at the situation, you assess it across the systems lens ... who plays what role in where this person is". It was Amy who reflected on the utility of social work advocacy at the micro and macro levels. For her, making change at an individual level was meaningful but incomplete—however advocacy at the macro level lacked meaning:

I went from being a grassroots activist ... to being at [workplace] where I could see the change that I was making to that one family, one at a time ... With the first one [macro advocacy] I had somewhere for the anger, but I never got a sense of anything changing. With this, I could see a whole lot of change, but I wasn't doing anything about the overall injustice. (Amy)

### ***A vision for the future***

Interestingly, there was agreement that, if the uninformed majority of Aotearoa New Zealand could understand poverty, then a more supportive society might appear. Anne and Elizabeth each shared an example of how engaging local communities around poverty has created opportunities for community-based support:

It's been a real eye opener for those teams, they get as much out of it as the

clients... they've often gone back and debriefed with the team leader and talked about how they hadn't realised what it was like for some people. They're always eager to get involved again. (Anne)

I know that people have been sometimes shocked when I've shared things with them. They want to know, people fundamentally, actually want to make a difference for their people. People are in their worlds... people maybe don't want to know, but when they do know, they want to help, they want to have their communities work. (Elizabeth)

The findings revealed that the participants understood that their clients were not at fault for their impoverishment even though society blames them for this. The participants described challenging workplaces within which they practise, but also were proud of successes they achieved with their clients. Most participants wanted devolution of decision-making to communities where clients could have hope instilled and to gain self-reliance.

There are opportunities which arose from the participants' narratives. Their accounts of working with impoverished situations showed that social workers understand the structural causes of poverty, the loss of opportunities, and the lack of hope that can exist in those homes. Within these accounts, the participants were able to show empathy about the devastating consequences of poverty and the emotional strain families endure. In part, despite the othering seen in the participants' own narratives, this understanding includes the experiences of othering engaged by other helping professions and society. This insight offers a small step towards social action via their capacity and opportunity to challenge this othering by their social service sector colleagues. These issues are deeply socialised, however, social workers can push back on othering practices by challenging these interactions on a case-by-case basis. This action is happening, as Elizabeth



noted advocating “to shift people’s, other professionals’, thinking around that family”. Being critical of social norms and practices in the interagency meetings is where social work advocacy can make immediate change.

The findings show that social workers have a good understanding of structural injustices but are not engaging ideological perspectives to further analyse what these injustices means for their practice. The participants demonstrated an awareness of an ingrained blaming culture within society and their colleagues, however at times they engaged in this behaviour themselves. Within this context, social workers are finding ways to engage in individual-level advocacy for their clients. The following section discusses how these findings impact on the ability of social workers to provide support and advocacy to disadvantaged families.

## Discussion

### *Neoliberalisation of social work practice*

Research has shown that neoliberal managerial practices prioritise obtaining measurable outcomes to achieve centrally set targets in the most cost-effective way possible (Döbl & Ross, 2013; Sawyers, 2016). Supporting available literature (for example, Morley, 2022), the results of the study show that social work is increasingly compliance driven, compelling the prioritisation of collecting data requirements and a loss of control of local priorities. All the participants recognised that management and contract requirements had negatively affected their ability to advocate for their clients. Helena’s explanation of ticking boxes at the expense of engagement, or Anne noting the constant presence of needing to promote government-funded programmes to ensure continued funding of services, are real frustrations arising from compliance-driven practice. More than anything else, the participants’ experiences reinforced other research (Ferguson, 2008; Hyslop, 2017) which points

to increasing opposition and dissatisfaction with the increased compliance and its effect on social work advocacy. While social workers are experiencing these frustrations in their daily work, the participants showed a limited understanding of how or why neoliberalism is affecting their experiences and the nature of their work.

An unanticipated finding was that only half of the participants saw utility in understanding the ideology of the government of the day. There is no readily available local research about social worker understanding of neoliberalism or political ideology in general—as opposed to research about social workers’ political views (for example, Duarte, 2017). Some participants had difficulty in describing what the characteristics and impacts of neoliberalism might look like. Only one participant valued understanding ideology as a tool for social change. This is a critical issue, as social worker indifference—or lack of value assigned to understanding neoliberalism—reinforces dominant social structures (Galbin, 2014). The inability of social workers to understand neoliberalism raises serious ethical and competence issues. With most of the participants unable to articulate the basic tenets of neoliberalism (and only half stated a view which valued the importance in understanding ideology as part of their work), there is also the concern that social workers are at risk of failing to fulfil their code of ethics by not publicly challenging and working against neoliberalism (for example, Russell, 2017; Spolander et al., 2016). Most participants had a sense that neoliberalism and labels were contrary to social work values but struggled to think beyond or outside hegemonic discourse as demanded in the literature (for example, Fenton, 2018; Gair, 2018). Demonstrating some concern about neoliberalism, half of the participants believed that the use of at risk and vulnerable labels were inappropriate and as a contributor to the othering discourse.



Of consequence, this research found that some social workers occasionally engaged in othering of clients. The literature notes that an increasing number of social workers engage in othering behaviour, with new social workers struggling to have critical views of neoliberalism (Brockmann & Garrett, 2022). This research supports that finding with two of the participants' narratives showed signs of othering discourses. Further, Elizabeth saw othering discourses from social workers while speaking of seeing social workers assign a risk discourse on families due to being in impoverished homes, rather than any action or omission causing harm. In addition to social workers, participants had observed widespread othering of clients from professional colleagues. This supports the literature which indicates that distress and othering behaviour by social workers mirrors other helping professions, including midwives, teachers, and nurses (for example, McCabe, 2016; Nilsen et al., 2017; Roberts & Schiavenato, 2017).

As a starting point, social workers need to critically reflect on why the neoliberal labels hold so much power in their everyday work. Such a position empowers social workers to challenge othering discourses in society (and within the helping professions) and to begin systemic change (Joseph, 2019; McCarten et al., 2018). Recognising that half of the participants did not name neoliberal labels as priorities, there is an opportunity to increase levels of critical reflection so that social workers can heed this call. This may need to start at the beginning of a social worker's career, with Beddoe and Keddell (2016) arguing for the deconstruction of social work students' belief systems because of them growing up in a neoliberal environment. As a foundation, social workers must be able to clearly articulate what neoliberalism is if social workers are to resist the challenges to social work and to advocate for their clients (Morley et al., 2019). The increased use of informed supervisory practice would be of significant

value; however, supervisors must have conceptual interpretive reasoning of the wider socio-political environment (including dominant discourses and oppressive structures) as part of a set of competent supervision skills. This contributes an understanding of theories, frameworks, and principles which make sense of the social worker's experiences (Rankine, 2021).

### ***Social worker advocacy and a neoliberal blindness paradox***

Despite the prevalence of neoliberal discourse, social workers are wanting to meet the needs of clients. However, they are working at an individual level in a way which reinforces neoliberal messaging of self-responsibility and personal initiative (see Brockmann & Garrett, 2022). Here, then, is a *neoliberal blindness paradox* where the research observed social workers' reported frustrations about social structures shaped by neoliberalism affecting work, but then expected their clients to have hope, personal initiative, and to be more resilient when encountering structural injustice.

This micro-level advocacy was based around personal empowerment and giving people a sense of hope. Participant accounts were abundant with neoliberal messages about change needing to come from within, pointing people in the right direction, and finding their own means to change their situation. This research supports McCarten et al. (2018) and O'Brien's (2010) argument that the personal responsibility agenda which neoliberalism promotes has influenced the pursuit of social justice to shift from a macro to a micro focus. Further, there are concerns about the trend towards individualisation, with the construction of social work practice now based on what the individual client believes the problem to be (Houston, 2016). The concern here is that Lukes' (2005) argument that the powerful can control people to believe in something

even if it is against their best interests, also exists in people living in impoverished situations. With the shift in societal attitudes to centre on self-responsibility, freedom, and personal initiative, clients are now using neoliberal messages to present themselves as worthy, but in doing so neglect their own needs (Lavee, 2022; Woolford & Nelund, 2013). As such, social workers need to be aware that clients might often express or act in ways based on the pervasive normalisation of those self-evident goods of individual responsibility and self-sufficiency.

When enabled by their workplace, there were accounts where the social service and the social worker had the opportunities to advocate at the micro level. There were also instances where the manager would advocate for the social workers to expand the scope of their advocacy. The participant narratives mirrored the literature which regarded a supportive manager as one whom understands social structures and the need for relational engagement, rather than simply providing a service (Payne, 2009). All participants had experienced a supportive manager and described this as being someone that shared the same social justice outlook as themselves. Within this environment, the participants talked of a sense of enjoyment and freedom to collaborate in advocacy for their families. Studies have noted that compliance-based management in community and statutory settings have negatively affected social worker wellbeing (for example, Abramovitz & Zelnick, 2012; Lavee & Strier, 2018). Lavee and Strier (2018) noted that institutional abuse (increasingly high caseloads with limited means, guidance, or emotional support from their workplaces) was a significant factor which limits social workers' ability to have empathetic practice. Indeed, they found that the participants' daily struggle within their own workplaces was of more significance than difficulties arising from engagements with their clients.

In this study, there were accounts of negative experiences of poor management, consistent with the literature (for example, Hendrix et al., 2021). Several participants were satisfied they met their ethical requirements by raising issues and then moving on to other demands. Others spoke about the frustration about carrying out activities to protect themselves against bureaucratic consequences which did not fit comfortably with them. Hinetau recalled her frustration in completing a "paper trail of nothing" that she saw as pointless but did so to avoid any employment issues. Amy, too, spoke of having to do things she saw little value in, but did if only "to protect my own ass". The participants' limited discretion seems bound by what Musheno and Maynard-Moody (2015) described as social workers' feeling of duty to comply with their service regulations. However, social workers have agency to decide how to implement their workplace practice requirements (Lipsky, 2010; Mitendorf & Ewijk, 2019). Indeed, the social work literature notes that social workers have started constructing subversive strategies to meet clients' needs, and the participants' accounts reflect the claim that this advocacy is very much present at the micro level (Schietecat et al., 2018).

In reviewing the literature there was discussion about the need for social workers to inform society about othering, the impact of poverty, and other social injustices (Joseph, 2019; McCarten et al., 2018). While there was a clear preference for individual empowerment, when pressed, most participants expressed a need to consider the community within which individuals live. The common view amongst the participants was that the solutions to social injustice were at community level by reorganising systems or utilising the inherent goodwill in local communities. Participants believed more supportive communities would appear as social workers invigorated dormant goodwill. Anne and Elizabeth's experiences about engaging with local business to support

impoverished homes are excellent examples of what can happen. Munford and Sanders (2020) described these opportunities as the challenging of dominant discourses which exist in local communities (though the authors do caution that challenging narratives must first require social workers to engage in critical analysis of social norms, contexts, and conditions).

## Conclusion

The research results suggest that social workers are in positions where they are sustaining neoliberalism in their practice and their communities. Social workers are aware of the effects of neoliberalism in society and within their profession (and other professions); however, social workers do not have a working knowledge of neoliberalism, and therefore may struggle to challenge these issues. It is critical that social workers understand what neoliberalism is, and the consequences, if social advocacy is to work. The increasingly individual empowerment practice by social workers, without social advocacy, is also introducing risks that social workers are reinforcing neoliberal messaging around worthiness, self-responsibility, resilience, and personal initiative. There is substantial literature about the impact of neoliberalism on social work practice, however the lack of literature about social workers' knowledge of neoliberalism suggests a fundamental assumption that social workers have a critical understanding of neoliberalism. Indeed, the neoliberal blindness paradox identified within the participants' narratives implies that this is not necessarily the case.

There is good news, however. The dominance of micro-advocacy does not necessarily mean the consolidation of neoliberalism. This research found social workers have the agency and willingness to work within their community for social justice. Importantly, their accounts reveal that communities are willing to pursue social justice outcomes when given these opportunities.

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## References

- Abramovitz, M., & Zelnick, J. (2012). Double jeopardy: The impact of neoliberalism on care workers in the United States and South Africa. *International Journal of Health Services, 40*(1), 97–117. <https://doi.org/10.2190/hs.40.1.f>
- Baker, T., & Cooper, S. (2018). New Zealand's social investment experiment. *Critical Social Policy, 38*(2), 428–437. <https://doi.org/10.1177/0261018317745610>
- Beddoe, L., & Keddell, E. (2016). Informed outrage: Tackling shame and stigma in poverty education in social work. *Ethics and Social Welfare, 10*(2), 149–162. <https://doi.org/10.1080/17496535.2016.1159775>
- Boone, K., Roets, G., & Roose, R. (2020). Enabling the recognition of people in poverty through social work practice. From being on a par to participating on a par. *European Journal of Social Work, 23*(5), 755–766. <https://doi.org/10.1080/13691457.2019.1639626>
- Boston, J., & Gill, D. (2017). Overview – key issues and themes. In J. Boston & D. Gill (Eds.), *Social investment: A New Zealand policy experiment* (pp. 11–34). Bridget Williams Books.
- Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide*. Sage Publications.
- Brockmann, O., & Garrett, P. (2022). "People are responsible for their own individual actions": Dominant ideologies within the neoliberal institutionalised social work order. *European Journal of Social Work, 25*(2), 880–893. <https://doi.org/10.1080/13691457.2022.2040443>
- Conneely, E., & Garrett, P. (2015). Social workers and social justice during a period of intensive neoliberalization: A preliminary investigation from the Republic of Ireland. *Journal of Progressive Human Services, 26*(2), 126–147. <http://dx.doi.org/10.1080/10428232.2015.1017914>
- Döbl, S., & Ross, A. (2013). Thinking beyond the contract: A journey to collaborative community social work. *Aotearoa New Zealand Social Work, 25*(1), 43–53. <https://doi.org/10.11157/anzswj-vol25iss1id97>
- Duarte, F. (2017). Reshaping political ideology in social work: A critical perspective. *Aotearoa New Zealand Social Work, 29*(2), 34–44. <https://doi.org/10.11157/anzswj-vol29iss2id282>
- Fenton, J. (2018). Putting old heads on young shoulders: Helping social work students uncover the neoliberal hegemony. *Social Work Education, 37*(8), 941–954. <https://doi.org/10.1080/02615479.2018.1468877>

- Ferguson, I. (2008). *Reclaiming social work: Challenging neo-liberalism and promoting social justice*. Sage Publications.
- Ferguson, I., Iokimidis, V., & Lavalette, M. (2018). *Global social work in a political context: Radical perspectives*. Policy Press.
- Gair, S. (2018). Upholding social justice: Obligation or optional extra in social work? Critical reflections on a classroom-based inquiry. *Journal of Ethnic and Cultural Diversity in Social Work, 27*(2), 140–156. <https://doi.org/10.1080/15313204.2017.1409674>
- Galbin, A. (2014). An introduction to social constructionism. *Social Research Reports, 26*, 82–92.
- Hendrix, E., Barusch, A., & Gringeri, C. (2021). Eats me alive!: Social workers reflect on practice in neoliberal contexts. *Social Work Education, 40*(2), 161–173. <http://dx.doi.org/10.1080/02615479.2020.1718635>
- Henrickson, M. (2022). *The origins of social care and social work: Creating a global future*. Policy Press.
- Houston, S. (2016). Beyond individualism: Social work and social identity. *British Journal of Social Work, 46*(2), 532–548.
- Hyslop, I. (2017). Child protection in New Zealand: A history of the future. *British Journal of Social Work, 47*(6), 1800–1817. <https://doi.org/10.1093/bjsw/bcx088>
- Hyslop, I., & Keddell, E. (2018). Outing the elephants: Exploring a new paradigm for child protection social work. *Social Sciences, 7*(7), 105–118. <https://doi.org/10.3390/socsci7070105>
- Joseph, R. (2019). Poverty, welfare, and self-sufficiency: Implications for the social work profession. *Journal of Poverty, 23*(6), 505–520. <https://doi.org/10.1080/10875549.2019.1616037>
- Krumer-Nevo, M., & Sidi, M. (2012). Writing against othering. *Qualitative Inquiry, 18*(4), 299–309. <https://doi.org/10.1177/1077800411433546>
- Lavee, E. (2022). Walking the talk of social equity? Street-level bureaucrats' decisionmaking about the provision of personal resources. *American Review of Public Administration, 52*(1), 3–14. <https://doi.org/10.1177/027507402111050577>
- Lavee, E., & Strier, R. (2018). Social workers' emotional labour with families in poverty: Neoliberal fatigue? *Child and Family Social Work, 23*(3), 504–512. <https://doi.org/10.1111/cfs.12443>
- Lipsky, M. (2010). *Street-level bureaucracy: Dilemmas of the individual in public services* (30<sup>th</sup> anniversary edition). Russell Sage Foundation.
- Lukes, S. (2005). *Power: A radical view*. Palgrave Macmillan.
- McCabe, K. (2016). Mothercraft: Birth work and the making of neoliberal mothers. *Social Science & Medicine, 162*, 177–184. <https://doi.org/10.1016/j.socscimed.2016.06.021>
- McCarten, C., Morrison, A., Bunting, L., Davidson, G., & McIlroy, J. (2018). Stripping the wallpaper of practice: Empowering social workers to tackle poverty. *Social Sciences, 7*(10), 193–208. <https://doi.org/10.3390/socsci7100193>
- Morley, C., Ablett, P., & Macfarlane, S. (2019). *Engaging with social work: A critical introduction*. Cambridge University Press.
- Morley, L. (2022). Contemporary practitioner experiences of relational social work: The case of child welfare. *Australian Social Work, 75*(4), 458–470. <https://doi.org/10.1080/0312407X.2021.2001831>
- Mitendorf, A., & Ewijk, H. (2019). How social workers maneuver in complex and neoliberal contexts. *Social Work Education, 38*(6), 721–734. <https://doi.org/10.1080/02615479.2018.1561840>
- Munford, R., & Sanders, J. (2020). Transformative practice: Social work practice with vulnerable young people. *European Journal of Social Work, 24*(4), 720–731. <https://doi.org/10.1080/13691457.2020.1819205>
- Musheno, M., & Maynard-Moody, S. (2015). "Playing the rules": Discretion in social and policy context. In P. Hupe, M. Hill, & A. Buffat (Eds.), *Understanding street-level bureaucracy* (pp. 169–186). Policy Press.
- Nilsen, A., Fylkesnes, S., & Mausethagen, S. (2017). The linguistics in othering: Teacher educators' talk about cultural diversity. *Reconceptualizing Educational Research Methodology, 8*(1), 40–50. <http://dx.doi.org/10.7577/rem.2556>
- O'Brien, M. (2010). Social justice: Alive and well (partly) in social work practice? *International Social Work, 54*(2), 174–190. <https://doi.org/10.1177/0020872810382682>
- O'Brien, M. (2013). Social work registration and professionalism: Social justice and poverty – fellow travellers or discarded passengers? *Aotearoa New Zealand Social Work, 25*(3), 50–59. <https://doi.org/10.11157/anzswj-vol25iss3id73>
- O'Brien, M. (2016). The triplets: Investment in outcomes for the vulnerable: Reshaping social services for (some) New Zealand children. *Aotearoa New Zealand Social Work, 28*(2), 9–21. <https://doi.org/10.11157/anzswj-vol28iss2id220>
- Patton, M. (2015). *Qualitative research & evaluation methods*. Sage Publications.
- Payne, M. (2009). Management. In R. Adams., L. Dominelli., & M. Payne (Eds.), *Critical practice in social work* (2<sup>nd</sup> ed.). (pp. 223–235). Palgrave.
- Payne, M. (2014). *Modern social work theory*. Palgrave.
- Rankine, M. (2021). Thinking critically. A four-layered practice model in supervision. In K. O'Donoghue & L. Engelbrecht (Eds.), *The Routledge international handbook of social work supervision* (pp. 345–357). Routledge.
- Roberts, M., & Schiavenato, M. (2017). Othering in the nursing context: A concept analysis. *Nursing Open, 4*(3), 174–181. <https://doi.org/10.1002/nop.2.82>
- Russell, A. (2017). Competent solidarity: The alternative for professional social work. *Aotearoa New Zealand Social Work, 29*(2), 137–144. <https://doi.org/10.11157/anzswj-vol29iss2id406>
- Sawyers, L. (2016). Finally accountable? Social work and the community investment strategy. *Aotearoa New Zealand Social Work, 28*(2), 32–39. <https://doi.org/10.11157/anzswj-vol28iss2id222>
- Schietecat, T., Roets, G., & Vandenbroeck, M. (2018). Hide and seek: Political agency of social workers in supporting families living in poverty. *British Journal of Social Work, 48*(7), 1874–1891. <https://doi.org/10.1093/bjsw/bcx129>
- Social Workers Registration Board. (2020). *Core competence standards*. <https://swrb.govt.nz/social-workers/competence/core-competence-standards>

- Spolander, G., Engelbrecht, L., & Sansfaçon, A. (2016). Social work and macro-economic liberalism: Beyond the social justice rhetoric. *European Journal of Social Work, 19*(5), 634–649. <https://doi.org/10.1080/13691457.2015.1066761>
- Stanley-Clarke, N. (2016). Key ideologies: The theories of social policy. In J. Maidment & L. Beddoe (Eds.), *Social policy for social work and human services in Aotearoa New Zealand* (pp. 48–63). Canterbury University Press.
- Trochim, W., Donnelly, J., & Arora, K. (2016). *Research methods: The essential knowledge base* (2nd ed.). Cengage.
- Wilks, T. (2012). *Advocacy and social work practice*. Maidenhead.
- Wilson, J. (2017). *Neoliberalism*. Routledge.
- Woolford, A., & Nelund, A. (2013). The responsibilities of the poor: Performing neoliberal citizenship within the bureaucratic field. *Social Service Review, 87*(2), 292–318. <https://doi.org/10.1086/671072>



# A scoping review of Aotearoa New Zealand women's experiences of substance use, alcohol and drug services

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## ABSTRACT

**INTRODUCTION:** The experiences with healthcare services of women who use substances (WWUS)—especially when pregnant or parenting—are largely missing from research in Aotearoa. This scoping review was conducted to inform doctoral research on a new, integrated parenting and substance-use residential-treatment facility in Auckland: Te Whare Taonga.

**APPROACH:** Two objectives of the review were to: 1) collate insights from experiences of women who use substances; and 2) synthesise strengths and weaknesses within current healthcare and alcohol or other drug (AOD) services to understand what works to support WWUS, particularly those who are pregnant or parenting. Peer-reviewed studies, grey literature, and theses published between 1992–2022 exploring the perspectives and views of WWUS and their experiences of substance use, healthcare services, and AOD-treatment providers in Aotearoa New Zealand, were scoped in multiple databases.

**FINDINGS:** The review evidenced a need for gender-specific or gender-sensitive services that are non-stigmatising, accessible to pregnant or parenting women, and culturally appropriate. Holistic care tailored to individual need was considered important. Barriers to treatment included stigma, wait times, negative experiences of healthcare workers, and a lack of appropriate services to meet women's needs.

**CONCLUSIONS:** There is a lack of AOD services available to WWUS, and, subsequently, research is limited. However, the findings provide an understanding of how healthcare and treatment providers, social workers, whānau (extended family, family group, can include friends with no kinship ties), community, and funders can provide informed and empathetic support to WWUS, including those who are pregnant and parenting.

**Keywords:** Substance use; parenting; pregnancy; addiction; treatment; rehabilitation

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For nearly 40 years, the Higher Ground Drug Rehabilitation Trust has operated a residential-treatment centre in Tāmaki Makaurau (Auckland) for adults presenting with acute substance-use disorders (SUDs). The organisation recently received funding from Oranga Tamariki to open an integrated

residential addiction-treatment and parenting programme designed specifically for māmā (mother) and tamariki (children) under the age of 3. Te Whare Taonga (The Treasured House) opened in January 2022 and will operate as a pilot project for 2 years. The women's experiences of Te Whare

Taonga will inform a doctoral research case study contributing to the limited evidence on experiences with healthcare services of women who use substances (WWUS), particularly when they are parenting. It is important to note that Te Whare Taonga is not a gender-inclusive service. Given this review examines historic literature, the language deployed around women who use substances and are pregnant and parenting for this article is similarly binary. However, it is important to flag that, as the landscape and language around motherhood shifts, social workers and service provider's framings must also be gender-inclusive (Polak et al., 2015).

Substance-use harm is a recognised problem in various social work settings and service user groups internationally. International research suggests that the number of women using drugs is increasing (Milligan et al., 2010; Seitz et al., 2019), with rates highest for those of reproductive age (Marcellus, 2017). Limited data are available on women's substance use in Aotearoa. However, problematic drinking affects one in five New Zealanders, with hazardous drinking highest among those aged 18–24 (35%) (Alcohol Healthwatch, 2020). Alcohol-related harm in Aotearoa is estimated to cost up to \$7 billion per year (Alcohol Healthwatch, 2020), while the total cost of loss of quality of life related to illicit drug use is estimated to be \$328.6 million (McFadden et al., 2021). In addition, Māori are more likely to have problematic alcohol and drug use than non-Māori (New Zealand Drug Foundation [NZDF], 2020). Research has been conducted on substance and alcohol use in adolescence and throughout the lifespan in Aotearoa (Ball et al., 2022; Towers et al., 2018). However, there is a lack of research examining substance and alcohol use during different stages of the reproductive lifecourse.

Women with SUDs often have a unique set of risk factors, including histories of sexual and physical abuse, including intimate

partner violence; coexisting mental health issues; eating disorders; and poverty (Brady & Randall, 1999; Milligan et al., 2010; Milligan, Usher et al., 2017). Pregnant women with SUDs face an increased risk of adverse health outcomes for themselves and their children, including complications during pregnancy, financial and legal consequences, and stigmatisation (Chou et al., 2018). Children whose mothers use substances when pregnant are at risk of neurodevelopmental and behavioural problems (Frazer et al., 2019). It is important to note that most pregnant women reduce or stop substance use when they know they are pregnant (Weber et al., 2021). However, some do not; in the UK, most women entering treatment are parents, and most women accessing treatment in the USA are either pregnant, parents, or both (Milligan et al., 2017).

While there are no statistics on pregnant women with SUDs entering AOD treatment in Aotearoa, a USA study in 2012 found that only 9% of pregnant individuals with SUDs accessed AOD treatment (Jansson & Velez, 2012). Furthermore, globally, only one in five women access AOD treatment despite comprising one in three individuals with SUD (United Nations Office on Drugs and Crime, 2015). As an example, in Australia, although half of regular methamphetamine users are women, they make up only a third of those seeking treatment (Clifford et al., 2023). Finally, women's perspectives on their substance-use experiences and preferences for residential AOD treatment are rarely included in the literature (Schamp et al., 2021; Shahram et al., 2017). Despite increased international research and practice to support pregnant and mothering women with SUDs, researchers acknowledge significant service gaps still exist (e.g., Heimdahl & Karlsson, 2016; Shahram et al., 2017; Suntai, 2021). Existing AOD and prenatal services for pregnant women fall short of providing specialist care for this population (Paris et al., 2020).

The motivation of WWUS to seek treatment for substance use when pregnant or parenting is complex. Mitchell et al. (2008) found that WWUS who are pregnant showed higher levels of motivation to change drug-use behaviours than their non-pregnant counterparts. However, while WWUS may be motivated to change their behaviour, motherhood can act as a barrier to treatment due to concerns around child custody and limited services that can accommodate children (Adams et al., 2021). Additionally, some WWUS may lack the motivation to participate in formal AOD treatment programmes (Wilke et al., 2005).

Providing AOD treatment services for pregnant or parenting women is crucial as it can reduce substance use and improve parenting practices (Weber et al., 2021). Therefore, reducing the impacts of intergenerational trauma, increasing parental resilience, and providing pregnancy support to improve outcomes for parents and children (Weber et al., 2021). Social workers play a crucial role in service provision to people with SUDs. Gaining further insight into women's experiences of substance use and accessing health services can improve social work practice and health service provision (Wells et al., 2013).

## Purpose of scoping review

### *Objectives*

The researchers chose a scoping review to systematically map the research done in this area and identify gaps in knowledge (Pollock et al., 2021). The foci guiding this review were: 1) identifying literature that contains the voices (interviews / focus groups) of WWUS; 2) locating research that describes or evaluates AOD service provision for WWUS, including those who are pregnant or parenting; and 3) identifying the gaps within the knowledge.

The researchers developed three research questions to understand the existing

knowledge in Aotearoa New Zealand literature:

- What characterises previous accounts of alcohol and drug use by women in Aotearoa?
- What are the experiences of WWUS with primary healthcare providers and AOD services in Aotearoa?
- What strengths, weaknesses, and gaps have WWUS identified within AOD services in Aotearoa?

## Methods

We conducted a scoping review of the research literature published between 1992 and November 2022. The search criteria were broad due to the scarcity of literature found when searching within a 20-year date range. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses: Extension for Scoping Reviews (PRISMA-ScR) methodological framework informed the design of this article (Tricco et al., 2018). The scoping review includes: 1) establishing eligibility, inclusion, and exclusion criteria; 2) developing a search strategy and locating relevant studies; 3) selecting studies; 4) charting the data; 5) synthesising and reporting the results; and 6) discussing results and gaps within knowledge. The first author conducted the initial literature search and screening and then charted the sources by including titles, abstracts, executive summaries, and rationale for inclusion. This chart was then sent to the other two authors for screening and consensus on the final set of included articles and grey literature. The researchers used the PRISMA 2020 flow diagram to present the review process in a simplified manner (Figure 1).

## Eligibility criteria

To be included in the review, literature needed to include first-hand accounts from WWUS, including those who were pregnant or parenting; and their experiences of substance use and health services in Aotearoa New Zealand. An appropriate

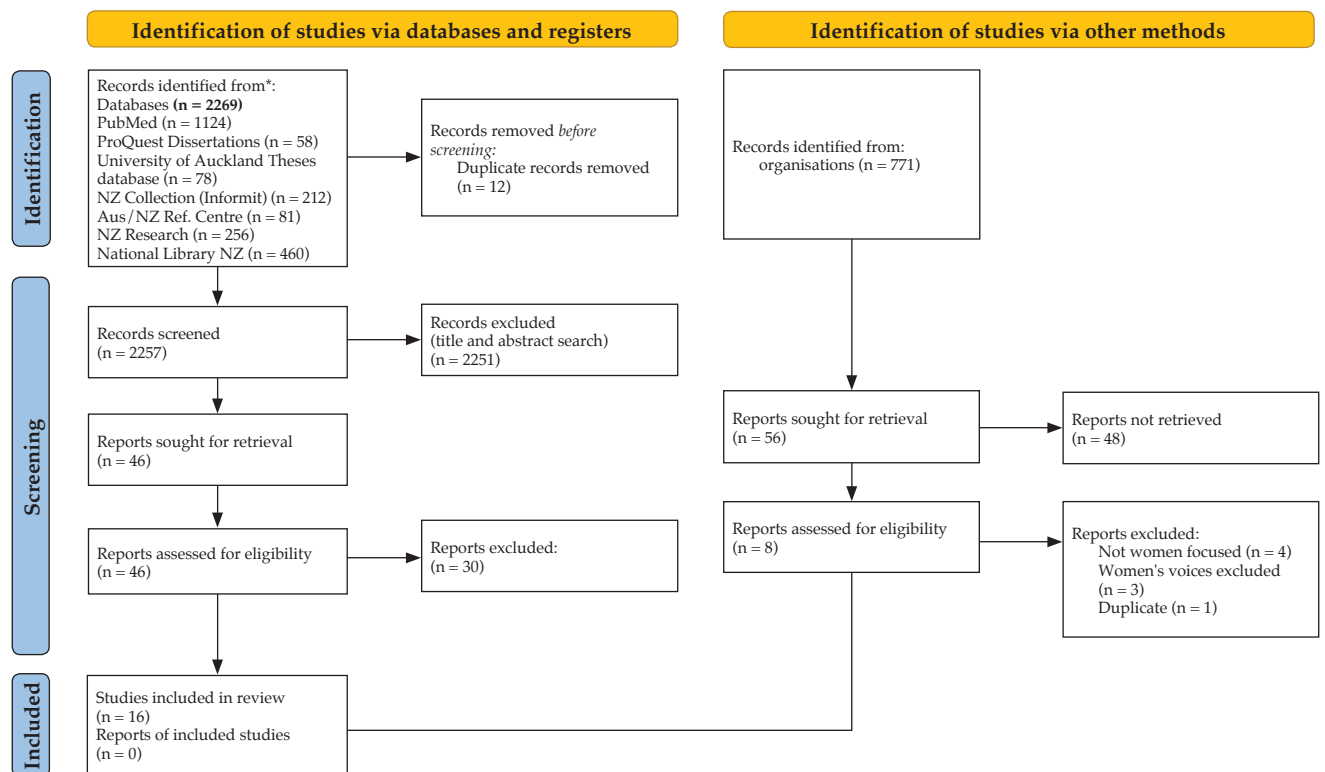
search strategy was created. Peer-reviewed scientific journal articles and reports, as well as grey literature (theses and dissertations, evaluation reports, and government reports), were included if they were: (1) published between January 1, 1992, and November 30, 2022; (2) written in English; (3) conducted in Aotearoa or included participants from Aotearoa, meaning the search covered Aotearoa New Zealand and international literature; (4) included the voices of WWUS and their experiences of substance use and health services; and (5) reported on specific AOD services designed for pregnant or parenting WWUS.

### Information sources

To find relevant literature, several databases were searched, including PubMed, Open Access Theses and Dissertations, New Zealand Index, New Zealand Collection

(Informit), Australia/New Zealand Reference Centre, NZ Research, and National Library New Zealand. Aotearoa websites were scanned for grey literature and included: government agencies (Ministry of Health, Ministry of Social Development, Ministry for Women, Oranga Tamariki, Ministry of Children, Department of Corrections) and the Health Promotion Agency.

After the initial screening, full-text sources were evaluated according to inclusion and exclusion criteria. The reference list of each source was checked for other relevant studies, and an unpublished literature review which focused on AOD services for pregnant women or children was searched. The other authors were involved in the final selection of articles, especially in cases where there was uncertainty about the relevance of a source.



Adapted from "The PRISMA 2020 statement: An updated guideline for reporting systematic reviews," by Page et al. (2021).

Figure 1: Flowchart of the Search and Screening Process

## Results

Out of 3,040 sources, only 16 met the inclusion criteria, with the earliest being a thesis from 1996. Thirteen of the sources were qualitative, and three were mixed methods. Most of the sources were theses/dissertations (8), with evaluation reports (4) and peer-reviewed journal articles (4) making up the rest. The literature primarily focused on pregnant or parenting women's experiences with substance use and the services available to them. Other texts examined women's substance-use experiences, behaviours, and interactions with health or AOD services (please see Table 2).

The research studies used qualitative methods, including individual interviews and focus groups, with some informed by feminist theory. Three evaluation reports used mixed methods, combining statistical analysis of *tāngata whai ora* (person seeking wellness) data, focus group and individual interviews, and document analysis. The evaluations reported on Western and kaupapa Māori services for women who were pregnant or parenting tamariki under the age of 3 (Malatest International, 2022; Parsonage, 2015; Waitemata District Health Board [DHB], 2017). The fourth evaluated Te Ira Wāhine, an 8-week kaupapa Māori (Māori philosophy and principles) drug-treatment programme for women at the Auckland Regional Women's Correctional Facility (Morrison et al., 2021).

The four evaluation reports primarily had Māori participants, and one thesis specifically focused on Māori women's relationships and views on alcohol consumption during pregnancy. The other theses had mostly Pākehā participants, many of whom were tertiary educated. One journal article reported binge-drinking behaviour among New Zealand-born Niuean women (Gray & Nosa, 2009). The remaining sources did not report ethnicity due to small sample sizes and anonymity concerns.

All participants in the studies that reported on sexuality were identified as heterosexual, but one study included a trans man who had been treated as a woman while accessing services (Gibson & Hutton, 2021). Health workers were also interviewed in half of the sources. Many women had coexisting mental health and AOD issues and histories of abuse, neglect, violence, intergenerational alcohol and drug abuse, and disadvantage (Malatest International, 2022; Morrison et al., 2021; Parsonage, 2015; Vaughan, 1996).

After synthesising findings from the literature, four major themes were noted, along with significant sub-themes:

1. Aotearoa New Zealand Women's Experiences of Substance Use
2. Gendered Rules Shape Women's Substance Use
3. Pregnancy, Parenting and Substance Use
4. Experiences of Healthcare Providers and AOD Services

### ***Aotearoa New Zealand women's experiences of substance use***

Excessive alcohol use and binge drinking are common among women from Aotearoa, regardless of their ethnicity (Gray & Nosa, 2009; Pedersen, 2019; Stuart, 2009). Many women had their first experiences with AODs in their pre-teen or early-adolescent years, and some learned drinking and drug-use behaviour from their whānau at home, from partners, or from friends in social settings (Gibson & Hutton, 2021; Gray & Nosa, 2009; Handa, 2006; Morrison et al., 2021; Streatfield, 2022; Stuart, 2009; Vaughan, 1996). Women tend to use substances with similar groups of people at similar times and places, such as nightclubs, and parties (Gray & Nosa, 2009; Handa, 2006; Ramsay, 2014; Streatfield, 2022). The setting can also determine social pressures to drink, such as in the case of Māori women who may face isolation if they do not attend social gatherings like at sports clubs where they are pressured to drink (Stuart, 2009).



Table 2. Selected Literature Information

Author year and publication	Title	Aim	Design	Sample	Key topic areas
Vaughan, 1996. Thesis	<i>Public shame: Private Problem. The Role of Partners in the Recovery of Women With Alcohol Abuse.</i>	To describe the social support available to women from their partners as they navigate treatment for alcohol abuse.	Qualitative.	Interviews with 16 women aged 21-63 from the Auckland region. All but two had been clients of Community and Alcohol Drug Services (CADs). It appears that only two women identified as Māori, and all identified as heterosexual. Interviews with 7 CADs counsellors	<ul style="list-style-type: none"> <li>• Barriers and stigma within health services</li> <li>• Challenges for AOD service providers</li> <li>• Gendered rules shape women's substance use</li> <li>• Social networks, relationships, and cultural support</li> <li>• Strengths and weaknesses within AOD services</li> <li>• Women's experiences of substance use</li> </ul>
Spirrett (1997). Thesis	<i>Women's Discourse Concerning Relapse During Methadone Treatment: A Feminist Poststructuralist Analysis.</i>	To describe women's experiences of relapse on illicit drugs while clients on a methadone programme.	Qualitative. Feminist poststructuralist approach to discourse analysis. Interviews.	Ten women of European origin aged 19–40 years. Involvement in methadone programme 1–8 years.	<ul style="list-style-type: none"> <li>• Barriers and stigma within health services</li> <li>• Challenges for AOD service providers</li> <li>• Gendered rules shape women's substance use</li> <li>• Social networks, relationships, and cultural support</li> <li>• Strengths and weaknesses within AOD services</li> <li>• Women's experiences of substance use</li> </ul>
Handa (2006). Thesis	<i>Methamphetamine Use in Pregnancy: A Qualitative Study of New Zealand Women and Health Clinics.</i>	To describe methamphetamine use in pregnant women, the context in which this use occurs and the experiences of these women.	Qualitative. Interviews.	Five women who had used methamphetamine during pregnancy. Three New Zealand Europeans, one Māori and one Niuean aged 20–30 years. Four health staff who provided care for pregnant women who use drugs.	<ul style="list-style-type: none"> <li>• Barriers and stigma within health services</li> <li>• Challenges for AOD service providers</li> <li>• Gendered rules shape women's substance use</li> <li>• Negative experiences of healthcare workers</li> <li>• Pregnancy, parenting, and substance use</li> <li>• Social networks, relationships, and cultural support</li> <li>• Women's experiences of substance use</li> </ul>
Salmon (2008). Peer-reviewed journal article	"Fetal Alcohol Spectrum Disorder: New Zealand Birth Mothers' Experiences."	To describe the 'lived' experiences of birth mothers, from pregnancy onwards, of a child/ren diagnosed with fetal alcohol spectrum disorder.	Qualitative. Feminist standpoint theory. Interviews. Constant comparative analysis method.	Eight New Zealand-resident multipara biological mothers who had nurtured or were still living with their affected offspring. Ages ranged from 29–64.	<ul style="list-style-type: none"> <li>• Barriers and stigma within health services</li> <li>• Gendered rules shape women's substance use</li> <li>• Negative experiences of healthcare workers</li> <li>• Pregnancy, parenting, and substance use</li> </ul>
Gray and Nosa (2009). Peer-reviewed journal article	"Tau Fifine Fiafia: The Binge Drinking Behaviours of Nine New Zealand-Born Niuean Women Living in Auckland."	To describe the binge-drinking behaviours and attitudes of New Zealand-born Niuean women who are heavy binge drinkers	Qualitative. Interviews.	Nine New Zealand-born Niuean women aged 18–45 years living in Auckland. Two of the participants were half Palagi (European) and half Niuean. Participants from diverse backgrounds, professionals, beneficiaries, single, married, mothers, solo parents, and tertiary students.	<ul style="list-style-type: none"> <li>• Gendered rules shape women's substance use</li> <li>• Pregnancy, parenting, and substance use</li> <li>• Women's experiences of substance use</li> </ul>

Stuart (2009). Thesis	<i>Trading Off: A Grounded Theory on How Māori Women Negotiate Drinking Alcohol During Pregnancy.</i>	To describe and develop a theory about why and how Māori women negotiate decisions about alcohol and pregnancy.	Qualitative. Grounded theory. Interviews. Constant comparative analysis.	10 Māori women over the age of 18. All but one participant was a mother.	<ul style="list-style-type: none"> <li>• Barriers and stigma within health services</li> <li>• Negative experiences of healthcare workers</li> <li>• Pregnancy, parenting, and substance use</li> <li>• Social networks, relationships, and cultural support</li> <li>• Women's experiences of substance use</li> </ul>
Chan and Moriarty (2010). Peer-reviewed journal article	"A Special Type of 'Hard-To-Reach' Patient: Experiences of Pregnant Women on Methadone."	To describe the interactions pregnant women have with helping services and social networks and make recommendations for improved service provision.	Qualitative interviews and questionnaire.	Interviews with five methadone clients. Interviews with seven methadone clinic staff. A questionnaire was sent to 10 antenatal clinic staff who previously managed pregnant women on methadone.	<ul style="list-style-type: none"> <li>• Barriers and stigma within health services</li> <li>• Negative experiences of healthcare workers</li> <li>• Pregnancy, parenting, and substance use</li> <li>• Social networks, relationships, and cultural support</li> </ul>
Ramsay (2014). Thesis	<i>Drunk Feminine Bodies: An Exploration of Young Women's Embodied Experiences of Intoxication.</i>	To describe the physical pleasures and sensations the women experience when drunk and how these link to the social drinking environment and informs decisions to stop or slow drinking	Qualitative. Friendship focus groups. Thematic analysis.	Five friendship groups comprising 23 heterosexual New Zealand European women aged 19–26. Members from four out of five groups were university educated.	<ul style="list-style-type: none"> <li>• Gendered rules shape women's substance use</li> <li>• Women's experiences of substance use</li> </ul>
Parsonage (2015). Process evaluation report	<i>Waitemata DHB CADs Pregnancy and Parenting Service: Process Evaluation.</i>	To evaluate Pregnancy and Parenting Service (PPS) to identify the successes and challenges within service delivery and to explore the potential for replication of PPS in other regions.	Mixed methods.	Review of key documentation Seventeen key informant interviews (12 staff and seven external stakeholders) Analysis of PPS data for the 2012–2014 period	<ul style="list-style-type: none"> <li>• Challenges for AOD service providers</li> <li>• Pregnancy, parenting, and substance use</li> <li>• Social networks, relationships, and cultural support</li> <li>• Strengths and weaknesses within AOD services</li> </ul>
Waitematā DHB (2017). Outcome evaluation report	<i>Waitemata DHB CADs Pregnancy and Parenting Service (PPS): Outcome Evaluation Report.</i>	To report on pregnancy, child and client health, safety, and wellbeing outcomes on tāngata whai ora (a person seeking health) engaged with PPS within the 2014–2015 period.	Mixed methods.	Twenty-eight client files were accessed and reviewed Nine client interviews (13 participants, as some interviews included a partner or whānau member) One group interview with 10 PPS team members One group interview with three members of the PPS management team	<ul style="list-style-type: none"> <li>• Pregnancy, parenting, and substance use</li> <li>• Social networks, relationships, and cultural support</li> <li>• Strengths and weaknesses within AOD services</li> </ul>

Conroy (2018) Thesis	<i>A Gendered Difference? Female Experience of Drug and Alcohol Treatment in New Zealand</i>	To describe women's experiences of substance-use treatment in New Zealand, focusing on methadone maintenance treatment.	Qualitative, feminist-informed, interviews.	Eleven women who had been or were currently in treatment, plus two AOD service providers	<ul style="list-style-type: none"> <li>• Barriers and stigma within health services</li> <li>• Challenges for AOD service providers</li> <li>• Gendered rules shape women's substance use</li> <li>• Negative experiences of healthcare workers</li> <li>• Social networks, relationships, and cultural support</li> <li>• Strengths and weaknesses within AOD services</li> </ul>
Pedersen (2019) Thesis	<i>'Feels a Bit Naughty When You're a Mum': Alcohol Use Amongst Mothers With Preschool Children.</i>	To explore and describe the ways mothers of preschool children talk about their current alcohol use and their partner's alcohol use.	Qualitative. Seven friendship discussion groups were conducted in Wellington—Foucauldian discourse analysis.	Thirty mothers aged 28–41. Participants were primarily middle-class, tertiary educated, heterosexual, married or in a de facto relationship. Participants were ethnically homogenous, with 26 of the 30 identifying as Pākehā/New Zealand European.	<ul style="list-style-type: none"> <li>• Gendered rules shape women's substance use</li> <li>• Pregnancy, parenting, and substance use</li> <li>• Women's experiences of substance use</li> </ul>
Gibson & Hutton (2021) Peer-reviewed journal article	"Women Who Inject Drugs (WWID): Stigma, Gender, and Barriers to Needle Exchange Programmes (NEPs)."	To describe how five women who have previously injected drugs experience accessing needle-exchange programmes in New Zealand.	Qualitative. Interviews. Thematic analysis.	Four women and one trans man, aged from mid-20s to late 40s	<ul style="list-style-type: none"> <li>• Barriers and stigma within health services</li> <li>• Gendered rules shape women's substance use</li> <li>• Negative experiences of healthcare workers</li> <li>• Women's experiences of substance use</li> </ul>
Morrison et al., (2021) Process and outcome evaluation report. Journal article.	"It's the Right Path for Me": Findings From an Aromatawai of Te Ira Wāhine."	To understand what worked well and why within the design and implementation of Te Ira Wāhine (8-week Kaupapa Māori AOD programme delivered in Auckland Region Women's Corrections Facility [ARWCF])	Qualitative. Interviews.	Thirty-six interviews, including programme participants (taura), Te Hā Oranga and ARWCF staff. Most taura identified as Māori (93%), and two thirds were under 25 at the programme's start.	<ul style="list-style-type: none"> <li>• Challenges for AOD service providers</li> <li>• Social networks, relationships, and cultural support</li> <li>• Strengths and weaknesses within AOD services</li> <li>• Women's experiences of substance use</li> </ul>
Malatest International (2022) Formative, process, and outcome evaluation report	<i>Evaluation Report: Pregnancy and Parenting Services</i>	To provide an independent evaluation of PPS across three new services located in Northland, Hawke's Bay and Tairāwhiti.	Mixed methods.	PPS staff, referrers, and other relevant stakeholders. Individual and group interviews with 48 tāngata whai ora (including some whānau interviews)	<ul style="list-style-type: none"> <li>• Barriers and stigma within health services</li> <li>• Challenges for AOD service providers</li> <li>• Pregnancy, parenting, and substance use</li> <li>• Social networks, relationships, and cultural support</li> <li>• Strengths and weaknesses within AOD services</li> </ul>
Streatfield (2022) Thesis	<i>Young Women's Recreational Drug Use in Aotearoa.</i>	This exploratory study describes young New Zealand women's experiences of recreational drug use.	Qualitative. Feminist standpoint theory. Thematic analysis.	Interviews with 12 women aged 19–30 years. Ethnicity not recorded.	<ul style="list-style-type: none"> <li>• Gendered rules shape women's substance use</li> <li>• Social networks, relationships, and cultural support</li> <li>• Women's experiences of substance use</li> </ul>

Substance use can lead to increased risks such as arguments, fights, unsafe sexual behaviour, sexual harassment, rape and sexual abuse as well as blackouts and memory loss (Gray & Nosa, 2009; Pedersen, 2019). Consequently, some women reported drinking and drug taking with other women to minimise risks (Gray & Nosa, 2009; Ramsay, 2014; Streatfield, 2022). However, some women reported that methamphetamine use could lead to antisocial behaviour and isolation when they stopped sharing the drug with friends (Handa, 2006).

### ***Gendered rules shape women's substance use***

Societal views on gender and substance use was a theme of half of the studies. In several studies, women often tried to adhere to gendered norms around substance use to fit societal ideals of femininity and motherhood (Gibson & Hutton, 2021; Pedersen, 2019; Ramsay, 2014). For some, once children arrived, their drinking behaviour became more policed, publicly surveilled, and self-regulated (Pedersen, 2019). In contrast, fathers' drinking was seen as masculine and faced less scrutiny, benefiting from more social drinking opportunities due to the prevailing childcare responsibilities borne by mothers (Pedersen, 2019).

Women's adherence to "good mothering" ideology and acceptable feminine behaviour was found to be important in several studies, regardless of whether women were drinking, using illicit substances, on a methadone programme, or injecting drugs (Conroy, 2018; Gibson & Hutton, 2021; Pedersen, 2019; Ramsay, 2014; Spirrett, 1997). Women in Pedersen's (2019) study viewed deviating from good mothering ideology as lower class. Furthermore, Salmon's (2008) study showed that mothers of children with fetal alcohol syndrome disorder (FASD) experienced "mother blaming" when things went wrong in their child's life, with the mother being viewed as the cause of that behaviour (Salmon, 2008).

Several studies noted that male partners or associates often influenced women's access to drugs and substance use (Gibson & Hutton, 2021; Spirrett, 1997; Streatfield, 2022). Women's choices were limited by the preferences of men in their lives (Spirrett, 1997). Controlling, violent, or absent partners who misused substances impacted women's alcohol use, abuse, and abstinence (Gray & Nosa, 2009; Spirrett, 1997; Vaughan, 1996).

Four of the 16 studies highlighted women's attempts to challenge male-dominated conditions or societal norms (Gibson & Hutton, 2021; Pedersen, 2019; Streatfield, 2022; Vaughan, 1996). Women in one study engaged in recreational drug use, defying the expectation that only men engage in risk-taking behaviours or use illicit drugs (Streatfield, 2022). Some women in another study disregarded societal judgments and continued to take their tamariki to pubs and bars despite the judgement they faced for their mothering choices (Pedersen, 2019).

Gendered stereotypes of women who use substances as victims or sex workers were questioned in various studies (Gibson & Hutton, 2021; Handa, 2006). In one study, women reported self-injection, which provided a sense of empowerment and independence (Gibson & Hutton, 2021). None of the women in Handa's (2006) study were sex workers, countering the stereotype that sex work is often the only way women acquire drugs like methamphetamine (Handa, 2006).

### ***Pregnancy, parenting and substance use***

Substance use during pregnancy or parenting was a common theme across many studies. Half of the studies indicated that women continued to use substances in varying amounts while pregnant (Chan & Moriarty, 2010; Gray & Nosa, 2009; Handa, 2006; Malatest International, 2022; Parsonage, 2015; Pedersen, 2019; Salmon, 2008; Waitemata DHB, 2017). In Stuart (2009), Māori women followed certain unwritten

rules about alcohol use during pregnancy, which they could choose to follow or not. The term *not drinking* could have various meanings, such as abstaining from alcohol altogether, drinking small amounts, or drinking only at certain times or events.

Healthcare professionals and WWUS in Handa's (2006) study stated that being embedded in a drug-use-dominated lifestyle made quitting difficult. WWUS, in Chan and Moriarty's (2010) study, knew their substance use was no longer just about them and spoke of the dilemma of knowing what was right but doing something else entirely. However, some women feared engaging with services as it could result in being reported to child protection services, which was amplified for women who had had previous tamariki uplifted (Chan & Moriarty, 2010; Handa, 2006; Malatest International, 2022; Parsonage, 2015; Waitemata DHB, 2017).

Various factors motivated women and whānau to seek help with their problematic substance use. Pregnancy brought a sense of responsibility for children, whānau and future generations (Stuart, 2009). Once born, the pēpi (baby) was seen as a real person, which could bring about positive change (Stuart, 2009). Many tāngata whai ora and whānau were clients of Oranga Tamariki and had similar motivations for engagement with CADs Pregnancy and Parenting Service (PPS), such as retaining care of their tamariki or regaining custody (Malatest International, 2022; Parsonage, 2015; Waitemata DHB, 2017).

### ***Experiences of healthcare providers and AOD services***

#### **Barriers and stigma within health services.**

Barriers to accessing healthcare services and maternity care were experienced by many women due to a lack of trust in services; communication difficulties; unclear or unhelpful information; and feeling misunderstood, stigmatised, and

discriminated against (Chan & Moriarty, 2010; Gibson & Hutton, 2021; Handa, 2006; Malatest International, 2022; Salmon, 2008; Stuart, 2009). Institutional racism was identified as a significant obstacle for Māori accessing health and wellbeing services (Malatest International, 2022). Some Māori tāngata whai ora reported having felt "looked-down" upon and not engaging with other healthcare providers and community support groups before PPS engagement (Malatest International, 2022, p. 106).

According to several studies, stigma, whether perceived or actual, was found to reduce women's willingness and ability to engage with healthcare and pregnancy services and seek support from their social networks (Chan & Moriarty, 2010; Conroy, 2018; Gibson & Hutton, 2021; Handa, 2006; Spirrett, 1997; Vaughan, 1996). Some women reported experiencing discrimination when accessing services like methadone or needle-exchange services in pharmacies, which exacerbated feelings of shame and stigma (Conroy, 2018; Gibson & Hutton, 2021). Some women felt that pharmacy staff viewed them as more contaminated than male counterparts (Gibson & Hutton, 2021). In contrast, most women in Conroy's (2018) research did not report experiencing stigma, but, for those who did, it significantly impacted their lives. Examples of stigma included being falsely accused of drug seeking or child abuse by hospital staff, leading to being reported to child protection services (Conroy, 2018).

Many women experienced barriers to accessing healthcare and maternity care due to lacking trust in services and communication. Vaughan's (1996) study found that some women viewed the label "alcoholic" as shameful and the most significant barrier to accessing treatment. This concern about disclosure led to difficulties with groups like Alcoholics Anonymous (AA) that required self-identification as an alcoholic (Vaughan, 1996).



**Negative experiences of healthcare workers.** Several studies indicated that healthcare professionals, including general practitioners, lack practice-specific knowledge and information about problematic substance use, addiction services, harm reduction, FASD, and substance use during pregnancy (Chan & Moriarty, 2010; Conroy, 2018; Gibson & Hutton, 2021; Handa, 2006; Salmon, 2008; Stuart, 2009). For instance, Māori women did not perceive health professionals as a significant source of information about alcohol and pregnancy and some women experienced them as undermining (Stuart, 2009). Women in Salmon's (2008) study reported not being listened to, particularly by male doctors, and some felt insulted during consultations.

Some studies found that barriers to accessing appropriate healthcare services for women included receiving no information or conflicting messages about AOD use during pregnancy, such as neonatal withdrawal and breastfeeding (Chan & Moriarty, 2010; Handa, 2006). Handa (2006) found that women faced difficulties stopping methamphetamine use during pregnancy due to misinformation about its risks and lack of treatment facilities in Aotearoa. Additionally, Salmon's (2008) study showed that none of the women had heard of FASD when pregnant and would have stopped drinking had they known. After their child received a FASD diagnosis, these mothers sought help and knowledge from other mothers who also had children diagnosed with FASD (Salmon, 2008).

**Strengths and weaknesses within AOD services.** Conroy (2018) stated that an unexpected finding was that participants in her study reported generally positive experiences of AOD treatment in Aotearoa. Several studies emphasised the need for holistic, wraparound services that address socioenvironmental factors and underlying mental health issues beyond substance use (Malatest International, 2022; Morrison et al.,

2021; Spirrett, 1997). Women's diverse circumstances and needs highlighted the importance of individualised treatment, with *tāngata whai ora* involved in decision-making (Conroy, 2018; Spirrett, 1997). Women from two of the studies said building connections and feeling accountable to others on the same recovery pathway were crucial for positive programme experiences (Conroy, 2018; Morrison et al., 2021).

Women in multiple studies valued skilled and non-judgemental *kaimahi* (workers) who provided practical and unwavering support (Conroy, 2018; Malatest International, 2022; Morrison et al., 2021). Some women viewed Māori *kaimahi* as vital for programme engagement, while others emphasised the importance of service support and a non-judgmental attitude over ethnicity (Morrison et al., 2021). Additionally, male *kaimahi* received positive feedback, and PPS sites in Northland and Hawkes Bay were trying to recruit male *kaimahi* (Malatest International, 2022; Morrison et al., 2021). Male *kaimahi* provided new perspectives on healthy relationships, which prompted some women to rethink their intimate relationships (Morrison et al., 2021). They also helped restore men's roles in pregnancy, birthing, and parenting, which was lost through colonising practices (Malatest International, 2022; Morrison et al., 2021).

Abstinence or reduction in AOD use was seen as a significant achievement by many *tāngata whai ora*, positively impacting their lives (Malatest International, 2022; Waitematā DHB, 2017). Regaining or maintaining custody of their children was another positive outcome of changing AOD use (Malatest International, 2022; Waitematā DHB, 2017). Although challenging, PPS was a bridge between *tāngata whai ora* and Oranga Tamariki, facilitating positive engagement and supporting improved child outcomes (Malatest International, 2022; Parsonage, 2015; Waitematā DHB, 2017).

Four studies explored women's experiences accessing individual counselling or group work (Conroy, 2018; Morrison et al., 2021; Spirrett, 1997; Vaughan, 1996). Two studies found that women advocated for individual counselling to address core issues, sensitive topics, and historical trauma related to substance use (Morrison et al., 2021; Spirrett, 1997). Women receiving counselling reported positive benefits; some said it was the first time they recalled feeling heard and taken seriously (Morrison et al., 2021; Vaughan, 1996). However, some women expressed dissatisfaction with limited access to counsellors in critical moments (Vaughan, 1996). Women from two studies had mixed views on the 12-step philosophy of AA and Narcotics Anonymous (NA) but recognised the positive impact of women-only and self-esteem groups on their well-being (Conroy, 2018; Spirrett, 1997).

Conroy's (2018) study highlighted the need for treatment providers to address family violence and relationship issues. Tāngata whai ora engaged with PPS spoke positively about psycho-education on family violence, parenting, child exposure to substances, and safe sleeping, which could improve child outcomes (Malatest International, 2022; Parsonage, 2015; Waitematā DHB, 2017). Several studies highlighted the importance of continuing care and peer support after discharge to support tāngata whai ora's ongoing recovery (Malatest International, 2022; Morrison et al., 2021; Parsonage, 2015).

**Social networks, relationships and cultural support.** Numerous studies have examined the impact of social connections on women with SUDs during treatment. Findings suggest that relationships with friends, whānau, and partners have a positive influence during treatment (Chan & Moriarty, 2010; Conroy, 2018; Handa, 2006; Malatest International, 2022; Spirrett, 1997; Streatfield, 2022; Vaughan, 1996). However, some women hesitated to disclose their substance use or treatment status, even to family members (Conroy, 2018; Vaughan, 1996). The absence of significant

others did not significantly affect treatment outcomes for some women (Conroy, 2018). However, for others, lack of support from loved ones led to isolation and hindrance in rehabilitation (Handa, 2006). Positive support from whānau was crucial for Māori women, particularly during pregnancy (Stuart, 2009).

Several studies explored the influence of male partners on women's efforts to address substance use (Morrison et al., 2021; Stuart, 2009; Vaughan, 1996). Vaughan (1996) highlighted the importance of open communication and partner support. Māori women in Stuart's study (2009) valued partner support over whānau support, and being in a long-term relationship with a moderate-drinking partner was expected to reduce alcohol consumption and change usage patterns.

Engaging Māori and evaluating how well services supported them was a priority for all four PPS sites and the kaupapa Māori-designed Te Ira Wāhine programme (Malatest International, 2022; Morrison et al., 2021; Parsonage, 2015; Waitematā DHB, 2017). Positive outcomes are achieved through cultural connections, personal growth, whānau relationships, and accessing cultural knowledge and support (Malatest International, 2022; Morrison et al., 2021; Parsonage, 2015; Waitematā DHB, 2017). Incorporating tikanga (traditional values and customs that have evolved over time) into their work was considered important across all sites (Malatest International, 2022; Parsonage, 2015; Waitematā DHB, 2017). While reconnecting with te ao Māori can be transformative for some tāngata whai ora, the impacts of colonisation resulted in others not wanting to reconnect (Malatest International, 2022). Tāngata whai ora from Te Ira Wāhine advocated for more cultural authenticity within mainstream rehabilitation programmes (Morrison et al., 2021).

**Challenges for AOD service providers.** Several studies identified concerns about access to treatment, such as lengthy

wait times and a lack of follow-up when appointments were missed (Conroy, 2018; Handa, 2006; Malatest International, 2022; Parsonage, 2015). PPS tāngata whai ora disengaged from previous services due to these issues (Malatest International, 2022). Parsonage (2015) discovered that long wait times to access the Waitematā PPS meant that 10 of 17 women who were pregnant on referral had given birth at the time of assessment. Some women from Te Ira Wāhine wanted more programme content that dealt with grief and supported them to quit smoking and set goals before they transitioned back into the community (Morrison et al., 2021).

Several studies have found that negative influences and unhealthy relationships led some tāngata whai ora to cut ties with friends, acquaintances, partners, and whānau (Conroy, 2018; Malatest International, 2022; Spirrett, 1997; Vaughan, 1996). For instance, due to family dysfunction, some PPS tāngata whai ora had to cut contact and move away from whānau to progress (Malatest International, 2022). However, the shortage of housing, particularly social housing, made it difficult for tāngata whai ora to move away from unsafe partners and whānau (Malatest International, 2022). Women sometimes could not leave abusive relationships due to financial insecurity or children (Vaughan, 1996).

Women in several studies expressed concerns about the lack of AOD treatment providers tailored towards women, particularly those with children (Conroy, 2018; Handa, 2006; Malatest International, 2022; Spirrett, 1997). Some women felt unable to discuss sensitive topics such as sexual abuse at mixed-gender AA groups due to the presence of men (Vaughan, 1996). There was also a perceived lack of maternity services for pregnant methamphetamine users (Handa, 2006). Some women and a treatment provider said there was a need for live-in services for women and their children where they could reconnect and strengthen their bond (Conroy, 2018; Malatest International, 2022).

## Discussion

Although substance use and its adverse effects are widely discussed in Aotearoa (see, for example, Handa, 2006; McCrone, 2008; NZDF, 2022b; Rankine et al., 2013; Reed, 2019), women's experiences and interactions with healthcare services are not widely known. This scoping review provides evidence to inform social workers and healthcare providers about women's experiences with substance use and their perceptions of AOD service provision in Aotearoa.

The studies showed that women have similar experiences with substance use and healthcare, but differences exist, such as the influence of male partners and experiences of stigma. Women's drinking behaviour changed at different stages and life transitions. Many spoke of drinking excessively in their younger years but reducing their drinking after children due to self-regulation, having less money, and societal monitoring and judgement. The cultural context plays a role in women's substance use. For example, Aotearoa New Zealand-born Niuean women found drinking with elders and men within the whānau disrespectful. Moreover, Māori women's drinking during pregnancy was influenced by factors such as people, places, and societal positions.

The studies provided insight into substance use among women in Aotearoa New Zealand and can be used to inform social workers on how to support this cohort. Some studies suggested that a holistic, long-term, strengths-based treatment that includes psycho-education and goes beyond treating problematic substance use is necessary to support women (Conroy, 2018; Spirrett, 1997). International research has also highlighted the importance of wraparound services and comprehensive care that are trauma informed and gender specific (Forray et al., 2015; Schamp et al., 2021). Discussions of patriarchy, gendered norms and rules, and the need for gender-specific or gender-

sensitive treatment options featured in 12 of the 16 studies that focused on women in Aotearoa New Zealand (see Table 1). According to international research, there is a considerable lack of outpatient and residential treatment services providing childcare or provision for children to enter the service with their mothers (Frazer et al., 2019; Proulx & Fantasia, 2020; Schamp et al., 2021).

Several studies have found that women reported not receiving credible information about substance-use harm and treatment options from healthcare providers, with some receiving conflicting information about substance-use risks during pregnancy (Chan & Moriarty, 2010; Conroy, 2018; Handa, 2006; Salmon, 2008; Stuart, 2009). These findings align with a systematic review that identified the lack of information and discussion about risks of substance use during pregnancy from healthcare professionals as a barrier to remaining substance-free (Escalañuela Sánchez et al., 2022).

Mothers of children with FASD, in Salmon's (2008) Aotearoa New Zealand study, stated they would have stopped drinking if they had known the risks. Internationally, research suggests limited knowledge among the public and healthcare professionals about FASD (Mukherjee, 2019; Thomas & Mukherjee, 2019; Wood, 2010). Mothers from Thomas and Mukherjee's (2019) study reported a lack of advice from healthcare professionals about the dangers of drinking during pregnancy. Multiple studies suggested that increasing education on problematic substance use and the effects of alcohol and drugs on the fetus, available AOD resources and treatment options, and harm-reduction practices is necessary to address the issues of problematic substance use (Conroy, 2018; Salmon, 2008; Stuart, 2009; Waitemata DHB, 2017). This education should be provided to those delivering and accessing health services. Some studies recommended amending Aotearoa's education curriculum to include education on problematic substance use and harm-

reduction practices instead of abstinence-only messages (Conroy, 2018; Streatfield, 2022).

Women across several studies identified stigma, both real and perceived, as a significant barrier to engaging with healthcare providers and seeking social support (Chan & Moriarty, 2010; Conroy, 2018; Gibson & Hutton, 2021). Whether at an individual level, through perceived stigma, or a structural level, such as institutional racism, stigma was a significant block to accessing services. These experiences are consistent with international literature that suggested stigma from the public and healthcare professionals hinders women's access to AOD support (Proulx & Fantasia, 2020). Furthermore, stigmatising attitudes about substance use while pregnant or parenting increase the risk of being referred to child welfare services and having parental rights removed (Weber et al., 2021).

Several studies identified the need for political buy-in, policy changes, increased funding, and coordinated service implementation to improve substance-use-treatment provision at national, regional, and community levels (Conroy, 2018; Salmon, 2008; Streatfield, 2022). While changes were made to drug laws in Aotearoa to reduce court action, they have yet to result in significant improvements (NZDF, 2022a). Several studies recommended that, to counter pro-drinking messages and promote available treatment options, mainstream health-promotion campaigns that are nuanced, culturally appropriate, designed for specific target audiences, and appear across various media platforms, are needed (Conroy, 2018; Gray & Nosa, 2009; Pedersen, 2019; Stuart, 2009). However, the recent actions the New Zealand government took contradict this approach. The government has deferred the second part of proposed alcohol reforms, which encompass issues such as sponsorship, advertising, and pricing (Hipkins, 2023). This decision seems to conflict with research conducted at the University of Otago, which demonstrated



that alcohol causes more widespread harm in Aotearoa New Zealand than illicit drugs like methamphetamine (Crossin et al., 2023).

Some authors advocated for better national coordination and delivery of AOD services, which would improve information sharing and networking between providers (Conroy, 2018; Salmon, 2008). Furthermore, to enhance kaimahi relationships and interactions with tāngata whai ora, AOD services need to ensure kaimahi are well trained, reflective, and empathetic (Chan & Moriarty, 2010; Conroy, 2018). Several studies recommended more services for those with coexisting mental health needs and problematic substance use (Conroy, 2018; Pedersen, 2019).

This scoping review reveals a concerning lack of diversity in research on women's substance and alcohol use, particularly concerning older adult women and sexual minorities. Older women encounter difficulties in accessing treatment and recovery for alcohol dependence, and research addressing alcohol abuse in this demographic is limited (Milic et al., 2018). Furthermore, most studies in the analysis focus on heterosexual women, leaving a significant gap in our understanding of substance use patterns and treatment needs for sexual minorities (Paschen-Wolff et al., 2023). This limitation hinders our comprehension of these groups' unique experiences and challenges.

Limited research exists on substance use experiences among Māori women and other ethnic minorities. Delivering appropriate services that meet the needs of Māori communities remains a significant challenge. Māori individuals seeking mental health and addiction support have reported experiencing racism in healthcare settings, leading to disengagement (Malatest International, 2022). The government's mental health and addiction inquiry reflects these concerns, as Māori describe the healthcare system as fundamentally racist, perpetuating marginalisation and

recolonisation (Department of Internal Affairs, 2019). The report emphasises the need for transformative change in the healthcare system, valuing Māori customs (tikanga), adopting a holistic and whānau-centred approach, and working towards decolonisation. Existing literature indicates that substance abuse services aligned with these values have shown the most favourable outcomes for Māori (Malatest International, 2022; Morrison et al., 2021; Parsonage, 2015; Waitematā DHB, 2017).

Whether substance use was problematic or recreational, women discussed similar risks, including sexual abuse, rape, violence, and physical and mental health impacts. However, while the line between problematic and recreational substance use can be blurred, attempts to pigeonhole women into specific AOD-use categories are outdated and reinforce gender stereotypes. There were many examples of women determining how, what, where, and with whom their drinking and drug use occurred. Through trial and error, women developed harm-minimisation strategies, including using drugs and alcohol with other women. The positive experiences of women who use drugs or alcohol cannot be overlooked and counter the idea that women do not use drugs, or, if they do, their use is always problematic. There is a need for harm reduction, safe substance-use practices, and more nuanced, women-centric treatment options with a broader focus than just abstinence (Conroy, 2018; Streatfield, 2022).

## Conclusion

There is a lack of addiction-related content in social work education in Aotearoa New Zealand (Ballantyne et al., 2019; Nelson, 2022). However, it is essential to educate social workers about substance use and how to work with WWUS, especially those who are pregnant and parenting. Social workers should know AOD services exist for WWUS and advocate for service provision gaps to be filled. Maintaining a non-judgemental attitude and open mindedness in all interactions



with WWUS, regardless of whether they are pregnant or parenting, is critical.

Additionally, the field requires a scaling up of research on WWUS and their experiences of substance use, healthcare, and AOD services. At the time of writing, there were no Aotearoa New Zealand research studies on WWUS who are pregnant and parenting accessing AOD residential services. This significant gap is undoubtedly due to the lack of AOD treatment to accommodate this population. Findings from the scoping review are valuable for AOD treatment services for women. They will be beneficial when analysing the viability of the new Te Whare Taonga, especially when evaluating similar residential-treatment centres.

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## References

- Adams, Z. M., Ginapp, C. M., Price, C. R., Qin, Y., Madden, L. M., Yonkers, K., & Meyer, J. P. (2021). "A good mother": Impact of motherhood identity on women's substance use and engagement in treatment across the lifespan. *Journal of Substance Abuse Treatment*, *130*, 108474–108474. <https://doi.org/10.1016/j.jsat.2021.108474>
- Alcohol Healthwatch. (2020). *Evidence-based alcohol policies: Building a fairer and healthier future for Aotearoa New Zealand*. <https://www.ahw.org.nz/Portals/5/Resources/Briefing%20papers/2021/Evidence-based%20alcohol%20policies-Alcohol%20Healthwatch%20Nov%202020.pdf>
- Ball, J., Crossin, R., Boden, J., Crengle, S., & Edwards, R. (2022). Long-term trends in adolescent alcohol, tobacco and cannabis use and emerging substance use issues in Aotearoa New Zealand. *Journal of the Royal Society of New Zealand*, *52*(4), 450–471. <https://doi.org/10.1080/03036758.2022.2060266>
- Ballantyne, N., Beddoe, L., Hay, K., Maidment, J., Walker, S., & Ngan, L. (2019). *Enhancing the readiness to practise of newly qualified social workers in Aotearoa New Zealand (Enhance R2R)*. Ako Aotearoa. <https://ako.ac.nz/knowledge-centre/enhancing-the-readiness-to-practise-of-newly-qualified-social-workers/report-on-phase-one-the-social-work-curriculum/>
- Brady, K. T., & Randall, C. L. (1999). Gender differences in substance use disorders. *Psychiatric Clinics of North America*, *22*(2), 241–252.
- Chan, C., & Moriarty, H. (2010). A special type of "hard-to-reach" patient: Experiences of pregnant women on methadone. *Journal of Primary Health Care*, *2*(1), 61–69. <https://doi.org/10.1071/hc10061>
- Chou, J. L., Pierce, K. J., Pennington, L. B., Seiler, R., Michael, J., Mc Namara, D., & Zand, D. (2018). Social support, family empowerment, substance use, and perceived parenting competency during pregnancy for women with substance use disorders. *Substance Use & Misuse*, *53*(13), 2250–2256. <https://doi.org/10.1080/10826084.2018.1467456>
- Clifford, B., Van Gordon, K., Magee, F., Malone, V., Siefried, K. J., Graham, D., & Ezard, N. (2023). "There's a big tag on my head": Exploring barriers to treatment seeking with women who use methamphetamine in Sydney, Australia. *BMC Health Services Research*, *23*(1), 162–171. <https://doi.org/10.1186/s12913-023-09125-z>
- Conroy, J. M. (2018). *A gendered difference? Female experience of drug and alcohol treatment in New Zealand* [Unpublished master's thesis]. Victoria University of Wellington.
- Crossin, R., Cleland, L., Wilkins, C., Rychert, M., Adamson, S., Potiki, T., Pomerleau, A. C., MacDonald, B., Faletanoai, D., Hutton, F., Noller, G., Lambie, I., Sheridan, J. L., George, J., Mercier, K., Maynard, K., Leonard, L., Walsh, P., Ponton, R., ... Boden, J. (2023). The New Zealand drug harms ranking study: A multi-criteria decision analysis. *Journal of Psychopharmacology*. <https://doi.org/10.1177/02698811231182012>
- Department of Internal Affairs. (2019). *Oranga Tāngata, Oranga Whānau: A kaupapa Māori analysis of consultation with Māori for the government inquiry into mental health and addiction*. <https://mentalhealth.inquiry.govt.nz/assets/Uploads/Summary-of-submissions-featuring-Maori-voice.pdf>
- Escañuela Sánchez, T., Matvienko-Sikar, K., Linehan, L., O'Donoghue, K., Byrne, M., & Meaney, S. (2022). Facilitators and barriers to substance-free pregnancies in high-income countries: A meta-synthesis of qualitative research. *Women and Birth: Journal of the Australian College of Midwives*, *35*(2), 99–110. <https://doi.org/10.1016/j.wombi.2021.04.010>
- Forray, A., Merry, B., Lin, H., Ruger, J. P., & Yonkers, K. A. (2015). Perinatal substance use: A prospective evaluation of abstinence and relapse. *Drug and Alcohol Dependence*, *150*, 147–155. <https://doi.org/10.1016/j.drugalcdep.2015.02.027>
- Frazer, Z., McConnell, K., & Jansson, L. M. (2019). Treatment for substance use disorders in pregnant women: Motivators and barriers. *Drug and Alcohol Dependence*, *205*, 107652–107652. <https://doi.org/10.1016/j.drugalcdep.2019.107652>
- Gibson, K., & Hutton, F. (2021). Women who inject drugs (WWID): Stigma, gender and barriers to needle exchange programmes (NEPs). *Contemporary Drug Problems*, *48*(3), 276–296. <https://doi.org/10.1177/00914509211035242>
- Gray, J., & Nosa, V. (2009). Tau Fifine Fiafia: The binge drinking behaviours of nine New Zealand born Niuean women living in Auckland. *Pacific Health Dialog*, *15*(1), 104–111.
- Handa, K. (2006). *Methamphetamine use in pregnancy: A qualitative study of New Zealand women and health clinics* [Unpublished doctoral dissertation]. University of Auckland.

- Heimdahl, K., & Karlsson, P. (2016). Psychosocial interventions for substance-abusing parents and their young children: A scoping review. *Addiction Research & Theory, 24*(3), 236–247. <https://doi.org/10.3109/16066359.2015.1118064>
- Hipkins, C. (2023, March 13). *Freeing up more government bandwidth and money to focus on the cost of living*. Beehive.govt.nz <https://www.beehive.govt.nz/release/freeing-more-government-bandwidth-and-money-focus-cost-living>
- Jansson, L. M., & Velez, M. (2012). Neonatal abstinence syndrome. *Current Opinion in Pediatrics, 24*(2), 252–258. [https://journals.lww.com/co-pediatrics/Fulltext/2012/04000/Neonatal\\_abstinence\\_syndrome.19.aspx](https://journals.lww.com/co-pediatrics/Fulltext/2012/04000/Neonatal_abstinence_syndrome.19.aspx)
- Malatest International. (2022). *Evaluation report: Pregnancy and parenting services*. <https://www.health.govt.nz/publication/evaluation-report-pregnancy-and-parenting-services>
- Marcellus, L. (2017). A grounded theory of mothering in the early years for women recovering from substance use. *Journal of Family Nursing, 23*(3), 341–365. <https://doi.org/10.1177/1074840717709366>
- McCrone, J. (2008, April 12). The demon P. *The Press*. <https://www.stuff.co.nz/the-press/christchurch-life/361020/The-demon-P>
- McFadden, M., Bellamore, L., & MacDonald, B. (2021). *The New Zealand Illicit Drug Harm Index 2020: Research report*. [https://www.health.govt.nz/system/files/documents/publications/the\\_nz\\_illicit\\_drug\\_harm\\_index\\_2020\\_2\\_dec.pdf](https://www.health.govt.nz/system/files/documents/publications/the_nz_illicit_drug_harm_index_2020_2_dec.pdf)
- Milic, J., Glisic, M., Voortman, T., Borba, L. P., Asllanaj, E., Rojas, L. Z., Troup, J., Kiefe-de Jong, J. C., van Beeck, E., Muka, T., & Franco, O. H. (2018). Menopause, ageing, and alcohol use disorders in women. *Maturitas, 111*, 100–109. <https://doi.org/10.1016/j.maturitas.2018.03.006>
- Milligan, K., Niccols, A., Sword, W., Thabane, L., Henderson, J., Smith, A., & Liu, J. (2010). Maternal substance use and integrated treatment programs for women with substance abuse issues and their children: A meta-analysis. *Substance Abuse Treatment, Prevention, and Policy, 5*(1), 1–14.
- Milligan, K., Usher, A. M., & Urbanoski, K. A. (2017). Supporting pregnant and parenting women with substance-related problems by addressing emotion regulation and executive function needs. *Addiction Research & Theory, 25*(3), 251–261. <https://doi.org/10.1080/16066359.2016.1259617>
- Mitchell, M. M., Severtson, S. G., & Latimer, W. W. (2008). Pregnancy and race/ethnicity as predictors of motivation for drug treatment. *The American Journal of Drug and Alcohol Abuse, 34*(4), 397–404. <https://doi.org/10.1080/00952990802082172>
- Morrison, B., Hamilton, K., & Lyndon-Tonga, L. (2021). “It’s the right path for me”: Findings from an aromatawai of Te Ira Wāhine. *Practice: The New Zealand Corrections Journal, 8*(1), 32–37.
- Mukherjee, R. (2019). FASD: The current situation in the UK. *Advances in Dual Diagnosis, 12*(1/2), 1–5. <https://doi.org/10.1108/ADD-02-2019-040>
- Nelson, A. (2022). *The Nikau Practice framework: A focused framework for social work practice with substance use in Aotearoa New Zealand* [Unpublished doctoral dissertation]. University of Auckland.
- New Zealand Drug Foundation. (2020). *State of the nation 2020: A stocktake of how New Zealand is dealing with the issue of drugs*. <https://www.drugfoundation.org.nz/assets/uploads/State-of-the-Nation-2020-WEB2.pdf>
- New Zealand Drug Foundation. (2022a). *Drugs in NZ – An overview*. <https://www.drugfoundation.org.nz/policy-and-advocacy/drugs-in-nz-an-overview/>
- New Zealand Drug Foundation. (2022b). *State of the nation 2022*. <https://www.drugfoundation.org.nz/policy-and-advocacy/state-of-the-nation-2022/>
- Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., . . . Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ, 372*. <https://www.bmj.com/content/372/bmj.n71>
- Paris, R., Herriott, A. L., Maru, M., Hacking, S. E., & Sommer, A. R. (2020). Secrecy versus disclosure: Women with substance use disorders share experiences in help seeking during pregnancy. *Maternal and Child Health Journal, 24*(11), 1396–1403. <https://doi.org/10.1007/s10995-020-03006-1>
- Parsonage, P. (2015). *Waitematā DHB CADS Pregnancy and Parenting Service: Process evaluation*. Health Promotion Agency.
- Paschen-Wolff, M. M., Kidd, J. D., & Paine, E. A. (2023). The state of the research on opioid outcomes among lesbian, gay, bisexual, transgender, queer, and other sexuality- and gender-diverse populations: A scoping review. *LGBT Health, 10*(1), 1–17. <https://doi.org/10.1089/lgbt.2022.0036>
- Pedersen, M. (2019). *“Feels a bit naughty when you’re a mum”: Alcohol use amongst mothers with preschool children* (Unpublished doctoral dissertation). Massey University. Massey Research Online. <http://hdl.handle.net/10179/15706>
- Polak, K., Haug, N. A., Drachenberg, H. E., & Svikis, D. S. (2015). Gender considerations in addiction: Implications for treatment. *Current Treatment Options in Psychiatry, 2*, 326–338. <https://doi.org/10.1007/s40501-015-0054-5>
- Pollock, D., Davies, E. L., Peters, M. D. J., Tricco, A., Alexander, L., McInerney, P., Godfrey, C. M., Khalil, H., & Munn, Z. (2021). Undertaking a scoping review: A practical guide for nursing and midwifery students, clinicians, researchers, and academics. *Journal of Advanced Nursing, 77*, 2102–2113. <https://doi.org/10.1111/jan.14743>
- Proulx, D., & Fantasia, H. C. (2020). The lived experience of postpartum women attending outpatient substance treatment for opioid or heroin use. *Journal of Midwifery & Women’s Health, 66*(2), 211–217. <https://doi.org/10.1111/jmwh.13165>
- Ramsay, A. J. (2014). *Drunk feminine bodies: An exploration of young women’s embodied experiences of intoxication* [Unpublished doctoral dissertation]. Massey University. Massey Research Online. <http://hdl.handle.net/10179/6724>

- Rankine, J., Gregory, A., Tonks, A., & Thompson-Evans, T. P. (2013). *Women and alcohol in Aotearoa/New Zealand: Te waiapiro me ngā wāhine i Aotearoa*. Alcohol Healthwatch and Women's Health Action.
- Reed, C. (2019, May 11). Fighting the demon. Inside New Zealand's meth crisis. *New Zealand Herald*. <https://www.nzherald.co.nz/indepth/national/new-zealands-fight-against-methamphetamine/>
- Salmon, J. (2008). Fetal alcohol spectrum disorder: New Zealand birth mothers' experiences. *Canadian Journal of Population Therapeutics and Clinical Pharmacology*, 15(2), e191–e213.
- Schamp, J., Simonis, S., Roets, G., Van Havere, T., Gremeaux, L., & Vanderplassen, W. (2021). Women's views on barriers and facilitators for seeking alcohol and drug treatment in Belgium. *Nordisk Alkohol & Narkotikatidskrift*, 38(2), 175–189. <https://doi.org/10.1177/1455072520964612>
- Seitz, N. N., Lochbühler, K., Atzendorf, J., Rauschert, C., Pfeiffer-Gerschel, T., & Kraus, L. (2019). Trends In substance use and related disorders: Analysis of the Epidemiological Survey of Substance Abuse 1995 to 2018. *Deutsches Ärzteblatt International*, 116(35–36), 585–591. <https://doi.org/10.3238/arztebl.2019.0585>
- Shahram, S. Z., Bottorff, J. L., Kurtz, D. L., Oelke, N. D., Thomas, V., Spittal, P. M., & Cedar Project Partnership. (2017). Understanding the life histories of pregnant-involved young Aboriginal women with substance use experiences in three Canadian cities. *Qualitative Health Research*, 27(2), 249–259. <https://doi.org/10.1177/1049732316657812>
- Spirrett, T. (1997). *Women's discourse concerning relapse during methadone treatment: A feminist poststructuralist analysis* [Unpublished doctoral thesis]. University of Auckland.
- Streatfield, B. (2022). *Young women's recreational drug use in Aotearoa* [Unpublished master's thesis]. Te Herenga Waka-Victoria University of Wellington. Victoria University of Wellington online. <https://doi.org/10.26686/wgtn.21213665>
- Stuart, K. (2009). *Trading off: A grounded theory on how Māori women negotiate drinking alcohol during pregnancy* [Unpublished doctoral dissertation]. Massey University. Massey Research Online. <http://hdl.handle.net/10179/1211>
- Suntai, Z. (2021). Substance use among women who are pregnant: Examining treatment completion by race and ethnicity. *Journal of Substance Abuse Treatment*, 131, 108437. <https://doi.org/https://doi.org/10.1016/j.jsat.2021.108437>
- Thomas, R., & Mukherjee, R. (2019). Exploring the experiences of birth mothers whose children have been diagnosed with fetal alcohol spectrum disorders: A qualitative study. *Advances in Dual Diagnosis*, 12(1), 27–35. <https://doi.org/10.1108/ADD-10-2018-0014>
- Towers, A., Sheridan, J., Newcombe, D., & Szabó, Á. (2018). *New Zealanders' alcohol consumption patterns across the lifespan*. Health Promotion Agency. <https://www.hpa.org.nz/research-library/research-publications/new-zealanders'-alcohol-consumption-patterns-across-the-lifespan>
- Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., Moher, D., Peters, M. D. J., Horsley, T., Weeks, L., Hempel, S., Akl, E. A., Chang, C., McGowan, J., Stewart, L., Hartling, L., Aldcroft, A., Wilson, M. G., Garritty, C., . . . Straus, S. E. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): Checklist and explanation. *Annals of Internal Medicine*, 169(7), 467–473. <https://doi.org/10.7326/M18-0850>
- United Nations Office on Drugs and Crime. (2015). *World Drug Report 2015*. [https://www.unodc.org/documents/wdr2015/World\\_Drug\\_Report\\_2015.pdf](https://www.unodc.org/documents/wdr2015/World_Drug_Report_2015.pdf)
- Vaughan, T. (1996). *Public shame private problem: The role of partners in the recovery of women with alcohol abuse* [Unpublished doctoral dissertation]. University of Auckland.
- Waitematā DHB. (2017). *Waitematā DHB CADs Pregnancy and Parenting Service (PPS): Outcome evaluation report*.
- Weber, A., Miskle, B., Lynch, A., Arndt, S., & Acion, L. (2021). Substance use in pregnancy: Identifying stigma and improving care. *Substance Abuse and Rehabilitation*, 12, 105–121. <https://doi.org/10.2147/SAR.S319180>
- Wells, E. A., Kristman-Valente, A. N., Peavy, K. M., & Jackson, T. R. (2013). Social workers and delivery of evidence-based psychosocial treatments for substance use disorders. *Social Work in Public Health*, 28(3–4), 279–301. <https://doi.org/10.1080/19371918.2013.759033>
- Wilke, D. J., Kamata, A., & Cash, S. J. (2005). Modeling treatment motivation in substance-abusing women with children. *Child Abuse & Neglect*, 29(11), 1313–1323. <https://doi.org/10.1016/j.chiabu.2005.05.002>
- Wood, M. (2010). *Towards self-forgiveness and self-worth: Journeys of birth mothers of children with FASD* [Unpublished doctoral dissertation]. University of Saskatchewan. <http://hdl.handle.net/10388/etd-09192010-174632>

# An inquiry into trauma-informed practice and care for social workers in care and protection roles in Aotearoa New Zealand

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## ABSTRACT

**INTRODUCTION:** Working alongside clients who have experienced trauma is an essential part of statutory social work. It is imperative that social workers have a sound knowledge of trauma-informed practices. This article addresses the utilisation of a trauma-informed practice and care framework, acknowledging the potential to strengthen knowledge and training within this area to ensure safe practice with clients who have experienced traumatic events in their lives. Furthermore, the study explores the importance of support for social workers in care and protection roles when working alongside trauma-affected clients, to try and mitigate the impact of indirect trauma.

**METHODS:** Using an exploratory research design, qualitative data have been collated through semi-structured interviews with four care and protection social workers, capturing their stories in a narrative format and comparing the data collected to academic research on trauma-informed practice and care.

**FINDINGS:** Key themes identified from interviews with statutory social workers included social workers' perceptions of trauma, the implementation of trauma-informed practice and care, the value to participants of training and investment in knowledge development and practitioner access to trauma-informed practice and care support.

**CONCLUSIONS:** While social workers have a sound knowledge of trauma and its impact on individuals and their behaviours, how to implement and utilise trauma informed care can often be an area of confusion. Additionally, the impact of secondary trauma on practitioners themselves is often overlooked; it falls on the practitioner to manage themselves rather than there being a collaborative organisational approach for them.

**KEYWORDS:** trauma-informed practice; trauma-informed care; childhood trauma; social work; supervision; trauma-informed training

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Studies show that between 28% to 98% of individuals have experienced at least one traumatic occurrence in their lifetime. Further to that, more vulnerable groups of people have much higher rates of exposure to trauma (Goodwin & Tiderington, 2020).

Social work practice can often fail to address past trauma. For example, practitioners can struggle to address the past trauma, focusing instead on current issues of the immediate and future safety of a child or young person (Knight, 2018). When past trauma is not addressed or not

responded to in an informed way, this can invalidate the client's experience potentially leading to re-traumatisation, often reducing the opportunity for "healing and recovery" (Atwool, 2019 p. 27).

Due to these aspects, a considerable amount of work is being explored ensuring social workers are trauma-informed including integrating trauma-informed practices throughout social work education (Goodwin & Tiderington, 2020). The overarching question is: Is this enough? Do statutory social workers have the knowledge, skills and support to work effectively and safely alongside the complexities of trauma?

The terms *trauma-informed practice* (TIP) and *trauma-informed care* (TIC) seem often to be used synonymously throughout the literature. The challenge to decipher these terms and to understand the difference between them and what each means, is apparent. It could be assumed that, for social workers trying to utilise TIP and TIC this may pose a barrier when striving to implement these frameworks into practice with clients. Atwool (2019) noted that there is no clear definition or shared understanding of the term *trauma informed*. Although Levenson (2020) does explain that when referring to TIP and TIC, *practice* focuses on clinical intervention and *care* is concerned with organisational structures.

When reviewing the literature around TIP and TIC, a theme that is consistently identified is the lack of understanding of these terms. Knight (2018) stated "... trauma-informed practice and care remains ideals rather than reality..." (p. 82). Furthermore, although most social service sectors are aware of the importance of implementing TIP and TIC principles into practice, the challenges, including lack of resources and a lack of understanding restrict these attempts (Knight, 2018). An increase of resources could be beneficial towards more sufficient implementation of TIP and TIC principles within social work settings, providing clearer guidelines for practice (Knight, 2018).

Additionally, within the social work sector, rates of compassion fatigue, vicarious trauma, and secondary trauma are increasing and the effect on workers concerning indirect trauma sometimes receives minimal attention (Dombo & Blome, 2016). Secondary traumatic stress refers to a negative outcome whereby the clinician may experience similar symptoms to post-traumatic stress disorder (Manning-Jones et al., 2016). Vicarious trauma refers to clinicians that adopt a change in their worldview that includes powerlessness, pessimism, and suspicion (Knight, 2018). Compassion fatigue creates an inability for clinicians to be able to empathise with their clients (Knight, 2018). Due to the nature of working with clients who have experienced significant trauma, excessive caseloads, and lack of support in the work environment, social workers can be at a higher risk of experiencing the phenomena of indirect trauma, potentially leading to burnout or countertransference (Knight, 2018).

### Childhood trauma and its impacts

To work alongside, and build empathetic relationships with, clients who have been impacted by trauma it is important to define terms and explore the complexities of trauma (Branson, 2019). Childhood trauma can be defined as "... when a child experiences an actual or threatened negative event, series of events, or set of circumstances that cause emotional pain and overwhelm the child's ability to cope" (Bartlett & Steber, 2019, para. 4). This includes experiences that threaten a child's physical, psychological, and emotional safety. These experiences may occur as a significant one-off event or can occur and be perpetuated over time (Pihama et al., 2017). Additionally, intergenerational trauma that is caused by racism, oppression, and negative stereotyping and the impact that it has on Aotearoa New Zealand Māori need further consideration when assessing childhood trauma (Pihama et al., 2017).

Children who have had significant trauma have a high risk of challenges



throughout their life related to their physical and mental wellbeing (Taggart, 2018). Childhood trauma can lead to attachment issues, decreasing the likelihood of secure attachments, and creating challenges when it comes to establishing sound coping skills across the lifespan (Levenson, 2020). Childhood trauma negatively impacts the development of the brain, social-emotional development, learning abilities, cognitive development and has also been linked to a shorter lifespan (Bartlett & Steber, 2019). However, although the impact of childhood trauma can be severe and linked to such things as post-traumatic stress disorder, all reactions to trauma are unique and many individuals can achieve levels of pre-trauma functioning (Bartlett & Steber, 2019). Trauma experiences are unique—the impact trauma has on an individual can be influenced by their different personal, social, and cultural environments (Knight, 2018).

### **The delivery and development of trauma-informed practice and care in Aotearoa**

Recent statistics show that, in 2022, there were 45,000 children with early risk factors for statutory care and protection and youth justice involvement and 56,500 children receiving some form of assistance from Oranga Tamariki (New Zealand Government, 2022).

With rates of child abuse and neglect continuing to rise in Aotearoa New Zealand, along with children in state care having significantly poorer outcomes, the need for change in the way practice is delivered on a legislative level has been put at high priority (Atwool, 2018). This coincided with a government report released in 2015 prompting that practice in this area needs to be child-centred and trauma-informed (Atwool, 2018).

Trauma-Informed Care is a strengths-based framework that is grounded in an understanding of, and responsiveness to, the impact of trauma, that emphasises

physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment. (Hopper et al., 2005, as cited in Taggart, 2018, p. 2)

Social service agencies should consider that every client they work alongside has the potential for trauma exposure in some form (Knight, 2018). Additionally, a history of childhood trauma in the areas of mental health, child welfare, domestic violence, substance abuse, sexual assault settings, and homelessness is extremely prevalent (Knight, 2018). The first step to trauma-informed practice is recognition that childhood trauma is common, understanding the link between childhood trauma and current issues is paramount for practice (Levenson, 2020).

Building resilience in children who have been impacted by childhood trauma can be enhanced when their specific needs are responded to within their environments. This includes awareness of the impact of childhood trauma (Bartlett & Steber, 2019). Utilising trauma-informed care with children the four Rs can assist in recovery. These consist of: *Realise*—the impacts of trauma and recovery pathways; *Recognise*—trauma signs and symptoms; *Respond*—integrating into policy, procedure, and practice; *Resist Re-traumatisation*—for children and the adults working with them (Bartlett & Steber, 2019). Trauma-informed practice has five principles: *safety, trust, empowerment, choices, and collaboration*. These principles reflect the direct opposite of the experiences had by traumatic exposure (Knight, 2018). A trauma-informed approach needs to be addressed at micro, meso, and macro levels. The micro level starts at the very beginning of intervention and engagement with families, with consideration of the family's history and values (Atwool, 2019). The meso level focuses on organisational support including management of caseloads, sufficient supervision, cultural and iwi integration, and multi-agency systematic approaches (Atwool, 2019). The macro level includes political leadership,

including the risks of systematic oppression given the high numbers of children entering state care being children of those who were in state care themselves (Atwool, 2019).

It is important that agencies value and understand TIC and TIP principles to ensure consistency of care and alleviate the risk of re-traumatisation (Heffernan & Viggiani, 2015). Additionally, social workers need to have the ability to understand their clients, both on emotional and systems levels to allow for working alongside them collaboratively, towards promoting empowerment (Heffernan & Viggiani, 2015). Ideally, utilising trauma-informed practice and care should enable clients to understand their traumatic experiences and ways to cope with behaviours associated with that trauma on social, emotional, and psychological levels (Knight, 2018). A detailed description of what *child-centred* and *trauma-informed* mean, along with exactly how the approaches should be implemented into practice, need to be developed by child protection agencies (Atwool, 2019).

### Colonisation and historical trauma

It is important to note that colonisation has had a significant impact on historical and intergenerational trauma within Aotearoa which has led to an over-representation of Māori within care and protective services (Atwool, 2018).

Existing TIC and TIP models fail to address trauma from a *te ao Māori* perspective. On this basis, research into trauma must incorporate *Mātauranga Māori* and a *Kaupapa Māori* methodology (Pihama et al., 2017). Atwool (2018) suggested that failure to implement a more culturally inclusive system that enables more effective engagement with Māori will result in the “perpetuation of practices resulting in intergenerational patterns of engagement with child protection services” (p. 28).

Heffernan and Viggiani (2015) expressed the importance of including cultural

competence in TIP and TIC principles. Cultural considerations when implementing TIP and TIC are important. For Māori, the recognition of cultural approaches within trauma practices in Aotearoa New Zealand is lacking, with a failure to provide for historical and intergenerational trauma experienced by indigenous people and the impact trauma has on spirit, mind, body, and heart (Pihama et al., 2017).

### Practitioner support and supervision and self-care

While indirect trauma is an inevitable consequence of working alongside traumatised clients, sufficient support systems, alongside reflective practice can reduce this (Taggart, 2018). Therefore, an important aspect of working in a trauma-informed way is to ensure that self-care and supportive and reflective supervision are present (Taggart, 2018). Branson (2019) added that peer supervision can also aid in this area. Supervision should include the trauma-informed principles of safety and trust—a secure attachment between a supervisor and supervisee will promote self-reflection and learning (Knight, 2018). Virtue and Fouche (2010) added that those social workers who feel understood and have their needs met within supervision, are assisted in feelings of security and therefore have higher practice competence. However, this also requires consistent and ongoing supervision, due to social services often being short-staffed, under pressure, and coping with client crisis priorities, supervision is not always provided regularly (Branson, 2018).

A study conducted between 2014-2015 showed that 88.4% of new graduates had supervision monthly or more often, while 11.6% had various experiences of supervision including six-weekly, very infrequently, or not at all (Beddoe et al., 2020). During 2017 and 2018 mental health training in Aotearoa New Zealand, practitioner self-care proved to be an area of concern, reporting increasing levels of stress, burnout, and vicarious trauma (Morris-Matthews et al., 2020). This led to the

priority of self-care training for the Ngātahi project in 2019, which included separate training for supervisors and managers to enable them to support practitioners with self-care (Morris-Matthews et al., 2020). From this study, three main themes emerged on what practitioners would do differently to ensure self-care is utilised well. These were prioritisation and commitment, paying attention to others, and integrating self-care models into practice (Morris-Matthews et al., 2020). Branson (2019) suggested that the prevention of indirect trauma falls not only on the individual but on organisations promoting a collaborative self-care strategy. Knight (2018) agreed that when organisations strongly promote self-care this decreases the risks of indirect trauma.

## Methods

### *Research design*

The overall research design used was exploratory. Flynn and McDermott (2016) explained that exploratory research is used when the researcher wants to gain information about the topic, additional insight, and to test the researcher's predispositions to see if they are credible. Additionally, data are not tested or measured but factors are sought that are crucial to the topic or issue being researched (Flynn & McDermott, 2016).

### *Recruitment process*

The recruitment process used was purposive and snowball sampling, whereby supervisors of care and protection teams were contacted, provided with the research information, and who then passed it on to their peers. Applicants then contacted the researcher. This process was therefore considered respondent-driven (Flynn & McDermott, 2016).

### *Participants*

The study included four participants who met the following criteria:

- Registered social workers currently working in care and protection roles.
  - A range of newly qualified social workers and social workers who have been in the field long term.
  - From a single region in the North Island.
- Exclusion criteria included:
- Registered social workers working in care and protection roles for less than six months.
  - Students or employees working in care in protection roles who are not registered social workers.
  - Social workers who are currently receiving counselling for occupation-related trauma.
  - Social workers who are not working in care and protection

Participants taking part in this inquiry had a range of experience in the field of child protection. Two participants had 18-20 months, one had 8 years, and one had 10-plus years.

### *Data collection*

The method of data collection used was semi-structured interviews to allow participants to share their stories in a way that was comfortable for them, sometimes sharing feelings relating to the topic.

### *Data analysis*

The research was submitted and approved by the Eastern Institute of Technology Research and Ethics Committee Hawkes Bay. All research upheld Te Tiriti o Waitangi, recognising the bicultural context of Aotearoa, acknowledging cultural values, and ensuring that research respects and reflects Te Ao Māori (Aotearoa New Zealand Association of Social Workers [ANZASW], 2019). Considerations of cultural aspects included the changes in the way some of the interviews were conducted due to Covid-19 restrictions. Considering that whanaungatanga may have been important to some participants, each participant was asked if they were

comfortable conducting interviews via teams.

This research aimed to obtain personal stories and perspectives on care and protection social workers' knowledge, training, and understanding of TIP. Including the support they receive towards emotional resilience and self-care when working alongside trauma-affected clients. Therefore, the methodological approach used was qualitative.

The qualitative approach is underpinned by an interpretivism epistemology. Using this approach assisted the researcher in gaining the participants' perceptions and feelings regarding the topic of TIP and TIC, including suggestions on improvement of practice in this area.

The data analysis method used for this inquiry was narrative, which is "... based on the understanding that people use stories to make sense of themselves and their world" (Flynn & McDermott, 2016, p. 180). Through using an inductive approach, three prominent themes emerged and these were developed to answer the research question based on the narrative content (Sage Research Methods, 2017). The themes are social workers' perception of trauma-informed practice and care: knowledge gaps; confidence through experience; the value of knowledge; training and education; and practitioner access to self-care and professional supervision. These four themes directly relate to the three components of the research question: knowledge, training, and support. Each theme is discussed in a narrative analysis format to ensure participants' voices are heard, with a particular focus on participants' perceptions.

## Findings

### ***Theme One—Social workers' perception of trauma-informed practice and care—knowledge gaps***

Participants were asked the question: "What does trauma-informed practice and care

mean to you?" All participants had some knowledge on being trauma-informed, with some going into more detail than others. One participant required the question to be re-framed as: "When thinking of trauma-informed practice, what does that terminology mean to you?" And then again, "What does trauma-informed care mean to you?" All participants included in their answers that understanding trauma and the impact it has on clients is an important aspect of successful engagement. This observation directly reflects that the first step towards utilising trauma-informed practice is understanding trauma and the impact it can have on clients who have been exposed to it (Knight, 2018). One participant included being aware of "what happens in the brain". Another participant expressed some confusion around the term *trauma-informed*: "always threw me, trauma, yep but trauma-informed?" Two participants recognised the impact working with trauma can have on a practitioner's wellbeing and its personal impact on them.

... a trauma-informed practice framework is where the practitioner is aware of the impact of the trauma work, they do and having a knowledge base of how that can impact on a practitioner's wellbeing ... I view it as a protective framework ... the more I know about trauma-informed practice the better I can look after myself ... that means my practice will be safer... (Participant A)

One participant's perception of trauma-informed care terminology included ensuring that when placing children in state care they are placed within families that have an awareness of trauma and the potential impact it can have on children, their behaviour and subsequent development.

None of the participants identified any of the trauma-informed principles concerning safety, trust, empowerment, choices, collaboration, and culture although some comments encompassed some of these principles, "placing children with people that



are informed”; “my practice will be safer”; “what we need to put in place to support them through that”. Upon reflection, further prompting or an additional question around “How do you implement trauma-informed principles into practice?” may have been useful in the researcher gaining an in-depth insight into the depth of knowledge participants have in this area.

### ***Theme Two—Confidence through experience***

Participants were asked about their confidence in working alongside clients who have been impacted by trauma, and whether they had received any specific training on trauma-informed practice and care. When asked about how confident they felt about using TIP and TIC at the beginning of their career, two answered that they were very confident, one answered that in their early days it was working with people in general that made them nervous, not specifically working with trauma, and finally, a participant commented that it came with a lot of “learning”. The two participants who commented that they were very confident had different reasons for feeling this way, one participant had experienced trauma in childhood so commented, “I felt comfortable in that uncomfortable space” while the other said that their knowledge on trauma-informed practice assisted in confidence.

Participants were asked how confident they felt currently working alongside clients affected by trauma. Participants all expressed that their confidence grew with experience through direct practice and increased knowledge. Three out of four participants gave additional detail on why they believe their confidence has flourished.

... at the beginning when people disclose really uncomfortable stuff, there’s this natural need ... especially if you’re a really empathetic person to be ... we’ve got to say something to fix it, and now I know, actually just be with them ...

silence is ok ... let them speak ... let them have those quiet moments. (Participant B)

Another participant commented on having additional knowledge lead to enhanced tolerance, and additional resilience to combat the potential of desensitisation. Another spoke about having a greater understanding of clients’ lived experience and accepting stories without judgement.

### ***Theme 3—The value of knowledge, training and education***

A study conducted by Beddoe et al. (2019) with students and educators focussing on the content of the social work curriculum found that students expressed anxiety that they had not received enough content on trauma as a topic. In contrast, the educators argued that while there may not be a series of topics specifically covering trauma, the analysis of trauma and risk management are woven throughout practice and theory courses (Beddoe et al., 2019).

Participants were asked about the level of trauma-informed practice and care training they had received since they began practising social work. All participants had received some training in this area, through past and current employment. Two participants identified training by a psychologist who focused on “not just trauma but trauma with children in care specifically” and “how to work from a strengths-based trauma-informed practice framework ... with children who have care and protection history”. Another participant identified training for working with young children and teenagers focusing on the neurological development in children with histories of adverse childhood experiences specifically.

It’s about how your brain develops and what paths can get broken ... if you go through trauma or traumatic life experiences ... how the brain re roots and those things get lost ... you’re reasoning,



and all that kind of stuff doesn't develop properly... (Participant C)

Another participant could articulate further learnings experienced through training:

*I started to learn things like medical trauma ... it's not just violence and other things like that, that can give us those trauma responses. It's a whole lot of other adverse experiences that can give us those same responses.*  
(Participant B)

One participant mentioned that their team facilitates trauma training for caregivers around working with difficult behaviours. This resonates with Bartlett and Steber's (2019) suggestions that an ecological approach to responding to childhood trauma is needed towards increasing resilience. Additionally, having a shared understanding of the individual child's needs between professionals and families can assist in creating an environment that is safe physically and emotionally (Bartlett & Steber, 2019).

Other comments about the amount of training received included "I've had heaps"; "we've had lots of that ... it comes up every year or two years". Conversely, another commented "I've done my own research"; "I wouldn't say there's a big notion on trauma-informed practice"; "I haven't experienced management directly saying we need more trauma-informed practice training."

None of the participants commented on receiving any form of training related to the trauma-informed aspects of self-care, self-awareness, and the impact on practitioners when working alongside clients impacted by trauma. When training around trauma-informed practice is mentioned, people said it was oriented towards practice with clients and the impact trauma has on the client directly. Additionally, comments made referenced specific learnings focused more on learning about trauma itself but not the specifics of trauma-informed practice and care.

#### **Theme Four—Practitioner access to self-care and professional supervision**

Participants were asked questions concerning professional supervision and practitioner self-care: "How did their organisations support self-care and emotional resilience?" Three participants identified the Employee Assistance Programme (EAP), which assists with supporting employee development, performance, and wellbeing (EAP Services, 2021). One participant commented that, although EAP is available, access to sessions is limited and needs to be approved by a supervisor first. One participant commented that they have good support from management when it comes to the need for flexibility when having a family. Another mentioned sufficient sick leave and developing a strategy of taking "mental health days" when required. Staff need to take responsibility for their self-care and emotional resilience was commented on by three participants: peer supervision, friends and family, physical self-care such as walking, gardening, and "getting in touch with mother nature" were other examples of how participants attended to their self-care. This aligns with Bartlett and Steber's (2019) suggestions that stress reduction strategies such as mindfulness, exercise, social support, and hobbies can assist in the wellbeing of adults who work alongside children who have been exposed to trauma.

Comments relating to the contribution of supervision reflected a degree of ambivalence: one participant did not mention it, while another mentioned supervision as an avenue for support but did not comment further. Another participant compared the supervision in prior employment to supervision they receive now expressing that the previous supervision had been "... emotionally driven ... personal and professional and ... a lot of reflection ...", whereas now it is "strictly case management".

... I don't feel like I get any direct support from my employer, I feel like it's actually a personal responsibility, as much as there's all this literature out there that says that it's an organisational responsibility, I don't feel that. I'm the one who has to have really firm boundaries, I'm the one who has to take care of myself ... (Participant A)

"... when you do fall over, there's kind of like this thing of ... you should have pulled out, you should have known when you were getting unwell and it's your responsibility to seek these things out ... (Participant B)

Did participants feel comfortable accessing supervision to discuss their emotional resilience and self-care? Three out of four participants expressed they did not. The participant who said they would feel comfortable discussing emotional resilience and self-care suggested that their supervisor often "checks in to see how I'm doing emotionally and physically" and it's about "offloading onto my supervisor". One participant who answered no and declined to comment further. Another participant explained that they would not feel comfortable because they feel it is "surface level". While another explained that their supervision is:

... case direction, case management, how I'm coping with my work, and maybe five minutes at the end we might focus on self-care and wellbeing ... I always say I'm fine and carry on because I don't feel safe to say I'm not coping because my supervisor controls my workload, my pay... (Participant A)

Comments were also made that time constraints and lack of professional supervision training may be contributing factors here. Heffernan and Viggiani (2015) suggested that practitioners should be able to ask for support without feeling weak or like they are inadequate in sustaining work demands.

Lastly, participants were asked if they had any suggestions as to how their organisation could enhance emotional resilience and self-care. One participant simply said, "acknowledge it". This aligns with Heffernan and Viggiani's (2015) suggestion that supervisors can be proactive about acknowledging when practitioners have had rough cases by supporting them to take time off if needed, rather than waiting for the practitioner who may be struggling to ask for support. Another participant suggested that external supervision could be beneficial "... just to be able to offload and not worry about [their] supervisor". In a study on supervision and support for social workers, it was mentioned that external supervision was highly valued by participants; this was due to being able to be open and honest in discussions without fear of any repercussions (Beddoe et al., 2020). Other suggestions from participants included funded mindfulness activities like tai chi, massages, yoga, or gym memberships. Another participant also added that there is a shift happening presently which includes "a push to get on the waka, change your attitude".

## Discussion

The aim of this research was to explore the knowledge and training social workers have in preparation for working with trauma; to determine what support social workers receive and how they access support. Ideally, this study will contribute towards strengthening trauma-informed practice and care for clients and practitioners. Each participant was able to identify issues and to suggest recommendations that contributed towards the researcher gaining a clear perspective of the "social worker's voice". This research also enabled the identification of gaps and the need for further studies on implementing TIP and TIC principles into social work practice, including further support for social workers in the context of supervision. The hope is that it will assist in enhancing the need for further research and practice implementation for, not only practitioners, but at organisational

and structural levels, including policy, procedures, and additional trauma-informed training for social workers.

The following themes were identified: social workers' perception of trauma-informed practice and care; implementing trauma-informed practice; and care and practitioner access to TIP and TIC support.

### **Social workers' perception of trauma-informed practice and care**

Although organisations recognise TIP and TIC, there is still a lack of understanding of what it is and how to implement it into practice (Knight, 2018).

During the interviews, participants appeared to have a good understanding of trauma and the impacts it entails, but the implementation of trauma-informed practice is still underutilised—potentially due to confusion in this area. While training in trauma seems to be a high priority, specific training on what trauma-informed practice and care are, including guidelines on the implementation of TIP and TIC into practice could be beneficial in filling this gap.

Levenson (2020) suggested that the terminology of *trauma-informed practice* and *trauma-informed care* can be used interchangeably. Knight (2018) suggested that this confusion and misunderstanding can create a decline in implementation.

### **Implementing trauma-informed practice and care**

In this article, the overall view would be that confidence in this area comes with past experiences, knowledge, and time, and that this would be specific to each individual and their experiences of trauma and/ or trauma work. Additionally, based on participants' answers, it could be argued that the term *experience* is subjective and can be based on both informal and formal knowledge (Chenoweth & McCauliffe, 2015). The utilisation of trauma-informed

practice and care can assist social workers to work alongside clients who have experienced trauma in a safe and informed way for both the client and practitioner. Practices that are not trauma-informed can lead to the re-traumatisation of clients and cause practitioners to struggle with indirect trauma. While practitioners seem to feel confident working alongside clients affected by trauma, this is enhanced with time, knowledge, and experience. The incorporation of the trauma-informed principles; safety, trust, empowerment, choices, and collaboration, along with the addition of a te ao Māori perspective will guide practitioners to work alongside trauma clients effectively. Understanding trauma is not enough, trauma work needs to be capitalised on with an ecological model that incorporates micro, macro, and meso levels.

Balu (2017) posed a question that evokes reflection: "Can a support system that is fragmented by the demands of consistent traumatic exposure that impacts social workers, provide care that will assist people to have a healthy sense of self?" While attempts are being made by social work agencies and social workers to implement TIP and TIC, confusion around practice implementation and lack of resources is undermining these efforts (Knight, 2018).

Heffernan and Viggiani (2015) suggested that training on responses to client trauma is not sufficient, for trauma-informed practices to work well these must start from the top down. Organisational policies, procedures, and vision that influence and reflect on trauma responses can only then trickle down to the agencies influencing a culture change within an environmental setting that is trauma-informed. Furthermore, training needs to reflect, not only a setting that allows practitioners to work alongside clients with trauma-informed practices, but the role that the agency should play in safeguarding staff to ensure they are not traumatised via the trauma exposure of their clients (Heffernan & Viggiani, 2015).

This view is supported by Roberts et al. (2023) who argued that a whole system approach is required to provide support and training across organisations to equip practitioners with a consistent, shared understanding of trauma and attachment.

Knowledge of TIP and TIC is crucial to inform effective and safe practice: should social work education include and apply TIC principles and knowledge within the curriculum? Vasquez and Boel-Studt (2017) argued that trauma-focussed content will help students to develop knowledge and understanding of how to work with the complexities of trauma. This view is consistent with Knight (2022) who suggested that the inclusion of trauma-informed principles into social work field education can strengthen personal and professional development. Similarly, Wilson and Nochajski (2016) reported that the integration of trauma-informed content into areas of the social work curriculum led to an overall increase in students' confidence and ability to use and engage in TIC approaches.

### **Practitioner access to trauma-informed practice and care support**

Beddoe et al. (2022) stated that "Good supervision involves listening, observing and processing emotion and being able to critically question practice while regaining trust" (p. 535, para 2). Furthermore, they suggested that lengthy case management sessions can feel oppressive and time-wasting, whereas supervision that is seen as quality thinking time leads to greater satisfaction (Beddoe et al., 2022).

Organisational support has strengths in adaptability for practitioners' needs outside of work, family commitments, sickness, and mental health leave. Supervision would potentially be seen as an area of weakness with staff not feeling comfortable or able to access this when needed. Virtue and Fouche (2010) explained that social workers who are exposed to experiences of trauma within their work setting need to be supported

with strategies to cope with the impact of that work; supervision should be a safe space where discussions around working with trauma and abuse can be unpacked. Heffernan and Viggiani (2015) added that organisations that provide sufficient safety nets for their workers by educating and empowering practitioners can reduce the risk of practitioners becoming impacted by indirect trauma. Trauma-informed supervision should integrate the trauma-informed principles of safety and trust—this allows practitioners to explore self-reflection and their experiences of indirect trauma, which can then lead to empowerment and feelings of self-efficiency (Knight, 2018). Beddoe et al. (2020) added that sufficient supervision and support have been linked to positive job satisfaction, especially in child protection social work. Additionally, practitioners' reactions to trauma should be normalised, and regular check-ins of practitioners' emotional responses to their work including how their reactions may affect both their work and their personal lives should be discussed. Branson (2019) suggested that strategies toward minimising the risks of indirect trauma fall on both the employee and the organisation collaboratively.

When working within the realm of child protection, the impact had on the family can be traumatic as they fear the potential that their child may be removed. This can cause the family to be untrusting and feel like the social worker is intruding into their private lives, leading to low engagement with the agency (Atwool, 2019). Additionally, many families with children who are entering the child protection system with exposure to trauma, have adults within the family who have also had trauma exposure. This leads to a cycle with families failing to recognise the intergenerational impact, creating complex trauma for the whole family unit (Heffernan & Viggiani, 2015). Child protection workers are consistently exposed to this trauma cycle, becoming vicariously exposed to trauma themselves (Heffernan & Viggiani, 2015). Balu (2017) explained this as the *ripple*



*effect*, whereby trauma vicariously impacts individuals, families, and the systems, services, and professionals that work alongside them. Knight (2018) agreed that clinicians working alongside survivors of trauma have a high risk of indirect trauma. Although many negative effects can occur from working alongside trauma survivors, positive consequences can also have an impact due to previous trauma exposure (Manning-Jones et al., 2016). Vicarious resilience is where a clinician has an enhanced appreciation for their advantages, enables them to re-evaluate their goals, feels confident in practice, and increased levels of empathy and compassion (Knight, 2018). Additionally, organisations that promote self-care, health, and wellbeing, alongside taking regular time off can alleviate indirect trauma (Heffernan & Viggiani, 2015).

### Limitations

This is a small study utilising four participants, therefore, the data produced only represents a small sample; a larger sample of care and protection social workers may have been beneficial in gaining a higher level of social workers' understanding of the topic. Flynn and McDermott (2016) suggested that when conducting exploratory research data only represents a small portion of the population. In this research, participants seemed trusting enough to share stories with the researcher openly and honestly. Although, there could have been benefits in prompting participants further in some questions to gain additional data.

### Conclusions and recommendations

Social workers in care and protection roles work alongside children and their families who have been impacted by trauma consistently throughout their work. Trauma is complex and the application of TIC requires knowledge, guidance and support to ensure that the principles are applied consistently and safety. Therefore, social workers need to have the tools to promote practices that will aid in

assisting them to do so in ways that are empowering, while encouraging self-determination. Supervision and self-care are important aspects in decreasing the risk of practitioners becoming impacted by indirect trauma. This includes frequent and reflective supervision that coincides with the trauma-informed principles of safety and trust towards creating a healthy attachment between the supervisor and supervisee. While social workers seem to be proactive in fulfilling their self-care needs, supervision is an area of concern for several reasons. Practitioners seem reluctant to engage in reflective supervision with their supervisors due to concerns about how it may impact their work. Additionally, supervision is consistently being prioritised for case management, and time restraints impact the ability for discussions around self-care and emotional resilience.

Recommendations for further research and practice include:

1. Further studies that encapsulate the voices of clients that have experienced trauma and their experiences of working alongside social workers.
2. Implementing set practice guidelines for trauma informed practice and care into agency policy.
3. Investigation into the benefits of engaging in external supervision for social workers.
4. Further training on the implementation of trauma-informed practice for social workers, with the addition of specific trauma-informed supervision training for supervisors.
5. Advocating for trauma informed principles into the social work education curriculum.

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## References

- Aotearoa New Zealand Association of Social Workers. (2019). *Code of ethics*. Code-of-Ethics-Adopted-30-Aug-2019.pdf (anzasw.nz)
- Atwool, N. (2019). Challenges of operationalizing trauma-informed practice in child protection services in New Zealand. *Child & Family Social Work, 24*(1), 25–32. <https://doi.org/10.1111/cfs.12577>
- Balu, D. (2017). 'Untying the knot': Achieving integrative and collaborative care within trauma and fear saturated systems. *Children Australia, 42*(2), 104–107.
- Bartlett, J. D., & Steber, K. (2019). *How to implement trauma-informed care to build resilience to childhood trauma*. Child Trends. <https://www.childtrends.org/publications/how-to-implement-trauma-informed-care-to-build-resilience-to-childhood-trauma>
- Beddoe, L., Ballantyne, N., Maidment, J., Hay, K., & Walker, S. (2019). Troubling trauma-informed policy in social work education: Reflections of educators and students in Aotearoa New Zealand. *British Journal of Social Work, 49*(6), 1563–1581. <https://doi.org/10.1093/bjsw/bcz052>
- Beddoe, L., Ballantyne, N., Maidment, J., Hay, K., & Walker, S. (2020). Supervision, support and professional development for newly qualified social workers in Aotearoa New Zealand. *Aotearoa New Zealand Social Work, 32*(2), 17–31. <https://doi.org/10.11157/anzswj-vol32iss2id626>
- Beddoe, L., Ferguson, H., Warwick, L., Disney, T., Leigh, J., & Cooner, T. S. (2022). Supervision in child protection: A space and place for reflection or an excruciating marathon of compliance? *European Journal of Social Work, 25*(3), 525–537. <https://doi.org/10.1080/13691457.2021.1964443>
- Branson, D. C. (2019). Vicarious trauma, themes in research, and terminology: A review of literature. *American Psychological Association 25*(1), 2–10. <https://doi.org/10.1037/trm0000161>
- Chenoweth, L., & McCauliffe, D. (2015). *The road to social work & human service practice* (4<sup>th</sup> ed.). Cengage Learning.
- Dombo, E. A., & Blome, W. W. (2016). Vicarious trauma in child welfare workers: A study of organizational responses. *Journal of Public Child Welfare, 10*(5), 505–523. <https://doi.org/10.1080/15548732.2016.1206506>
- EAP Services. (2021). <https://www.eapservices.co.nz>
- Flynn, C., & McDermott, F. (2016). *Doing research in social work and social care: The journey from student to practitioner researcher*. SAGE.
- Goodwin, J., & Tiderington, E. (2020). Building trauma-informed research competencies in social work education. *Social Work Education: The International Journal, 41*(2), 143–156. <https://doi.org/10.1080/02615479.2020.1820977>
- Heffernan, K., & Viggiani, P. (2015). Going beyond trauma informed care (TIC) training for child welfare supervisors and frontline workers: The need for system wide policy changes implementing TIC practices in all child welfare agencies. *The Advanced Generalist: Social Work Research Journal, 1*(3/4), 37–58. <http://hdl.handle.net/10057/11285>
- Knight, C. (2018). Trauma informed practice and care: Implications for field instruction. *Clinical Social Work Journal, 47*(1), 79–89. <http://dx.doi.org/10.1007/s10615-018-0661-x>
- Knight, C. (2022). Adopting a Trauma-informed Perspective in the Field Practicum: Current Realities and Future Challenges. In R. Baikady, S. M. Sajid, V. Nadesan, & M. R. Islam (Eds.), *The Routledge handbook of field work education in social work* (pp. 81–98). Routledge India.
- Levenson, J. (2020). Translating trauma-informed principles into social work practice. *Social Work, 65*(3), 288–298. <https://doi.org/10.1093/sw/swaa020>
- Manning-Jones, S., De Terte, I., & Stephens, C. (2016). Secondary traumatic stress, vicarious posttraumatic growth, and coping among health professionals: A comparison study. *New Zealand Journal of Psychology, 45*(1), 20–29.
- Morris Matthews, K., Tipene-Leach, D., Hiha, A., McKelvie-Sebileau, P., Abel, S., Chisnell, C., Malcolm, C., & Austin, K. (2020). *Ngatahi – Working as one*. Research and Innovation Centre: Eastern Institute of Technology.
- New Zealand Government. (2022). *Oranga Tamariki action plan*. <https://www.orangatamarikiactionplan.govt.nz>
- Pihama, L., Smith, L. T., Evans-Campbell, T., Kohu-Morgan, H., Cameron, N., Mataki, T., Te Nana, R., Skipper, H., & Southey, K. (2017). Investigating Maori approaches to trauma informed care. *Journal of Indigenous Wellbeing: Te Mauri – Pimatisiwin, 2*(3), 18–31. <https://hdl.handle.net/10289/11805>
- Roberts, G., Halstead, S., Pepper, R., & McDonnell, L. (2023). Social care professionals' perceived barriers to implementing attachment and trauma-informed care training in their practice. *Developmental Child Welfare, 5*(1), 3–20. <https://doi.org/10.1177/25161032231153643>
- Sage Research Methods. (2017). *Data analysis and interpretation*. <https://methods.sagepub.com/> Sage Publications.
- Taggart, D. (2018). *Trauma-informed approaches with young people*. Research in Practice. [https://www.coventry.gov.uk/downloads/file/32660/trauma\\_informed\\_approaches\\_with\\_young\\_people](https://www.coventry.gov.uk/downloads/file/32660/trauma_informed_approaches_with_young_people)
- Vasquez, M. L., & Boel-Studt, S. (2017). Integrating a trauma-informed care perspective in baccalaureate social work education: Guiding principles. *Advances in Social Work, 18*(1), 1–24.
- Virtue, C., & Fouche, C. (2010). Multiple holding: A model for supervision in the context of trauma and abuse. *Aotearoa New Zealand Social Work, 21*(4), 64–72. <https://doi.org/10.11157/anzswj-vol21iss4id262>
- Wilson, B., & Nochajski, T. H. (2016). Evaluating the impact of trauma-informed care (TIC) perspective in social work curriculum. *Social Work Education, 35*(5), 589–602. <https://doi.org/10.1080/02615479.2016.1164840>

# Self-care methods of social workers working in end-of-life care

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## ABSTRACT

**INTRODUCTION:** Most people experience some form of grief and loss during their lifetimes; some even choose to work amongst it every day. Navigating through the effects of this can be an arduous task on a personal level, but what about on a professional level? Social workers are becoming more prominent in end-of-life settings and, whilst they often are well versed in self-care, how does this change when working around death and dying on a daily basis? This study sought to explore these questions and gain a greater understanding of social workers.

**METHODS:** This is a qualitative research study where three semi-structured interviews of social workers working in end-of-life (EOL) care were conducted to explore their perspectives of self-care regarding their profession, and to gain a greater understanding of what is beneficial for them and what requires more work.

**FINDINGS:** All participants had both personal and professional self-care journeys that have enabled them to avoid burnout or compassion fatigue during their careers. Whilst each participant had had some form of training on death and dying or grief and loss, there was a clear lack of job-specific training to support them through their work.

**CONCLUSION:** This research report highlighted three key themes for EOL social workers: personal experience of death and dying; their own self-care strategies and practices; and limitations around specific training on death and dying. Results of this study urge social workers and education providers to seek out further training development and opportunities in EOL care.

**KEYWORDS:** Self-care, end-of-life care; social workers; supervision; compassion fatigue; spirituality

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Inevitably, we are all going to face the reality of death in our lives, our own as well as our loved ones. Understandably, this can pose significant emotional turmoil for the ones left behind. This research attempted to look more deeply into the world of those who choose a career in this field. When experiencing death and dying, and grief and loss on a day-to-day basis, how does one prevent compassion fatigue or burnout? Self-care has been linked to greater mental health, resilience, and wellbeing (Iacono, 2017), which is beneficial

for end-of-life (EOL) social workers for various reasons. Social workers are critical in EOL care due to their ability to address the psychosocial needs of patients and their families, which is reflected in the literature (Murty et al., 2015).

Terms such as *compassion fatigue* and *burnout* have been scattered throughout social work literature for some time (Quinn-Lee et al., 2014); however, there seems to be less research, literature and training on how to avoid experiencing them in a professional

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setting. Self-care is often a process or journey rather than a destination that you just arrive at; this is highlighted in this research.

### Positioning of the researcher

Suzi Gallagher: This topic was chosen given my own experience caring for my grandmother through the final stages of her life. The toll it took on me, both mentally and physically, was substantial and I found it took me many months to feel like myself again. My mother, who also was a part of her care, expressed similar feelings. This left me wondering how people work in EOL care where they deal with such experiences daily, and how they develop and practise self-care when working in a field that could prove to be taxing on many levels. I am currently a registered social worker employed full time in Kirikiriroa, Aotearoa New Zealand. I also provide supervision to other social workers, where I highlight and explore the importance of self-care for my supervisees.

### Literature review

A literature review was conducted to gain a deeper understanding of the current research and literature on the social workers' self-care, personal experience of death and dying, and their specific professional training to support them whilst working in EOL care.

The literature used in this review comprises predominantly academic articles sourced from the Massey University Library electronic databases. Search terms that were used to find the research were *end-of-life care*, *self-care*, *social work*, *palliative care*, *personal experience*, *supervision*, and *professional practice*—all individually as well as a mixture of them together. Themes have been identified throughout the literature review, which will help to inform the research report. These are *personal experience*, *self-care* and *methods of self-care*. The next section highlights some of the context challenges for social work in EOL.

### Social workers in end-of-life care

The context of social work in EOL care is often complex and takes place within various organisations, some of which are not specifically dedicated to EOL care, such as health social workers. Factors highlighted in the literature that are important to consider include multidisciplinary teams, burnout, leadership, cultural competency, and resourcing. Social workers are appropriate leaders for this field of practice, particularly given the cultural competency and psychosocial expertise required.

#### *Multidisciplinary teams*

In the 1950s, Cicely Saunders worked towards developing a holistic model of EOL care where patients were seen as, not just those having nursing or medical needs, but as a whole person with social, psychological, spiritual, and physical needs. This led to multidisciplinary teams being developed that often comprise social workers, chaplains, psychotherapists, psychologists, volunteers, occupational therapists, and physiotherapists, not just doctors and nurses (Brown & Walter, 2014; Selman et al., 2014).

EOL care involves the collaborative efforts of several different professionals, including social workers, nurses, physicians, and support staff. They not only work in intimate spaces with the individuals experiencing life-limiting conditions, they are often also working with their bereaved families (Berzoff, 2008; Chan et al., 2015).

#### *Burnout*

A challenge identified for EOL care social workers by Davidson (2016) was that almost all respondents in the study reported feeling as though they had to provide evidence of their worth and merit in EOL care. This seemed to be a common theme in the literature, with Berzoff (2008) also highlighting the isolation social workers feel in this line of work, impacted by experiencing grief alone in a professional

setting, lack of interdisciplinary peer supervision, and the cumulative grief they experience day in and day out. Further to this, there is often a pull between resource management issues and the psychosocial needs of the client and their loved ones (Quinn-Lee et al., 2014; Silverman, 2015).

Studies have shown that the level of burnout experienced by healthcare professionals working in EOL care is not necessarily higher than those working in other contexts as their competence in stress management seems to be the key (Chan et al., 2015). A finding in the Agnew et al. (2011) research was that, on appointment, EOL health professionals are expected to have relevant experience and qualifications but ongoing training in this area was not prioritised once in the position, even though there are vast benefits in receiving such training. Informal training such as theories of grief and loss, bereavement counselling skills, and methods of assessment were beneficial; however, specialist external training opportunities were limited.

#### *Leadership*

Davidson (2016) recommended that social workers should aspire to be leaders in palliative care. Part of this is because there have been significant changes in how terminal illness and bereavement are being viewed and experienced—these are *social* issues rather than *medical*. Having social workers in leadership, trained and practised in individualised interventions, working in areas with an emphasis on social justice issues, could be the ideal arena for such professionals as they are agents of change for individuals, families, communities and wider society.

#### *Cultural competency*

Cultural competence has been argued as crucial for social workers in all settings, including EOL; however, achieving competence in this area can prove difficult when there is limited literature and research,

and the diversity of cultures can be a struggle due to so many characteristics that cannot be adequately captured in a checklist. Culture goes beyond race to include such aspects of one's life, such as socioeconomic status (SES), sexual orientation, gender identity, refugee and immigrant status, religion, age, health conditions, family composition and dynamics, and various developmental, physical, learning, and psychological abilities, to name a few. As expected though, end-of-life care also has other factors that may arise, for instance, medical conditions, health behaviours, and diagnosis and prognoses (Rine, 2018; Selman et al., 2014).

#### *Resourcing of EOL*

Davidson (2016) reflected on recent studies that have shown EOL care in the United Kingdom as needing massive improvements. One reportedly found that 1 in 10 people who received EOL care did not receive the care and support they needed, often due to a disconnect between policy makers, health professionals, and these people receiving EOL care (Chaddock, 2016). This has led to a major drive for hospice care to implement public health approaches to transform EOL care services. Because social workers are leaders in anti-discriminatory and anti-oppressive practice, their presence in the realm of palliative care is becoming more sought after (Davidson, 2016).

The complexity of working in EOL care is vast, especially for social workers, due to the factors highlighted in this section. Beyond this, it is important to also consider the fact that each social worker brings their own unique personal experiences that may affect the way they practise.

#### **Self-care**

One of the significant challenges that health professionals often face in relation to self-care is finding and managing the balance between their personal and professional lives; this is no different for social workers

in the realm of EOL care. If anything, it could be considered *more* important as social workers are often drawn to this area of work following their own experiences of loss (Berzoff, 2007; Sanso et al., 2015). Sanso et al. (2015) highlighted compassion satisfaction as the ability to receive a degree of joy that a clinician experiences when helping others, which is why it is important to understand compassion fatigue and have robust self-care strategies in place.

On a personal level, Chan et al. (2015) found that coping strategies including the acceptance of, and management of one's own emotions were paramount in self-care working in EOL care. Some of the strategies they described included distraction from work, sharing with others, relaxing, dealing with loss, relationship issues, rationalising, and finding joy in life. There were also four emotional coping methods identified at a professional level: adjustment of expectations in professional identity, which includes having clear professional roles and limitations; adjustment of expectations in EOL care, where the professional develops suitable goals and is able to accept the reality of the people they are working with, and the patient achieving the best death possible; differentiation between work and self, referring to the ability to separate work from personal life; and searching for meaning in work, which involves achieving a sense of passion and satisfaction for the work (Chan et al., 2015).

Finding an authentic and sustainable self-care plan can be a long process. This can be due to many professionals developing unhealthy habits to deal with stress and taking the time to find strategies can be time consuming and sometimes disheartening. Having a plan that addresses an individual's emotional, cognitive, physical, spiritual, and relational challenges is important, and this can be difficult to find (Smit, 2017). There is no one-size-fits-all approach to self-care and therefore it is often viewed as the social worker's responsibility to develop and practise their own self-care

strategies; however, embedding self-care activities throughout social work education and training could prove effective in the promotion of robust self-care strategies (Newcomb et al., 2015).

### Methods of self-care

Intrinsic self-care methods are ways of caring for oneself using practices or resources that belong to that person. Some of these methods include routinely expressing, soothing, and releasing emotions by doing such things as listening to music, undertaking personal therapy, talking with confidants, mindfulness, self-compassion, enjoying a bath, or cuddling a loved one or pet (Newcomb et al., 2015; Smit, 2017).

Setting emotional boundaries can also be important. For instance, learning to say no when necessary and obtaining new skills to encourage wellbeing (this could include communication or time-management skills). Studies have shown that professionals who attend to their personal wellbeing are in a better position to achieve positive outcomes and greater satisfaction in the workplace compared to those who do not. Their levels of resilience when facing challenges are also higher (Smit, 2017).

Creativity is something that can be used as a tool for self-care. For example, expressive writing is helpful for some individuals. There are three theories that have been linked to expressive writing as a form of therapeutic intervention; these are: emotional exposure theory, which is based on the belief that directly confronting an emotional experience can result in positive emotional changes; cognitive restructuring theory, where writing can bring about cognitive changes such as structuring, labelling, and organising traumatic events, which can help make sense of confusing and upsetting times; and self-regulation theory, where expressive writing can assist in self-regulation due to being able to gain a better understanding of upsetting and/or traumatic events, labelling the emotions associated with them, and



planning appropriate reactions (Sexton et al., 2009). Furthermore, the use of art therapy in supervision has shown to reduce exhaustion, increased competency and self-efficacy, greater self- and emotional awareness, and a greater willingness to discuss death and dying (Potash et al., 2014).

Extrinsic self-care methods involve caring for oneself using physical means. Studies have investigated several exercises that can assist in one's self-care regimen, which include progressive muscle relaxation, simple breathing techniques, exercise, yoga, meditation and mindfulness, acupressure, and massage. Other suggestions include the importance of laughter and play, as this not only increases our physical wellbeing, but our mental wellbeing as well, by increasing energy levels and reducing stress. Nutrition, relaxation, and quality sleep can also play a part in the physical side of self-care (Berzoff, 2008; Newcomb et al., 2015; Smit, 2017).

Debriefing is a method used to assist in overall self-care, be it with colleagues, friends and family, or even accessing an Employee Assistance Programme (EAP) (Berzoff, 2008; Newcomb et al., 2015; Smit, 2017). Regular supervision also allows social workers the time and space to acknowledge their feelings and to evaluate and reflect on their experiences, practice and own perceptions, attitudes and anxieties around death, which is vital in preventing compassion fatigue and burnout (Arnaud, 2017; Berzoff, 2008; Potash et al., 2014; Smit, 2017). It is also used as a function to develop therapy skills, emotional awareness, case conceptualisation, and self-evaluation (Arnaud, 2017).

*Compassion fatigue* is a term that is often used to refer to the *cost of caring*, where professionals experience fatigue through repeated exposure to other people's suffering. This contrasts with burnout, which is brought on by cumulative stress due to unreasonable work expectations or environment. Burnout is often gradual and progressive, whereas compassion fatigue is often quicker. There is potential for

transferring unmet emotional needs onto social work clients, countertransference, and inappropriate self-disclosure, putting the social workers at greater risk of vicarious trauma and burnout. An important factor in avoiding compassion fatigue is having robust self-care practices (Potash et al., 2014; Sanso et al., 2015; Smit, 2017).

Peer supervision is another method that provides experiential and relational learning where professionals can discuss countertransference responses, spiritual issues, ethical dilemmas, pain and suffering, and legal issues that may arise. This method of self-care helps prevent feelings of isolation and oppression in this line of work; it can also help promote the use of humour, which is often viewed as an important strategy in self-care practices (Berzoff, 2008).

One could argue that spirituality in self-care could fall under either or both intrinsic and extrinsic self-care methods. Spirituality is a universal aspect of personhood and can be defined as an individual's search for purpose and meaning in their life, which may or may not be related to religion (Edwards et al., 2010; Selman et al., 2014). Self-care can include reading, praying, connecting with nature, meditation or reflection, as these practices can promote and restore a sense of calm, hope, and serenity (Smit, 2017).

Smit (2017) referred to *Te Whare Tapa Whā* and how it highlights the importance of a holistic approach to health and wellness. It compares wellbeing (*hauora*) to the four walls of a house (*whare*). They represent spiritual wellbeing (*taha wairua*), which relates to confidence, self-esteem, beliefs, and values; physical wellbeing (*taha tinana*), which relates to interaction with Mother Earth (*Papatūānuku*) and personal development; mental and emotional wellbeing (*taha hinengaro*), which relates to emotions, thoughts, feelings, knowledge, and attitude; and social and *whānau* wellbeing (*taha whānau*), which relates to interpersonal relationships with friends and family, having a sense of belonging, and *whakapapa*.

For the whole to be well and healthy, each dimension needs to be balanced. All these aspects are interrelated and are the foundation for overall health and wellness (Smit, 2017).

Spirituality and culture are often inadequately articulated in models of holism due to the neglect of spirituality and culture in policy guidance, research, and multi-professional training and education (Selman et al., 2014). As spirituality is often considered so highly in one's identity, it could be being under-utilised in training and education.

## Methods

The study explored the self-care strategies and practices of qualified social workers who work with people at the end of their lives. A qualitative research methodology is the approach taken for this project with theoretical underpinnings in social constructivism and the interpretivist paradigm (Merriam & Tisdell, 2016). This fits well with this research which aimed to understand the experiences of social workers in EOL care and how they construct their self-care methods and strategies. The research project received a low-risk approval from a university Human Ethics panel.

The Aotearoa New Zealand Association of Social Workers (ANZASW) was contacted to circulate the information of this study after unsuccessfully contacting organisations working in EOL care. Once the ANZASW published the research, seven responses were received from social workers offering to participate; however, it was the first three that were chosen to interview.

For this project, semi-structured interviews were used to elicit data grounded in the participants' experiences while also having the space to ask more theoretically driven questions. Semi-structured interviews invite the application of thoughtful reflexivity and intelligent creativity in relation to the

broader methodological, theoretical, and ethical elements of research (Brown & Danaher, 2017; Galletta, 2013).

Pseudonyms will be used for each participant to maintain their anonymity. Leigh now works for a non-government organisation (NGO) and has also had over 20 years with a District Health Board (DHB); Carrie also works for an NGO leading a team of social workers with her own caseload; and Murray works for a DHB where he has been for several years.

Thematic analysis is used to decipher and understand the data in this research project. This approach goes further than counting explicit words or phrases and focuses on identifying and describing explicit and implicit ideas within the data, or themes (Guest et al., 2012). The themes fall under the three main aims of this research: social workers' understanding and experience of death and dying; their self-care strategies and practices; and their experience of professional training on death and dying. There are also sub-themes that have arisen under the self-care and understanding and experience of death and dying themes, which fall into both personal and professional categories.

Three participants were interviewed for this project, which could be considered a small sample size. This typically means that the findings are not able to be generalised to the larger population. However, given that this is qualitative research, a small sample size enables richly textured information relevant to the topic (Vasileiou et al., 2018). Research bias was another potential limitation, especially considering the personal nature of the topic for the researcher. As Chapman (2014) pointed out, there are ways to mitigate this, including examining one's own motives, a thorough literature review, being meticulous with one's methods, anticipating any challenges, and seeking knowledgeable feedback. This has been upheld through the project, particularly in supervision.

## Findings

### Social workers' understanding and experience of death and dying

#### *Personal understanding and experiences of death and dying*

Death is often referred to as part of life, so it was not particularly surprising to learn that each participant had some personal experience of death and dying. Leigh cared for her grandmother until her death at age 99; Carrie spent a lot of time with her grandmother at the end of her life; while Murray had a holiday job as a grave digger when he was younger.

Different cultural practices around death and dying vary a lot. Murray was exposed to Fijian cultural practices as some of his childhood was spent in Fiji; while Carrie spoke a lot about her Chinese culture and how it has influenced the way that she views her elders:

Chinese respect older people but when we have respect, we do things for them. For example, I wouldn't like an older person to make me a cup of tea, I would make one for them, even in their own home. So, coming to New Zealand, I have to respect their independence. At the very beginning, I think it took me a while to adjust because of my family, and with my partner's family, I learnt more about the Kiwi culture.

#### *Professional understanding and experiences of death and dying*

All three participants spoke about how their career progression gradually, but naturally, moved them towards working with clients at the ends of their lives. For instance, both Leigh and Murray spoke about how their careers have gradually led them to working in EOL care; while Carrie believes it has been part of her upbringing within Chinese culture where the wisdom and experience of older people are valued very highly.

Whilst all participants have had personal experiences of death and dying, there has still been much to learn in different cultural and religious practices when working in EOL care. Leigh spoke about being in a room with a person who has died and how this was a very new experience for her, and Carrie shared an experience she had with a family friend whose father had passed away. She shared that it was a Tongan/Samoan family, and they had his body in the home with them.

There is also an emotional component that comes into play in this area of social work that has been described as interesting to navigate and affords an opportunity for deep reflection. Murray said, "death isn't something that is separate from life ... we're all on a journey and it's really two sides of the same coin", which is a beautiful sentiment; however, he also spoke about some patients who experience the absolute despair at the thought of dying. Leigh added that it is also about her own maturity and comfortableness around death, which has taken time to adjust enough to be able to work in this area.

One participant had a negative experience with a previous employer, which was a DHB that she had been employed at for over 20 years. Regarding her time at the DHB, she shared that it felt as though the body of a person who had died was moved along very quickly, their name put on a list and never mentioned again. This contrasts with her new role at a hospice where she feels that their practices and rituals around death are more in line with her own personal values, as they sing a waiata when the body leaves the premises, which she felt is a nice acknowledgement of that person.

### Social workers' self-care strategies and practices

#### *Personal self-care strategies and practices*

Various personal self-care practices were discussed throughout the interviews. For this research, this refers to the different strategies

and practices that each participant has implemented in their personal lives, away from work. Some of the practices included eating and sleeping well, getting out of the city and going into nature, reading, music, and other hobbies.

Leigh described a reflection that involves an aspect of both personal and professional self-care practice. She explained a ritual that she does to acknowledge her clients that have passed:

It actually doesn't really feel like that quite so much. I mean, the reality is that people are dying all the time. And in my folder of people, I've got a section where I keep all of the written referrals of people that have died ... I said to my colleague, you know, it's really not normal to be in social work and have this many people you've had some contact with that have died in a six-month period – I think it's about remembering that.

#### *Professional self-care strategies and practices*

This sub-theme refers to the different self-care strategies and practices that each participant undertakes in their professional capacity in the workplace. For instance, Murray explained that he does not attend the funerals of his clients:

Some people require them to finish off and tie off ends and show that they loved, cared for and respected someone. For example, my parents, I wanted to go to their funerals, but in general, the people I work with, I don't need to do that; to go to their funerals.

Some parts of professional self-care practices that have been discussed could be seen to be quite simple; however, as each participant explained, they can have a big effect when put into practice and are not always easy to enforce. For instance, ensuring they take holidays, taking breaks, not working overtime and sticking to working hours, not taking work home, keeping strong personal/

professional boundaries, and stopping to check in with colleagues and not feeling guilty about it. As Carrie mentioned:

Sometimes I think I might just have to not answer the phone, which can actually sometimes be self-care for me; not taking the call straight away, and being aware that I don't need to take every single call as soon as it comes through ... I need to park it and phone them back when I'm ready.

Two of the participants mentioned that they had accessed the Employee Assistance Programme (EAP) during their employment, but that it was not for issues around death and dying, but more structural reorganisation within their workplace and interpersonal conflicts with employers.

Supervision in various forms was discussed by each participant in relation to professional self-care: individual; external; peer, inter-organisational; providing supervision for others; as well as being valued as an employee and colleague. Each participant spoke about different things their employers had done for their employees, including a free Christmas lunch that was nicely presented for everyone, offering three wellness days where you do not need to explain your absence from work, regular check-ins with management, debriefing with peers and management, and having a team approach to self-care, with team activities such as yoga. On the flipside, the participants discussed what it was like when this did not happen and how it felt. Leigh made a comment about how she learnt how to look after herself because nobody else was.

When asked how the participants managed a situation where there was a lapse in self-care, Leigh explained:

How I managed the last situation was to change jobs. That's what I actually did, which was quite extreme – it's not something you want to do every five minutes though. It was a big deal for me to



leave the DHB, but it felt like the benefits of it had gotten to the point where they were outweighed by the negative things.

### *Death and dying in social work*

During the interviews, the participants shared their views on the lack of specific education and training on death and dying, for not just social workers, but for health professionals across the board. Carrie was passionate in sharing that she believes that institutions need to include death and dying EOL care, and elder abuse, particularly with our aging population increasing. She also reflected on our need to understand cultural diversity in EOL care and death.

When considering their own specific training on death and dying the participants reflected on different workshops that they had done around grief and loss, EOL care, enduring power of attorney and care planning, palliative care through the DHB, and then others vaguely connected, such as pain management or mental health.

## **Discussion**

The findings of this research have been divided into three key themes; personal experience and understanding of death and dying, professional experience and understanding of death and dying, personal self-care strategies, professional self-care strategies, and specific training related to working with death and dying.

### **Social workers' experience death and dying**

Berzoff (2008) highlighted that social workers are often drawn to this work following their own personal experiences of loss. Each of the participants had their own experience of death, dying, and loss. Whilst they believed that this was not why they pursued a career in EOL care, they all stated that they had drawn on those experiences throughout their work. Supiano and Vaughn-Cole's (2011) qualitative findings found that practitioners who have

a personal experience of grief suggest that the meanings of their loss can inform their developing sense of professional self.

It has been argued that the use of self in social work is in line with the wounded healer paradigm, where the wounds of the healer play an important role in choosing one's vocation (Kwan & Reupert, 2019). Kwan and Reupert (2019) found that social workers' development journeys often begin long before they start their social work training and that their childhood and adolescent events were often found to impact their professional practices. Murray, in particular, referred to his childhood and how he grew up around death; living next to a cemetery, losing a brother in an accident, and he had lost both parents.

### **Social workers' self-care strategies and practices**

It is often believed that part of a social worker's responsibility is to develop and practise their own self-care strategies as there is no a one-size-fits-all approach. However, there were a number of common strategies amongst participants. Some of these include ensuring they finish on time and take regular breaks, not taking work home with them, and taking time out when they feel it is appropriate (Smit, 2017).

For self-care, the literature highlighted that professionals who attend to their personal wellbeing often achieve more positive outcomes, have greater satisfaction and higher resilience in the workplace. Each of the participants seemed to have robust personal self-care strategies that were practised regularly. For instance, healthy nutrition, relaxation, and quality sleep were all mentioned by participants, which reflect the findings from Berzoff (2008). Further to this, Smit (2017) also found that professionals who attended to their wellbeing were more likely to achieve positive outcomes, greater work satisfaction, and higher levels of resilience, which seems to align with the participants in this research.



Some methods revealed in the literature review were reflected in the participants' interviews. For instance, Murray referred to music as being a big part of his self-care, both making and playing different instruments; Leigh and Carrie both disclosed that mindfulness and meditation were part of their self-care practice (Newcomb et al., 2015; Smit, 2017).

Debriefing, accessing an EAP, and regular individual and peer supervision were all referred to as professional self-care strategies. As each participant was a registered social worker, they all participated in regular supervision and believed it to be beneficial, but it was not at the forefront of their self-care practice as it was only monthly. Two of the participants also accessed EAP; however, it was more around management issues rather than relating to the role of death and dying in their position. Their use of EAP was for management issues, which contrasts with what the literature highlighted about EOL social workers feeling isolated, having to prove their worth, and the cumulative grief that they experience (Berzoff, 2008).

When considering self-care, Leigh mentioned that she took drastic action and resigned. Skovholt and Ronnestad (1995, as cited in Kwan & Reupert, 2019) stated that practitioners are informed on the requirements of the role by their employers. They went on to highlight that, when externally imposed requirements differ from their natural practice, incongruence between the personal and professional selves arises. In Leigh's situation, it is important to note that some research shows that social workers must be themselves to be effective and professional (Kwan & Reupert, 2019).

### Specific training on death and dying

The participants all explained how they had had some specific training whilst working in EOL care; however, this was not always prioritised by their employers and there was each of them stated that they wanted more training on the specifics of their roles. This was reflected in the literature review where

Agnew et al. (2011) found that EOL health professionals were expected to have relevant experience and qualifications and that, once in the position, ongoing training was not prioritised.

It has been highlighted in previous research that ethical codes and practice guidelines may be available, but that consensus for how certain situations are managed is not always possible. Therefore, social workers cannot always rely on them to make immediate responses, instead relying on intuition or practice wisdom (Kwan & Reupert, 2019). This begs questions around safety and accountability. This contrasts with Davidson's (2016) recommendation of social workers aspiring to be leaders in EOL care as there has been a shift in how people view illness and bereavement; it is now being viewed more as a social issue than a medical one, which is more in line with social work training.

One of the participants suggested that more holistic training for health professionals in EOL care was needed; however, this could prove difficult as there are so many aspects to consider, including socioeconomic status, race, gender identity, religion, medical conditions, and diagnosis and prognoses (Rine, 2018; Selman et al., 2014), "social work is highly contextual" (as quoted in Kwan & Reupert, 2019). The participants seemed to have solid self-care practices that they have developed over time, which was similar to findings in the literature. They had no specific training on self-care itself; however, they believed that embedding self-care promotion into training would be beneficial for social workers.

One participant expressed the need for more training around gaining cultural competence in EOL care. Rine (2018) and Selman et al. (2014) highlighted that training in this area would be difficult considering the magnitude of the topic whilst also factoring in medical conditions, diagnoses and prognoses in EOL; this also seemed to be the case with spirituality.

## Conclusion

The aim of this research was to explore how social workers practise self-care while working in EOL care. The data obtained from the participants highlighted the importance of robust self-care strategies, and a lack of specific training and education in EOL care. Working in EOL care can be incredibly diverse due to differences in cultural practices, religious views, and the personal experiences of the social workers. Results of this study urge social workers and education providers to seek out further training, development and opportunities in EOL care.

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## References

- Agnew, A., Manktelow, R., Haynes, T., & Jones, L. (2011). Bereavement assessment practice in hospice settings: Challenges for palliative care social workers. *British Journal of Social Work, 41*(1), 111–130. <https://doi.org/10.1093/bjsw/bcq055>
- Arnaud, K. (2017). Encountering the wounded healer: Parallel process and supervision. *Canadian Journal of Counselling and Psychotherapy, 51*(2), 131–144. <https://cjc-ccc.ucalgary.ca/article/view/61147>
- Berzoff, J. (2008). Working at the end of life: Providing clinically based psychosocial care. *Clinical Social Work Journal, 36*(2), 177–184. <https://doi.org/10.1007/s10615-007-0119-z>
- Brown, A. & Danaher, P.A. (2019). CHE principles: Facilitating authentic and dialogical semi-structured interviews in educational research. *International Journal of Research & Method in Education, 42*(1), 76–90. DOI:10.1080/1743727X.2017.1379987
- Brown, L., & Walter, T. (2014). Towards a social model of end-of-life care. *British Journal of Social Work, 44*(8), 2375–2390. <https://doi.org/10.1093/bjsw/bct087>
- Chaddock, R. (2016). Integrating early multi-disciplinary advance care planning into core social work practice: Social workers' bread and butter. *Journal of Social Work Practice, 30*(2), 129–138. <https://doi.org/10.1080/02650533.2016.1168382>
- Chan, W., Fong, A., Wong, K., Tse, D., Lau, K., & Chan, L. (2015). Impact of death work on self: Existential and emotional challenges and coping of palliative care professionals. *Health & Social Work, 41*(1), 33–41. <https://doi.org/10.1093/hsw/hlv077>
- Chapman, J. (2014). *Researcher as participant: Safeguarding against bias in a qualitative case study*. <https://doi.org/10.4135/978144627305014539101>
- Davidson, J. (2016). Does the culture of modern day palliative care social work leave room for leadership? *Journal of Social Work Practice, 30*(2), 203–218. <https://doi.org/10.1080/02650533.2016.1168385>
- Edwards, A., Pang, N., Shiu, V., Chan, C. (2010). The understanding of spirituality and the potential role of spiritual care in end-of-life care and palliative care: A meta-study of qualitative research. *Palliative Medicine, 24*(8), 753–770. <https://doi.org/10.1177/0269216310375860>
- Galletta, A. (2013). *Mastering the semi-structured interview and beyond: From research design to analysis and publication*. <https://doi.org/10.18574/nyu/9780814732939.001.0001>
- Guest, G., MacQueen, K. M., & Namey, E. E. (2012). *Applied thematic analysis*. SAGE Publications. <https://doi.org/10.4135/9781483384436>
- Iacono, G. (2017). A call for self-compassion in social work education. *Journal of Teaching in Social Work, 37*(5), 454–476. <https://doi.org/10.1080/08841233.2017.1377145> <https://doi.org/10.1080/08841233.2017.1377145>
- Kwan, C.K., & Reupert, A. (2019). The relevance of social workers' personal experiences to their practices. *The British Journal of Social Work, 49*(1), 256–271. <https://doi.org/10.1093/bjsw/bcy017>
- Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation*. Jossey-Bass.
- Murty, S., Sanders, S., & Stensland, M. (2015). End-of-life care as a field of practice in the social work curriculum. *Journal of Social Work in End-of-Life and Palliative Care, 11*, 11–26. <https://doi.org/10.1080/15524256.2015.1021071>
- Newcomb, M., Burton, J., Edwards, N., & Hazelwood, Z. (2015). How Jung's concept of the wounded healer can guide learning and teaching in social work and human services. *Advances in Social Work and Welfare Education, 17*(2), 55–69. <https://journal.anzswwer.org/index.php/advances/article/view/237>
- Potash, J., Ho, A., Chan, F., Wang, X., & Cheng, C. (2014). Can art therapy reduce death and burnout in end-of-life care workers? A quasi-experimental study. *International Journal of Palliative Nursing, 20*(5), 233–140. <https://doi.org/10.12968/ijpn.2014.20.5.233>
- Quinn-Lee, L., Olson-McBride, L., & Unterberger, A. (2014). Burnout and death anxiety in hospice social workers. *Journal of Social Work in End-of-Life and Palliative Care, 10*(3), 219–239. <https://doi.org/10.1080/15524256.2014.938891>
- Rine, C. (2018). Is social work prepared for diversity in hospice and palliative care? *Health and Social Work, 43*(1), 41–49. <https://doi.org/10.1093/hsw/hix048>
- Sanso, N., Galiana, L., Oliver, A., Pascual, A., Sinclair, S., & Benito, E. (2015). Palliative care professionals' inner life: Exploring the relationships among awareness, self-care, and compassion satisfaction and fatigue, burnout, and coping with death. *Journal of Pain and Symptom Management, 50*(2), 200–207. <http://dx.doi.org/10.1016/j.jpainsymman.2015.02.013>
- Selman, L., Speck, P., Barfield, R., Gysels, M., Higginson, I., & Harding, R. (2014). Holistic models for end of life care: Establishing the place of culture. *Progress in Palliative*

*Care*, 22(2), 80–87. <https://doi.org/10.1179/1743291X13Y.0000000063>

- Sexton, J. D., Pennebaker, J. W., Holzmueller, C. G., Wu, A. W., Berenholtz, S. M., Swoboda, S. M., Pronovost, P. J., & Sexton, J. B. (2009). Care for the caregiver: Benefits of expressive writing for nurses in the United States. *Progress in Palliative Care*, 17(6), 307–312. <https://doi.org/10.1179/096992609X12455871937620>
- Silverman, E. (2015). Caught between denial and dollars: The challenge of a health care social worker. *Social Work*, 61(1), 87–89. <https://doi.org/10.1093/sw/swv045>
- Smit, C. (2017). Making self-care a priority: Caring for the carer. *Whitireia Nursing and Health Journal*, (24), 29–35.
- Supiano, K.P., & Vaughn-Cole, B. (2011). The impact of personal loss on the experience of health professions: Graduate students in end-of-life and bereavement care. *Death Studies*, 35(1), 73-89. doi: 10.1080/07481187.2010.507321. PMID: 24501851.
- Vasileiou, K., Barnett, J., Thorpe, S., & Young, T. (2018). Characterising and justifying sample size sufficiency in interview-based studies: Systematic analysis of qualitative health research over a 15-year period. *BMC Medical Research Methodology*, 8(1), 1–18. <https://doi.org/10.1186/s12874-018-0594-7>

# Challenges to the proof of violence, and social stigma for ethnic migrant women in the current Victims of Family Violence (VFV) visa policy in Aotearoa New Zealand

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## ABSTRACT

**INTRODUCTION:** Applications for the victim-survivor family violence visa (VFV) are low from Middle Eastern, African, and Latin American (MELAA) communities compared to other groups. This does not reflect the number of family violence experiences in these communities reported by community-based practitioners (Ayallo, 2019); rather, low application numbers reflect cultural factors that impact the ability of ethnic victim-survivors<sup>1</sup> to access this visa policy.

**APPROACH:** Data were drawn from a study exploring the cultural contexts within which ethnic migrant women engage with the VFV visa policy. The study used narrative inquiry and semi-structured interviews to explore 20 participants' experiences with the VFV visa policy process. Participants included 10 victim-survivors and 10 supporting non-medical practitioners.

**FINDINGS:** Analyses showed that victim-survivors face significant barriers in accessing this visa. Proving violence and an inability to return to their country of origin due to social stigma are complex and challenging factors for ethnic migrant women. The cultural reasons discussed in this article include that psychological abuse is dominant, violence occurs transnationally, and the social stigma experienced extends well beyond the victim-survivors' individual and immediate circumstances.

**IMPLICATIONS:** Given the potential of this visa policy initiative to provide safety for victim-survivors, recommendations for change are proposed for compassionate approaches.

**KEYWORDS:** Family violence and immigration policy; ethnic women and family violence; immigration and social work

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<sup>2</sup> Family Works (Presbyterian Northern Support).

The importance of attending to the unique nature of violence experienced by ethnic migrants has come to the fore in family violence and immigration scholarship globally (Ayallo, 2021; Menjívar & Salcido, 2002; Segrave, 2017). For instance, research shows that women in partnerships who depend on their abusive “sponsor” for legal status are especially vulnerable to family

violence (Ayallo, 2021; Erez & Harper, 2018; Menjívar & Salcido, 2002; Segrave, 2017). Accordingly, numerous studies underscore the link between known risk factors to family violence in general (Garcia-Moreno et al., 2006) and resettlement challenges (Ayallo, 2021; Simon-Kumar, 2019). These additional co-articulating sociocultural and political factors increase the vulnerability of migrant

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women in abusive relationships (Bhatnagar, 2021; Jayasuriya-Illesinghe, 2018; Kapur et al., 2017; Kiamanesh & Hauge, 2019; Raj & Silverman, 2002). Additionally, many argue that migration systems and regulations may create and sustain conditions of violence and gendered harm (Couture-Carron et al., 2022; Menjívar & Salcido, 2002; Rahmanpour et al., 2019).

Immigration visa status significantly contributes to the limited (or lack of) reporting and help-seeking among victim-survivors, mainly when they rely on the abusive partner for sponsorship, have no long-term rights in the host country and are not eligible for welfare (financial, medical, or housing) support (Ayallo, 2021; Jelinic, 2021; Voolma, 2018; Whelan, 2019). In such circumstances, perpetrators have been found to weaponise the immigration system to threaten, coerce and control victim-survivors in multiple ways (Segrave, 2021). These include threats of deportation if the sponsorship is withdrawn (Simon-Kumar, 2019). Therefore, understanding family violence in these communities requires attention to the migration system, which potentially empowers or disempowers perpetrators and produces conditions that can either effectively deny or provide victim-survivors access to safety (Segrave, 2021).

In Aotearoa New Zealand, a special category visa was introduced in 2002 to enable the victim-survivor to leave an abusive relationship before the probation period without losing their legal status and risking deportation. A victim-survivor can be granted a temporary work visa for up to six months and a resident visa under the VFV visa policy upon meeting specific requirements for each category (VFV Work and VFV Resident Visa). The visa is granted independently from the ex-partner's visa status. However, some critical evidence required includes proof of being in a genuine partnership and that the relationship has ended because of family violence (proof of violence) (Ayallo, 2019). Notably, before late February 2023, only

partners of Aotearoa New Zealand citizens and residents could access this visa. The recent changes now allow a victim-survivor on a partnership-based visa with another temporary migrant to access the VFV Work visa (Citizens Advice Bureau, 2023). The VFV policy is comparable to similar policies in Australia, the UK, Canada, and the US, offering a potential immigration pathway for migrant victim-survivors. Overall, migration and family violence research from these countries agree they are commendable initiatives. However, several limitations have been found in these visa provisions that perpetrators could use for leverage or control. A significant limitation is that most of these options are founded on the immigration status of the sponsoring abusive partner (Ayallo, 2021; Bhatnagar, 2021; Segrave, 2021).

While the policy provisions in each country differ, the commonly identified barriers are similar to those in Aotearoa New Zealand. These include lengthy and slow application processes. For instance, while awaiting the outcome of their application, victim-survivors have little to no social and financial support, which may leave them in more dire circumstances, causing them to delay leaving abusive relationships or being susceptible to use of financial access as leverage. This is mainly because they are ineligible for social welfare, health care or other government-subsidised services. Therefore, they cannot adequately sustain themselves if they leave the relationship (Abraham & Tastsoglou, 2016; Ayallo, 2021; Jayasuriya-Illesinghe, 2018; Scott et al., 2018; Segrave, 2017). Dependent children cannot be included in the VFV application. For women with children, the fear of losing custody or being separated from the children is a significant barrier (Cook Heffron et al., 2022; Mirza, 2016).

Mistrust of law enforcement and related authorities is a commonly reported theme in literature due to racism and discriminatory practices, such as the assumption that violence is part of their culture (Simon-



Kumar, 2019). Victims-survivors with insecure immigration status may avoid help-seeking as they are unsure whether this information will be used for immigration enforcement (Amuedo-Dorantes & Arenas-Arroyo, 2019; Hulley et al., 2022; Ingram et al., 2010). Similar mistrust is noted among close associates who witness the violence, often wary of giving evidence, especially when their immigration status is insecure (Ingram et al., 2010; Whelan, 2019). Research attributes this to a lack of detailed understanding of the policy provisions. Many studies found that, in many cases, information on these visa policies is inaccessible, or there is a lack of greater public awareness of options for victim-survivors (Ayallo, 2021; Ghafournia & Easteal, 2021; Hulley et al., 2022; Oliver, 2020; Segrave, 2017).

In Aotearoa New Zealand, the victim-survivor must show proof of violence and, if applying to stay permanently, prove that they cannot return to their country of origin due to social stigma (or inability to support themselves financially or fear of being abused or excluded from the community). Family violence can be proven through judicially (evidence procured through the court system) and non-judicially (a statutory declaration by approved professionals) (Ministry of Business Innovation and Employment 2020). Many studies show that the judicial route is often privileged, yet is also the most challenging for migrant victim-survivors. In addition, the level of proof is considerably high and privileges physical violence over other forms of family violence, especially psychological abuse (Ayallo, 2021; Gray et al., 2014; Hague et al., 2010; Jelinic, 2021). Most of the required evidence to show an inability to return to the country of origin overlooks collectivist cultural understandings of stigma, social ostracism, and dishonour (Anitha, 2011; El-Abani et al., 2020; Mirza, 2016; Simon-Kumar, 2019).

In Aotearoa New Zealand, there is limited research to understand the cultural reasons why meeting judicial or non-judicial

requirements remains a significant barrier for ethnic victim-survivors. Using data from a narrative study with 10 victim-survivors and 10 non-medical helping professionals, this article seeks to fill this gap by discussing the specific cultural nature of family violence in these communities.

### Methodology and method

The themes reported in this article emerged inductively from a study guided by narrative inquiry, a methodology positioned within a constructivist stance, narratively inquiring into, understanding, and interpreting lived experiences within larger cultural, social, and institutional narratives (Clandinin, 2006; Clandinin & Caine, 2008; Connelly & Clandinin, 1990; Savin-Baden & Niekerk, 2007). This methodology allowed the hearing of the participants' VFV visa policy experiences (personal narratives) and linked these to family violence and immigration (societal meta-narratives). The data collection method was semi-structured interviews. The Unitec Research Ethics Committee (UREC) approved the research in 2022.

#### *Participants and recruitment*

Using a purposive sampling approach, the researcher recruited two groups of participants. The first set included 10 participants who met the following inclusion criteria: identified as female (women) from one or more of the MELAA cultural groups and had successfully or unsuccessfully engaged with one or both VFV visas (victim-survivors). The second group of participants included 10 practitioners from a non-medical profession who have experience in actively supporting victim-survivors to apply for one or both VFV visas (practitioners).

*Participants' characteristics:* All 10 victim-survivors initially held a temporary visa, eight on a partnership visa and two on a visitor visa. Six sponsor partners were citizens, and four were residents.

Seven participants reported one form of abuse, psychological, and three had also experienced physical and sexual abuse. After leaving the abusive relationship, all 10 participants applied for the VFV work visa, with six approved and four declined. The six later applied for the VFV residence visa and were eventually approved. The four declined applications, primarily for not meeting the required evidence, successfully explored other visa pathways (open work visa—not under VFV visa) with the support of legal aid. The waiting time for application outcomes was between three months and two years. The professionals interviewed included three immigration lawyers, two family lawyers, two youth workers, and three social workers. The analysis identified the following critical elements related to meeting the current VFV visa policy requirements. All names used below are pseudonyms.

In recruiting potential participants, the first author drew on professional relationships and networks with practitioners and community-based organisations that provide social, legal, and educational services for ethnic migrant communities in Auckland, Hamilton, and Wellington. Information about the research was presented to individuals who matched the inclusion criteria through these networks. The final group of participants self-referred were provided with comprehensive information about the research, consented, and voluntarily participated in the study. A total of 20 participants were involved in this study.

#### *Data collection*

The first author conducted the semi-structured interviews (in person or on Zoom). Most participants chose the Zoom option due to the Covid-19 pandemic. Participants scheduled interviews at their preferred times. Guiding questions (semi-structured) were sent to them in advance. Using a dialogic approach, the

questions and prompts were adapted to the group of participants (victim-survivors or non-medical professionals) and as data collection progressed. Generally, the questions queried both sets of participants on their initial engagement with the VFV visa policy and the challenges and barriers encountered in the process. All participants were interviewed individually, except in two scenarios where the victim-survivors requested to be interviewed together with the practitioners who supported them during the visa application process. Generally, interviews lasted between one and three hours. All interviews were conducted in English and were digitally recorded and transcribed by a professional transcription service in English. Data were stored and protected following UREC ethical guidelines.

#### *Data analysis*

Informed by narrative inquiry and inductive thematic data analysis approaches (Clandinin & Caine, 2008; Clarke et al., 2015; Connelly & Clandinin, 1990), data analysis involved a continuous careful examination of the digital recordings, interview transcripts and researcher notes. Narrative inquiry begins with a narrative view of the participants' experience—actively listening and recording the stories of their engagement with the VFV visa policy application process. Using a thematic analysis process, these were situated, understood, and interpreted within larger cultural, social, and institutional narratives in existing literature and research. In this process, initial guiding questions sent to participants were used to code, identify patterns, and develop themes. Participants' engagement with the VFV visas, specific cultural circumstances, and the challenges identified emerged from this analytical process. The author ensured rigour and trustworthiness using reflexive practice, including regular debriefing and consulting with practitioners and researchers with relevant expertise (Creswell & Poth, 2016).

## Findings

### *Immigration Sponsorship*

All 10 victim-survivors were initially on a visa approved based on their intimate relationship. All 10 participants stated that they did not know the details of their visa provisions except that leaving the relationship would jeopardise their immigration status and risk deportation. This included a lack of knowledge about other visa pathways should the relationship break down before the probation period. The source of information on visa details was often their partner, the sponsor applicant. Eight out of 10 participants stated that their partner used this one visa condition to prevent them from reporting or leaving the relationship. Three participants described their experiences in the following statements. Malaika noted,

I had no information ... like what to do or where to go for support. I only knew what my partner said ... When the abuse became too much, and I told him I would report it, he would say to me ... I am a New Zealand citizen, and you are not ... Who do you think the police will believe or listen to? Me ... Your visa will just be cancelled, you will have a criminal history, and you will be sent back to B [country of origin] ...

Mila also narrated,

Honestly ... when a woman moves here with their partner, everything seems rosy ... it is a honeymoon ... I just relied on the information my partner provided ... Until things turned so ugly ... then I was like, where do I go for help? No one gave me that information ...

All 10 practitioners interviewed also stated that the women they had supported through the process came to them without prior knowledge of this visa policy. Suma noted,

I have supported about 12 women applicants, and I have never had a client

come in aware of any immigration options for them, especially this [VFV] visa. Every time, I have had to explain the visa policy and the requirements ... and, in most cases, explain to the woman what applying for this visa will mean for them ... if they have children, what it means for them too. The information is not even readily available on the website ... It was only last year [2019] that I managed to find some information on the website. Again ... the information is not in plain English or multilingual ... it is hard to access ... especially if English is a second language.

This finding is supported by other studies showing that perpetrators often use their victim's unstable immigration status to threaten deportation if the violence is reported or disclosed (Ayallo, 2021; Raj & Silverman, 2002; Segrave, 2021; Triandafyllidou, 2022). As ethnic migrants with little knowledge of Aotearoa's justice system and support services, the participants were uninformed of the legal procedures that may prevent the deportation or criminalisation of migrants experiencing family violence (Jelinic, 2021; Segrave, 2017; Simon-Kumar, 2019).

The lack of proper and accessible information about the VFV visa policy also prevents other community members who may witness the violence from reporting or supporting the victim-survivor, mainly because they are unsure how this may affect their immigration status or, for practitioners, what it means for their practice. This was the case for Vita, who described the following experience:

Several people from my community knew what he was doing. Some of them were our neighbours ... in fact, on several occasions when it [abuse] was happening, my children and I escaped and stayed the night with them ... When I went to the police ... left the relationship, I asked [X, name of the friend] if she could give evidence, and she refused. She said they

did not want to get in trouble with the community, the police and immigration. They were just in the process of applying for their PR [permanent residency] ...

Mrembo, a practitioner, also observed:

There are many challenges asking even professionals for a statutory declaration, mainly because most are unsure what this means for them ... I mean, what are you committing to? Generally, there is a lack of understanding of what statutory declarations are. Unfortunately, I have encountered some practitioners who are uncomfortable signing a statutory declaration based on what a woman disclosed to them ... especially when there is no hard evidence. This is sad, given that statutory declarations are the most realistic proof they can afford ... in fact, the one we have used with most women because of the nature of violence experienced and the need to get them to safety quickly...

Indeed, research has shown that a lack of wider public awareness and knowledge of these visa pathways and their specific provisions not only makes it difficult for victim-survivors to access appropriate safety support but also prevents people who witness the violence, including practitioners, from offering adequate support victim-survivors need (Bhatnagar, 2021; Ingram et al., 2010; Kiamanesh & Hauge, 2019; Ministry of Business Innovation and Employment, 2020; Simon-Kumar, 2019).

#### *Forms of family violence*

Psychological abuse was mainly reported by the victim-survivors and the practitioners. Even the three victim-survivors who had also experienced physical and sexual abuse narrated that the abuse was initially psychological and then escalated. Most participants cited significant difficulties reporting or explaining this abuse to others because of the absence of tangible evidence. The violence was also perpetrated

by multiple people and happened across national borders. The following three comments by some of the participants best capture this aspect:

Things were okay when I first arrived; then I began making friends ... and that is when it all started. He always demanded to know what we talked about and where we went ... he checked my phone and messages. He kept reminding me that he was responsible for being in NZ and could report me to immigration anytime. We even completed a residency application [paper], but he never sent it. He kept it in a locked drawer and would bring it out whenever I questioned him. Then my in-laws came to visit, and things got worse. He put so many conditions. My mother-in-law must come with me everywhere, and I had to make phone calls in the presence of my mother-in-law. Then one day, he beat me, and my in-laws beat me too. That is when I decided to go to a women's refuge. I went to the police to report ... and they asked for solid evidence ... Of course, I did not have any ... even the one time he beat me did not leave a scar ..., but he had abused me for years ... (Mina)

Some victim-survivors may delay leaving the abusive relationship because of the multiple people involved in the abuse. Vita reflected:

When I decided to leave with my children ... somehow, word spread to all our families living in NZ and C [country of origin]. I started receiving calls from his family almost 35-40 times daily. They kept telling me to withdraw the complaint and that we could work it out as a family. His family was of high status, too...so they also began to threaten me... His mother said, "If you ever return here, the boys will not be yours. They are our blood, and we will take them away. This is your marriage, and you must keep these things within the family ... you do not go around telling others about family issues. If you were here, you would not have survived



this long.” They also threatened my family living in C. I feared for myself, my children, and my family living in C. I even considered not leaving then ... just until I quietly sorted out the visa...

To highlight the transnational effect, Sabina noted:

What was happening to me was also happening to my parents back in A [country of origin]. My father used to go to the temple every morning, but he could not do this anymore. Everyone was talking about me ... how I was a bad woman for leaving my husband ... So, the shame was too much for my parents. They stopped going to the temple and many other social and community gatherings.

The lack of in-depth understanding of the differences between violence experienced by ethnic and non-ethnic victim-survivors has been found in the literature. Simon-Kumar (2019) argued that, while the forms of violence may be similar, their presentation takes specific cultural forms. In the case of these participants, an understanding of intimate partner violence (IPV) cannot ignore the cultural meaning of partnerships and marriage. It is collective, involving the two individuals and their families living in the country of origin and the host country. Therefore, IPV is likely to involve more than one perpetrator. Consequently, proving psychological abuse is complex and highly challenging when more than one person is involved and occurs transnationally (Ayallo, 2021; Erez & Harper, 2018; Raj & Silverman, 2002; Simon-Kumar, 2019).

Most participants, victim-survivors and practitioners in the study indicated that the psychological abuse extended to finances. Nine out of the 10 victim-survivors were not working at the time of their visa application and did not have a separate source of income. They primarily depended on the sponsoring partner for financial support and were not eligible for subsidised government

support. A key finding was that this was one of the crucial determinants of whether the victim-survivor reported and left the abusive relationship. This study highlighted this in two areas: proving the genuineness of the relationship and income while awaiting the application outcome.

Nine out of the 10 women highlighted that, in addition to not having separate financial resources, the evidence of shared utilities such as bills and leases—often used to prove the genuineness of the relationship—was in the partner’s name. Many mentioned that they did not realise the importance of having their names on such things, this was not apparent to them until they were going through the family violence visa process. Wena noted,

There was nothing with my name on it ... they wanted joint bank accounts, bills, tenancy stuff ... I needed these documents to show that I was in a genuine relationship ... so whom should I ask, my abusive ex, who abused me? I could not ... he would use this to keep me in the relationship ... and this is where some of us get stuck.

Jelinic (2019) reported a similar finding, noting that this is set up deliberately in some cases so the partner can maintain control over the victim-survivor. In other cases, being new to the country, the victim-survivor is not yet confident to act independently, and this can be compounded by limited information and language barriers. This disadvantages the application process, where this is one of the requirements—proof of a genuine relationship. Obtaining this information during abuse or after the victim-survivor has left the relationship is extremely difficult and increases their vulnerability (Ayallo, 2021; Menjívar & Salcido, 2002; Segrave, 2017; Voolma, 2018).

The application process is a lengthy and uncertain. Findings show that the wait time for approval was between one month and two years. Among the most interesting



comments were those of the following two participants.

This uncertainty led Lina to delay applying for the visa. She said,

It was a Catch-22 ... I had my children to think about; I had no other means of providing for them, and we could not live in the refuge forever ... so I was like do I stay? Do I ride it out until we all get residency through my ex then I can leave? Everything just seemed so uncertain ... it was a difficult decision. It was a risk for me and my children to stay; it was a risk for us to leave.

Warabu described what she lost during the application process, which included a court process to get a conviction as proof of abuse. The process took two years.

While I was waiting ... I could not work a proper job or study ... do anything with my life. I did casual jobs, cleaning houses ... anything that was available. I could not afford rent, so I flatted with many people ... seven people, five people ... because it was cheaper. I will tell you this ... I lost time ... I wanted to return to school I could not ... My age is gone. I came here when I was 38 years old ... 10 years later, I have not done anything meaningful with my life because I did not have a visa to do many things. I feel like because of the abuse, I have wasted my life.

These examples echo the findings of similar research (Scott et al., 2018). Lina and Warabu feared being in more dire circumstances, mainly financially to the point of contemplating delaying help-seeking. The uncertainty of the process and the long waiting period for getting their work visa leaves the victim-survivor in a state of instability, which increases their vulnerability to continued abuse (Ingram et al., 2010). In some cases, victim-survivors have been found to reconcile with the abuser until their immigration status is more

secure, at this point, the abuse is often severe (Jayaweera & Oliver, 2013).

#### *Proving social stigma*

All 10 victim-survivors stated that they struggled to prove their inability to return to their country of origin due to stigma and hardship. Primarily, they noted that the types of evidence INZ required to show stigma were mostly about whether they had money or qualifications or if their country of origin was “accepting” of women. As such, stigma was judged based on economic terms and using the country of origin as a reference point. So that if the woman held a qualification that the officials thought could get them a job in their home country and did not come from a country widely known to discriminate against women, their argument for inability to return to their country of origin was met with disbelief and their application was likely to be declined. This was the case for the four declined VFV work visa applications. The practitioners interviewed had similar views to the victim-survivors, providing some insightful comments about cases where they have had to undertake rigorous country research to prove social stigma. The following is one of the most interesting comments on this factor. Mimi, a practitioner, commented,

The current requirements to prove social stigma is like making an economic argument. What I have observed is that it depends on where in the world the woman is from. For example, I have supported women from countries X, Y, Z, and N [country names]. Meeting this criterion was straightforward ... mainly because these countries are on the news constantly concerning abuse of women’s rights. I have two cases as examples. I had one application that I thought would be challenging because the woman was highly educated, held a high position before coming to NZ, and lived alone for many years. But no ... I was surprised that the application went through without any questions because she came from Y

country—a Muslim-majority country. In a second example, the exact circumstances ... the only difference is that the woman was from [country A] ... not known for any women's rights issues ... and so the visa was declined. We had to explore a different visa pathway. So ... I think there are degrees of reductive stereotypes being applied most of the time.

Some victim-survivors stated that they were almost required to talk negatively about their country of origin to prove their inability to return home. Mariam, whose VFV visa application was declined for lack of sufficient proof of social stigma, narrated,

I went into the interview [assessment] thinking I was talking to someone on my side. I wanted them to see how capable I was ... That I would be an asset ... I talked about how resilient I had been, my strengths, and my strong support networks. Well ... that backfired on me. The response was that... "Well, if you are that capable, you can return home. You will be fine at home ... if you are resilient, you will manage."

Doron, a practitioner, commented on this, having supported many victim-survivors with similar experiences as Mariam.

... I must keep reminding the clients about this ... They must talk negatively about their country of origin, community, family, and culture. In my experience, if you say anything positive about your support network and community, then ... they can help you overcome any social difficulties ... It puts them in an awful position.

Conversely, all 10 victim-survivors identified cultural views of partnerships and marriage as a primary source of stigma for women, as opposed to the economic view primarily used in the visa assessment of stigma. For instance, the woman is the gatekeeper in the relationship. This was the case for Vee:

I did not mind going home ... if I had evidence to show people back home that I was not a bad woman. In my culture, divorce ... separation is tough for women ... it is not acceptable ... and I would be blamed. So, I told the officials, I need this as proof to explain why I have separated, why this happened and why I have left the country ... that is all I needed ... to say that I am not a bad woman so that people will not treat me differently.

Indeed, research shows that the expectation to portray one's community, country, and culture negatively is a significant barrier to help-seeking for migrant women. Some of the reasons for this include the shame and stigma associated with divulging family issues publicly, fear of being ostracised as a family, and an entrenched "defensiveness" by migrant communities to maintain cultural "purity" against the dominance of European/Western host cultures (Ayallo, 2021; Jayaweera & Oliver, 2013; Simon-Kumar, 2019). In this context, disclosing violence may be equated to exposing the community, resulting in a loss of social status and possible reprisal from family and friends (Simon-Kumar, 2019; Tam et al., 2016). Consequently, returning home is not viable for victim-survivors, and stigma should not be tested primarily in economic terms (Voolma, 2018). Even for those with academic qualifications, social ostracism and dishonour can result in limited employment opportunities in the home country, resulting in low-paid jobs and few monetary resources for leaving an abusive relationship (Segrave, 2021).

## Discussion

This study on the cultural contexts within which ethnic victim-survivors engage with the VFV visa policy supports the literature regarding ethnic women's experiences with the current family violence immigration policy provisions in other countries (Ayallo, 2021; Bhatnagar, 2021; Segrave, 2017; Voolma, 2018; Whelan, 2019). Findings from this study demonstrate that, in the Aotearoa

context, the process of proving that violence occurred, and social stigma is complex for ethnic women. Victim-survivors' access to this visa provision is challenged by certain cultural factors that often prevent them from meeting the judicial (or non-judicial) evidence required for visa approval. These factors include psychological forms of violence being the most prevalent and challenging to prove; more than one family member often perpetrates that violence; and the violence experienced usually occurs transnationally—extending to the country of origin. These reasons significantly impact their ability to gather the critical evidence required for the VFV visas. These findings validate research that emphasises the link between ethnic migrant women's experiences of family violence and immigration status (Ayallo, 2021; Erez & Harper, 2018; Ingram et al., 2010; Simon-Kumar, 2019). It fills the gap in the literature and research in the Aotearoa context by explaining the cultural nature of the barriers to accessing the VFV visa as one of the intervention strategies for addressing immigration status as a risk factor.

Participants indicated that their immigration status and pathways depended on their partner's immigration status. In this regard, the following conclusion can be drawn. Perpetrators use immigration status as a form of psychological abuse. The implication that the immigration options available to the woman (for instance, to be deported or not, upon separation), depends on the relationship increases abusers' control and power over the victim-survivor (Ayallo, 2021; Bhatnagar, 2021).

The study highlighted the lack of direct information provision or greater awareness of rights and other possible immigration options to ethnic migrants, compounded by being new to the country and, therefore, limited knowledge of the systems. Because of this, although the VFV visa policy exists, there are still misconceptions about the meaning of some of its critical provisions. For instance, there is a lack of awareness of the purpose and responsibility of a statutory

declaration. Findings showed that even some authorised practitioners hesitate to support evidence in the form of statutory declaration as they are unsure, for instance, if this will mean being called to testify as witnesses in a judicial process. In reality, because of the most common form of violence experienced, psychological abuse, a statutory declaration would be the most practical proof of violence for ethnic victim-survivors. Therefore, a great deal of community-based education is required within ethnic communities about partnership visas, the VFV policy, and the availability of social and legal aid programmes for ethnic communities. This includes providing locally accessible information (formats, language, and settings) at several points in the migration journey and resettlement process (Bhatnagar, 2021; Ghafournia & Easteal, 2021; Reina et al., 2014; Segrave, 2017).

Participants in this study noted that tangible proof of violence, such as physical injury or reported and ongoing treatment directly caused by the abuse, and a criminal conviction are the most persuasive proof in the visa-assessment process that violence occurred. The findings in the study lead to the conclusion that ethnic victim-survivors are most likely to experience psychological abuse often with no tangible evidence and, therefore, are most likely to use a statutory declaration (Simon-Kumar, 2019). Insisting on substantial evidence reinforces a culture of disbelief, a barrier to help-seeking (Hague et al., 2010; Jayaweera & Oliver, 2013).

Ethnic victim-survivors have specific cultural lenses and norms determining their response to family violence. The collective understanding of marriage and partnerships influences the nature of abuse and how the victim-survivor responds to abusive relationships. Consequently, the partner's family can be part of the perpetration of abuse and leaving an abusive relationship is also leaving the family-in-law and the community (Simon-Kumar, 2019). In most cases, as demonstrated in this study, this happens transnationally.

The patriarchal lens typical in most ethnic communities influences the way marriages and partnerships are viewed, that it is the woman's role to make the relationship work and keep the family together and therefore, that the women are responsible for relationship breakdown. This perception makes it difficult for women to leave and report abuse (Tam et al., 2016).

Regarding social stigma, reporting or disclosing abuse has massive consequences for a victim-survivor and their entire family in the host country and often in the country of origin. This reality challenges the measure of social stigma based primarily on monetary and personal capability. Honour and shame are central concepts in most ethnic communities (Hulley et al., 2022; Rahmanipour et al., 2019; Raj & Silverman, 2002; Simon-Kumar, 2019). Therefore, the shame and embarrassment brought on the family and community can lead to exclusion in other areas, including employment. Consequently, some of the women participants in this study described how the VFV visa is also a form of proof to their families that the relationship breakdown was not their fault, a form of evidence to prevent such exclusion. This leads to the conclusion that cultural competence in ethnic communities is a crucial expertise for anyone involved in the VFV policy process, including immigration officers (Reina et al., 2014).

Evidence in this study links financial stability to reporting abuse and help-seeking. Participants either hesitated to leave the relationship for fear of living in more dire circumstances or were living in extreme poverty after leaving because of a lack of social and financial support. Their partnership visa conditions restricted their work opportunities, and they were ineligible for government subsidy. This did not change during the VFV visa application period. They did not have access to crucial resources that would have enabled them to establish themselves or demonstrate their potential. Such resources mentioned by participants

include employment opportunities, education support, and job training support. This leads to the conclusion that lacking access to income support or welfare benefits decreases the chances of victim-survivors coming forward, creating further apprehension to seek help and dependence on the abuser (Segrave, 2017). For a victim-survivor who is isolated and does not feel confident enough to act independently in a new country, access to education, employment, and other forms of training may build capacity and increase chances of help-seeking (Bhatnagar, 2021; Ingram et al., 2010).

## Conclusion

This study has demonstrated that the high burden of proof on the victim-survivors with stringent evidence requirements related to the genuineness of the relationship and abuse is a barrier due to the factors associated with the nature of abuse experienced and the precarious immigration status. Statutory declarations are most practical for these communities to prove violence and hardship. Similar to a recommendation in Australia, this would mean revising the list of "approved professionals" to include community-based practitioners accessible to these communities (Gray et al., 2014; Segrave, 2017). In the Canadian 'humanitarian and compassionate' process, for instance, there is no specific list of evidence to prove abuse or other requirements, no form of evidence is privileged, and more evidence is considered better. The application process is also expedited to prevent the instability caused by long wait times (Bhatnagar, 2021; Government of Canada, 2021b; Neufeld, 2009). Further research is required to explore the practicality of implementing a similar humanitarian application process in the Aotearoa context.

There are some limitations which need to be considered concerning the reported findings. First, the study focused on MELAA communities and only a limited

sample within these communities. Therefore, it cannot present information explaining all the factors determining these communities' engagement with VFV visas. Also, the findings and conclusions from these participants can only be cautiously generalised to all victim-survivors from all ethnic communities in Aotearoa. Finally, the study was based on the experiences of ethnic victim-survivors who were self-referred and willing to share their experiences. These women also have engaged with relevant social and legal support services, such as women's refugee and legal aid services. This data cannot be extrapolated to ethnic victim-survivors who have not sought institutional help or have access to advocacy services. Therefore, generalisations should be made with caution.

Despite these limitations, the present study's findings provide new information on the cultural contexts within which ethnic victim-survivors engaged with the VFV visa policy, highlighting why the current tests are challenging to meet for many. The mix of both victim-survivors and non-medical practitioners' perspectives in this study provides confidence that the findings are representative of some of the key people at the community level, often involved in the reality of gathering evidence for the VFV visa application process, which attests to the study's rigour. The brief critical overview of comparative policies in other countries allows for some comparisons demonstrating rigour.

There are suggestions for addressing some of the limitations of the VFV visa policy that arise from the perceptions and experiences of the 20 participants, victim-survivors and practitioners. A more humanitarian and compassionate approach, comparable to some current policies such as the protected persons (Asylum seekers) policy (New Zealand Immigration, 2023) and Canada's humanitarian and compassionate policy (Government of Canada, 2021a), is recommended. This would be fee exempt

and offers open work permits, healthcare coverage, access to education, and work and income benefits and payments until their application is processed. Such critical provisions provide sustainability, prevent further abuse due to financial dependency, allow the victim-survivors to establish themselves, and give them more time to consider their immigration options (Bhatnagar, 2021; Neufeld, 2009).

## Notes

<sup>1</sup> The term is used here to refer to individuals who have experienced family violence and successfully or unsuccessfully engaged with the VFV visa policy. In this paper, the term is used interchangeably with woman/women as appropriate (reflecting that, in this study, all victim-survivors were women).

<sup>2</sup> This research was conducted before these changes were announced. The 2019 research conducted by the Author informed some of the discussion forums where these changes were proposed. See <https://nzfvc.org.nz/news/nzfvc-webinar-addressing-needs-migrant-victim-survivors-family-violence>

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## References

- Abraham, M., & Tastsoglou, E. (2016). Addressing domestic violence in Canada and the United States: The uneasy co-habitation of women and the state. *Current Sociology*, 64(4), 568–585.
- Amuedo-Dorantes, C., & Arenas-Arroyo, E. (2019). Police trust and domestic violence: Evidence from immigration policies. *IZA Discussion Papers, No. 12721*. Institute of Labor Economics (IZA), Bonn.
- Anitha, S. (2011). Legislating gender inequalities: The nature and patterns of domestic violence experienced by South Asian women with insecure immigration status in the United Kingdom. *Violence Against Women*, 17(10), 1260–1285.
- Ayallo, I. (2019 December 3-6). *A perspective on S4.5 residence category for Victims of Domestic Violence (VDV) policy: Addressing domestic violence against 'ethnic' women* [Conference paper] SAANZ, Auckland, NZ.



- Ayallo, I. (2021). Intersections of immigration law and family violence: Exploring barriers for ethnic migrant and refugee background women. *Aotearoa New Zealand Social Work, 33*(4), 55–64.
- Bhatnagar, A. D. (2021). *Navigating the intersections: Supports for immigrant women experiencing intimate partner violence*. Simon Fraser University. [https://summit.sfu.ca/\\_flysystem/fedora/2022-08/input\\_data/21291/etd21365.pdf](https://summit.sfu.ca/_flysystem/fedora/2022-08/input_data/21291/etd21365.pdf)
- Citizens Advice Bureau. (2023). *What is the Victims of Family Violence Work Visa?* Retrieved August 25 from <https://www.cab.org.nz/article/KB00042971>
- Clandinin, D. J. (2006). Narrative inquiry: A methodology for studying lived experience. *Research Studies in Music Education, 27*(1), 44–54.
- Clandinin, D. J., & Caine, V. (2008). Narrative inquiry. In L. M. Given (Ed.), *The Sage encyclopedia of qualitative research methods* (pp. 542–545). SAGE Publications.
- Clarke, V., Braun, V., & Hayfield, N. (2015). Thematic analysis. In *Qualitative psychology: A practical guide to research methods* (3rd ed., pp. 222–248). Sage.
- Connelly, F. M., & Clandinin, D. J. (1990). Stories of experience and narrative inquiry. *Educational Researcher, 19*(5), 2–14.
- Cook Heffron, L., Wachter, K., & Rubalcava Hernandez, E. J. (2022). “Mi Corazón se Partió en Dos”: Transnational motherhood at the intersection of migration and violence. *International Journal of Environmental Research and Public Health, 19*(20), 13404. <https://doi.org/10.3390/ijerph192013404>
- Couture-Carron, A., Zaidi, A. U., & Ammar, N. H. (2022). Battered immigrant women and the police: A Canadian perspective. *International Journal of Offender Therapy and Comparative Criminology, 66*(1), 50–69. <https://doi.org/10.1177/0306624x20986534>
- Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. Sage Publications.
- Ei-Abani, S., Jacobs, S., Chadwick, K., & Arun, S. (2020). Migration and attitudes towards domestic violence against women: A case study of Libyan migrants in the UK. *Migration and Development, 9*(1), 111–130.
- Erez, E., & Harper, S. (2018). Intersectionality, immigration, and domestic violence. In *The handbook of race, ethnicity, crime, and justice* (pp. 457–474). John Wiley & Sons.
- Garcia-Moreno, C., Jansen, H. A., Ellsberg, M., Heise, L., & Watts, C. H. (2006). Prevalence of intimate partner violence: Findings from the WHO multi-country study on women’s health and domestic violence. *The Lancet, 368*(9543), 1260–1269.
- Ghafournia, N., & Easteal, P. (2021). Help-seeking experiences of immigrant domestic violence survivors in Australia: A snapshot of Muslim survivors. *Journal of Interpersonal Violence, 36*(19–20), 9008–9034.
- Government of Canada. (2021a). The humanitarian and compassionate assessment: Dealing with family relationships. <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/operational-bulletins-manuals/permanent-residence/humanitarian-compassionate-consideration/processing/assessment-dealing-family-relationships.html>
- Government of Canada. (2021b). Program delivery update: Victims or survivors of family violence – Humanitarian and compassionate grounds. <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/operational-bulletins-manuals/updates/2021-family-violence-compassionate-grounds.html>
- Gray, L., Easteal, P., & Bartels, L. (2014). Immigrant women and family violence: Will the new exceptions help or hinder victims? *Alternative Law Journal, 39*(3), 167–171.
- Hague, G., Gangoli, G., Joseph, H., & Alphonse, M. (2010). Raising silenced voices: South Asian women immigrating after marriage. *Ethnicity and Inequalities in Health and Social Care, 3*(1), 25–35.
- Hulley, J., Bailey, L., Kirkman, G., Gibbs, G. R., Gomersall, T., Latif, A., & Jones, A. (2022). Intimate partner violence and barriers to help-seeking among Black, Asian, minority ethnic and immigrant women: A qualitative metasynthesis of global research. *Trauma, Violence, & Abuse, 24*(2), 1–15.
- Ingram, M., McClelland, D. J., Martin, J., Caballero, M. F., Mayorga, M. T., & Gillespie, K. (2010). Experiences of immigrant women who self-petition under the Violence Against Women Act. *Violence Against Women, 16*(8), 858–880.
- Jayasuriya-Illesinghe, V. (2018). Immigration policies and immigrant women’s vulnerability to intimate partner violence in Canada. *Journal of International Migration and Integration, 19*, 339–348.
- Jayaweera, H., & Oliver, C. (2013). Mapping the conditions of stay and the rationale for entitlements and restrictions for family migrants in the United Kingdom. University of Oxford: COMPAS, UK.
- Jelinic, A. B. (2021). Navigating the family law provisions: Migrant women’s voices. *International Journal for Crime, Justice and Social Democracy, 10*(4), 131–145.
- Kapur, S., Zajicek, A., & Hunt, V. (2017). Immigration provisions in the violence against women act: Implications for Asian Indian marriage migrants. *Journal of Women, Politics & Policy, 38*(4), 456–480.
- Kiamanesh, P., & Hauge, M. I. (2019). “We are not weak, we just experience domestic violence”—Immigrant women’s experiences of encounters with service providers as a result of domestic violence. *Child & Family Social Work, 24*(2), 301–308.
- Menjívar, C., & Salcido, O. (2002). Immigrant women and domestic violence: Common experiences in different countries. *Gender & Society, 16*(6), 898–920.
- Ministry of Business Innovation and Employment. (2020). *Recent Migrant Victims of Family Violence Project 2019: Final Report*. <https://www.mbie.govt.nz/dmsdocument/12138-recent-migrant-victims-of-family-violence-project-2019-final-report>
- Mirza, N. (2016). The UK government’s conflicting agendas and harmful immigration policies: Shaping South Asian women’s experiences of abuse and “exit”. *Critical Social Policy, 36*(4), 592–609.
- Neufeld, H. (2009). Inadequacies of the humanitarian and compassionate procedure for abuse immigrant spouses. *Journal of Law & Social. Policy, 22*, 177. <https://doi.org/10.60082/0829-3929.1006>

- New Zealand Immigration. (2023). Information for asylum seekers. <https://www.immigration.govt.nz/new-zealand-visas/preparing-a-visa-application/living-in-new-zealand-permanently/information-for-refugees-and-asylum-seekers/asylum-seekers>
- Oliver, C. (2020). Irrational rationalities and governmentality-effected neglect in immigration practice: Legal migrants' entitlements to services and benefits in the United Kingdom. *The British Journal of Sociology*, 71(1), 96–111.
- Rahmanipour, S., Kumar, S., & Simon-Kumar, R. (2019). Underreporting sexual violence among "ethnic" migrant women: Perspectives from Aotearoa/New Zealand. *Culture, Health & Sexuality*, 21(7), 837–852.
- Raj, A., & Silverman, J. (2002). Violence against immigrant women: The roles of culture, context, and legal immigrant status on intimate partner violence. *Violence Against Women*, 8(3), 367–398.
- Reina, A. S., Lohman, B. J., & Maldonado, M. M. (2014). "He said they'd deport me": Factors influencing domestic violence help-seeking practices among Latina immigrants. *Journal of Interpersonal Violence*, 29(4), 593–615.
- Savin-Baden, M., & Niekerk, L. V. (2007). Narrative inquiry: Theory and practice. *Journal of Geography in Higher Education*, 31(3), 459–472.
- Scott, M., Weaver, S., & Kamimura, A. (2018). Experiences of immigrant women who applied for Violence Against Women Act (VAWA) self-petition in the United States: Analysis of legal affidavits. *Diversity and Equality in Health and Care*, 15(4), 145–150.
- Segrave, M. (2021). Temporary migration and family violence: How perpetrators weaponise borders. *International Journal for Crime, Justice and Social Democracy*, 10(4), 26–38.
- Segrave, M. T. (2017). *Temporary migration and family violence: An analysis of victimisation, vulnerability and support*. Monash University.
- Simon-Kumar, R. (2019). *Ethnic perspectives in family violence in Aotearoa New Zealand*. New Zealand Family Violence Clearing House. <https://nzfvc.org.nz/issues-paper-14-ethnic-perspectives-family-violence-aotearoa-new-zealand>
- Tam, D. M., Tutty, L. M., Zhuang, Z. H., & Paz, E. (2016). Racial minority women and criminal justice responses to domestic violence. *Journal of Family Violence*, 31, 527–538.
- Triandafyllidou, A. (2022). Temporary migration: Category of analysis or category of practice? *Journal of Ethnic and Migration Studies*, 48(16), 3847–3859.
- Voolma, H. (2018). "I must be silent because of residency": Barriers to escaping domestic violence in the context of insecure immigration status in England and Sweden. *Violence Against Women*, 24(15), 1830–1850.
- Whelan, I. (2019). The effect of United Kingdom immigration policies on migrant access to sexual and reproductive healthcare. *BMJ Sexual & Reproductive Health*, 45(1), 74–77.

# Trauma informed support and supervision for child protection professionals: A model for those working with children who have experienced trauma, abuse and neglect and their families

Fiona Oates

Routledge, Taylor and Francis, Oxford, 2023

ISBN 978-0-367-45895-9, pp.112, Paperback, NZD60.79

The author shows passion and commitment throughout this book to the field of child protection and the stress and trauma impacts that it can generate. Acknowledgement of those working in the wider child-protection workforce (so beyond only a statutory context) is respectfully offered. The book begins with definitions of the main forms of child abuse, and neglect along with defining the different types of services working with vulnerable children and their families. The defining of neglect could have been further strengthened, namely in relation to being an act or omission that impacts on the physical and psychological functioning of a child.

Trauma is conceptualised firstly through a general definition, and exploring occupational trauma. Examples of extreme aggression and violence experienced in child-protection settings while offered, are countered, in order to not inadvertently create a hierarchy which might minimise other experiences for workers. The three main forms of indirect trauma impacts are defined, although mainly positioned together, along with burnout. The concept of emotional labour would have added to the discussion of compassion fatigue.

Throughout the book there is recognition and respectful emphasis from the author to the additional stress and trauma for First

Nations people through daily experiences of racism, which may have been further enhanced by defining historical trauma further as a concept. In locating the need for trauma-informed support and supervision for practitioners (and other layers of an organisation) the author provides an excellent quote, on p. 29: "When the workplace is the source of one's trauma, it is the workplace that needs to become a place of safety".

The chapter exploring supervision begins with acknowledging the role of the social work profession in defining and growing supervision, and applying Beddoe and Davys' (2010) definition of professional supervision. Three traditional functions of supervision are explored: administrative, educative, supportive, and acknowledgement of mediation. The choice of these three functions highlights the problematic dominance of the administrative function in supervision, especially in an organisational culture of risk adversity. Defining more clearly the different forms of supervision (line, clinical, and professional) may have helped with the argument here.

A good point is raised about other professionals, such as teachers and nurses, exposed to workplace trauma not necessarily having standardised access to supervision.

AOTEAROA  
NEW ZEALAND SOCIAL  
WORK 35(3), 115–117.

The importance of the supervisory relationship is emphasised and positioned with six principles of trauma-informed care to support trauma-informed supervision. The role of supervision and psycho-education to help practitioners with their own trauma histories is also discussed. In noting the impacts of organisational trauma, there was an opportunity to discuss the concept of professional dangerousness which is not defined through the book, but is alluded to.

Within the organisational context and culture discussion, the author notes that not all managers have practitioner experience or training in child abuse and neglect, and they also may not have experience of supervision within their professional group. There is acknowledging of there being often a lack of professional support and development for managers and supervisors, adding to a sense of isolation and loneliness in their roles. Fear of not being seen as competent or coping is further exacerbated for this group often, as the author says, in a “sink or swim” organisational culture. Transactional management structures and the influence of neoliberalism where staff need are viewed as resources that are replaceable, are touched on to highlight the need to counter this with trauma-informed leadership “only able to occur in a trauma informed organisation” (p. 82) to help a practitioner restore their sense of internal safety.

The author raises the question of whether it is “ethical for line managers to have the dual role of managing practitioner performance and being the central point of practitioners to access support for wellbeing issues” (p. 71). Examples are offered of supervisors and line managers struggling to recognise and work with practitioners with their own lived experiences of trauma resulting in counter-transference and unsafe practice. There is a discussion of the boundary between supervision and therapy which could have been expanded on to present the notion of the therapeutic function of professional supervision as opposed to therapy.

The author states that occupational trauma is inevitable in child protection and therefore all practitioners would benefit from being viewed as having the wounded healer archetype in order to receive more responsive support. It is an interesting position, and a contribution of positive experiences of working in child protection may have helped balance this, as other authors such as Ferguson (2005) comment that such impacts are not inevitable.

The final chapter, on the Trauma Informed Support and Supervision (TISS) framework, feels a little long-awaited given the title of the book. In this chapter, the six principles of trauma informed care are applied, along with key premises such as acknowledging the reality of occupational trauma, professional development and wellbeing not being managed solely by a line manager or line supervisor, and recognition that a practitioner’s professional support needs will change over time. These are then further supported by “core pillars” to develop a TISS plan focusing on the practitioner, the team, including the great idea of a “care team” to work together on complex situations, and also provide other avenues of support that might better meet a worker’s individual needs. A discussion on job satisfaction and the importance of the supervisory relationship as key ways to mitigate occupational traumatic stress in child protection environments draw the book to a close. A helpful diagram of the TISS framework is provided on page 96 and the book offers three resources in the appendices: a TISS preparation worksheet, a TISS team agreement and a TISS plan.

This book brings attention to the importance of weaving trauma-informed thinking into how practitioners, supervisors, and line managers are supported in the complex and often stressful environment of child protection work. It offers examples from the author’s research, and reflective questions at the end of each chapter. It surfaces a number of key areas of vulnerability for practitioners including a lack of clear,

professional, reflective supervision, failure of workplaces to support development and wellbeing, and working in highly bureaucratic organisations where cultures of learning and development are lost to risk adversity and workload pressures, both internally and externally. The framework itself may have benefited from

coming earlier in the book and thus being given more expansion and attention. The support of those working in the complex area of child abuse and neglect is a critical conversation, and this book expands this further with suggestions on how to better attend to these impacts through the framing of a trauma-informed lens.

Reviewed by **Nicki Weld**, School of Counselling, Human Services and Social Work, University of Auckland.



## Applying the therapeutic function of professional supervision: Attending to the emotional impacts of human service work

Nicki Weld

Routledge, Taylor and Francis Group, London and New York, 2023  
ISBN 978-1-032-41637-3, pp.158, Hardback, NZD59.99

Personal is professional, professional is political, political is cultural, cultural is spiritual and spiritual is personal, right?

Separating these five facets of human existence is not only unprofessional but can be quite damaging for a practitioner deeply immersed in the complexity of human situations. Yet, professional boundaries and a clear understanding of the scope of practice are essential for the effectiveness and relevance of professional supervision that registered social workers are obliged to undertake.

Hence this book!

Nicki Weld focuses on the therapeutic aspect of professional supervision in this well-organised and practically useful book. Various types of supervision are identified reminding the reader of a range of supervisory options including a thorough reflection on therapeutic boundaries as well as ethical considerations. Relational skills are illustrated with relevant examples from the author's practice that bring to life the nuances and sensitivity required to enable the therapeutic function of supervision. Those examples are carefully selected and presented in a way that maintains confidentiality but still enhances learning moments for readers. The importance of coherence and authenticity in supervisory relationships is emphasised in the light of enabling reflexivity, exploration of inaccurate thoughts and commitment to the appreciation of the strengths and abilities of a supervisee.

The importance of working with emotions and of providing a safe space where supervisees can explore the range of emotional reactions that occur in social work practice (like being overwhelmed, exhilarated, disappointed, angry, ashamed, anxious, scared and sad) is encouraged by deliberately focusing and inquiring into the emotional aspect of social working and, at times, unexpected reactions by a supervisee. This exploration can increase self-awareness and emotional competence in dealing with complex situations. On the contrary, unprocessed emotions can create a sense of exhaustion and block creativity in problem-solving as well as attending to clients at full capacity. Closely related to emotional processing is the supervisor's ability to work with relational dynamics within the supervisory relationship and the ability to assess supervisees' dominant relationship styles that reflect in the way how they communicate with their colleagues and managers, as well as clients.

Nicki Weld examines conversations that reveal the values, beliefs, attitudes and knowledge that social workers bring to their practice. The right balance of professional and personal self that is brought to practice becomes one of the essential tools that need to be explored in supervision sessions—alongside worldviews, personal traumas, critical incidents, dealing with difference and diversity as well as conscious and unconscious biases. For this to be possible, a high level of trust needs to be established and the intentional use of self-disclosure

can contribute to it requiring honesty and self-awareness. This book clearly outlines how to use disclosure, counter-transference and parallel process, old 'jewels' from transactional analysis, as well as narrative processes of externalising and attention to the dynamics of the supervisory relationship.

In the final three chapters, the book addresses spiritual issues in supervision through exploring topics related to compassion (including self-compassion and forgiveness) as a way of creating a greater connection with the meaning, purpose and internal motivation for doing this work. These final three chapters captured my attention and interest the most and offer a mind expanding contribution to the field.

The "Supporting courage, grit and resilience" chapter offers practically useful questions that encourage courage and deepen a supervision experience. The author explores the issue in more depth by sharing her experiences with supervisees and how she supported them through challenging situations. She deconstructs the notion of resilience perceived as a patronising "she'll be right attitude" and offers another useful example from her practice of how to inspire courage without patronising.

The emphasis on relationality and a holistic approach is clearly outlined in the final chapter where the author builds on Te Whare Tapa Wha by sharing her model of well-being called SPHERE, with spiritual wellbeing at its heart with all aspects of wellbeing being interconnected. However, individual wellbeing is only one aspect of a wider context of working in social services. Nurturing a healthy organisational culture is essential for staff retention, the building of trust, collegiality, collaboration and, ultimately, the client experience regardless of

whether the client is an individual, family or a whole community. Nicki also competently addresses the issue of organisational misconduct in cases when she, as a supervisor, perceives serious and persistent organisational concerns. Providing a supervisee gives permission to address those, a supervisor can open a conversation about alleged concerns with the organisation. This emphasises the importance of a transparent and clear triadic relationship between the supervisor, supervisee and the organisation.

I particularly liked the capacities listed in the final chapter to build mental fitness with supervisees and allow space and time in supervision sessions to do so. The mental and physical fitness of social workers is of paramount importance as our "human instrument" is our main tool.

I would like to close with a quote from the book which beautifully sums it all up:

Professional supervision is no longer something that is nice to have now and then, or an ineffectual tick-box exercise, instead, it must become a core and essential part of human service work. With the articulation of the therapeutic function to attend to the emotional impact on workers, professional supervision is further positioned as an integral source of support, learning, and knowledge. (Weld, 2003, p. 133)

This book well articulates the emotional impact of our work and the importance of addressing it with competence, grace and integrity.

#### Reference

Weld, N. (2023). *Applying the therapeutic function of professional supervision: Attending to the emotional impacts of human service work*. Routledge, Taylor and Francis Group.

Reviewed by **Ksenija Napan**, Associate Professor of Social Work, Massey University, Aotearoa New Zealand

## Social Work with the Black African Diaspora

Paul Michael Garrett and Marovatsanga Washington

Bristol University Press, Ireland, 2022

ISBN 9781447363101, pp.224, UKP85.00 (hardback); UKP27.99 (ePUB)

This book, *Social Work with the Black African Diaspora*, is a welcome addition to the library of emerging African social work scholars in western societies. It is a well-overdue contribution to combatting age-long racial and political knowledge in social work. Although the book is focused on Ireland, its theoretical terrain has significant resonance for the profession, society and, most importantly, policymakers worldwide. In addition, the two Black diaspora social work authors are courageous to have clearly connected social work theories and practices from a Black African diaspora perspective, which has not gained prominence in Black African social work scholarships. Therefore, the book has questioned the existence, quality, and amount of engagement of western social work ideologies with the Black African population in countries like Ireland. Very importantly, the authors of this book have articulated how Black Africans are “othered” during service utilisation, provision, and policy implementation across western societies.

Another strength of the book is that it touched upon diverse essential issues within the breadth of social work, such as Black Lives Matter (BLM), the Covid-19 pandemic, climate issues, migration, and the United Nations’ proclamation as the International Decade for People of African Descent (2015-2024) (United Nations General Assembly, 2015). As a Black African social work scholar in Canada, the introductory section of the book was insightful for me to reflect on the Eurocentric education and practice experience I was exposed to as a medical social worker in Nigeria. Chapter

Two offered critical engagement and succinct ideas into nine key concepts: “race”; Black anti-racism; capitalism; cultural competence; Afrocentrism; multiculturalism; diversity; diaspora; and acculturation.

Notably, decolonisation has been an essential discussion concept in social work and other disciplines in recent years. The third chapter of this book discusses how the inception of colonisation was catastrophic. Yet, after the ending of European colonisation, it was still described as destructive and exploitative and was marked by looting of products and raw materials. Interestingly, cultural genocide, as described in the book, drained the essence of traditional African institutions and Indigenous knowledge. Relatedly, the Europeans’ trinity of knowledge has blindfolded Black African social work scholars from thinking within their knowledgebase. Readers will find the contributions of African philosophical writers beneficial to reflect upon, for example, Paul J. Hountodji (a Beninese French writer). The book is critical in examining the knowledge production, ownership and utilisation in social work theory and practice, which scholars have considered universal “truth”. The authors offer genuine interrogation of what we consider truth as social work scholars and the utilisation of diverse epistemological perspectives (Franz Fanon and Aime Cesaire). The authors relate strongly to the relational power ideas of Michel Foucault and Achille Mbembe. The book delves into the implication of critical race theory and critical whiteness theory, which is far from a monolithic entity. The book offers possible

messages of liberation for Black Social workers in the diaspora by acknowledging and uplifting African Indigenous approaches to teaching and practice in social work.

Chapter Four of the book delves explicitly into Afrocentric theory and provides critical analysis, including the work of a female African American author named Marimba Ani. While Afrocentricity is studied and acknowledged by scholars in different ways, Afrocentricity offers a lens for recognising the bias of Euro-American ways of thinking. Examples of primary definers of Afrocentricity include Marimba Ani and Molefi Asante. At the same time, in the field of social work, prominent scholars like Jerome Schiele, Mekada Graham, and Dumisani Thabede have utilised Afrocentricity for the promotion of African culture, beliefs and values. Readers of this book should be critical of themselves, as suggested by Ani, that by viewing everything outside of the *self* as an *object*, people can gain power over others. Molefi Asante believes that if African people are going to start healing from the damage caused by staying connected to European views of the world, they must put African ideals and values at the core of their exploration and use those values to understand their own culture. As a Black African scholar, I resonated with the book by the ways they described the use of ancestors, spiritual beliefs, traditional healing practices, and rites of passage, which are all part of their “common sense”.

The book’s fifth chapter focuses on how social work practice is navigating its way in the neoliberal multicultural setting of Ireland, from social service provision to Black communities to the assimilation struggles of Black African social work students who would eventually become service providers in the social service settings

in Ireland. The book is an appreciation of the struggles, pains and successes of Black African social work students and service providers in Ireland and other parts of the world.

Connecting this book’s theoretical and philosophical underpinning, the qualitative exploration presented in chapter six offers a lens into navigating new life, systems, laws, policies and regulations by social work educators and practitioners in Ireland. The practitioners and educators interviewed acknowledge that their Eurocentric views often disadvantage the Black Africans they work with. There is a lack of Black African social work professionals in Ireland, leading to experiences of racial judgement and cultural deficit. The book successfully combines research with arguments about European power structures.

This book, *Social Work with the African Diaspora*, is an essential text for diaspora social work scholars’ libraries. However, there was minimal discussion on other critical issues, such as Black African social workers’ perception of older adults, LGBTQIA concerns, and other invisible populations in a highly neoliberal and westernized society like Ireland. The author does not explicitly discuss the impact of technological advancement in social work practice, especially how they navigate various tools daily as a diaspora social worker. I also noted occasional tangents in some places, yet the book’s unique approach as the first of its kind made it stand out. Hence, social work scholars are strongly encouraged to have this book on their reading list.

#### References

- United Nations. (2015). *International Decade for People of African Descent*. United Nations. <https://www.un.org/en/observances/decade-people-african-descent>

Reviewed by **Oluwagbemiga Oyinlola**, A Vanier Scholar and Doctoral Candidate from McGill University School of Social Work, Montreal, Canada

## The Routledge handbook of social work and addictive behaviors

Audrey L. Begun and Margaret M. Murray (Eds.)

Routledge, 2022

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<https://www.routledge.com/The-Routledge-Handbook-of-Social-Work-and-Addictive-Behaviors/Begun-Murray/p/book/9781032336619>

The editors provide a clear and compelling rationale for why the social work profession needs this handbook. The book aims to serve as a comprehensive and practical source of knowledge on the origins and emergence of addictive behaviours while highlighting their prevalence in various global communities. Its primary focus is to present the current understanding of effective solutions, enabling informed practices, education, and research in social work and other professions. By informing these disciplines about addictive behaviours, the book strives to foster collaborative problem-solving approaches to address issues associated with addiction. It emphasises embracing diverse perspectives, theories, disciplines, systems, and levels to ensure successful addiction prevention and intervention.

If you are from a country where addiction and substance use are central to the social work curriculum, this book is for you. However, it has limited relevance to social workers in Aotearoa New Zealand (Aotearoa). Social work education in Aotearoa on substance use and addiction is minimal. Readers may struggle to find the relevance to social work practice within some chapters.

The book is separated into five sections. The first outlines the scope and nature of addictive behaviours and related problems.

The second section explores addictive behaviour across the lifespan and within specific populations. The third discusses interventions to prevent and address problematic substance use. The fourth explores issues, like family violence, that frequently co-occur with substance use. The concluding section includes an astute chapter on including substance use education within the social work curriculum to support the changing scope of practice.

Chapters 3, 11, 12 and 22 refer to the insidious impact of problematic alcohol use. This is highly relevant given that alcohol is the substance that causes the most harm in Aotearoa. Chapter 4 examines how addiction affects the brain, and Chapter 5 explores the role of genes and the environment in shaping addictive behaviour. These chapters provide up-to-date research and evidence that dispels earlier, and potentially harmful, views on substance use.

Chapter 6 explores psychological models of addictive behaviour. Audrey Begun critiques the disease model of addiction and, through evidence, shows that the model and the belief that some people have an “addictive personality” is flawed. The content in this chapter is important given that the 12-step disease philosophy is sometimes embedded within alcohol and other drug (AOD) treatment programmes and interventions in Aotearoa.



Chapter 7 is interesting from a social work perspective as it explores the interplay between social, environmental, and genetic links to problematic substance use. It provides clear examples of how addiction manifests from the micro to macro levels and helps increase the understanding of the complex interplay involved in how addiction can develop. However, there is a lack of information and robust discussion on structural factors and system-level solutions to minimise harm from substance use. For example, the authors rarely explore the intersection between substance use, poverty, housing, neighbourhood, education, employment, and home environment.

In Chapter 11, the authors explore the evidence, theory and insights relating to fetal alcohol spectrum disorder (FASD) and highlight the importance of “sensitive and culturally appropriate” practice (p. 180). There is also a helpful section on the importance of non-stigmatising language, which is critical for social workers to understand and use in practice.

At times, there are too many statistics, which feel irrelevant to the social work scope of practice here in Aotearoa (i.e., Chapter 13). Readers without a basic understanding of domestic substance use statistics, interventions, and treatment options in Aotearoa will likely struggle.

Section III, “Interventions to prevent and address addictive behavior and related problems”, is the most illuminating and relevant section because it explores evidence-based strategies for working with tangata whai ora (people seeking wellness), whānau and communities impacted by substance use. This section examines how service delivery and policy can better prevent and treat problematic substance use and related behaviours.

For example, in Chapter 18, Allen Zweben and Brooke West provide a template for incorporating substance use screening

questions into assessments. The authors give a range of questions that canvas problem severity, life events and impacts from substance use, motivation for change, social support and strengths and capabilities. This chapter emphasises that social workers must feel comfortable asking about substance use to identify those at risk or experiencing problematic use. Gathering this information empowers the social worker to intervene or refer the person for appropriate treatment.

Chapter 22 is particularly relevant to social workers working with children in the care and protection sector. Shulamith Ashenberg Straussner and Christine Fewell explore how to work with children with parents engaged in problematic substance use. The authors present a range of holistic family and community-level interventions beyond removing the child into state care. Even though the chapter alludes to strength and resilience factors as important to explore in an assessment, it is deficit focused. However, the authors provide further resources to explore, including evidence-based interventions involving parenting practices and substance use treatment. Unfortunately, many excellent interventions, like community reinforcement and family training (CRAFT), are unavailable in Aotearoa.

Another noteworthy section is Chapter 34, in which Cecilia Mengo and Kenneth Leonard delve into the complex interplay between substance misuse and intimate partner violence (IPV). The authors stress the need for interventions that address substance use and IPV. Again, this is not widely acknowledged or addressed within social work practice or at an organisational and policy level in Aotearoa. The authors recommend that social services and social workers develop expertise in working holistically with tangata whai ora who are victims of IPV and who present with co-existing mental health and substance use issues.

The social justice mandate social workers proclaim as being at the forefront of our work is often missing from the literature about substance use, and this book is no exception. While useful in parts, some of the book is irrelevant to social workers in Aotearoa. However,

it is still a worthwhile read. Any book containing evidence-based interventions and substance use strategies is of benefit, especially given the lack of meaningful substance use and addiction education within the social work curriculum in Aotearoa.

Reviewed by **Suzette Jackson**, University of Auckland, Aotearoa New Zealand

# Older people, ageing and social work: Knowledge for practice

M. Hughes and K. Heycox

Routledge, New York, 2020 (Original publication 2010)

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ISBN9781003116646, eBook, NZD60.98

**A**t a time when the older population in Aotearoa New Zealand (and the rest of the world) is growing, and predicted to increase significantly in coming decades (Statistics NZ Tatauranga Aotearoa, 2020) social work practice with this demographic is set to reach an unprecedented need. Coupled with a slower growth rate in the younger population, the resulting disproportionate growth of our older generations has led to the United Nations (UN) General Assembly declaring 2021–2030 the UN Decade of Healthy Ageing (World Health Organisation, 2023). With strategies implemented by WHO, the aims include reducing health inequities, challenging and addressing ageism, ensuring services are centred on older people, and providing appropriate care and support.

Therefore, the republishing of Hughes and Heycox's book in 2020 is timely for social workers as the need to enhance function and wellbeing of older adults in their social context becomes increasingly important for our communities, support systems and policies. Originally published in 2010, this book provides a comprehensive guide to the issues social workers will face when working with older adults. Being Australian based, the socio-political context does not always exactly reflect that of practice in Aotearoa New Zealand, but the issues, concepts and practice models for working with older people are relevant.

The authors are seeking to explore not only the issues that older people face, but

also the impact of the wider political and societal context, and models and strategies of practice for social workers.

Chapter 1 introduces the topic of working with older people, the underlying psychosocial and health issues faced and the scope of this field of work. Hughes and Heycox rightly point out the diversity of the older population, not only in the span of chronological age, but also function and ability, as well as different demographics. The broader social issues of ageism and stereotyping of older people are raised (including in media and social media), as well as the current types of service provision for older people.

Chapters 2 and 3 explore the scope of social work practice with older people, and place this speciality in familiar social work contexts, such as life-span development, practice models and frameworks. Of note is the point that services for older people are often task based, or centred around provision of practical support and services. The authors remind us to consider the use of other methods of social work practice, including those that may not be traditionally associated with older people, such as counselling or group work. They consider the demographics of the aging populations and the representation in, and influence of, government policy and strategies.

In Chapter 4 the authors explore various approaches to working with older people—

AOTEAROA  
NEW ZEALAND SOCIAL  
WORK 35(3), 125–127.

this includes non-social-work approaches that may impact on the social work role, e.g., medical models. The benefits of a multidisciplinary approach to working with older people are addressed but it is generally considered that there is a lack of connection between research and practice in this field, and that a multi-perspective approach is beneficial to gerontological practice, including social work. The impact of these approaches on ageism, oppression and disadvantage on older people is subsequently addressed in Chapter 5, which brings to our attention the broad scope and diversity of our ageing populations. While raising issues for often marginalised groups within the ageing population (such as gender identity and refugees), I believe this chapter missed the opportunity to consider in more depth the inequity and disadvantage faced by indigenous populations. It does, however, address various societal values and stereotypes which affect this age group individually and within services and care provision.

Chapter 6 feels more relevant to Aotearoa New Zealand practice as it discusses the setting of social work for older people in a health and disability system similar to our own. Here the authors consider health, social and disability models and the context in which services and support for older people may fit, plus the pros and cons of this. The role of the social worker as an advocate vs that of case manager is also considered here. It leads nicely into Chapter 7 in which the role of family and community are discussed as both informal and formal care settings. Given this chapter's focus on care in the community and the resources required to enable this, again I felt there was a lack of consideration of cultural difference in provision of informal care.

Chapter 8 provides a broad overview of dementia and the stages and therapeutic models utilised for older people with this diagnosis and their carers. This chapter provided a helpful subtopic in its own right.

The provision of housing and residential care described in Chapter 9 was relevant in terms of the issues faced in this sector for older people, the solutions were based very much on the services provided in Australia, therefore of less direct practical relevance to Aotearoa New Zealand practice.

Chapters 10-13 provide a strong overview of topics specific to ageing and older people such as elder abuse, risk, and end of life. The chapter on intimacy and sexual relations is a positive inclusion of an aspect of life that is often overlooked for this group—part of the ageist stereotypes about older people and relationships. This brings the conversation back to the premise on which social work practice with this age group is based—empowering independent function and wellbeing.

### Summary

In general, each chapter provides an introduction to potential impact of socio-political factors on the aging population, but also practice tools and strategies for social workers. I particularly enjoyed the activities throughout the book which provide the opportunity for reflection on the reader's practice.

I did think there was some recent context lacking given that the original text was released over 10 years ago. However, this does not detract from the comprehensive and readable content about social work with older people.

Working with older people covers a wide scope of practice dependent on the age, health, and other socio-economic factors that influence this client group. Hughes and Hancox have provided an extremely comprehensive introduction in this book—covering a range of perspectives including individual, interpersonal, systemic and political. I felt that indigenous cultural perspectives was the one area in which this text was somewhat limited. However, I also recognise that to try and go much further in

depth in any of these areas would have likely become unwieldy.

As it stands, I thought this book was an excellent introduction to social work with the ageing population, providing a combination of theoretical approaches in exploring this demographic within the (Australian) socio-political context, plus practice and therapeutic options, as well as the opportunity for reflection by the reader. Overall, the Australian system for social work with older adults is similar enough to that of Aotearoa New Zealand to make the content familiar and of use in our learning

and practice. Finally, what I really enjoyed about this text is that the authors recognise the specialist knowledge, complexity and challenge within the scope of practice when working with older adults, and shed light on the global need for development of social work practice in this often overlooked field.

#### References

- Statistics NZ Tatauranga Aotearoa (2020). National population projections: 2020–2073 <https://www.stats.govt.nz/information-releases/national-population-projections-2020base2073>
- World Health Organisation. (2023). *WHO's work on the UN Decade of Healthy Ageing (2021–2030)*. <https://www.who.int/initiatives/decade-of-healthy-ageing>

Reviewed by **Rachel de Lima**, Te Whatu Ora



## Embedding spirituality and religion in social work practice: A socially just approach

Fiona Gardner

Routledge, Oxon UK, 2022

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I was drawn to Fiona Gardner's work having explored the subject of faith and spirituality in social work for many years, both in my social work practice and in the practice teaching domain. I was interested to read if there were any further thought-provoking developments around this topic. I was not disappointed in this regard. The premise of "embedding" spirituality and religion into social work was an easy capture for my interest as I have long believed we are holistic beings with spiritual foundations.

In reviewing Fiona Gardner's book I found myself in a parallel process, being challenged to "listen deeply and with humility" (an attitude she espouses) as I engaged with her thoughts and process while she unfolded her objective to encourage the embedding of spirituality and religion in social work practice. It is a book with a logical and elegant flow taking the reader through the chapters in a way that answers questions as you go. As I read, I found myself musing at times "yes, but what about ...?", then going on to have that musing responded to. Clearly, this is a topic which the author has grappled with for a long time and in many settings and her coherent thesis demonstrates her willingness to explore it in depth.

The introduction is a wonderful capture of the book's central themes which effectively orientates the reader towards appreciating the insights to come. Initially, a succinct summary of all the chapters gives a handy

overview and allows the reader to select areas of special interest. I found this section useful as it was easy to return to a chapter to re-visit topics I wished to explore more. For a social worker lecturer, this would be a helpful repository, allowing them to select topics pertinent to their teaching.

From chapters 1-3, under Part 1, the author gives clear context and theoretical structure on which to build her premise, then clearly develops capacities and processes for embedding spirituality and religion in social work in Part 2, chapters 4-6. Page 61 presents a critical spirituality framework in diagram form, for embedding spirituality in practice. This is brought to life by an accompanying case example. The framework is a clear structure allowing the reader to expand their critical thinking around this topic while integrating the learning from the preceding chapters. The author makes regular use of case examples throughout her work, a method which mirrors her intentions around the embedding of spirituality in practice.

Her theoretical base referenced a variety of well-known sources who have contributed strongly to this topic: Canda and Furman (1999), Crisp, (2014) and Hodge (2001)) to name a few. The intentional inclusion of First Nations and green perspectives gives the reader an interesting application to Aotearoa New Zealand. This book is Australian and, while it starts a conversation around First Nations' beliefs and ways of being, in an Aotearoa New Zealand context the

conversation may have different emphases from a Tangata Whenua point of view. This would be a good area of expansion for an Aotearoa New Zealand writer.

Part 3 presents the reader with numerous carefully considered questions, a good preparation for the practice ideas to follow. One I particularly liked was "... how does your physical environment influence you?" This probe uncovered for me the strong connection with my own faith and belief in the created natural environment and my physical environment generally. In consistent social work fashion, in chapter 8 the author examines the place of spirituality, not just in individual and family interactions (as covered in the prior chapter) but also at community, organisational and policy levels. It delves deep into the various scenarios that can arise using illustrative case studies. This helps to enliven the book and again leads to the reader connecting with how they might relate to such a situation.

The final chapter brought to culmination the dilemmas that arise with this topic and bravely stepped into the ethical debates that accompany it. This section sought to elucidate common areas of challenge in the involvement of spirituality in practice. While it remained strongly connected with the professional responsibilities for the social worker and — did indeed address faith and belief from the worker's point of view—I believe there is still potential for further exploration in relation to a social worker's deeply held values. The key questions of identity (who we are), and what are we about (i.e., our underlying drivers and values), may not necessarily be up for negotiation, and while the author presents critically reflective peer review as a way of

making sense of interactions with clients by challenging the social worker's assumptions, there is still room in this section for further exploration. All human interactions ebb and flow taking account of the "other" and, as a professional social worker, there are more restraints and boundaries at work that regulate that interaction. The question may be, "How do I hold on to my own values, integrity and authenticity as a person of faith and spirituality while appreciating the client's to the fullest extent possible?"

This book fulfils an important place in the available literature related to social work and spirituality. The author has synthesised many of the discussions and topics that have been explored over the last few decades and skilfully created a work which is both thought-provoking and practically applicable. For someone in social work practice or teaching, I believe this book would assist in coming to grips with the importance of working with people, communities and organisations in a holistic way, seeking to understand the spiritual and religious influences in, and on, people's lives. Its clear descriptions of ways in which social workers can engage more effectively in this area would lend strength to anyone wishing to deepen their practice and teaching skills. I believe it encourages a more competent approach to this topic and achieves its stated aim of placing it confidently and legitimately within the social work practice setting.

#### References

- Canda, E. R., & Furman, L. D. (1999). *Spiritual diversity in social work practice the heart of helping*. The Free Press.
- Crisp, B. (2014). *Social work and faith-based organisations*. Routledge.
- Hodge, D. (2011). Spiritual assessment: A review of major qualitative methods and a new framework for assessing spirituality. *Social Work, 46*(3), 203–214.

Reviewed by **Jenny Hare**, Registered social worker and social work supervisor.

## The origins of social care and social work: Creating a global future

Mark Henrickson

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It is common for introductory social work textbooks to have a section on the history of the social work profession, attributing its origins to the Charity Organisations Society and the Settlement Movement, from the second half of the 19th century, in both the United Kingdom and the United States. These two movements tend to be described as if they were both entirely secular, but also quite different in approach and totally independent of each other. In contrast, prominent social work academic (also an Anglican priest) Mark Henrickson rapidly dispels any notion that the modern social work profession (if it can indeed be called a profession, a theme explored in the book) has any monopoly on caring for people who experience deprivation, vulnerability or oppression.

In this volume, Henrickson ambitiously and, in my view, successfully overall, attempts to provide a comprehensive global history of expressions of care for the disadvantaged, with particular focus on the ideological, philosophical and theological foundations underpinning these practices. It is probably not too much of an exaggeration to conclude that some notion of caring for one another is an essential feature of being human; social care “has existed for thousands of years in all the societies that we know about” (p. 213).

Nevertheless, the book largely focuses on principles and practices of social care that have predominated in the Western world; as the author explains: “Love it or hate it, British social work history is what most social work in the world has adopted, evolved from, or is reacting against. If we

understand the implicit values, philosophies and theologies that have created that occupation, then we will be in a far better position to reassess those implicit drivers and make decisions about whether we need to retain or reform them” (p. 17).

Social care in Europe has been largely driven by Judaeo-Christian values, but Henrickson traces this even further back, as far as 2400BCE in the law codes of Urukagina of Lagash and Ur-Nammu. Principles, obligations and practices for caring for the poor contained within both the First and New Testaments of Christian scripture are explained in significant detail (although speculation about the relationship between Jesus and early Christian church, and the Essenes, while interesting, may be more detailed than is really relevant to the purpose of the book). It is interesting to note that, in contrast to recent tendencies among Evangelical Christians, especially in the USA, to decry government welfare and restrict intervention to individual charity, these Scriptures place substantial responsibility on “the king” (Psalm 72) highlighted in the chapter title “A royal responsibility”; even the famous “sheep and goats” passage (Matthew 25:31-46) could be read as focusing on “the nations”, i.e., collective groups rather than individuals.

Subsequent chapters, with titles including “Inventing the poor”, “Reforming the poor”, and “Capitalising the poor”, traverse the history of intertwined state and church responses to poverty from the second to 19th centuries CE, through various changes of theological, philosophical and political

winds over these times. The obligation of social justice within Islam as well as Christian traditions is acknowledged. Under a Cappadocian Catholic theology, the poor were identified with the incarnated Christ, so that caring for the poor was seen as caring for Christ Himself. Wealth rather than poverty was identified as a problem, obliging generosity on those who possessed it. Further “it was not necessary to assess the claims of the poor upon the church to see if they were worthy of assistance. John [Chrysostom] inveighed against the notion of the examination of the poor to see whether they merited assistance: ‘Let us have no more of this ridiculous, diabolical, peremptory prying’” (p. 53). In contrast, from the Protestant Reformation in the 16th century, particularly under Calvinist theology, this identification of the poor with Christ gave way to an identification of wealth as a sign of the blessing of God, and an emphasis on individual responsibility for bettering one’s circumstances through work. Notions of deserving and undeserving poor predominated and underpinned Elizabethan English Poor Laws. Nevertheless, civic responsibility to care for the poor continued. In an interesting contrast with the current religious right-wing political co-option of the term “Evangelical”, English Evangelicals of the 18th and 19th centuries were strongly associated with progressive movements for social justice, including the abolition of slavery.

It is in this context that the Charity Organisation Society (COS) and Settlement House Movement arise in the later half of the 19th century, initially in London and spreading to the USA. Modern social work texts seem to avoid mentioning the religious roots of these movements, however Henrickson demonstrates that they were both profoundly Christian. Modern texts also tend to describe these as quite separate movements. The reality was significant inter-connection despite different modus operandi: key figures in both movements, Helen Bosquet and Octavia Hill (COS), Samuel Barnett (Settlement House, UK) and

Jane Addams (Settlement House, USA) had significant collaborative relationships with each other.

Moving into the 20th century, the book documents the advance of secularism and the growth of the welfare state, and the subsequent global destructive impact of neoliberalism. Subsequent to the Western concentration of much of the book, a further chapter explores other traditions of social care from South Asia, China and Japan. There is a particular focus on African traditions of *ubuntu*, which was adopted as the theme for World Social Work Day in 2021. The importance of decolonising social work is asserted, including acknowledging the tension between values of human rights that are often associated with Western individualistic societies, and the perspectives of more collective cultures.

The current state of social work is analysed in detail, including whether it can be identified as a profession (essentially yes, to some extent, in some places). One potentially controversial point is the tension identified between the professional ideal of altruism and social work’s location in statutory agencies including a significant role of social control. However I wonder if the dichotomy presented at this point is over-simplified. The author states that, “most statutory services, such as forensic social work (corrections, probation and youth justice) and even child protection are not in the strictest sense altruistic. They seek to enforce dominant social standards and codes rather than the welfare of a specific client” (p. 188). However, I would suggest that the motivation for most social workers in these services is not to enforce the law for its own sake but to care for and protect the most vulnerable. I recall the advice of a supervisor in the early days of my career in Aotearoa New Zealand’s child protection and youth justice agency, that our entire job was to “protect kids”, both to protect young children from abuse, and to protect young offenders from the irrational wrath of judges.

The book does provide some evidence of the adage that there is nothing new under the sun. Notions of the deserving and undeserving poor; a mixture of motives for caring for the poor consistent with a Marxist critique of the welfare state (expressed in Roman Emperor Constantine's expectation that "extreme poverty would be minimised, the poor would not riot, the wealthy would not have to look upon beggars on the street, and social stability and the reputation of the empire would be maintained" (p. 3)); the care vs control tension of social work ("a key task of the social worker is to navigate the tension between a client's 'rights' and wellbeing and that of the community or state" (p. 4)); and even proposals for a universal basic income are all shown as having a history of hundreds, even thousands of years.

Overall, the book is written in a very engaging style that captures and holds the reader's interest. One feature of the book is some rather interesting and possibly challenging vocabulary, that may be unfamiliar to qualified social workers or even academics, let alone students: "mendicancy", "prelapsarian", "fungible" and "euergetism" (which even attracted a red squiggly line from the Word spell check as I typed). However, rather than confusing or frustrating the reader, the writing style arouses curiosity to look these up. Indeed, on one occasion, this is supported with some humour; regarding the ancient city of Ur, home to the patriarch Abraham, the reader is encouraged "if you cannot locate Ur in

your mind, that's fine – go Google it now. I'll wait" (p. 24).

Henrickson concludes the book with a challenge for social work to critique its Western ideology, learn from diverse voices, and yet cohere around an identity that encapsulates what it can offer to a planet in crisis.

Different worldviews have much to learn from each other and can do so if each approaches the conversation with humility and respect and in good faith. Practitioners of social care of all sorts are informed by altruism, and, at the risk of over-generalising, I think all of us seek some form of just societies that ensure that every member can access a full measure of the social benefits available in that society. In our increasingly globalised age, we need now to consider a 'global society' as much as we have in the past considered collections of local societies. The consequences of the extreme gap between the very wealthy and the very poor, sustainability, the climate crisis, and global pandemics have highlighted the urgency of the global challenges we face in the 21st century. (p. 214)

A clear sense of identity is vital for social work as it seeks to respond to both local and global challenges. This book makes a vital contribution to developing this, and is highly recommended as vital reading for students, practitioners and educators.

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