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Holding on to hope in desperate times

Nā tō rourou, nā taku rourou ka ora ai te iwi

This issue has come together in a year that has been incredibly stressful and demanding for the social work profession, and for the entire social services sector. I struggle to find the words to describe the horrific cuts to services, the dashed hopes of people in our cities and towns who were looking forward to better hospitals, the widespread redundancies and job losses in both the public and non-government sectors. The rise of unemployment. The attacks on support and empowerment services for disabled people. The failure to implement a progressive housing policy. The list goes on as we reel from almost daily attacks on progressive policies and initiatives. So much of this sustained barrage of cuts is based on a coalition agreement that voters in Aotearoa New Zealand didn't vote for. Negotiated in secret with concession after concession pandering to shallow, facile, populist demands. Seemingly only representing the landlord class and mining and tobacco companies and committed to a particularly nasty form of extractive capitalism, the coalition leaders' behaviour is arrogant and utterly lacking in empathy. This makes the 'There is no alternative' of the neoliberal savagery of the 1990s seem mild. And the dog whistling to racism....

The attack on Section 7 aa of the Oranga Tamariki Act 1989 is an awful illustration of the coalition government's intention to roll back this progressive legislation that aimed to reduce the number of Māori children in state care. Kendra Cox has explained that the government's proposed removal of this key section of our child protection legislation threatens what was a significant, practical and welcomed response to the disproportionate removal of Māori tamariki from their families (Cox, 2024). The health sector is reeling from the cuts to essential

screening and the cynical disestablishment of Te Aka Whai Ora, the Māori Health Authority, which was designed to target funding, to reduce health inequities, to develop the Māori health workforce and improve accountability across the health system, which was not even given a chance to stand in the sunlight and imagine a better Aotearoa without the inequalities that should shame us all (Gurney & Koea, 2023; Gurney et al., 2020).

At the beginning of this year, in our first issue for 2024, we called for social work resistance to the rollback of socially progressive policies which "reflect conservative notions of equity and freedom from within a neo-libertarian paradigm, promoting an extreme version of individualism, downplaying the need for social solidarity" (Beddoe et al., 2024, p. 2). As the year rolls on, we can only ask again that social workers contribute to the many efforts to challenge these cruel attacks on social solidarity through grassroots mobilisation, trade union action, resistance and protest. It is indeed a time for radical hope.

This issue contains five full articles, a Commentary article, a Practice Note, and three Book Reviews. The contributions canvass many topics of importance in our communities. As always, we are grateful for the many efforts of authors, reviewers, and those who contribute to the editorial and production processes.

In this issue, Polly Yeung Kora Deverick, Linsey Ellis, Hannah Mooney (Ngāti Raukawa ki te tonga, Te Āti Awa, Ngā Rauru, Te Āti Haunui a Pāpārangi, Pākehā), and Kieran O'Donoghue continue the important dialogue about the role of social

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work in addressing issues related to climate change and environmental sustainability. In “Social workers’ perceptions and attitudes of environmental issues and sustainable development as social work practice in Aotearoa New Zealand”, they acknowledge the burgeoning research and projects undertaken internationally that link climate issues and sustainability to principles of justice and equality, hence the centrality of environmental justice to the project of social work. However, there is limited research conducted in Aotearoa New Zealand and the authors set out to explore the attitudes and knowledge of social workers in this country. There is no shortage of rationale for this research—people around the world are becoming more aware of the physical urgency given the reality of weather events and the impact particularly on vulnerable and oppressed populations, including those in Aotearoa New Zealand and its sister Pacific nations.

Using an online survey, the researchers explored the views of social workers in Aotearoa New Zealand about environmental justice and sustainability practice. Respondents agreed social work practice should reflect these values; however, they are not active in exploring this further or supporting climate change initiatives. The researchers suggest this may be due to the current micro, individualistic focus of social work that does not require the integration of macro issues. There is a general uncertainty about what environmental social work practice is and a lack of connection to international initiatives such as the UN Sustainable Development Goals. From a positive perspective, the study acknowledged the success of Māori in Aotearoa New Zealand, campaigning successfully against practices known to damage valuable ecosystems and contribute to climate disasters. There is a clear link between environmental justice and colonisation, and the commodification and exploitation of resources. Recommendations from the research primarily include a

focus on social work education, requiring it to embrace theoretical perspectives that prioritise environmental justice and introduce skills related to sustainability practice.

Rural poverty is the focus of Lesley Pitt’s article “Experiences of rural poverty in Stratford district, Aotearoa New Zealand: A qualitative study with implications for rural social work”. Pitt interviewed 28 participants who had self-identified as experiencing poverty ranging in age from teenagers to over-65s. Pitt found that living with poverty while living in a rural setting diminished participants’ wellbeing and limited their opportunities. Participants experienced poverty stigma, both geographic and social isolation, and difficulties with transport and accessing services which further exacerbated isolation. Pitt emphasises the importance of social workers in efforts to reduce poverty stigma and recommends the implementation of community development approaches to advocate for improved and equitable transport options and service provision. Making links between the poverty experienced at an individual or whānau level and the sociopolitical structures in Aotearoa New Zealand society is crucial to the empowerment of disadvantaged rural people and is supported by the aims of the *ANZASW Code of Ethics* (2019).

Ruth Choi Lee and Jay Marlowe’s article, “Journeys into palliative care: Social workers’ narratives of mobilising and sustaining practice” speaks to the role of social workers working in palliative care. It identifies this as an important, and growing, field of social work practice that provides support for patients and their families facing life-threatening illness. As the authors note, palliative care social workers provide support through illness and after death with practice occurring in a variety of settings. The article reports on findings from a qualitative exploratory study that utilised interviews and a focus group with palliative care social workers

in Aotearoa New Zealand. The goals of the study included to explore and advance understanding of social work practice frameworks and assessments in palliative care alongside considering implications for practice. The findings of the study highlight how social workers' personal histories, education and work experience shape their practice. The voices of participants in the article speak to their experience and shed light on palliative care social work, but also the education and support that is required to undertake social work in this field. Choi Lee and Marlowe conclude that use of self, embodying personal awareness, empathy and professional values, is the most important tool for engaging with patients and their whānau. After discussing these findings, Choi Lee and Marlowe suggest some recommendations that would further support social workers in this field.

In "Older Chinese migrants' social connectedness in Aotearoa New Zealand during Covid-19", Matt Rankine, Hua Li, Tian Tian and Liz Beddoe report on a qualitative study with social workers and older Chinese who had received a service from a community agency. The authors were interested in exploring the impact of digital technology in alleviating loneliness among older Chinese migrants during the Covid-19 pandemic in Aotearoa New Zealand. Community social workers interviewed for the study recognised the potential of digital technology to enhance social connections for older migrants, although they were concerned by the barriers to technology access posed by skills, confidence, and language. In general terms, social workers valued face-to-face interactions. The older migrants did not report loneliness but did report good social connections. Most older participants embraced digital technology, acknowledging that they had time to learn new skills. Both groups expressed some concerns about the possible risks of using digital platforms. The authors also noted the greater need for better funded social and community work efforts to support digital

literacy and English literacy enhancement to reduce barriers and minimise loneliness for older migrants.

Barbara Staniforth's article in this issue is another in the series of life histories, "Their stories, our histories", which was commenced by Dr Mary Nash (Nash, 2004). The series of articles reflects on the life events and valuable contributions of key social work figures within social work in Aotearoa New Zealand (Staniforth, 2007; Staniforth & Nash, 2016). The focus of this article is on capturing the many contributions to social work of Adjunct Professor Ken Daniels. The article highlights how Ken's life and professional journey intertwined to offer important contributions to the development of social work education in Aotearoa New Zealand. Alongside this, his strong health and mental health focus and an eagerness to remain engaged with practice outside of academia saw him involved with the development of health social work competencies as well as becoming an important voice in the developing contexts of assisted human reproduction. The article also touches on Ken's role with Richmond Fellowship. As with all the articles in this series, Staniforth has sensitively captured the essence of the person and offers an opportunity for reflection on the legacy of Ken. This reminds us of the path the social work profession has navigated in Aotearoa New Zealand and which we should hold close as we embrace the future.

In a Viewpoint entitled "The sustainability of social work education during low enrolment in Aotearoa New Zealand", Hagyun Kim aims to initiate a discussion about the sustainability of the current 4-year bachelor's degree in social work. Kim notes that, unlike students in other health sector professions who typically complete 3-year bachelor's degrees, social work students must invest in an additional year, incurring both emotional and financial costs, to achieve their goals to be registered social workers. This is a complex issue and is very topical

as bachelor-level social work degrees in several universities are discontinued. Kim explores the impact of declining student numbers and worrying retention rates in social work with a growing concern over the future sustainability of the workforce (Social Workers Registration Board, 2021). The persistence of student financial hardship and related stress is noted in recent research in Aotearoa New Zealand (for example Bartley et al., 2024; Beddoe et al., 2023; Howells, 2024) and in Australia (Morley et al., 2023; Oke et al., 2023). Although Kim concludes that, while no easy solution is available, key stakeholders, including the Social Workers Registration Board, the Aotearoa New Zealand Association of Social Workers, social work education providers, and other relevant entities, must work together to develop strategies that sustain social work qualifications without compromising educational quality. The editors of the journal will be interested to see responses to this Viewpoint.

The topic of radicalisation and the role of social workers in responding to it in working with young people arose in the last decade particularly in the UK (McKendrick & Finch, 2017; Stanley, 2018). In a new Practice Note, Tony Stanley and Steven Barracosa present “Responding to radicalisation and extremism risks for youth: An emerging practice issue for child protection and youth justice in Aotearoa”. Stanley and Barracosa note that, while there is a growing literature, there is a gap in relation to providing guidance for practitioners. They also note that much of the extant literature focuses on young people engaged in extreme Islamist ideas, ideologies, and groups such as Islamic State (Stanley et al., 2018) while ignoring threats posed by the rapid re-emergence of right-wing extremism which is the primary area of concern in Aotearoa New Zealand. Stanley and Barracosa offer a case study to encourage social workers to think through how they might respond should they encounter extremist views.

Finally, in this issue we have three Book Reviews. Lesley Pitt reviews *Who Cares? Life on Welfare in Australia* by Eve Vincent. Pitt notes that this book will be of interest to those interested in conditional welfare and poverty, and understanding the daily lived experience of beneficiaries, topics of immediate concern in Aotearoa New Zealand at this time. Barbara Staniforth reviews *For Social Betterment. Social Work Education in Australia* by Jane Miller. Staniforth asserts that Miller has produced an excellent resource, exploring the development of social work, and particularly social work education, in Australia from 1900 to 1960. Darren Renau reviews *Critical Social Work with Children and Families: Theory, Context and Practice*, the second edition of Steve Rogowski’s well received book which applies a critical social work lens to work with families. Renau notes the helpful provisions of many examples of resistance to policies that slow progress towards social justice.

Liz Beddoe

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Social workers' perceptions and attitudes of environmental issues and sustainable development as social work practice in Aotearoa New Zealand

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ABSTRACT

INTRODUCTION: Environmental and sustainable social work is gaining momentum in social work due to the rising concern of climate change and environmental degradation. Despite the social work profession being committed to social justice, the perspectives of social workers practising in Aotearoa New Zealand on environmental/green social work are yet to be explored. This study explored social workers' attitudes and beliefs on environmental justice and sustainable practice. It also examined what factors support them to consider environmental issues in social work practice.

METHODS: A survey using an online portal was conducted with qualified social workers to assess their attitudes and knowledge. Descriptive, correlation and regression analyses were used to analyse the data.

RESULTS: A total of 102 questionnaires were analysed. The results indicated moderate levels of pro-ecological perspectives and awareness of sustainability attitudes, high level of agreement including Māori and other indigenous tradition and wisdom in ecological justice, strong belief in climate change and the importance of factoring environmental issues in social work practice. While over 80% of the participants thought that environmental issues should be part of social work practice, there are still gaps in translating these into practice. Participants would like to see more environmental issues being integrated into social work education to better prepare graduates entering the profession.

CONCLUSIONS: Social work education is urged to incorporate the natural environment, environmental justice and values and skills across the curriculum to advance the social justice mission to reduce the disparity among those who are vulnerable and marginalised.

Keywords: Environmental issue, sustainable practice, social work practice, social justice, social work education

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Environmental problems are no longer being seen as just scientific issues. As a profession, social work has a long history of challenging and addressing environmental issues through the lens of (in)justice to incorporate social, historical,

political, and ethical dimensions (Gray & Coates, 2013; Shaw, 2013). Several social work scholars have spearheaded the articulation of the expansion of the person-in-environment framework to acknowledge the wellbeing of humans and the planet

by urging social workers to engage in critical and ethical discussion around climate change, sustainable development, and environmental justice (Dominelli, 2013; Gray & Coates, 2013). In recent years, environmental and sustainable social work is gaining momentum in the social work literature and research (Rambaree et al., 2019; Ramsay & Boddy, 2017) with studies that have examined social work students' (Chonody & Olds Sultzman, 2022; Chonody et al., 2020) and social workers' attitudes, beliefs and knowledge (Nesmith & Smyth, 2015; Yildirim et al., 2021). Although the focus on environmental issues and sustainability in social work has been included in the international social work agenda (Jones & Truell, 2012), there are only a handful of research studies on the relevance and connection between social work and environmental issues currently available in Aotearoa New Zealand (Ellis, 2020; Ellis et al., 2018; Hamerton et al., 2018; Pitt, 2013). Research on Aotearoa New Zealand social workers' knowledge and perspectives in this area is even more lacking. These types of studies are necessary for informing future pedagogical strategies to address knowledge gaps in social work curriculum development to ensure future social workers are equipped with practice skills to support individuals and communities when facing issues relating to climate change, environmental degradation, and disaster management. This study aimed to address this gap by exploring Aotearoa New Zealand social workers' attitudes and beliefs on environmental justice and sustainable practice. It also examined what factors support them to consider environmental issues in social work practice.

Why is environment a social work issue?

Social work is considered as a profession to promote "social change and development, social cohesion, and the empowerment and liberation of people"

(International Federation of Social Work [IFSW], 2014) and social workers are expected to be equipped with values, knowledge, and skills for making social changes to uphold social justice and human rights. In this sense, existing literature has argued that environmental justice is, therefore a critical part of social work practice (Chonody & Olds Sultzman, 2022; Coates, 2005; Decker Sparks et al., 2019; Dominelli, 2013; Ellis, 2020; Gray & Coates, 2020; Hiller & Carlson, 2018; Liu & Flynn, 2023; Nesmith & Smyth, 2015; Parsons et al., 2021). Environmental justice can be addressed on micro, meso and macro levels to promote social equity and wellbeing (Chonody & Olds Sultzman, 2022; Decker Sparks et al., 2019; Nesmith & Smyth, 2015; Yildirim et al., 2021). Arkert and Jacob's (2023) study revealed that participants supported environmental social work in training and practice, indicating that it is a rights-based matter and that many core skills of social work can be applied to this area. This is supported by Dominelli (2013), who argued that green social work is at the very centre of social work practice, as environmental issues impact marginalised communities more acutely and affect all life on earth.

Social work practice has been strongly rooted from a person-in-environment focus, signifying the competent ability of social workers to understand the impact derived from the interaction and inter-relationships of people within their environmental contexts (Kondrat, 2013). However, in recent years social work education and practices have been criticised for mainly dealing with social issues and neglecting the bio-physical environment (Gray & Coates, 2015; Harris & Boddy, 2017). Further criticism was also reported regarding the shift of the profession from macro to more individual-level therapeutic interventions, reducing the impact of natural and built environments on human wellbeing and health (Krings et al., 2020).

Climate change, environmental justice and sustainable practice in social work

Climate change and associated extreme weather events (e.g., earthquakes, flooding) have brought increased attention to ecological crises and the need to better understand sustainable development and careful use of natural resources. This aspect has been further prompted because of the Covid-19 pandemic, which led to a global call for social work education and practice to shift from an anthropocentric to an eco-centric framework through environmental social work (Rambaree et al., 2019). As a response to the Covid-19 pandemic, both Yildirim et al. (2021) and Dlamini et al. (2022) revealed that, although social work participants' attitudes towards the environment were positive, they still prioritised human wellbeing over sustainable development. In fact, results from Yildirim et al.'s (2021) study found that concern for the environment had decreased due to the impacts of the Covid-19 pandemic on clients' wellbeing. Environmental threats do not impact populations equally; the adverse effects are more likely to affect marginalised communities, and the consequences of these threats are often more severe (Gray & Coates, 2020).

Rixecker and Tipene-Matua (2003) argued that, for Māori, environmental and social justice are inseparable. They discussed a strong relationship between Māori and the land, and the history of complex transactions involving land and natural resources that ultimately impacted the identity and wellbeing of many Māori people. Watene (2016) highlighted that many Māori believe there is intrinsic value in nature, which leads to preserving the entire natural world rather than only the aspects that serve human wellbeing. To address indigenous issues, social workers must address environmental justice issues (Hiller & Carlson, 2018). This is echoed by Kuir-Ayius and Marena (2019), who stated that upholding the cultural traditions of Pacific

peoples is pivotal in social work practice, including the significant relationship with the natural world. However, scholars have argued that the capitalist model strives for profits over people and at the expense of the environment (Shaw, 2013; Yildirim et al., 2021). Ignoring the significance of the environment for spiritual wellbeing, identity, and nourishment devalues Indigenous lands and ways of life (Coombes, 2013; Parsons et al., 2021). This is described as environmental racism and is compounded by inappropriate or lack of consultation processes among the affected communities (Coombes, 2013), in turn removing sovereignty over their land (Rixecker & Tipene-Matua, 2003).

Integrating environment into social work education

Scholars who advocate environmental social work have continued to call for social workers to recognise the intertwined connection between human, natural worlds, and wellbeing (Gray & Coates, 2015; Ramsay & Boddy, 2016). In doing so, the focus on social work has placed both humanity and nature at the centre for education and practice, aiming to co-produce transformative changes (McKinnon & Alston, 2016; Ramsay & Boddy, 2016). Although research has indicated that integrating environmental justice and sustainability into social work practice requires a holistic approach that integrates research, practice, policy, and policymaking dimensions, comprehensive knowledge and policy regarding how social work practitioners have responded to climate change and environmental crises are still limited. In a study of social work codes of ethics worldwide, Liu and Flynn (2023) concluded that, while there is an increasing focus on environmental issues, the concept of environmental justice remains vague and is not widespread. Bowles et al. (2018) argued that, for environmental justice to be taken seriously by the social work profession, the IFSW needs official statements to link environmental justice with human

rights and social justice. In the Aotearoa New Zealand context, there are specific references to the natural world and climate change in the Aotearoa New Zealand Association of Social Workers (ANZASW) *Code of Ethics* (2019). There is, however, no mention of environmental justice or the natural environment in Social Workers Registration Board Core Competence Standards (2019), despite the related principles of social and economic justice being central to competency four.

Two non-social work studies have shown that ethical values influenced the pro-environmental behaviour of participants in their study (Halkos & Matsiori, 2015; Segev, 2015). However, recent studies showed a discrepancy between existing environmental or climate change knowledge, and sustainable behaviour; that attitudes do not always lead to action (Dlamini et al., 2022; Kucuk, 2022). In a study of occupational therapists, the perceived importance of environmental practices differed between personal and professional lives, primarily due to a lack of understanding of the practice context (Seville et al., 2023). In an Aotearoa New Zealand social work context, Ellis (2020) showed, through a series of small environmentally focussed workshops, that changing attitudes and beliefs on the basis that learning can transform one's thinking and, therefore, will motivate one to act.

Exposure to environmental issues through education, media, or local politics was shown to be an indicator of a pro-ecological beliefs, aiming at minimising environmental harm (Biasutti & Surian, 2012; Cholette-Barr, 2022). Chonody and Olds Sultzman (2022) showed that when environmental justice issues were taught in social work courses, students were more likely to believe environmental justice was important in practice. Likewise, in social work training, educators were more likely to include environmental justice in their own

curriculum if they had received education themselves (Strayer et al., 2022). Pro-environmental attitudes are also shown to be linked to the belief that environmental and sustainability issues should be part of the social work curriculum (Chonody et al., 2020; Chonody & Olds Sultzman, 2022). Reu and Jarldorn (2023) found that students believed eco-social work should be included in core subjects, explaining that it should be integrated throughout practice and not be a specialist subject. Faver and Muñoz (2013) reported that most students surveyed had a high concern about environmental issues but lacked the knowledge of how to apply this in social work practice. Examples of how to include environmental justice and sustainable practice in social work include expanding eco-systems theory to include physical environment considerations into assessment and intervention (Chonody & Olds Sultzman, 2022; Nesmith & Smyth, 2015), considering within the hierarchy of needs (Nesmith & Smyth, 2015), using the Sustainable Development Goals (SDG) as a guide for practice (Ellis, 2020), and engaging with natural environment as a wellbeing tool (Pitt, 2013).

"Working towards environmental and community sustainability" has been posited as one of the four priority areas in the *Global Agenda for Social Work and Social Development* (IASSW, IFSW and ICSW, 2012). However, studies that focus on social work and SDGs are scarce. Research has reported that, while education made a difference in the level of awareness and application of SDGs in social services, this did not translate into all practice contexts or SDG areas (Kucuk, 2022; Yildirim et al., 2021). Several studies concluded that education influenced the knowledge or attitudes towards SDGs (Abu-Alruz et al., 2018; Kucuk, 2022). Ellis (2020) noted that through her action research, participants who attended her workshops reported an increased understanding of sustainability issues in relation to social work.

Current Study

Although environmental and sustainability issues have drawn substantial attention in the social work professional responsibilities, there are still few studies that have examined the attitudes, and knowledge of social workers and they were mostly conducted in the United States (e.g., Chonody & Olds Sultzman, 2022) or other European countries (Nojd et al., 2023). Existing literature and research have indicated clearly that social work and environmental sustainability is a developing area of practice that requires immediate attention due to the impact of climate change. Consequently, the aim of this study was to provide a preliminary exploration into the perceived knowledge and attitudes of social workers practising in Aotearoa New Zealand. The research questions were: (1) What are Aotearoa New Zealand social workers' attitudes and beliefs on environmental justice and sustainable practice?; and (2) What factors are associated with the perceived importance of addressing environmental issues in social work practice?

Methods

Study design

The research was carried out using a cross-sectional descriptive and correlational design. Cross-sectional design offers a snapshot of the situation at one time to describe and explain behaviours and correlational design gives the opportunity to explore differences between two or more variables (Rubin & Babbie, 2017), which was deemed appropriate for the current exploratory study on social workers' perceived knowledge and attitudes on environmental issues and sustainable development in practice.

Study population

An online survey, using Qualtrics, was implemented between late October 2022

and early December 2022 to explore social workers' perceptions of environmental issues as social work practice. This was sent out via the ANZASW and other professional and community networks. A low-risk ethics notification was obtained from Massey University prior to the commencement of the research. A total of 137 responses were retrieved from the online survey portal. After data cleaning and mining, 34 responses were omitted due to significant data missing from the main questions and the socio-demographic information (70% or more). One response was also subsequently removed due to no socio-demographic information being provided, even though the rest of the survey was completed fully. A total of 102 responses were retained for analysis. Given that the online survey was circulated to many different groups and networks, we could not ascertain the actual response rate.

Measures

New Environmental Paradigm Scale (NEP): To measure pro-ecological perspective among social work practitioners, NEP was chosen, which was developed and revised by Dunlap et al. (2000). NEP consists of 15 items, and it has been used in many studies, including involving social workers (Nesmith & Smyth, 2015) and social work students (Chonody & Olds Sultzman, 2022). The scale has shown solid statistical support for scale uni-dimensionality (Cordano et al., 2003; Hawcroft & Milfont, 2010). As recommended by Hawcroft and Milfont (2010) from a meta-analysis of 139 NEP studies, all 15 NEP items were used along with a 5-point Likert-type scale, ranging from 1 = *strongly disagree* to 5 = *strongly agree*, for consistency. When calculating scale scores, seven items with negative statements were reversed scored to attain an overall NEP score (Manoli et al., 2007). The current study used terminologies that cover ecological beliefs reported

by Chonody and Olds Sultzman (2022). They cover a range of environmental issues, including balance of nature (i.e., the harmony of living things), limits to growth (i.e., the earth can only handle so many people), antianthropocentrism (i.e., nature exists for human and has no inherent value), human exemptionalism (i.e., humans are not constrained by nature like other species are), and eco-crisis (i.e., catastrophic environmental changes). Higher total scores indicated a more pro-ecological worldview. The Cronbach's alpha was an acceptable level at 0.73.

Attitudes toward Sustainable Development Scale (ASD): This study used the ASD scale developed by Biasutti and Frate (2017) to measure the attitudes towards sustainable development. The scale consists of 20 items and four dimensions, i.e., environment, economy, society, and education. This scale makes it possible to evaluate attitudes towards sustainability issues covering the scope of these four dimensions of environment, economy, education, and society. The scale was adapted to the context for social work practice by changing the last five items from "Teachers in college ..." to "Social work education...". The five element Likert-type scale consists of 1 = *strongly disagree* to 5 = *strongly agree*. An increase in the score obtained from the scale indicates positive attitudes towards sustainable development. Cronbach's alpha was reported at 0.95. Based on Kucuk's (2022) study, three levels emerged with 20–46 points as low awareness level, followed by 47–72 points as medium awareness level and 72–100 points as high awareness level.

Māori and indigenous perceptions on sustainability: This section focused on how much social workers consider Indigenous, Māori, Mana Whenua worldviews of wellbeing and sustainability in their social work practice relating to environmental justice and sustainability. Due to the lack of indigenous measures for the

Aotearoa context, items in this section were developed based on literature and research conducted by Māori scholars (Davis, 2006; Reid et al., 2013). These items comprised of three items focusing on awareness, recognition and embracing of *te ao Māori* (e.g., Mana Tupuna – Ancestral Wisdom; Mana ātua – Spiritual wealth [whakapono, wairua], Mana taiao – environmental wealth [kaitiakitanga, tikanga] in their practice and two items on feeling competent to use and include Māori tikanga in ecological practice. The development of these items was further consulted with two Māori academics, with one of them as the fourth author in the current study to ensure face and content validity. The five-point Likert scale was used, consisting of 1 = *strongly disagree* to 5 = *strongly agree*. Higher total scores indicate a positive perception of understanding Māori and indigenous knowledge when it comes to sustainability in practice. Cronbach's alpha was reported at 0.80. A free-text box was provided for any written comments or examples of dimensions of *te ao Māori* in personal and professional practice.

Belief in climate change and its relevance to professional practice. To measure the role of environmental issues as a component in social work practice, two items were adapted from Chonody and Olds Sultzman (2022). Participants were asked, "Environmental issues are part of professional social work practice" and "I believe in climate emergency (climate change)", using a five point Likert scale ranging from 1 = *strongly disagree* to 5 = *strongly agree*.

Being informed about environmental issues. To evaluate the extent to which social workers felt informed about environmental issues, and, adapting from the work of Faver and Munoz (2013) and Chonody and Olds Sultzman (2022), they were asked one question, "To what extent do you feel informed about

environmental issues?”, and the other three were developed for the study as “To what extent do you incorporate Māori values: Rangatiratanga, Manaakitanga, Kaitiakitanga, Whanaungatanga and Wairuatanga in your practice on Māori wellbeing to the four pou—social, cultural, economic and environmental?”; “To what extent do you consider and apply other cultural perspectives on environmental beliefs and justice in your practice?”; and “To what extent do you consider you are personally affected by climate change?” All the questions used a 10-point scale from 1 = *not at all*, 10 = *extensively*. Cronbach’s alpha was reported at 0.67. A total score was used for further analysis.

Knowledge development in environmental practice. Research has reported that being informed about the environment was associated with more pro-environmental behaviour (Segev, 2015) and greater concern about climate change (Wachholz et al., 2014). As such, two questions from Shaw’s (2013) study were used: “Should schools of social work discuss the environment?”; “Do you consider the environment in your practice?” and two other questions were developed for the current study, “Are you familiar with the Sustainable Development Goals (SDGs)?” and “Have you participated in an educational event related to the environment and sustainable development?” using responses of *yes*, *no* or *don’t know*.

Environmental activism. Questions related to individual respondents’ environmental activism, derived from Shaw (2013), were measured by asking how often they engaged with 13 activities e.g., recycle paper, energy saving bulbs, using a five-point Likert scale with a response of 1 = *never* and 5 = *always*. Cronbach’s alpha was reported at 0.83.

Socio-demographics. Participants reported their age, gender, education levels in

social work, ethnicity, years of practice experience, main area of social work practice, and current employment.

Open-ended comments. The final question in the survey was an open-ended question which screened for any additional comments on environmental belief, justice and sustainable practice and their relevance to social work education and practice.

Statistical analyses

The IBM SPSS Statistical package (version 28, IBM SPSS Statistics for Windows) was used for data entry and analysis. Three types of statistical analyses were conducted in this study. First, descriptive statistics, mainly through frequencies, were used to describe the results derived from the data. Second, based on the work by Chonody and Olds Sultzman (2022), a correlational analysis using Spearman (due to some variables not normally distributed) was used to examine the relationships among the variables of age, years of social work practice experiences, belief in climate change, being more informed about the environment, the five areas underpinned NEP for pro-ecological worldview, the four dimensions of ASD, Māori and indigenous sustainability, engagement in environmental activism and relevance of environmental issues in professional practice. Finally, a regression model was used to analyse which factors contributed to seeing environmental issues as essential to social work practice, while controlling for age and years of practice experience. Collinearity was checked with tolerance values (TOL), and variance inflation factor (VIF) measures the amount of multicollinearity in a set of multiple regression variables. Accordingly, there was no evidence of collinearity on any independent variables, as all TOL and VIF values were below the thresholds (>0.20 and <3.0 , respectively) in the regression models. Consistent reliability in measures was assessed with Cronbach’s alpha, with

a level of >0.6 as a criterion to consider each measure as reliable. The significant p -value was set at 0.05.

Open-ended responses were gathered to provide a context for quantitative data, and thus were not analysed using a qualitative research approach. Illustrative quotes were selected to highlight certain common and otherwise noteworthy concepts.

Results

Of the 102 participants' responses, over 65% reported being aged 40 and over. The majority of the participants identified themselves as female (85.3%). Half the participants identified themselves as New Zealand European/Pākehā (57.8%), followed by Māori (22.5%). Over 55% of the participants reported having a bachelor of social work qualification, and 29.4% held masters level degrees. As to years of social work experience, 53% reported having more than 10 years of experience. The main practice area was children and family (52.0). Nearly 40% reported their current employment was with non-government organisations

(NGOs), followed by statutory and health and/or disability, both recorded at 22%.

Regarding the responses to the NEP scale items, the average of total NEP scores for social workers surveyed was 49.6 out of a possible 75.0, with a mean score of 3.3 out of a possible 5.0 on the Likert scale. The summated mean score for all items on the NEP scale in this study is slightly lower but close to the results of previous research by Halkos and Matsirori (2015) and Shaw (2013) who found the mean NEP score to be 3.6 and 3.8 respectively.

The results of sustainability attitudes of ASD indicated reasonably high awareness level of sustainability attitudes, with a total score of 82.7 and each dimension ranged from 3.9 to 4.3 out of a possible 5.0 on the Likert scale (see Table 1). Social workers in this study scored higher in the domains of society and education, which was similar to the results by Biasutti and Frate (2017) in which social sciences students performed better on the society factor, demonstrating more sensibility toward social issues.

Table 1 shows the overall and summated scores for NEP and ASD.

Table 1. Scores on New Environmental Paradigm (NEP) and Attitudes toward Sustainable Development Scale (ASD)

NEP ^a	Mean (Standard Deviation)
New Environmental Paradigm – total score	49.2 (4.6)
New Environmental Paradigm – summated mean score	3.3 (0.3)
ASD ^b	Mean (Standard Deviation)
Environment – summated mean score	3.9 (0.7)
Economy – summated mean score	4.1 (0.8)
Society – summated mean score	4.3 (0.9)
Education – summated mean score	4.2 (0.9)
Attitude towards Sustainable Development – total score	82.73 (14.63)
Attitude towards Sustainable Development – summated mean score	4.14 (0.73)

^aTheoretical range = 15–75 (higher scores = increased pro-ecological attitudes) Note: Even numbered items were reversed to create the scale summary score that was used in analyses with higher scores indicating a greater ecological worldview. The means presented here reflected the original responses by participants.

^bscore between 20 to 100 (higher scores = increased attitude toward sustainable development)

Table 2. Perceptions of Indigenous and Mana Whenua Knowledge and Sustainability

Items	Number (%)					
	SD	D	U	A	SA	Mean (SD) (5=pro)
I am aware of the dimensions of <i>te ao Māori</i> (e.g., Mana Tupuna – Ancestral Wisdom; Mana ātua – Spiritual wealth [whakapono, wairua], Mana taiao – environmental wealth [kaitiakitanga, tikanga] in my practice	0 (0.0)	0 (0.0)	6 (5.9)	57 (55.9)	37 (36.3)	4.3 (0.6)
I recognise the dimensions of <i>te ao Māori</i> (e.g., Mana Tupuna – Ancestral Wisdom; Mana ātua – Spiritual wealth [whakapono, wairua], Mana taiao – environmental wealth [kaitiakitanga, tikanga] in my practice	0 (0.0)	1 (1.0)	9 (8.8)	56 (54.9)	34 (33.3)	4.2 (0.6)
I embrace the dimensions of <i>te ao Māori</i> (e.g., Mana Tupuna – Ancestral Wisdom; Mana ātua – Spiritual wealth [whakapono, wairua], Mana taiao – environmental wealth [kaitiakitanga, tikanga] in my practice	0 (0.0)	3 (2.9)	17 (16.7)	50 (49.0)	30 (29.4)	4.1 (0.8)
I feel competent to practice social work with Māori relating to environmental justice and sustainability	0 (0.0)	15 (14.7)	30 (29.4)	37 (36.3)	18 (17.6)	3.6 (1.0)
Ecological justice must include Māori and other indigenous traditions and wisdom to achieve equality of all species	0 (0.0)	0 (0.0)	5 (4.9)	23 (22.5)	72 (70.6)	4.7 (0.6)

SA = Strongly agree; A = Agree; U = Unsure; D = Disagree; SD = Strongly disagree

Regarding Māori and Indigenous perceptions of sustainability (see Table 2), over 90% of the social workers in this study agreed strongly that ecological justice must include Māori and other Indigenous traditions and wisdom, with 4.7 out of a possible 5.0 on the Likert scale. Over 85% of the social workers felt they have the awareness and recognition of the dimensions of *te ao Māori* in their practice ($M = 4.3$), while over 75% agreed they embrace them in their practice ($M = 4.2$). Seven out of the 12 written comments came from social workers who identified themselves as non-Māori. All of them have indicated the importance of learning and integrating Māori tikanga to consider environmental sustainability in their practice, stating for example, “*te ao Māori* informs me of a greater practice align with western models” and “understanding the depth of meaning behind the use of *te reo* provides an increased richness to the knowledge base of working with Māori.” One participant’s comment highlighted the continual existence of racism in practice in sustainable development: “I feel that there is

so much more to learn ... realising the very strong correlation between sustainability and racist practice around how different populations are treated.” However, just over half of the participants (53.9%) felt competent to practise social work with Māori relating to environmental justice and sustainability ($M = 3.6$). One of the non-Māori participants commented that this may be because the “social work profession is still at the very beginning of our journey of marrying *te ao Māori* with professional practice in environmental sustainability.” Two of the Māori social work participants commented that the struggle to achieve environmental justice still lies with “the impact of colonisation” another emphasised the negative impact of “the mono-cultural system on justice and disguised language of access and equity to maintain control over the people, it will persist towards a corrupt society in lieu of a ‘sustainable’ one.” Another Māori participant talked about the importance of considering other cultures and their wisdom in environmental sustainability, “if knowledge is useful, then

use it. Where it comes from, it doesn't matter. We should equally look to other cultures for useful knowledge, as well as our own."

Over 85% of the social workers reported to have a strong belief in climate change and felt that environmental issues are part of professional social work. Individuals' mean scores range from 1 to 5 with an average of 4.5 and 4.3 respectively. When it came to being informed about environmental issues and applications based on the mean scores range from 1 to 10, an average of 6.3 was reported on feeling informed about environmental issues, 7.6 on incorporating Māori values: Rangatiratanga, Manaakitanga, Kaitiakitanga, Whanaungatanga and Wairuatanga in their practice on Māori wellbeing to the four pou (social, cultural, economic and environmental), 6.4 on consideration of applying other cultural perspectives on environmental beliefs and justice in their practice, and 6.8 on reporting personally affected by climate change. A total score was used for further analysis.

Over 90% of the social workers considered that schools of social work should discuss the environment, which aligned with the same result as Shaw's (2013) study. Almost 80% reported that they considered the environment in their practice, 10% less than the result reported in Shaw's study. Just over 30% indicated that they are familiar with the SDGs. Only 35% have participated in an educational event relating to the environment and sustainable practice.

In terms of their environmental activism, most participants reported to recycle glass/plastics (94.2%), reuse bags (91.1%) and recycle paper (88.2%). The least environmental engagements were the use of public transport (8.8%), cycling (9.8%), participation in an environmental organisation (9.8%) and donation to environmental groups (9.8%). Results in the current study reported similar trends as Shaw's (2013) study.

Prior to the regression analysis, correlational analysis revealed significant bivariate relationships on belief in climate change, being more informed about the environment, possibility of eco-crisis (one of the NEP issues), the role of education on sustainable development (one of the dimensions of ASD), Māori and Indigenous sustainability and environmental activism to environmental issues as part of professional social work practice (see Table 3). They were at least minimally (≥ 0.2) correlated with environmental issues are part of professional social work practice and were used in the regression analysis. The regression analysis results can be seen in Table 4, indicating that, after controlling age and years of social work experiences, the composite of all independent variables predicted a 21% variance of environmental issues as part of professional social work practice. Of the eight variables, only two were significant contributors: belief in climate change ($B = 0.24$, $p < 0.05$) and understanding of eco-crisis ($B = 0.22$, $p < 0.05$). The eight variables were also analysed by age groups, gender, ethnicity, years of social work practice experience and current main practice area using one-way ANOVA testing, but no significant difference was found.

At the end of the survey, a total of 17 comments were made by participants. Four comments focused on the importance of including environmental issues in social work education and training. The following selected quotes from the participants demonstrate these:

"I am disappointed by the lack of focus that social work profession appears to have on the climate crisis. Social work education needs to include the impacts of climate change and how the position of social work could be used for climate change adaptation strategies. Social work has a place of opportunity to be critical of oppressive processes and advocate for service reform."

Table 3. Correlation Matrix of Variables to Environmental Issues as Social Work Practice

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1.Environment as practice issue	--														
2.Age	0.05	--													
3.Years of experiences	0.05	-0.07	--												
4.Belief	0.35**	-0.17	0.11	--											
5.Informed	0.41**	0.17	0.03	0.27**	--										
6.NEP – 1	0.09	-0.13	0.02	0.28**	0.11	--									
7.NEP – 2	0.08	0.11	0.09	-0.12	-0.10	-0.07	--								
8.NEP – 3	0.17	0.18	-0.01	0.10	0.35**	0.33**	-0.01	--							
9.NEP – 4	0.13	0.03	-0.09	0.14	0.21*	0.02	0.13	0.10	--						
10.NEP – 5	0.27**	0.01	-0.01	0.11	0.08	0.27**	0.05	0.29**	-0.01	--					
11.ASD – 1	0.14	-0.03	0.03	0.34**	0.17	0.15	-0.01	0.16	-0.03	0.26**	--				
12.ASD – 2	0.15	0.09	-0.05	0.15	0.10	-0.01	0.10	0.11	-0.04	0.07	0.59**	--			
13.ASD – 3	0.07	-0.07	-0.05	0.22*	0.07	-0.03	0.15	-0.02	0.08	0.05	0.56**	0.81**	--		
14.ASD - 4	0.21*	0.02	0.03	0.26**	0.09	0.03	0.16	0.05	0.06	0.16	0.53**	0.78**	0.78**	--	
15.Māori & indigenous sustainability	0.20*	0.09	0.06	0.05	0.58**	0.05	-0.15	0.26*	0.08	-0.00	0.02	-0.03	-0.02	-0.10	--
16.Activism	0.24*	0.14	0.02	0.37**	0.26**	0.06	-0.24*	0.07	-0.02	0.00	0.16	0.07	0.16	0.24**	-0.01

* $p < .05$, ** $p < .001$

NEP – 1 (limits of growth); NEP – 2 (antianthropocentrism); NEP – 3 (fragility of nature's balance); NEP – 4 (rejection of exemptionalism); NEP – 5 (possibility of eco-crisis)

ASD – 1 (environment); ASD – 2 (economy); ASD – 3 (society); ASD – 4 (education)

Effect size: Cohen r of 0.3 = medium; r of 0.5 = large

Table 4. Summary of the Regression for Environmental Issues as Social Work Practice

Variables entered	Step 1			Step 2		
	<i>B</i>	<i>Beta</i>	<i>p-value</i>	<i>B</i>	<i>Beta</i>	<i>p-value</i>
Age	0.01	0.07	0.48	0.03	0.02	0.62
Years of social work experiences	0.00	0.06	0.58	0.00	0.02	0.83
Belief in climate change				0.29	0.24	0.03*
Being informed about the environment				0.04	0.21	0.10
Understanding of eco-crisis				0.38	0.22	0.02*
Importance of education				0.10	0.10	0.31
Māori & Indigenous sustainability				0.02	0.07	0.56
Environmental activism				0.01	0.06	0.56
<i>R</i> , <i>R</i> ² , adjusted <i>R</i> ²	0.09, 0.01, -0.01			0.53, 0.28, 0.21		
ΔR^2	0.01, $F(2, 95) = 0.38$			0.27, $F(8, 89) = 4.31$		

* $p < 0.05$

“Environmental issues, justice and sustainable practice greatly impact on us all, it is extremely political and economically related, and set in a global climate of greed and exploitation. For all these reasons ... is very relevant to and the responsibility of social work education and practice.”

“Until recently, the biopsychosocial approach of social work did not give much attention to environmental aspects contributing to wellbeing. This was not holistic and needs to be recalibrated.”

“I am currently study permaculture and during this, I have been exposed to the concepts of food sovereignty and food resilience in community gardening. At this stage of my social work career, permaculture seems to be a natural progression to continue my commitment to social justice.”

While education was seen as an important aspect of addressing knowledge of environmental issues and sustainable development, participants' comments have also critiqued the current socio-political influences that have perpetuated the lack of critical thinking among social work professionals to address environmental injustice. This can be illustrated in the following quotes:

“Many social workers in NZ / Aotearoa, particularly those in government organisations, are promoters of social control, neoliberalism, and inequity. Despite their training, they don't apply critical thinking in relation to environment or social / structural factors. I don't see social work values and principles being held to account.”

“I feel very frustrated that some environmental activism and political decision making around the environment disadvantages the poor and vulnerable. NZ is a sprawling rural country, and the city planning has not made transport user, or environmentally friendly.”

“The people who are going to be most affected by climate change the soonest are the poorest and most vulnerable. Therefore, social workers need to be involved in the forefront of environmental discussions, policy planning etc.”

Interestingly, while three of the participants stated that they may not have extensive expertise in explaining the science of the climate emergency, they were aware of the impact and importance, and the need for action and advocacy for the vulnerable populations. Meanwhile, three comments came from participants who thanked the opportunity to participate in this survey as they have not been asked about environmental issues in their practice, with one of them saying the process “has been thought-provoking”.

Discussion

The current study was able to add to the substantive literature in social work by providing a preliminary look at social workers in Aotearoa New Zealand and their views on environmental justice and sustainable practice to inform their practice. Overall, the results of the current study have provided some positive and reassuring messages on social workers' perspectives on environmental justice and sustainable practice. They reported moderate levels of pro-ecological perspectives and awareness of sustainability attitudes, a high level of agreement of including Māori and other indigenous traditions and wisdom in ecological justice, a strong belief in climate change and the importance of factoring environmental issues in social work practice. However, there are other areas that suggested further improvement is necessary.

Firstly, while social work participants in this study strongly agreed that environmental issues should be part of social work practice, this has not prompted equally high levels of attention and information-seeking regarding

environmental issues. This was seen in the regression results showing no significant contribution of being informed about environmental issues toward the variance in beliefs about the environment as part of practice, even though there was a significant positive correlation, with a medium size effect, shown. This may be explained by the fact that they had little exposure to the SDGs, and less than 40% reported attending any educational event relating to the environment and sustainable practice in the past five years. While there is a mandate to be environmentally proactive in social work practice, research has argued that the social work profession is still seen as an individualistic, anthropocentric, clinical, and modernist paradigm (e.g., Besthorn, 2012; Coates, & Gray, 2012). This may be seen in the high percentages reported in engaging with recycling, which are not surprising considering these behaviours can be done individually and are easy to practise. Pillai and Gupta (2015) argued that the micro level towards sustainable development is not adequate as it requires the integration between the micro and macro levels of applications and roles because, through to the macro level dimension in social work, we can then address issues around nature, sustainability, inequality, and social injustice. The mild to moderate level of social workers in the current study to their views on being informed about environmental issues and applications may also relate to their lack of awareness of these responsibilities as they may focus more on individual rather than collective action to address environmental concerns (Favor & Munoz, 2013).

Interestingly, the pro-ecological worldview was not found positively and significantly to contribute to social workers' belief in factoring environmental issues into professional practice in the regression model. This result was similar to Chonody and Olds Sultzman's (2022) study on social work students. A possible explanation for this might be a lack of consistent and unified definitions and interpretations of what environmental social work is, which can

impede the advancement of social work in this area (Ramsay & Boddy, 2017). The only domain of NEP that was found significant was "understanding of eco-crisis". Yildirim et al. (2021) have argued that environmental issues in social work practice are particularly important in addressing social problems and social justice. Therefore, the social work profession must critically engage with the sustainable development agenda and political debates concerning this issue (Peeters, 2016). This urgency was articulated by some of the written feedback from the participants in the current research about engaging with "oppressive processes and advocating for service reform" and being "involved in the forefront of environmental discussions, policy planning, etc."

Regression results indicated that social workers' belief in climate change had the greatest effect size in explaining the variance in beliefs about the environment as part of professional practice, which was consistent with existing research (Chonody & Olds Sultzman 2022; Nesmith & Smyth, 2015). While social work participants agreed highly on their beliefs in climate change, their response on their own personal effect from climate change was quite moderate. The current research did not provide a list of potential environment hazards that could impact their own and clients' wellbeing for social workers to choose or elaborate. Perhaps by including items that illustrate social, physical, and economic impact of climate change on individuals, families, and communities (Kircher et al., 2022), it would have connected them through personal and professional lenses from an environmental effort that could aim at remedying an injustice (Hawkins, 2023). Hill and Boxley (2018) argued that social work can benefit from educational justice pedagogy to help social workers examine complex social, economic, and environmental issues in a more integrative way to locate themselves to develop critical, historical, and transformative knowledge. This may help social workers to contextualise environmental issues from a holistic

perspective to see the interdependence and connectedness between the environment and people (Gray & Coates, 2015). It is important to note that social workers have challenged climate justice for years, signalling the connection between climate issues and human health and wellbeing, as well as emphasising a disproportionate impact on the most vulnerable cohorts (Hawkins, 2023). However, McKinnon (2013) claimed that the challenge of situating the environment away from a private concern to a professional practice issue could be attributed to pro-environmental views and actions not yet being fully accepted as a valid aspect of social work practice, despite social work has been embracing the concept of environmental social work and its link with social justice (Forbes & Smith, 2023; Gray & Coates, 2015).

Several studies have shown that social work education and training (e.g., green social work) can impact attitudes towards the environment and sustainable practice development (e.g., Boetto & Bell, 2015; Dominelli, 2013). Results of the current study clearly showed a significant contribution of the “importance of education” to the environment in practice from the regression analysis. Descriptive results also reported high demand of including the environment in schools of social work’s education and further professional development required in the environment and sustainable practice. These were also supported by some of the participants’ narratives to increase environment and sustainability into social work education. Furthermore, our results differed from a recent research study, which reported significant differences among the type of employment and fields of practice associated with social welfare professionals’ perceptions of the importance of addressing environmental issues in social work (Nojd et al., 2023). The lack of significant differences in the current study may signal the ongoing issue of the lack of relevant education on environmental issues in social work. To address this, the authors in this paper have developed a Bachelor of Social Work

course for first-year students that provides this foundational knowledge, which was implemented in 2022. In this course, students learn about sustainability issues, climate change and the environment and how they relate to social and community work. In addition, there is a strong focus on Global SDGs and how they relate to Aotearoa and community responses to crisis and disaster to address environmental justice. Recent research on including the SDGs into placement has called for building the SDGs as a social work practice framework that can incorporate a more holistic appreciation of a person-in-environment approach (Cordoba & Bando, 2022). Organisations where social work professionals work can also be better informed of the importance of SDGs and other environmental issues affecting human wellbeing by integrating pro-ecological attitudes or eco-social approach into social work practice. Furthermore, registration board and professional association can help by normalising environmental issues such as environmental justice and its practice as standardised competency. In doing so, this will enhance the professional and personal practice of connecting with the environment to deepen their intentionality of including the environment within their social work practice.

Another interesting finding in this research is that, while social work participants rated highly on the importance of including Māori and other indigenous traditional and wisdom to address ecological justice and having the awareness, just over 50% indicated that they were competent to practise social work with Māori relating to environment justice and sustainability. This incongruity could point to the fact that mainstream climate change interventions and preventative measures are still rooted within the paradigm of capitalism and neoliberalism, which promote the commodification and exploitation of the nature resources and environment (Gray et al., 2022; Gray & Coates, 2015). This was further echoed by the narratives of two Māori participants who criticised the linkage between environmental injustice and

colonisation to continue perpetuating the mono-cultural pedagogy on justice. Gray et al. (2022) argued that Māori climate campaigners have successfully addressed the climate crisis in areas such as deep-sea drilling permits (Abel, 2018). Given indigenous communities have shown successful track records in managing sustainable ecosystem management (Ellis et al., 2021), it is important to include Māori and Indigenous communities and their worldviews in education, decision-making and policy formulation to challenge the traditional state-centric and individualistic approaches to human rights and social justice (Cornthassel, 2012), particularly in the current climate where Aotearoa New Zealand has suffered from multiple climate crises in recent times.

Conclusion

The findings of this study are subject to the following limitations. Firstly, this was an exploratory, cross-sectional study, and our data collection methods led to a convenience sample, limiting our results' generalisability to all social workers. Secondly, given the survey was circulated to social workers through different mediums and professional networks, it was impossible to estimate the exact response rate. While the sample size enabled some foundational inferential analyses, future research should seek to replicate these findings with greater representation of social workers. Thirdly, while we achieved some degree of diversity by having over 20% of Māori social work participants in the research, future research will need to seek more knowledge and perspectives from Te Ao Māori as Indigenous cultures have practised sustainable management of ecosystems over millennia that can offer insightful and culturally appropriate pathways to mitigate accelerating climate change impacts (Gray et al., 2022). Lastly, our measurements relied on existing research conducted internationally. While some of the measures were developed to address specific needs and conditions for Aotearoa New Zealand, they have not been rigorously validated.

Future research may seek to obtain a larger sample size of participants and seek other measurement strategies to undertake psychometric analysis to strengthen the validity and reliability of measures. Despite the limitations, the use of an open-ended question has provided participants opportunities to give comments, which is in line with the nature of the online survey space as an open forum for exchanging ideas and made our respondents feel involved. Feedback comments can also help to detect questions that may create negative feelings, misconceptions and misunderstanding among participants. As such, they can help to improve follow-up studies or enhance future opportunities to use qualitative approach such as interviews to seek further clarifications (Decorte et al., 2019).

The social work profession can play a significant role in responding to the environmental crisis that impacts human health and well-being. Chonody et al. (2020) argued that protection of the environment and promotion of sustainability is part of the social work mission to create a better world for people and their communities, and social workers need to have the skills and knowledge to identify resources to advocate for marginalised communities. Social work education is being urged to include theoretical perspectives to incorporate the natural environment, environmental justice and values and skills across the curriculum to enhance practitioners to advance the social justice mission to tackle environmental and climate issues that negatively affect those who are vulnerable and oppressed (Hawkins, 2023; Ramsay & Boddy, 2017). To our knowledge, while there is already social work research that focuses on environmental and climate change (e.g., Chonody et al., 2020; Chonody & Olds Sultzman, 2022; Hoppe et al., 2023), this is the first research that examined social workers in Aotearoa on their perspectives and attitudes regarding environmental justice and sustainable practice. More research is needed as social work education will require competency in environmental justice and sustainable practice to develop

evidence-based and sustainable solutions. By undertaking more evaluation research on how environmental issues are being integrated into existing curricula, it can further assist graduates to be more prepared to work with individuals, communities and their environment. Social work education must stay apprised of the most current knowledge and ensure its students are adequately educated.

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

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ABSTRACT

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

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

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

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

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

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

is representative of the rural economy in Aotearoa New Zealand.

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

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

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

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

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

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

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

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

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

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

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

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

Method

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

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

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

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

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

Demographic data are depicted in table 1.

Table 1. Demographic Data

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

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

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

Findings

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

Stigma

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

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

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

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

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

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

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

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

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

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

Isolation

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

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

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

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

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

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

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

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

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

Transport

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

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

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

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

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

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

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

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

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

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

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

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

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

ability to access even free services and activities.

Access to services

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

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

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

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

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

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

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

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

Discussion

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

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

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

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

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

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

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

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

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

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

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

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

Conclusion

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

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

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

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Journeys into palliative care: Social workers' narratives of mobilising and sustaining practice

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ABSTRACT

INTRODUCTION: With Aotearoa New Zealand's increasing diversity and ageing population, social work has a vital role in palliative care practice. This study advances the understanding of palliative care social work and its implications for practice, education and support from a practitioner's point of view.

METHODS: Utilising a constructivist case study approach, in-depth data were collected from social work practitioners about their pathways and practices in palliative care. Purposive and snowball sampling techniques were employed, resulting in 12 individual, semi-structured interviews and a focus group with 5 participants.

FINDINGS: The participants' voices illustrate current social work practice and its implications from personal, pedagogical, and professional perspectives. Participants were often drawn to palliative care social work through career embeddedness and personal experiences of loss and grief. The study revealed how past, present, and future considerations shape palliative social work practice, including journeys to palliative care, mobilising social work practice, and sustaining support. Participants used various assessment tools based on service context, with limited exposure to palliative care in tertiary curricula. Most participants continued to seek post-qualifying professional development opportunities working in this field.

CONCLUSION: The study underscores the importance of team support, ongoing education, and self-care for effective social work practice in palliative care. Recommendations include enhancing educational emphasis on palliative care, developing an Aotearoa New Zealand-based assessment tool for palliative care social work, and improving professional encounters related to death and dying. These insights can guide efforts to enhance palliative care social work practice in Aotearoa New Zealand.

Keywords: Palliative care, hospice, end-of- life, social work, social work education, support

AOTEAROA
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Social workers have been an integral part of the development of palliative care since its beginnings in the latter part of the 20th century (Head et al., 2019; Reese, 2011; Saunders, 2001b). Social workers are considered key professionals in palliative care and healthcare practice (Stein et al.,

2017). Social work in palliative care is a growing field that provides support for patients and families with complex psychosocial needs and coordinates their care (Altilio et al., 2021; Lawson, 2007; Paul, 2016). However, there is limited research on social work practice in palliative care,

specifically in Aotearoa New Zealand. Understanding the current practice frameworks and assessments that social workers use effectively is essential for improving models for safe practice and enhancing optimal holistic care for patients and families (Cagle et al., 2017).

There are 32 hospices in Aotearoa New Zealand (Hospice New Zealand, 2024) to my knowledge; not all hospices have social workers. Being in my 9th year as a practicing palliative care social worker, I (Author 1) found practice in each setting unique. It interested me how other palliative care social workers were practising and their stories in Aotearoa New Zealand.

This study aims to explore and advance understanding of social work practice frameworks and assessments in palliative care and explore its implications from a practitioner's point of view. The following are my research objectives, to:

- understand the pathway of palliative care social workers leading to their practice and how the pathway builds up the practice;
- explore the current practice and assessment tools being used by social workers and its implications; and
- explore how social workers are supported to carry out the work they do in interdisciplinary and multidisciplinary palliative care settings.

To address these objectives, I developed one major research question and two additional questions:

- What are the sources of practice wisdom and support that guide and inform the practice implications of social workers when supporting people and families through their palliative care journeys?
 - What practice framework and assessment tools are used in palliative care social work in Aotearoa New Zealand, and what are the implications for practitioners?

- What education and support are provided to the social workers in palliative care?

Literature Review

Increasing importance of palliative care and relevance to social work

The World Health Organisation (WHO) defined palliative care as “An approach that improves the quality of life of patients and their families facing the problems associated with a life-threatening illness, it prevents and relieves suffering utilising early identification and correct assessment and treatment of pain and other problems, physical, psychosocial and spiritual” (WHO, 2020, p. 1). Palliative care aims to help achieve the best possible quality of life for patients and their families by guiding understanding and addressing patients’ holistic suffering early in the course of the illness (MacLeod & Macfarlane, 2019; Mino & Lert, 2005). It is important to understand that care also includes providing support through illness and after death as holistic bereavement support (Hospice New Zealand, 2023; Ministry of Health NZ (MOH, 2018). This holistic care can be achieved by a multidisciplinary / interdisciplinary team working collaboratively.

The need for and emphasis on palliative care and the use of its approach in this society is growing (MOH, 2017; Thornton, 2010). With ageing populations, increasingly complex health needs for all ages require further professional support for end-of-life care (Davies & Higginson, 2004; WHO, 2020). Furthermore, with the increasing number of non-communicable diseases and some communicable diseases, the care needs will only increase (WHO, 2020). This is particularly the case in Aotearoa New Zealand; according to the MOH (2017), the expected number of deaths is anticipated to increase by 50% in the next 20 years.

The census shows the trend of increasing death rates in Aotearoa New Zealand from 2017, 33,339 to 2023, with 37,884 deaths per year (StatsNZ, 2023).

Dame Cicely Saunders, with a multidisciplinary team at St Christopher Hospice in the UK, played a key part in shaping modern palliative care and hospice practice. Their philosophy of care was to provide holistic support for people to 'live until they die', not only 'to die peacefully' (Saunders, 1993, 2001a, 2001b). Saunders (2001b) shared how her experiences as a medical social worker have largely impacted her development of the Total Pain model. It is a palliative care concept that looks at patients' pain experiences and physical manifestations from broader holistic perspectives, including social, psychological, and spiritual domains. This whole system perspective allows practitioners to see the holistic picture of patient strengths, aspirations and relationships beyond traditional biomedical understandings of managing pain and the palliative journey, and social workers play key roles in this.

Social work practice and assessment

Social work roles differ depending on the practice setting (ranging from hospices and hospitals to community settings), and across various levels of social work practice: micro, mezzo, and macro (Islam, 2024). These levels include micro (individual casework), mezzo (management, policy making, etc.), and macro (coordinator, advocate, etc.). Despite their valuable contributions, limited studies explore the connection between palliative care and social work (Taels et al., 2021).

One of the key roles of social workers in palliative care is conducting psychosocial assessments. There has been growing attention to this area recently, and practitioners and researchers are exploring the current assessments and developing assessment tools. Comprehensive and accurate assessments can add to the holistic and disciplinary approach for optimal

clinical outcomes. However, studies found that there are limited consistent assessment tools and approaches to social work practice (Reese & Csikai, 2018). Cagle et al. (2017) also found that very little is known about the topics and content of hospice social work assessment.

State of palliative care education for social work

Research focussed on palliative care education for social work students and professional development remains limited. Stein et al. (2017) found there were challenges in introducing palliative care content into social work programmes. With an increasing need for palliative care, they suggested adding the component of palliative care into existing courses and even creating palliative care speciality courses, considering the demographic challenges associated with ageing populations. In the Aotearoa New Zealand setting, several social work educators created taxonomy based on social work curricula in tertiary institutions. They found that out of 14 institutions, only two had topics specifically focused on palliative care, eight had topics around grief and loss, six had topics around death, and four covered contents around dying (Ballantyne et al., 2019). This study showed the content covering palliative care or grief and loss to be very restricted at both undergraduate and postgraduate levels.

Overall, this limited focus on palliative care social work practice and education signals the need to incorporate this material to respond to the rising demand for palliative care services.

Self-care

Understanding self-care and identifying protective factors that sustain a professional's resilience represent critical components for delivering quality services and sustaining practice over time (Mills et al., 2018). Palliative care professionals working with death and dying are exposed to multiple

forms of potential distress related to supporting people and their families as they prepare for end-of-life trajectories (Sansó et al., 2015). Within these emotionally charged environments, the social worker's grief and the loss that they might experience from this practice can easily be overlooked (Simpson, 2013). The grief could get disfranchised by not getting acknowledged by others or, often, even by themselves (Doka, 2002) and workers might miss the adequate support needed to sustain themselves and practice. Some studies found that practitioners positively value self-care, but the operationalisation of self-care was not as evident and was generally lacking as part of social work education and professional development (Bloomquist, 2016; Lee & Miller, 2013).

In summary, the demand for palliative care social workers extends beyond hospice and hospital settings to aged residential care and community sectors. Assessing the training and education social workers receive before joining the palliative care workforce and ongoing support is crucial for their growth and effective service delivery. Palliative care can be emotionally challenging for patients, family and practitioners. Exploring accessible support mechanisms can enhance resilience among palliative care social workers and contribute to staff retention. Given the rising demand for palliative care services, there is a need to prioritise the development of palliative care social work practice. The research aims to explore these critical insights into their experiences by interviewing practitioners in the field.

Methods

Understanding and following the four main underpinning elements—epistemology, theoretical perspective, methodology and method—were beneficial in my research process and in framing my approach. Following constructivism as an epistemology, interpretivism was applied as a theoretical perspective. I used Stake's (1995) constructivist case study as my methodological framework. Case study is

one of the most common qualitative inquiry approaches (Stake, 2010). From a Stakian perspective, researchers are interpreters and gatherers of stories or constructors of knowledge or reality gathered by study.

To address the research questions, I used semi-structured interviews (Doody & Noonan, 2013; Stake, 2008). Semi-structured interviews allow researchers to have the flexibility to have human conversations with a participant and allows participants to share in their own way (Jacob & Furgerson, 2012; Rubin & Babbie, 2010). To confirm the analysis from the interviews, I also conducted a focus group to discuss my analysis and understandings. Focus groups allow practitioners to explore their experiences and create an audience for each other (Barbour & Kitzinger, 1999). Purposive and snowball sampling techniques were employed, resulting in 16 participants in the study. Using a case study method (Stake, 1995), 12 participants participated in individual, semi-structured interviews and five participants in a focus group, with one participating in both. The 16 participants were social workers from multiple services varying from hospice community teams, hospice inpatient unit teams, hospital ward social workers and community health social workers from different parts of Aotearoa New Zealand. The background experience of participants varied and ranged from social workers who were new graduates to social workers with 30 years of experience. All 1:1 interview and focus groups were done in person except one 1:1 interview that was on Skype; all were conducted throughout 2019 with the focus group being the last. Each participant was classed as a case and the focus group also as a single case. The study was approved by Auckland University Human Participants Ethics Committee (ref. 022474). The key ethical principles that informed the study were informed consent, confidentiality, and voluntary participation.

Saldaña's (2015) coding guide was used alongside writing analytic memos of each transcript to develop the main themes. This

coding process involved a simultaneous process of collecting and analysing data. The three main themes were developed from this process: *journeys into palliative care*; *mobilising practice*; and *sustaining practice*.

Findings

The findings illustrate current social work practice in palliative care and its implications from personal, pedagogical, and professional perspectives, such as how palliative care social workers' personal histories, education, and work experiences influence their practices in the field. It is divided into the three parts mentioned: journeys to palliative care, mobilising social work practice, and sustaining support. The findings use participants' narratives to highlight the interconnectedness of these elements in shaping current social work practices in palliative care, including assessment tools, practice frameworks, and qualities identified as essential for good social work and self-care.

Journeys into palliative care

One of the study's objectives is to understand the pathway of palliative care social workers leading to their practice and how the pathway continues to inform their practice. It shows how a sense of embeddedness, personal experiences and education / professional development predominantly informed these participants' journeys.

Exposure to death and dying. Before entering the field of work, many participants had experiences with death and dying, which greatly influenced their career paths. This exposure led to a deep sense of connection and commitment as health social workers. As they discussed their involvement in palliative care, a significant number expressed how this became a pivotal point in their professional journey towards working with patients in palliative care settings.

I was working in oncology, and what I realised was that probably 75% of the people we were working with

were having palliative chemotherapy. So, it was quite a natural transition. (Participant 11)

I did a lot of stuff around grief and loss and bereavement. And it was there that I realised that I was drawn to grief and loss, and it fitted well with me. It's quite a privileged role working in palliative care. (Participant 10)

For some, having personal experience and exposure to palliative care through their family had a notable impact on how the participants viewed the job and their readiness to enter the field of palliative care.

I got interested in it when my mother was dying. I stayed with her in the hospice, and that was a lovely experience being with her when she died. (Participant 5)

My sister died of an illness, and that had a profound impact on our family. I always knew I wanted to work in this field because it had impacted me so profoundly, losing my sister and our family. (Participant 7)

One of the significant themes that resonated with numerous participants was the impact of losing loved ones on their purpose and decision to enter this line of work.

Educational opportunities. Given the specialised nature of palliative care social work, I aimed to investigate the educational background of participants during their social work studies and training. Two predominant themes emerged: a notable lack of palliative care training during their initial education and subsequent participation in additional learning or professional development activities. The majority of respondents indicated minimal exposure to palliative care within their social work curriculum, particularly among those who completed their training some time ago as opposed to more recent graduates who

received increased education on grief and loss.

I would encourage everyone who is a social worker to get the postgraduate study done because that gives us respect in the organisation. When we have that education, we have a footing with them and can stand in our own power and our own space. We have the authority to speak because we have the same academic background behind us, and that is where we can make a change. (Participant 7)

Most participants reported that they found the internal and external education helpful, such as Hospice New Zealand training sessions and the postgraduate course on palliative care.

Mobilising practice

One of the other aims of the study was to explore participants' experience with social work practice in their palliative care setting.

Mandatory and generalised approaches to assessment. Depending on the workplace setting where the participants worked, the assessment experience varied drastically (e.g., biosocial model, web-based, etc). Some participants had organisational or service-required assessments, mainly for those who work at Health New Zealand(HNZ)/Te Whatu Ora (previously District Health Board [DHB]). Five of the participants working in HNZ settings had service-required standardised assessment tools that needed to be used within the services they worked in, such as biopsychosocial assessment.

In the hospice setting, several social workers shared that they used a web-based patient information management Palcare (Palcare, 2024). For the participants (Participants 8, 9, and 12) who reported having this tool, they used the social emotional spiritual (SES) assessment tool, which was designed for palliative care setting with the headings of

understanding of prognosis, current crisis, social situation, relationships, spiritual and cultural needs and expectation of service.

Use of self and practice framework.

Participants' utilisation of self in their practice emerged as a significant theme during the analysis. Certain services where participants were employed did not mandate the use of particular formal social work assessment tools, allowing them to employ their own practice frameworks and practice wisdom for conducting social work activities.

You accumulate so many tools in your toolbox as you go along in your years of practice. You know what tools to incorporate with what families you are working with. My assessment was made of those kinds of key components that you need to ask in the conversation. (Participant 11)

The lack of a consistent standard for palliative care social work assessments could result in varying approaches and practices depending on the assessor's method and framework. Some participants mentioned that they did not see the necessity for introducing new assessment tools, particularly because numerous practitioners already have experience in health social work. Sometimes, using assessment tools can make it difficult to organise extensive data into separate sections during assessments.

Having prompt questions tools might be helpful. Client-led rather than a tick box. (Participant 11)

Yet, the participants expressed that they believed a prompt tool or a framework would be beneficial.

Delivering Care. I asked the participants to explain or define their role when working with palliative care patients, and within the setting, as these can often be vague and hard to define (Head et al., 2019). They articulated this in the following specific activities: practical and social support, emotional

support including providing psychosocial education, and cultural and spiritual support. These four prominent roles of the social workers are consistent with the four domains of the Aotearoa New Zealand Indigenous wellbeing model of Te Whare Tapa Whā by Sir Mason Durie (1994) to ensure holistic care is provided. The four walls/ domains of health, Tinana (physical), Whānau (social/ family), Hinengaro (emotional/ mental) and Wairua (spiritual), are looked at by the social worker participants.

Participants shared their core roles as social workers within their setting in providing holistic palliative care practically and socially. From the participants' formal or informal assessment, areas of dysfunction and distress, care needs and gaps were identified to provide support efficiently with a whole systems approach. One participant gave an example of her role:

I talk about how I am a navigator. I talk about the assistance in the future and of the health system as an outpatient on a patient and how I can help with navigating that particular system. I'm here to work from the psychosocial point of view with not only the patient but the whole family and extended family. I also talk about my role as a liaison. I liaise with the different services and can refer to different services for help.

It is interesting to see some of your referrals. It is always like financial assistance, but when you actually get your foot in the door, it has nothing to do with the financial assistance. (Participant 12)

Working with the emotional distress of patients and families is another core role that has been identified by the participants. As social workers, being present and holding the space for the grief of patients and carers and providing support is critical.

I would call it more emotional support. I say we have got counselling skills as social workers. (Participant 6)

Some participants felt social workers have the ability and skills to deliver emotional support as they look more at a holistic system and provide emotional support as a part of their practice. Social workers must be mindful of the grief and loss and emotional distress that patients and families experience. It is essential to acknowledge and be present for patients and also refer them to the right team members.

Attending to patients' cultural and spiritual needs was also mentioned as a key part of the role. It appears that the current palliative care model tries to embrace different cultural aspects; however, it can be said that the palliative care model is derived from the western model of care. Hence extra attention is needed serving the multicultural communities: Māori, Pacific communities, Asians and Europeans, etc. Using Te Whare Tapa Whā model was discussed for Māori communities specifically, and for others. Also seeking cultural consultations in certain scenarios was common practice.

I consulted with the Māori or the social worker at that time. (Participant 3)

That is why we have Kaiatawahi. We don't have a Māori social work team, but we have culture workers. We have Kaumatua who are the elders, and we also have Pacific Island, cultural support workers. We don't have Asian ones which we need. (Participant 6)

A few highlighted that more work needs to be done to raise culturally sensitive awareness and provide culturally competent practice. This was not a topic that was shared strongly across all participants but, amongst those who did share, it was robust with in-depth insight.

I don't think a week goes by when I'm not advocating for the cultural diversity of our community ... It is very hard to get buy-in from other ethnic groups. If your staff and you do not reflect our community, it is not a true reflection of

the community we are supposed to be supporting and people are reluctant to come here. (Participant 9)

The participants shared that, as practitioners, we need to honour different cultures, and it can start with being aware and giving recognition to the culture of patients and families.

Qualities of effective practice. Building further on the things shared by participants, one of the questions that were asked was what they believed was good palliative care social work practice and what makes a good practitioner. A well-grounded toolbox/skillset of use of self and some specific values seemed to be the overarching themes. There was also a contradictory view on experience/age as one of the factors.

Although there is no single standardised palliative care social work assessment tool across the practices, the emphasis on a firmly grounded practice framework and skills seemed to be fundamental. Being flexible and adaptive to the environment while having resilience and time-management skills were other essential skills that were discussed in making a good palliative care social worker, as everyone's grief and loss journey might be different.

You need to be entirely grounded in your practice and make sure your practice is committed. I think you need to be quite a resilient person both to work with the nature of the job and understand the nature of the organisation.

So, 9 out of 10, you need to break yourself and have a difficult conversation, and I think you learn that with skills, experience and exposure over time, but perhaps there is some more technique around it. (Focus group)

Moreover, not being afraid to have hard conversations and advocating for patients while being present comfortably with uncomfortable issues and existential distress

was another factor. Being empathetic, caring, and able to listen using interpersonal skills were also vital points.

Someone who communicates well and feels comfortable talking with various people, someone good with relationships and a team player. (Participant 6)

Emphasis on self-awareness, professional boundaries, and self-care were paramount.

I think there are a lot of things, really. There is a degree of personality and life experiences that come with it ... because not everyone will be. I think boundaries are really important—both professional and personal boundaries. Those, and having a high level of self-awareness because, you know, as we said before, these are very real experiences. (Participant 2)

The attributes of good palliative care social work from a social worker's point of view of social work practice and what makes a good practitioner were discussed. As discussed, a well-grounded toolbox/skillset of use of self and some specific values seemed to be the overarching themes.

Sustaining practice

Working in a palliative care environment, being closely involved with death and dying in one's day-to-day life may not be everyone's preference, and it indeed would not be typically seen as an easy job. Social workers working in palliative care deal with a wide variety of challenges and crises associated with patients and families while attending to their needs as well. Social workers get to know the patients and families very well and deal with not only the grief and loss of death itself, but also other related issues. Additionally, social workers as minority professionals in multidisciplinary or interdisciplinary palliative care team settings, certainly comes with its challenges. Thus, support for practitioners in carrying out the work

would be highly beneficial. Most participants shared that they get adequate support in general but also need further help.

Self-care. As discussed in the previous part, self-care and self-awareness were some of the strongest themes in sustaining practice. There were no participants who did not mention the importance of self-care in the study.

Self-awareness is also important, as well as knowing when to take care of yourself and when you need to go and take a break. I exercise, I play netball and go to the gym. I do meditation. We have a group at work on Tuesday night. (Participant 6)

I think self-care is important. Actually, it is in any social work role, but where you are continually meeting death, emotional situations, sadness, and the other side of it, as well... It is the unusual situation that your work is always ultimately around the end of people's lives. (Focus group)

Working in a supportive team. Although there are difficulties in working in the role with professional identity struggles and problems, having a supportive team and colleagues seems to be one of the compelling protective factors. Most participants talked about a good group of colleagues of other social workers and therapists, often called the family support team or social work team, who support each other and check in.

It seems that, with this sensitive work, colleagues must have debriefing sessions, not only about clinical casework but also about each other's emotional and mental states when working with patients and families. Supportive relationships with each other allowed participants to feel safe and cared for in the right environment.

Need for more support. Support for practitioners in carrying out the work would be highly beneficial. The ratio of social

work in each environment was relatively small compared to some professions. When asked what kind of support would be more beneficial, more full time equivalent (FTE) positions were mentioned. Having enough workforce and FTE to do the intricate work and meet expected standards of care would be beneficial.

I'm just trying to think of the ratio of nurses to social workers. There are very few social workers compared to nurses. If you think about 300 patients, I think even 50% of them have social issues that could be referred to a social worker, and that is a lot to get through.

Some of us don't have the FTE available to provide more social work, and then there is a little bit of a lack of understanding of what social workers actually do. (Focus group)

The practice of social work in palliative care is influenced by the pathway into the specialty, personal experience, and education. Ongoing development through further education, self-care, and support is crucial to meet the complex needs of the population. Support networks, including colleagues, teams, supervision, and self-care, are essential for maintaining competent practice. Balancing work and utilising support effectively are critical for effective social work practice in palliative care. These findings have implications for building capacity and sustaining social work practice in this field.

Discussion

Palliative care social workers play a crucial role in the holistic care of patients and their families, as highlighted in the literature (Gettinger, 2020; Lawson, 2007; Stein et al., 2017). Examining current practices, frameworks, and assessments used by social workers in the field is essential for enhancing models of safe practice and improving holistic care. Furthermore, understanding the training and education that social workers

receive before and during their work in palliative care is key to supporting and advancing professionals in this field.

Use of self as a foundation of assessment

In the social work practice, the concept of use of self assumes a pivotal role in the palliative care field. Rather than relying solely on formal assessment tools, participants frequently draw upon their own practice frameworks, informed by personal knowledge, values, and skills. Just as artists wield brushes and physicians depend on stethoscopes, social workers consider the use of self an indispensable tool (Kaushik, 2017). This integration of use of self encompasses various aspects of personal identity, including personality traits, belief systems, life experiences, and cultural backgrounds (Dewane, 2006). Notably, personal encounters with death and dying profoundly impact practitioners' values and motivation to work in the field of social work (Walsh, 2021).

Some practitioners even describe having their own "engraved assessment tool", which emerges from a blend of practice wisdom, health sector experience, and their unique approach to the use of self. In the context of palliative care, the biopsychosocial model often serves as a guiding framework, even when formal documentation of assessment outcomes is lacking for those with health sector experience. These findings align with a study that underscores the significance of the assessment process (Reese & Csikai, 2018). Participants without health-related experiences also base their social work interventions on learnings from their social work curriculum, additional professional development training, and a combination of use of self and personal values.

This study delves into participants' perspectives on palliative care social work assessment practices. Key findings suggest that a rigidly prescribed formal assessment

is not always essential for best practice. Instead, a robust foundation in the use of self—including personal awareness, empathy, and professional values—is crucial. Holistic approaches should complement formal assessments.

Furthermore, the focus should extend beyond universal palliative care social assessments. Competent practice hinges on practitioners' practice wisdom and skills, which adapt to diverse social work contexts. When implementing assessment tools, mindfulness is essential to enhance practice without adopting a one-size-fits-all approach. Palliative care social workers must exhibit flexibility, adaptability, resilience, and effective time management. Their effectiveness lies in genuine passion, empathy, openness, and comfort in discussing sensitive topics like death. Self-awareness, professional boundaries, and self-care are equally paramount.

Self-care and sustaining support

This study highlights the crucial link between proactive self-care and sustaining support among palliative care social workers. Given the inherent stressors in this field, including exposure to various distressing situations, practitioners are at risk of burnout and compassion fatigue (Bloomquist et al., 2016; Figley, 1995; Sansó et al., 2015). Participants emphasised key factors that contribute to sustaining their practice, such as prioritising self-care and cultivating self-awareness. These protective measures enable social workers to engage purposefully and meaningfully in their work.

Despite evidence supporting the benefits of self-care for professional and personal wellbeing, proactive self-care practices remain under-utilised. Bridging the gap between awareness and implementation is essential. Additional support, such as increased workforce capacity and dedicated time for reflective practice,

is crucial. Participants suggested that expanding FTEs and workforce numbers would enhance competent and safe practice, reducing burnout risk. Supervision also emerged as a critical protective factor, facilitating meaningful reflection and safe practice.

Organisational and structural attributes significantly impact social workers' resilience. Therefore, organisational support and resilience-building strategies are essential (Rose & Palattiyil, 2020). Social educators and employers should actively promote and support practitioners' self-care to enhance quality of life and sustain a resilient workforce (Bloomquist et al., 2016).

Education

It is important to note the importance of social work education in preparing the future workforce. As already noted, palliative care education for social workers in Aotearoa New Zealand is extremely limited within the social work curriculum and also in continual professional development once they join the workforce.

These results should be considered when planning the social work course curriculum, especially as the need for an emphasis on palliative care and palliative approaches in this society is growing (MOH, 2017).

Adequate, comprehensive education and support in social work curriculums, at postgraduate levels and all other external sources, is vital for the future of palliative care social work. This can be strengthened by having further exposure and coverage of palliative care in the social work curriculum and training at the forefront. However, organisations and professional bodies would also benefit from having funding options for professional development and further studies. For example, there are far more funding opportunities for other health professional colleagues working in palliative

care to take up postgraduate studies, etc., whereas often, it is left to social workers to seek this individually.

Recommendations

As the participants did not represent all hospices and all regional palliative-care-related social workers around Aotearoa New Zealand, generalisation of the findings to the whole country is limited. However, this approach provided new insight into social work practice in palliative care and created a platform to capture the practitioner's voice on social work practice in Aotearoa New Zealand. Considering the minimal number of palliative care social workers in this country, it did represent a relatively large proportion of social workers.

The following are recommendations emerging from the findings of this research:

- Palliative care education for social workers could be the key to equipping and supporting safe and competent practice for current and future practitioners in palliative care. Increased focus on palliative care training at the bachelor's and master's degree levels and also on a further professional development level would be valuable. Furthermore, the ongoing proactive practice of self-care of practitioners should be actively promoted and supported by services.
- Practitioners/services should consider using biopsychosocial assessment (Gettinger, 2020; Fordham & Howell, 2012) or holistic wellbeing models such as Te Whare Tapa Whā (Durie, 1994) to be the foundation of practice for consistency of services and support and to avoid overlooking some critical areas of need. Further exploration and work on cultural aspects of palliative care practice, especially ones looking at developing a guided assessment tool specifically for the Aotearoa New Zealand context, is recommended.

- In the future, undertaking quantitative or mixed methods research to collect all the assessment tools that are being used for review and sending an invitation to all hospices and Health New Zealand–Te Whatu Ora social work teams to have the opportunity to participate would be beneficial. It also raises questions about service users, such as the experiences of patients and families in having social work support. Further study could be done to explore this.

Conclusion

This study contributes to the knowledge of social work in palliative care in Aotearoa New Zealand, directly and globally. As confirmed by the literature review, there is limited research on palliative care social work, especially in Aotearoa New Zealand settings, particularly in practice and assessments.

Although the social workers' role in palliative care and grief and loss has been growing significantly, the opportunity to have social workers' voices heard has been minimal. Thus, the study is not only significant in adding to the breadth of knowledge, but it is also influential in creating a platform for social workers in palliative care to share their experiences and the implications of practice from their point of view. The importance of support for oneself internally through self-care and external support has been much emphasised. Palliative care social work is a rapidly growing field, and further educational emphasis and research could be pursued in the future to explore patient and practitioner perspectives and improve the professional encounters associated with death and dying.

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Older Chinese migrants' social connectedness in Aotearoa New Zealand during Covid-19

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ABSTRACT

INTRODUCTION: The Covid-19 pandemic potentially increased loneliness among older Chinese migrants. There is a paucity of literature on the use of digital technology by this older population in Aotearoa New Zealand. Computer-mediated communication may assist in ameliorating loneliness through maintaining connections.

METHOD: Using semi-structured interviews, two groups of participants were recruited from a social work agency serving older adults in a small study conducted in Aotearoa New Zealand. Three community social workers who work with this population were interviewed along with five older Chinese migrants.

FINDINGS: Community social workers recognised the potential for digital technology to enhance connectedness for older migrants, although they were concerned by the barriers posed by skills, confidence, and language. The older migrants did not report loneliness and reported good social connections. Having time available to learn new skills, most older participants embraced digital technology, with some concerns about the possible risks of using digital platforms, a concern shared by social workers.

IMPLICATIONS: The impact of Covid-19 globally changed how people could interact with one another and carry out daily routines. This small study confirms the potential for enhanced connections for older migrants, particularly under pandemic conditions utilising communications technology.

Keywords: Digital technology, older Chinese migrants, loneliness, resilience, Covid-19

Loneliness is a common experience for older people, due to age-related changes and losses (Singh & Misra, 2009). Associated factors include physical health decline, retirement, cognitive decline, and age-related disabilities (Fry & Debats, 2002). Certain groups of older adults, such as found in immigrant populations, are more likely to feel loneliness and disconnection due to a range of factors, such as lack of immediate family support and language barriers (Pan et al., 2021; Park

et al., 2018). Digital technology (DT) and digital technology intervention (DTI) have been reported to offer a convenient and effective means of social interaction among older adults, thus alleviating loneliness and improving social connections (Fan, 2016). These include a wide range of digital communication tools that are hardware-based (computers, mobile phones), software-based (social networking spaces, or chat sites), multimedia (Abbott, 2007); along with

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programmes delivered through a digital platform that offer information and support (Shah et al., 2020).

Literature Review

Both internationally and within Aotearoa New Zealand, demographic patterns are trending towards a greater proportion of the population being comprised of older people (United Nations Department of Economic and Social Affairs [UNDES], 2021). Specifically, in Aotearoa New Zealand, the demographic sector aged 65 and above totals 191,526 individuals, with migrants comprising approximately 27% of this age group (Statistics New Zealand, 2018). In recent census information, the New Zealand populations continue to age and diversify (Statistics New Zealand, 2024). Multiple studies have reported that loneliness is very common among certain groups of older adults, such as those within immigrant populations (Pan et al., 2021; Park et al., 2018). According to the American Psychological Association, loneliness is defined as “affective and cognitive discomfort or uneasiness from being or perceiving oneself to be alone or otherwise solitary” (2021, p. 1). It can also be explained as a human, subjective feeling that arises from the actual perception of being alone or having social relationships that are not as satisfying as expected (Shah et al., 2020; Thangavel et al., 2022; Wright-St Clair & Nayar, 2019). This sense of difference often has negative impacts on the wellbeing and health of older immigrants, such as depressive symptoms, cognitive decline, intense feelings of emptiness, abandonment, frequent medical visits and poorer quality of life (Tilvis et al., 2011; Wilson et al., 2015; Zhao, 2020).

In Aotearoa New Zealand, older Asian migrants have reported loneliness due to a combination of factors, such as language barriers, late-life migration, a sense of being a burden within their families, social isolation (in both their home country and their new one), limited social activities, and family tensions (Park & Kim, 2013;

Park et al., 2018). Language and cultural barriers in the host society can make it difficult for older migrants to connect with others. Furthermore, the migration process often leads to changes in family relationships and arrangements, causing older migrants to feel isolated from their filial support networks. Additionally, reliance on social welfare systems, barriers to access to health and social services (Kan et al., 2020), and the expectation of independence in later life contribute to a sense of loneliness. These factors create a “double” isolation for older Asian migrants in Aotearoa New Zealand.

A quantitative study conducted by Pan et al. (2021) in Belgium and the Netherlands, found that loneliness among older migrants during the Covid-19 period was further exacerbated compared to the pre-pandemic period, due to reduced social participation. The pandemic resulted in decreased engagement in outdoor group activities among older adults, leading to heightened levels of loneliness in those who participated less frequently due to the epidemic, and worsening economic conditions. Participants who experienced economic hardship during the coronavirus pandemic were more likely to have higher levels of loneliness, which was more than six times higher (Pan et al., 2021).

During the Covid-19 pandemic, digital technology (DT) became even more essential as a tool for people to communicate and interact with each other (De’ et al., 2020). Services within health and social care facilitated innovative methods of ensuring that clients, family connections and advanced care planning services such as dementia care and caregiver support were maintained, such as using various digital platforms like FaceTime, WhatsApp, Skype, and Zoom (Berg-Weger & Morley, 2020). In unprecedented times, DT provided a convenient and effective means for social interaction among older adults (Fan, 2016). However, there is little agreement on whether digital technology interventions (DTI) are effective in alleviating loneliness among older adults.

Fan (2016) and Silva et al. (2022) argued that DTI have the potential to alleviate loneliness among older adults. This is attributed to the capacity of DT to facilitate communication anytime and anywhere, thereby supporting the maintenance of relationships and fostering a sense of being valued and cared for. Baldassar and Wilding's Australian study (2020) emphasised the transformative impact of modern communication technologies—such as text messaging, Skype, WeChat, and WhatsApp—for older migrants. These technologies foster “digital intimacy”, supporting intimate, mutually supportive relationships which can positively impact the wellbeing, cultural preservation, and social identity of older individuals. Additionally, Berg et al. (2016) found that DT provided access to social networks, information, support, and services for urban older populations. This DT-enabled access reduced social isolation and assisted older adults to access appropriate services and improve their wellness and quality of life.

Other scholars from a range of contexts have argued that there is a lack of robust evidence for the effectiveness of DTI in reducing loneliness (Shah et al., 2020; Thangavel et al., 2021). Shah et al.'s study (2020) suggests that digital social connections cannot replace real face-to-face conversations and interactions, therefore, DTI may temporarily alleviate loneliness but may not be a long-term solution. The impact of DTI on older people is also limited to those who use it. There are many older adults who do not use the internet (for whatever reason), and experience chronic isolation due to their own living situation (Moroney & Jarvis, 2020). The disparities in technological capabilities due to “digital access, literacy, and usage” (Chee, 2024, p. 621) among users is commonly known as the “digital divide” (Abubakari et al., 2020; Pascoe, 2022). Further studies have found that existing universal products and platforms mostly cater to younger generations, without considering the needs of older users (Eisma et al., 2004; McMurtrey et al., 2008). Older people may

face numerous challenges in adapting to and utilising digital technologies, making them susceptible to marginalisation in the digital age (Chee, 2024). Overall, existing literature points to a need to explore the usage of DT among elderly immigrants and the impact of DTI on the loneliness experienced by this group.

This small exploratory study explores the impact of DT in alleviating loneliness among older Chinese migrants during the Covid-19 pandemic in Aotearoa New Zealand. The study provides an understanding on the effectiveness of the use of DT by older Chinese migrants during the Covid-19 pandemic in Aotearoa New Zealand and how this usage may alleviate loneliness. The questions that underpinned this study are: How does DT impact on older Chinese migrants' lives in Aotearoa New Zealand? What are the positive and negative factors associated with DT? How do these factors alleviate loneliness?

Methodology

A constructivist worldview proposes that realities are socially constructed by individuals and groups and is thus useful in exploring diverse cultural perspectives within social phenomena (Labonte & Robertson, 1996). This worldview aligns with the qualitative approach used in this small exploratory study, so that people's lived experiences of DT, Covid-19 and loneliness can be understood. In gathering data for this research, two participant groups from one social service agency were interviewed by Author 2 concurrently to understand the scope of the services available to older Chinese migrants and perspectives of community social workers, as well as the lived experiences of Chinese migrant participants.

The first group were three key informant interviews comprised of community social workers who worked with older migrants in different roles from the same

organisation. The second group were five Chinese migrants who were over the age of 65. Participants were recruited through an advertisement that was distributed within a specific community organisation working with older people. Pseudonyms were chosen and participant names changed to protect participant anonymity. Semi-structured interviews were conducted face to face over a 3-month period, and focused on understandings and experiences of loneliness, the impact of DT, and Covid-19. Each interview was undertaken with researcher and participants speaking Mandarin or Cantonese, audio recorded, transcribed and translated into English. The study was approved by The University of Auckland's Human Participants Ethics Committee.

The study used thematic analysis to enable an inductive process to coding and theme development from interview transcripts (Braun & Clarke, 2022; Braun et al., 2019). Initial analysis was performed through line-by-line semantic coding of the transcripts. As a group of researchers, we coded and recoded information on an ongoing basis through sharing of the information and developed further latent codes from the interviews.

Positioning ourselves as a research team in this analysis is important for reflexive thematic analysis (Braun & Clarke, 2022). Two of the research team were New Zealand Pākehā academics with backgrounds in social work research and practice. Another researcher was a Chinese social worker, currently pursuing doctoral study in social work in Aotearoa New Zealand. The interviewer for both participant groups was completing her study for a master's thesis and identified as Chinese, with her own personal concerns about elderly Chinese migrants experiencing loneliness and the use of DT.

The following section will illuminate the findings from the key informants and the

lived experiences of older Chinese migrants who participated in the study.

Findings

"Social work is a human service; we need to have human contact": Key informants' perspectives on loneliness and DT in the lives of older Chinese migrants

Social workers working in a community-based service for ethnic minorities in Auckland, Aotearoa New Zealand were interviewed for their perspectives on older Chinese migrants, their use of DT and how this may alleviate loneliness. The participants interviewed included a manager, caseworker and programme co-ordinator and explained the wrap-around service provided to older Chinese migrants. The services included health promotion workshops, working with elder abuse, home visits and completing holistic assessments. The social workers identified the value of meeting with their client group face to face and providing a dynamic range of services to ensure their wellbeing.

Social work is a human service we need to have human contact ... we will try to make it face to face ... My job is to make sure [older Chinese migrants] are safe and have appropriate support around their life so they can still live healthy and happy life independently in the community. (Rebecca)

The need for community social work for older Chinese migrants was growing. Freddie explained:

In 2020 [from the overall New Zealand population] ... 300,000 are Chinese, but if you look at the Chinese population it is around 27% of the Chinese population [that] are over 65... In general, our New Zealand immigration policy has been opened again for the family category and I can see more people will be coming. (Freddie)

Understanding loneliness faced by older Chinese migrants

Loneliness was defined by the key informants as “no one to talk to” and a range of explanations were given for older Chinese migrants feeling lonely. Loneliness presented as a challenge systemically by older migrants on an individual, relational and societal level. Therefore, a service response which accommodated a range of variables was required.

I define loneliness [as] you don't have the capability of connecting to the wider community and ... you just aren't able to find these resources ... I see it as a cycle. If they don't have the friends ... to go and see they probably won't have opportunities because they don't have anyone to engage with. But if they don't have [services] they have nowhere to find new friends ... You actually need ... to give them this environment, and security for them to make friends ... It is more like a combo. You can't just offer one [service]. (Margaret)

Achieving a balance of wellbeing is an important step to reducing loneliness. Holistically, this includes elements of physical health, exercise, eating well and socialising with others. Margaret emphasised the value of the health promotion workshops that were run in her agency but she felt that healthy wellbeing had to start with each client's motivation.

So, through our health promotion workshops we talk about exercise, you need to connect, to eat healthy food, sleep well and you have routines ... you should have a balanced life because they are not kids anymore ... What they are doing is probably by choice. So, you only can ... try and motivate them to come out more and to make the balance. (Margaret)

Language barriers were central to loneliness and difficulties faced by older Chinese migrants as they were Mandarin

or Cantonese speaking, with little understanding of English. The lack of speaking and understanding English created many barriers when accessing services. Rebecca explained the situation:

I think more than 90% of them migrated with their children. [The] language barrier is harder for them to access to any kind of support especially the medical service, health service, ... and Work and Income ... the more you use the language the more you will be confident about it. But if you have no one to talk to ... then you will lose the capacity. (Rebecca)

In addition to the language barriers, there are cultural expectations of older Chinese migrants moving to New Zealand to live with their children. This created a range of cultural clashes regarding expectations.

For adult children, looking after older parents is just a cultural expectation... their kids have been living in New Zealand and they earn a living together for such a long time and then all of a sudden, they immigrate to settle here and live with their kids ... they have different perspective how they should live their life. (Margaret)

For many older Chinese migrants, this has created problems in family matters which led to isolation and not having connection to others.

The older people don't want to lose face to discuss loneliness, unhappiness inside the family internal affairs like if you are not getting along very well with your daughter-in-law, you will not discuss this with your friends. Everyone is trying to show I'm happy, I'm healthy, I have wonderful successful children. (Rebecca)

Due to the impact of Covid-19 and the lockdowns across Aotearoa New Zealand, face-to-face community events stopped. The social workers were concerned about their

clients and the isolation from being forced to stay at home for extended periods.

During the pandemic the Chinese people are so worried about the virus so they will try their best to stay at home. They don't want to take risks, very cautious. So older community group activities stop ... a lot of elders suffered from social isolation or loneliness because they are unable to find connections to people or to social activities. So, they feel quite lonely. (Rebecca)

Digital technology

The key informants raised two main reasons why DT was used by older Chinese migrants: for communication purposes and accessing services. For communication, chat apps such as WeChat featured as a main source of group communication across different regions:

I think the most popular thing for older Chinese people is WeChat and for the older Chinese people from Hong Kong is WhatsApp ... [DT] is basically a communication tool for them.... and at that time you give them the technology ... it is the relationship and their ability to make friends with each other. (Margaret)

Digital usage is now common amongst services and daily office work such as telephone, scanning, and online communication platforms. Rebecca explained the essential use of DT for communicating with her client group and as a means of staying in contact.

Most of my clients have no problem to picking up the phone, that is a good thing. Once they pick up the phone I will go through the assessment and I will usually send them a text message in Chinese to give them a reminder who I am, my name, my agency, my contact number, my WeChat number. (Rebecca)

DT is also helpful for accessing information. The key informants gave the following examples of how older Chinese migrants had used DT in this way:

You can do shopping; you can order something online—this is a necessity for older people to access services. For example, health services. You need to book an appointment online from the hospital or your GP clinic. (Rebecca)

DT is something to help them get somewhere like using the map. So you actually know your way or to find information about like activities. Then they are able to find the activities and get the information they need. (Margaret)

Central to empowering older migrants, and thus reducing loneliness was the contribution of the community social workers. They reported successful outcomes in supporting their older clients to use DT. For Margaret, this was achieved in the programmes she facilitated:

It is giving [older Chinese migrants] confidence, they feel self-worthy... [develop]their full potential and they are capable ... I helped him to install YouTube and WeChat and Google Maps. I think for some people once they know how to use it, it opens up another pathway that they can actually do so much. (Margaret)

This increased awareness of technology led to greater convenience in life as well as happiness and empowerment for staff and service users alike in being able to learn together.

So, they start learning how to turn on their phone, iPad, computer, how to enter a password for the Wi-Fi, how to look for Wi-Fi ... The progress is good, they feel much happier if they can see each other. They can learn from each other, they can share knowledge as well. They can help each other. (Freddie)

However, the key informants pointed out a general lack of understanding by older Chinese migrants around their utilisation of DT. This could lead to isolation. Concerns were raised around how accessible services were to an older generation:

I think the digital gap is making our older people find it not easier but harder to get access to the service they need. For example, across sectors like the banking system, the health system, the social services sectors, everyone is using the technology and, for older people who don't know how to use technology, they will be forgotten. (Rebecca)

In addition, two key concerns that were raised by participants about older migrants using DT was the susceptibility of scams and over-dependency / addiction of using devices.

We worry about online scams, you know, the call scam and email scam ... The elderly people don't know anything about them. They are so innocent; they need to have people tell them to be aware there are actually scams going on. (Rebecca)

I think that the technology is helping them to kill some time, but I don't think it is very healthy for them to get addictive to YouTube: they still need to come out and to join these programmes. (Margaret)

“With WeChat, it's free...we can even have video calls. It's so convenient. We are grateful for this era”: Perspectives of older Chinese migrants

This study also explored the perspectives of older Chinese immigrants in Aotearoa New Zealand regarding DT and loneliness. Five Chinese migrants were interviewed in the study. Four were male and one female, with an age range of 69 to 81. All participants had lived in Aotearoa New Zealand, from 1.5–17 years and had immigrated with their partners to live with their families.

Loneliness faced by older Chinese migrants: A sense of inevitability?

The definition of loneliness among the older Chinese migrants in this study was associated with a disconnection from society and family. In other words, some participants tend to associate loneliness with feelings of unhappiness and situations of being socially isolated.

Loneliness, literally speaking, means being alone, feeling alone, and lacking human contact. It feels helpless ...

Definitely, lonely people are certainly not happy. If someone is lonely, their face is usually gloomy. (Wu)

Albert highlighted that loneliness is a common experience for older adults, emphasizing that the perception of loneliness varies based on an individual's understanding. He explained:

As for the problem of loneliness among elderly people, every country has it. It's impossible not to have it. Why? There's a saying in China, “All good things must come to an end.” We've [Albert and his wife] been together as a couple over 50 years, which is great. But someday we will be separated, right? That's inevitable. We'll inevitably encounter loneliness. (Albert)

Several participants pointed out that the experience of loneliness primarily occurred during the early stages of their immigration to Aotearoa New Zealand. During this time, older Chinese migrants often face multiple challenges, including transportation difficulties, separation from family back home, social isolation, and language barriers. Lao shared his experiences of travel challenges when he first arrived:

If you are in the immigration detention centre, you have to stay there for six months. ...When I first came here, it was my biggest issue. In the first six months, I couldn't even leave the house. I was afraid to take the bus. It felt like being

under house arrest...So, people often refer to it as an immigration prison. (Lao)

Participants shared a commonality in their narratives, expressing that they do not currently feel lonely. Overall, participants exhibited remarkable resilience towards life, provided various strategies to cope with loneliness and expressed high satisfaction with their current life. Cindy, for instance, shared that "I have activities at three community centres ... predominantly non-Chinese communities. I have English classes too. I don't have time to feel lonely". Cindy also expressed her pursuit of a broader role for women in society beyond the traditional family responsibilities of looking after grandchildren. She emphasised:

If you dedicate all your time to taking care of your grandchildren, you won't have time to explore other things, and your life will revolve around being a grandmother. You will definitely appear older. But my case is different. Before coming to New Zealand, I worked for another 10 years ... I came here and started learning. I haven't stopped. So, you could say I look younger. (Cindy)

An adjustment in mindset and maintaining a calm and optimistic attitude was an effective way that participants described in coping with loneliness. For Albert "I have enough, I have food, shelter, and everything. What else do I need to think about?"

Digital technology: "We can know everything instantly, anytime and anywhere"

The participants expressed a strong interest in digital DT. They acknowledged the significance of DT in the development of contemporary society through rapid advancements and transformative changes in their lives.

DT is indispensable nowadays. It is constantly evolving. From the early days of semiconductors and radios to the

development of black-and-white TVs, colour TVs, computers, and now satellites like Dongfanghong, and even missile technology, all of them rely on DT ... This societal development has brought great convenience in to people's lives. In the past, when we went out, we had to carry cash to buy bus tickets, but now we can just swipe a card. Even for flights in China, facial recognition is used, and we can pay with WeChat or Alipay. It's so simple and convenient. (Wu)

During the Covid-19 pandemic, DT helped the participants effectively fill their spare time while restricted by the inability to go out and kept communication lines open between people and services.

During the Covid-19 pandemic, there have been at least four to five months of lockdowns, several times in a row, adding up to nearly 10 to 11 months in total. During this time ... [DT], for me, it has definitely reduced a lot of loneliness. It has reduced a lot of solitude. (Ma)

In our community, there has been a lot of support from the neighbourhood. There are people/services who frequently check on us to see if we have contracted Covid-19 or if we need any assistance at home. This is where DT provides convenience. (Wu)

The use of DT has permeated various aspects of the lives of older migrants, including communication, learning, accessing daily life services, and entertainment, all of which have been helpful in reducing loneliness. Using WeChat, as the primary communication tool for the Chinese community, Albert exchanged "greetings during festivals, say hello, and check on each other" using a group chat. Wu expressed how DT was helpful for "community development" and "upcoming activities that are listed".

DT is widely used in daily life, greatly facilitating the lives of older immigrants,

including aspects such as transportation, shopping, and accessing various services. Cindy's example illustrated how she uses a smartphone to manage her pension.

Now I've downloaded my retirement pension on my phone, I'm talking about China, right? And whenever I buy something at the supermarket, I receive a text message on my phone telling me how much money I spent and where I spent it. We can know everything instantly, anytime and anywhere. (Cindy)

The advancement of DT has also driven innovation in the learning methods and tools utilised by older migrants, fostering greater integration into their new home country. Albert shared his and his wife's experiences using new technologies for learning English in New Zealand.

In my phone, I have installed a dictionary app for studying purposes. I have also downloaded a lot of English learning content ... She [Albert's wife] takes English classes on Zoom. Zoom is more commonly used here, and she is even more active and diligent in her studies than I am. (Albert)

The older migrants took pride in describing their expertise and proficient use of DT for entertainment purposes. They mentioned a range of digital entertainment activities with mobile or computer apps, such as singing, watching movies, posting on social media, taking photos, and even creating video and audio content.

I use my phone to browse news, check Moments [WeChat's social feed], watch videos, and sometimes listen to recordings of our singing performances. I compare what's good and what's not, and I spend more time on these activities. (Wu)

Participants acquired DT skills mainly through self-learning and community support. Cindy highlighted the diverse

services provided by her local community service.

The community organisation also organizes scientific lectures, health lectures, and epidemic prevention lectures. They notify us ... many people don't know how to download certain apps, but he [Centre staff] can figure it out. So, he helped me with those things. (Cindy)

Overall, DT has become an indispensable part of modern life. Albert stated that "It benefits people's lives" and "DT is something that everyone cannot live without."

The use of DT is crucial for older Chinese migrants to share their lives on digital platforms and meet like-minded friends to reduce loneliness. The successful experience of using digital tools is also used to assist other older migrants. Lao shared his website posting experience, assisting other elderly individuals in learning about New Zealand's public transportation system.

The first article I wrote in this travel-related series was titled "Taking Buses in Auckland". It was published in the newspaper and later on my website. Last year, I also published it on the Chinese Headlines platform, and it received over 100,000 views. This article provided a detailed description and summarized my experiences regarding Auckland's public transportation, allowing elderly people and newcomers, including students and workers who couldn't afford a car at the time, to benefit from it without needing to understand English. (Lao)

Additionally, the application of DT helps reduce the costs of daily services. For example, Wu pointed out that the cost of WeChat calls is much lower than traditional phone calls.

In the past, making a phone call would cost you a lot, right? But with WeChat, it's free.

I can contact them directly, and we can even have video calls. It's so convenient. We are grateful for this era. (Wu)

The disadvantages of DT raised by the older Chinese migrants concerned their physical health. With daily usage ranging from 1–6 hours or even longer, the participants were worried that prolonged sitting and continuous screen exposure might potentially cause harm to their bodies and eyesight.

It's not good for my health to spend so much time sitting in front of the computer... Prolonged sitting does cause back pain and herniated discs, which is inevitable. Even when I worked in the computer centre, I had this problem because I sat for long hours. (Lao)

But the damage to the eyes is undeniable, it definitely exists. Of course, at my age, my eyesight is not as good, and I might have presbyopia. (Albert)

The abundance of repetitive or irrelevant information on the internet also added complexity to the technological use of older migrants. Participants highlighted two DT pitfalls that require caution. Firstly, there was a concern about online scams targeting older migrants.

On the negative side, [DT] can be used for scams and deception, and there are plenty of those. So, it depends on how you view the issue. For example, I'm not interested in things like lottery. I don't like it. (Albert)

Secondly, Lao expressed worries about the potential consequences of excessive reliance on DT:

Now, since they use GPS, my son-in-law and daughter can't recognise roads anymore. This is actually ... well, it's convenient, but I feel that it's a way to reduce human intelligence and recognition ability. (Lao)

Discussion

Loneliness was described by key informants and older Chinese migrants as being disconnected from others, family and society. This description was similar to loneliness being related to an individual's dissatisfaction and a lack of connection with social groups (Shah et al., 2020; Thangavel et al., 2021; Wright-St Clair & Nayar, 2019).

The older Chinese migrants interviewed in this study did not consider themselves to be lonely. Two potential reasons have been considered. Firstly, the definition of loneliness has a negative connotation in Chinese, and participants may not want to associate themselves with this stigma. This negative connotation for older Chinese migrants was explained by the key informants in the study. The older Chinese migrants pointed out that loneliness is a shared feeling and is common for many individuals across the life span as well as their individual circumstances. Loneliness is not culturally specific and is generic. However, a reason why loneliness may be more present within an older population may be related to age-related changes and losses (Niedzwiedz et al., 2016; Pan et al., 2021; Rico-Uribe et al., 2016; Singh & Misra, 2009).

Secondly, the participants in this study came from communities or associations where they had an active involvement, resulting in broader social connections and fewer feelings of loneliness. For the participants in the study, there had been a conscious decision to overcome loneliness and develop ways of living a fulfilling life. This resiliency, through coping strategies such as shared hobbies and activities, appeared significant in mitigating loneliness and improving quality of life (Pan et al., 2021; Park et al., 2018).

As reported in the literature, experiences of immigrating to a new country include the challenges associated with learning a new language, new family arrangements and the potential for community isolation

(Park & Kim, 2013; Park et al., 2018). These migration issues were highlighted by participants as a primary challenge upon arriving in Aotearoa New Zealand, and such difficulties due to starting a new life in a new country could exacerbate loneliness. However, access to resources, including DT, and being pro-active in engaging with community resources were also significant to the participants which increased their resiliency. The older Chinese participants described the assistance they needed in establishing daily activities such as transportation and shopping but also psychological support, such as encouragement to go on outings or someone to help them connect with their community. These areas of assistance could be located through DTI. This level of support was demonstrated by the community social workers and their role in providing social connection and DT workshops. A holistic service for older Chinese migrants that included DT workshops, social events (face to face and online) and practical support emphasised the value of community social work in promoting positive health and wellbeing for Chinese migrants. These services are significant in eliminating loneliness.

The “digital divide” in technology relating to access and proficiency in using technology has been highlighted in literature (Abubakari et al., 2020; Pascoe, 2022). The key informants in this study stressed that some of their older clients struggled with advanced technological change and the development of new skills in DT. However, evidence of the digital divide did not appear with the older Chinese migrants who participated in the study. In fact, DT was viewed as very positive by the older Chinese migrants and was used on a daily basis. This finding supports previous studies (Morgan et al., 2022) where there is a general acceptance of a range of technologies being used by an older Chinese population. Moreover, DT was viewed by participants in the study as assisting with reducing loneliness—

consistent with other studies such as Fan (2016) and Silva et al. (2022).

Several conclusions relating to a digital divide “absence” can be considered from this study. Older individuals may have more time to explore and learn DT, especially those with learning opportunities and a motivation to learn. Most participants had a positive and embracing attitude towards DT, while some showed resistance related to suspicion of scamming and sharing personal information. The participants’ higher education or relevant technical backgrounds in the study appeared to give them stronger self-learning abilities. For example, the participants interviewed had careers in allied health, automotive mechanics, military and computer software. In addition to self-learning, the interviewed group had a well-established social system, including family, partner, companionship, community integration and access to services which resulted in a higher level of social adaptability. DT was viewed as a way of enhancing social relationships. Overall, the older Chinese population interviewed demonstrated adaptability and an acceptance of new DT. This may not be the perception of other vulnerable and older Chinese migrants who struggle to use DT. The significance of community social workers who assist older groups who do not have the learning opportunities, educational background or wider support of others cannot be understated. Key informants, such as Margaret, pointed to the need for providing a range of services, including support to use DT, that mitigate isolation associated with migration for older adults.

The impact of Covid-19 globally changed how people could interact with one another and their routines in life. With several lockdowns in Aotearoa New Zealand, people were forced to stay at home. As a result, community social work services changed their work with clients—this included specialised intervention work (Truell, 2020; Usher et al., 2020; Walter-McCabe, 2022). For

the older Chinese population, social workers emphasised the importance of connection with, and between, clients. Digital and online platforms proved to be essential for this work to continue (Berg-Weger & Morley, 2020). Since the Covid-19 period, a key strength of DT has been in the maintenance of relationships online and connecting with community services for older Chinese migrants.

Baldassar and Wilding (2020) and Fan (2016) have argued that the use of modern DT has been transformative in preserving social identity, connection and relationships. DT provides the platform for information, building and maintaining relationships and entertainment. All of these factors can alleviate loneliness.

Limitations

This study has several limitations. The participants recruited for the study are small in number and may not represent other perspectives and experiences. The key informants are drawn from one community agency and represented the views of the participants who were interviewed only. The same can be said for older Chinese migrants, who were recruited via the same community agency. The perspectives related to the use of DT were generally favourable and therefore the impact of loneliness was less. The perspectives of other older Chinese migrants who were isolated and more vulnerable due to a range of potential factors (such as health issues, inability to use digital media to read advertisements and be recruited for the study), are unlikely to have been included in interviews. However, this small study suggests that the use of digital technology has huge potential for maintaining connections among older migrant groups, which may reduce loneliness. Further studies are needed to explore the value of technology for other groups of older adults, migrants, and vulnerable populations.

Conclusion

The impact of lockdowns and travel restrictions during Covid-19 changed how people could interact with one another and carry out daily routines. Older migrants are a population who might have been expected to be at greater risk of loneliness when restrictions were in place. This small study confirms the potential for enhanced connections for older migrants, particularly under pandemic conditions. While this study is small, with the limitations noted above, the findings support the safe use of digital applications and social media amongst older migrants. Social and community work efforts can support digital literacy, alongside English literacy enhancement, to reduce the barriers and minimise loneliness for older migrants. Funding and resources are the obstacles for social workers working with ethnic minorities. Increased funding in this area is critical in replenishing depleted resources and staffing levels. Further action-focused research could implement programmes as part of preventative actions in anticipation of subsequent pandemics.

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Their stories, our history: Ken Daniels

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ABSTRACT

INTRODUCTION: This article forms part of the “Their stories, our history” series which provides information regarding some of the major contributors to the profession of social work in Aotearoa New Zealand. Ken Daniels is featured in this article.

METHODS: A life history methodology is used to document some of the contributions made by Ken Daniels. Life history is a qualitative methodology where various forms of data are used to piece together a narrative. Interviews, documents, articles and other historical artifacts have all contributed to the development of this article.

FINDINGS: Ken Daniels has pioneered a number of social work advances in the areas of mental health, social work education and the professionalisation of social work. He has also made outstanding contributions nationally and internationally in the field of assisted human reproduction through a time of rapid change. Using a calm, compassionate and determined approach, Ken has been able to navigate through the complexities of practice, policy and education.

CONCLUSIONS: Ken Daniels has exemplified a practice which has centred a generalist social work approach, working in different ways and at different systems levels to achieve desired outcomes.

Keywords: Biography, social work history, Aotearoa New Zealand, social work education

This article forms part of the series of life histories, “Their stories, our histories” commenced by Dr Mary Nash (Nash, 2004) and outlines some of the life events and major contributions of Adjunct Professor Ken Daniels.

Social workers enact change in many different ways, and often they find themselves working principally within one or two modalities (Payne, 2014). With social work being a relatively young profession in Aotearoa New Zealand, Ken has made significant pioneering contributions in a number of areas, working across nearly all forms of social work intervention. He was one of the earliest social workers in the country to

hold a formal social work qualification with specialism in mental health, and developed one of the two first social work training undergraduate programmes (University of Canterbury and Massey University 1976). Ken was instrumental in promoting the professionalism of social work through his development of health competency standards and has made one of the most significant contributions on national and international stages in relation to the psychosocial aspects (education, practice, research, ethics, legal and policy development) of assisted reproductive technology.

The article will consider the formative years of Ken’s social work practice, through to

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his many contributions to education, and social work competency assessment. His roles in the development of the ethical and social implications of assisted reproductive technologies will be explored, along with the international contributions he has made to research, policy and teaching in this area. Ken's contribution to mental health, particularly the Richmond Fellowship, will also be described. The article will conclude with some of Ken's thoughts on the highlights and challenges of his wide-ranging career.

Methodology

This research would fit under the category of a life history orientation. There are many different descriptions of life history methodology, and the format is often based on information covering a person's childhood, education, family and relationships in such areas as education, health and work (Jackson & Russell, 2010). Life history is a method of research that considers the importance of the relationship between the researcher and the subject and often attempts to reduce "the chances of the interviewee giving a purely sanitised version of events that rarely goes beyond what is already on the public record" (Jackson & Russell, 2010, p. 177).

As in many life histories, this article is made up of the perspectives of the people interviewed and the documents provided and does not purport to be an objective account. In fact, life history methodology acknowledges that the researcher/writer is a "central instrument" providing the main viewing lens on their subject (Cole & Knowles, 2001, p. 10). I have had the privilege of knowing and working alongside Ken for many years. I interviewed him first in 2006 for my PhD on the role of counselling in social work (Staniforth, 2010), he has contributed to other life histories I have written (Staniforth, 2007) and I have been on the Board of Directors of the Christine Taylor Foundation for Mental Health with him for the past 15 years. Over this time he has also become a mentor and a friend.



Information has come from interviews with Ken Daniels and others who have worked with Ken over the years, as well as through written materials (curriculum vitae, Ken's personal documents, competency standards), Ken's extensive list of research publications, as well as through Ken's memoirs documented in his 2021 book, *A Fortunate Life* (Daniels, 2021).

Permission to conduct research for this article was granted by Ken Daniels as well as through the University of Auckland Human Participants Ethics Committee. Potential interview candidates were discussed between Ken and myself, and they were then approached, given information about the study and made aware that Ken had provided signed permission for them to release information about him. Participants all signed consent forms. A total of five interviews were held, two via Zoom, two in person and one via email.

Interviews were recorded and participants were given the option to approve information contained in this article prior to publication. Ken Daniels also gave final approval on the content of the article.

Early life, service and the church

Ken was born in Dunedin in 1940, as New Zealand emerged from the Depression of the 1930s, prior to being pulled into the Second World War. The third of four boys, Ken's father worked for the rail service and the family had frequent moves throughout Ken's childhood. Ken's service roles began early with him signing up as a cadet in the St John's Ambulance Service, first in Dunedin and then in Wellington. Ken left school at the age of 15 and worked at an office firm that serviced the farming industry, first in Wellington and then moving to Christchurch in 1957.

Ken's family had been active in the Church of Christ in Wellington, and Ken continued this involvement after his move to Christchurch. From here, Ken felt a call to service and as a result began his theology studies in Dunedin to become a minister. In 1961, Ken met Trish, the woman who would become his life partner. They married and moved to Auckland in 1962, where Ken worked in a parish ministry for 2 years and continued his theological studies.

A call to social work: Early career and education

While Ken relates that he enjoyed his parish work, he felt a desire to serve in a broader context. He and Trish had decided to move to London, and it is here that Ken's social work career formally commenced. Ken began working within community mental health for the London County Council in 1964 and continued within that area for the following 3 years. During that time, Ken acted as a Duly Authorised Officer, with powers under the mental health legislation and also completed a Diploma in Social Studies at the University of London. This course ignited an interest in further study in social work, and Ken soon enrolled in a 1-year Post Graduate Diploma of Applied Social Studies at the University of Wales, with Ken and Trish then moving to Cardiff (Daniels, 2021).

A chapter of Ken's memoir details their time in Wales with the couple being recommended to attend the Church of Christ in Aberfan. Their first church attendance was to be on Sunday October 24, 1966, but on the preceding Thursday, a landslide disaster struck the mining community which resulted in the death of 166 people, most of whom were children who were at school at the time. While still studying, Ken became involved in the church in Aberfan and provided individual counselling for people within the community. Responding to the needs of different groups, Ken also started a men's group which was held in a local pub. Ken recalls the lasting power of these experiences and the inspiration he gained from the resilience of the people of Aberfan, which he took with him into his future practice. While the two experiences varied in terms of cause, Ken saw many parallels with how Christchurch was impacted in the 2010 and 2011 earthquakes (personal communication, 25 March, 2024).

Ken completed his qualification in Cardiff and undertook a further 4-month specialisation in psychiatric social work, completed through a psychiatric hospital in South Devon. From there, the couple made their way back to New Zealand and settled in Christchurch. New Zealand had been quite late in developing its social work qualifications (see Nash, 1998) and, when Ken returned, he was among a select few who had a formal social work qualification, let alone a further specialisation in psychiatric social work. Ken began work for the North Canterbury Hospital Board, working out of Christchurch and Princess Margaret hospitals. These roles involved seeing inpatients, discharge planning, running groups, as well as advocating for patients and their families. During that time Ken became involved with the Canterbury Association for Mental Health (for a time as Chairperson) and this also led to involvement in wider national mental health associations. Eventually Ken would spend nine years as a board member on the National Mental Health Foundation (Daniels, 2021).

Around this time, Ken also became involved with the Marriage Guidance Association. Established in 1949, the Marriage Guidance Association responded to some of the many social changes emerging in the post-war years. It has since evolved into Relationship Services and provides relationship counselling for couples and their whānau (Tennant, 2011). Through Ken's developing contacts and associations, he became a close friend and colleague of Merv Hancock, who would play a major role in two of Ken's subsequent career moves (see Nash, 2004 for information on significance of Merv Hancock and his contribution to social work).

Ken relates that Merv Hancock had been working as a part-time counsellor for students at Massey University in Palmerston North. In these early years, the profession of counselling had not been formally established and it was common for social workers to be employed as counsellors (see Hermansson, 1999). In 1970, a full-time position was developed and Merv encouraged Ken to apply. Ken spent 5 years in that role providing counselling, group work sessions and study and life-skills guidance. He also developed a peer support system for students. During this time Ken was also very actively involved in the New Zealand Social Work Association and was the Chair of the Education and Training Committee. In one of our interviews (December 17, 2020), Ken related the following humorous story about this time:

Well I had this lovely little interchange with the vice chancellor at Massey University in that the Association was trying to get Massey to offer social work training. So I wrote a letter to the VC as Chair of the committee, but because I was on the staff, I decided that it was more appropriate for the President of the Association to send the letter in his name. So I sent the letter up to Auckland and the president of the Association [NZASW] sent my letter in his or her name (I can't recall now) and when the

VC received the letter he phones me up and says "I have this letter about social work training can you come up here and discuss it with me?" So I came up and had a discussion with him about my letter and he said "can you draft a reply for me?" So I went back, drafted a reply, sent it up to him and off he sent it to the president. The president then sent it back to me and said "can you draft a reply to this?" and this went on for two rounds...

During this time, Ken had also engaged in a fair amount of teaching for the Department of Extension Studies through Massey, for social workers and other interested students. The initial campaign by the Association to develop more social work qualifications was successful and three university courses were proposed. Ken once again heard from Merv that he (Merv) was applying for the position to develop the Massey Programme, and asked Ken if he knew that Canterbury University were also advertising for a foundation staff member. He had not, but subsequently applied and was appointed.

A call to education

Ken and the family moved to Christchurch in 1975, and he was allocated 1 year to develop the social work programme. Ken undertook 3 months of travel to explore several schools of social work around the world and returned to develop curriculum and fieldwork opportunities (including student units), for the new programme.

As to setting up the programme within Aotearoa, Ken recalled having a very influential meeting with Kara Puketapu (Secretary of Māori Affairs, later Te Puni Kokiri) who talked of the Tū Tāngata movement. The Tū Tāngata (stance of the people) movement aimed to promote success for Māori as "a proud people who stood tall within their culture" (Higgins & Keane, 2015), which resulted in developments such as the kōhanga reo movement. This was to play a significant part in the development

of the social work programme's values/ content.

Another task required was to negotiate university and faculty systems that were not always welcoming with open arms of the establishment of social work (Daniels, 2021; Staniforth, 2018). Ken remained in the head of department role for its first 5 years, (and then again several times in his 30 years as a full-time staff member) playing a significant role in the development of the programme, and providing teaching and research supervision. Ken brought his training from England with him, and the programme was heavily influenced by a casework orientation and clinical focus (Staniforth, 2010) which impacted on a generation of Cantabrian social work graduates and their skillsets.

Ken also acknowledged the role of other people who played important roles, "At the end of the first year of setting up, Dugald McDonald was appointed as a lecturer and remained at Canterbury until his retirement. In addition to his academic work, Dugald made a significant contribution to the work of the Association [ANZASW]" (personal communication, June 19, 2024).

Social work educator, Professor Jane Maidment, recalls meeting Ken for the first time when he conducted her interview for entrance into the Canterbury Diploma of Social Work Programme:

I remember him being very warm and easy to talk to right from the outset. Then my knowledge has come from being a student. He was always very organised, he could speak eloquently about a broad range of topics. He used to refer quickly to a range of a different readings and had a thoughtful delivery of material. (Personal communication, January 28, 2022)

While Ken retired from his full-time teaching role at the university in 2005, he remains as an adjunct professor and does occasional

teaching in his areas of expertise. Maidment describes his ongoing lectures where he makes the:

... connection between research, practice and social policy so strongly and eloquently. Last year he delivered a lecture on facilitating challenging conversations and drew on experiences he has had in different parts of his career and he had the students eating out of his hand. He hasn't lost any of that magic. (Personal communication, January 28, 2022)

Ken also continues to interview potential candidates for the social work programme and Jane described how he still asks the most searching questions and can just read people so well. "I love working with him" (personal communication, January 28, 2022).

Developing professionalisation in social work

Nash (1998) has provided a full account of the turbulent times within professional social work training during these early years. Ken also described other tensions including conflict about the purpose of social work (the private troubles and public issues perspectives—two different areas or two sides of the same coin), and the generalist versus the specialist arguments, relative to what skills and knowledge social work students should come out with (personal communication, March 25, 2024 and Daniels, 1979). (The author notes that many of these tensions continue to exist in social work education to this day).

Ken has played an important role in many aspects of social work professionalism and education. He was a member of the NZASW and chaired the Education and Training Committee within the Association for many years. His contribution to education also included programme and policy development through his appointment to the New Zealand Social Work Training Council

(NZSWTC) where he acted as representative of the Vice Chancellors' Committee from 1979 until 1986, when the Council was dissolved and replaced by the New Zealand Council in Education and Training in the Social Services (Nash, 1998).

The New Zealand Social Work Training Council was established in June 1973 under the Social Welfare Act (1971). "The Act gave responsibility to the Department of Social Welfare for ensuring the availability of appropriate training facilities for social workers, including those in non-government organisations" (Nash, 1998, p. 281). At the time the SWTC was established, there was still only one formal social work qualification which had been running at Victoria University since 1950.

Nash (1998) related that the terms of reference for the SWTC were that it should:

... encourage co-operation and co-ordination among those involved in social work training and generate information about the training needs of both Government and non-Government agencies. It was to find out what training would best suit the different kinds of social worker and advise on basic minimum standards, curriculum and accreditation. It was also to assist in the establishment of courses in appropriate institutions. (p. 282)

It appeared that Ken was able to play a moderating role on the council as he was not bound by the partisan politics of his role. Judy Mackenzie, a long-time colleague and friend, also remembers that Ken was not afraid to stand up to bad behaviour on the council:

We were both appointed to the NZSWTC about 1985. All the area health boards were supportive of the NZSWTC, as was the Department of Social Welfare as they wanted qualified social workers. There was ambivalence from Justice, as they saw

that probation officers were employees of the court. The people who were against were community and NGO sections. The council was chaired by an independent person, who was quite often difficult. Ken approached this hostile environment with calmness and consideration, thoughtfulness and ability to mediate gently between the two factions. (J. McKenzie, personal communication January 20, 2022)

Nash (1998) described some of the inherent tensions that existed within the NZSWTC and also some of the criticism it faced from within the profession and education sectors as there were many views about what kind of social work should be promoted and which orientations should be accredited. The emerging focus on Māori understandings and needs was also part of these tensions. *Pūao-te-Āta-tū* (Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare, 1986) was published as the NZSWTC was approaching its end, and would significantly challenge the ways that social work was taught and delivered in Aotearoa. In relation to education, Ken indicated that "Pūao-te-Āta-tū was very significant with its comprehensive recommendations and these became a major focus for critical analysis and learning within virtually all papers being taught. It was a powerful awakening for quite a number of students (personal communication, March 25, 2024). The many impacts of Pūao-te-Āta-tū are beyond the scope of this paper but it has been written about extensively elsewhere (see Cairns & Fulcher, 2022; Hollis-English, 2016; Nash, 1998).

Health social work competencies

While on the NZSWTC, Ken was invited by the Minister of Social Welfare to conduct a review of the Department's in-service training programme on the competency of social workers and to provide advice:

In 1986 I was the lead author in a publication from the New Zealand

Social Work Training Council entitled *Competent Social Work Practice* [Daniels et. al., 1986] and this in turn led, in 1989, to being invited to carry out research into the competency requirements for health social workers in New Zealand. (Daniels, 2021, p. 130)

Ken recalled that most trained social workers were employed in the health sector and it was natural to look at developing professional standards first with that group, “but then it was generalised beyond that to all of social work” (K. Daniels, personal communication, December 17, 2020).

From this research came two significant pieces of work that considered competency standards (Daniels, 1990) and assessment of competency (Daniels, 1989a), which included competencies in working with Māori. Judith Mackenzie recalled the impact of the development of these standards within her sector, and for her personally:

I came to Auckland at end of 1982. The previous chief social work at Auckland Hospital had established a policy that only qualified social workers could be employed. I didn't agree but of 202 [social workers] only 35 were qualified, so there was a high degree of anger from the staff. Because I had met with Ken over Richmond, we began to talk about a measure of establishing competency, to establish knowledge values skills, etc. Ken got a grant and I got permission to enable social workers to get the required status. It was a very good piece of work.

(J. MacKenzie, personal communication, January 20, 2022)

A central component of this competency work was the consultations that Ken organised with Māori health social workers. There were 27 employed at the time. Information and recommendations from the various hui were published as part of the competency project (Daniels, 1989).

The information emerging from the health competency work was to inform the development of the New Zealand Association of Social Workers competency assessment process for Association membership (K. Daniels, personal communication, October 19, 2020). Beddoe and Randal (1994) describe how the competency assessment process was significant in boosting falling numbers of the Association in the tumultuous 1980s. The ANZASW maintained the competency assessment process through the start of voluntary registration through the Social Worker's Registration Act (2003), until the competency assessment was devolved completely to the Social Workers Registration Board.

Assisted human reproduction

Ken's early teaching and research focused on the areas of health and mental health and in his book (2021), Ken relays that when he was appointed to develop the Canterbury social work programme, he felt it was important to maintain some practice in the field to avoid the “academic ivory tower” situation. He was offered a voluntary, part-time (four hours per week) social work position at Christchurch Women's Hospital, conducting assessments for couples who were seeking artificial insemination. This position drew Ken into the area where he has gone on to make perhaps his most significant contributions, in the many facets of the psychosocial dimensions of assisted human reproduction (AHR). Ken relates that, in many ways, donor conception emerged from/replaced adoption which had always been managed within the social work/welfare systems.

The more I became involved in this work the more I realised there were very significant issues for the children and families who resulted from this treatment. Many of these issues would arise after the treatment had taken place and they had completed any involvement with the hospital clinic. It was clear that

there would also emerge a need for health policies to manage what was at the time regarded as a controversial field. There was almost no literature or research available on the children and families at this time and also discussion of the ethical and policy dimensions was very limited. This led me to begin my research journey in to the topic. (Daniels, 2021, pp. 161–162)

Some of the issues were particularly complex in Aotearoa. Ken recalled that a critical part of this journey was the discussions and consultations that he was privileged to have with Māori leaders regarding, in particular, whakapapa.

It would be easy to underestimate Ken's contribution in this area, as it has been so far reaching and international in its scope. During his academic career, in addition to his written work in the field of social work education and professionalism, Ken has published over 100 peer-reviewed articles, nearly all in overseas journals, written one book, edited another, and written about 30 book chapters, all in the area of AHR.

In one paper made available to me, Ken summarised the major areas of focus within AHR, first premising that his work has been critically informed by his social work perspective, and that he carries these lenses into this work, much of which comes out of strongly medically oriented multi-disciplinary research and practice teams (K. Daniels, personal communication, October 19, 2020).

Secrecy and information sharing: Ken relates that when he began his work in the field, it was common practice for doctors to encourage parents not to tell their children that they had been conceived through donor insemination. Ken relates that from the beginning he did not see that "shame and secrecy were an appropriate basis for beginning a family with healthy and open relationships" (Daniels, 2021, p. 7). This led

to Ken's passion to change the culture of secrecy within the field and to removing stigma and promoting more open sharing of information. This work has been far reaching. Articles by Daniels (1993) and Daniels and Taylor (1993) formed the basis of an international round table forum on secrecy in donor insemination and that brought together world experts in a newly emerging area.

Family building concept: Ken was instrumental in reframing a child's family history from having a focus only on their means of conception to one of building a family history:

My attention shifted to how parents could be enabled to manage the family sharing history in a positive and constructive way. This was a major component of my first research with New Zealand families who had received donor insemination treatment from the clinic in Dunedin. (Personal communication, October 19, 2020)

Several research studies supported this shift. Daniels et al. (1995) explored a groundbreaking Aotearoa New Zealand study that involved telling children about their conception and Daniels et al. (2011) describe a follow-up to this study, which received Health Research Council funding. These publications were to have international influence with a further study in the UK (Lycett et al., 2005) using some of the findings from the earlier New Zealand study.

Through Ken's work in family history building, it became apparent that there was little information or support for parents seeking to have children through AHR. Along with others, Ken developed and ran a support/education weekend programme to develop communication and decrease isolation for people considering the use of AHR to have children. Research (much of which had been undertaken in Germany)

on these programmes demonstrated that potential parents felt a decreased sense of isolation and were better prepared for the AHR process (Daniels et al., 2007).

Anonymous semen donation: Like early adoption practices, semen donation had traditionally been done in such a way that donors would remain anonymous and untraceable to children born out of the process of insemination. Ken related that many people believed that if donor identities did not remain confidential, that men would no longer wish to donate (personal communication, October 19, 2020). Realising that this anonymity could present difficulties for children born through donor insemination, and unsure if donors themselves preferred anonymity, Ken and others undertook a large number of studies looking at donor perspectives in Aotearoa New Zealand, Australia, Sweden, the US and other countries (Daniels, 1989b, 1991; Daniels et al., 1996; Daniels & Kramer, 2013). Research from these studies found that “semen donors have a multitude of motivations and an increasing number are not opposed to information sharing and future contact with offspring” (personal communication, October 19, 2020). This research has impacted how, over time, donor insemination is viewed and approached, and more and more countries around the world are now banning anonymous donation.

Embryo donation: The area of AHR has been a rapidly evolving one. Ken related, in relation to policy development, that:

I recall that we would sit and go through all of the issues that we could think of, that could possibly emerge. We would draw up our discussion document we would put it out for consultation, we would get feedback. And then, three or four months later, there would be a technological development that we hadn't contemplated. And yes, it was an evolving field. (K Daniels, personal communication, August 31, 2023)

With this rapid revolution, Ken became involved in the consideration and development of policy in the area of embryo donation. This is a complicated and growing area where New Zealand has led some of the policy shifts.

The practice of embryo donation (ED) has been available in New Zealand since 2005; this came about as a result of recommendations to the Minister of Health by the Advisory Committee on Assisted Human Reproduction (ACART). Ken was Chair of the sub-committee which undertook the work in this area (and also served as the Deputy Chair of ACART for over 9 years) and developed the guidelines for the Ethics Committee and for clinics (personal communication, October 19, 2020). Part of these recommendations included mandating a process of donor and recipient parents meeting prior to embryo transfer. Ken relates that:

The model developed drew on New Zealand's approach to access to information by offspring, current practice in adoption, Māori culture and learnings from gamete donation. The guidelines require donating and recipient couple/ persons to meet each other—with the assistance of counsellors—to explore the issues and implications of proceeding to ED. The major focus of such meetings is to consider the adults' understandings and relationships and the future relationships for and with the children concerned. (Personal communication, October 19, 2020)

See Crawshaw and Daniels (2018) for research coming out of the model developed.

Ken has provided education and training for many professionals working in this field in New Zealand and in many other countries relative to psychosocial interventions, counselling and support. This has included workshops as well as being part of a working group of the European Society of Human Reproduction and Embryology,

which developed guidelines for those providing psychosocial assistance (personal communication, October 19, 2020).

Ken played an important advisory role in the development of practice and policy through his work on the Government Advisory Committee on Assisted Human Reproduction and on the National Ethics Committee on Assisted Human Reproduction. While there is usually a term limit of service on this committee, a special dispensation from the minister was sought for Ken to serve another term, recognising the unique and specialist knowledge that he was able to contribute. Ken has also been called upon to provide expert witness testimony in court cases in both the UK and Canada, and has made numerous contributions to media, as well as acted as consultant on other documentary projects around the world (personal communication, October 19, 2020).

Ken also continues his own consultancy and counselling practice in this area. One of the areas which is currently emerging is people who are seeking support after discovering their histories through DNA testing, helping them talk through some of the issues arising and, if they decide they want to contact their donor (where this is possible), facilitating the contact (K. Daniels, personal communication, August 31, 2023). Ken has also recently provided two recent webinars for Fertility New Zealand, the local consumer support organisation. Again, Ken has been at the forefront of some of the critical ethical issues arising from these practices and their present and future impacts on children and their families.

Judge Phil Recordon (retired after over 50 years as lawyer, barrister and judge) worked with Ken on the Richmond Fellowship Board and provided some feedback on the importance of some of Ken's work:

Ken's lectures in NZ and overseas and the numerous articles that went with the lectures continue to astound me.

The simplicity he brought to fearfully complex issues. The clarity and hope he gave so many couples and families with his ideas and thoughts. While the focus of our time together was on Mental Health and an organisation he had helped establish in New Zealand [Richmond], we often drifted in our discussions to an infertility issue which he wanted to get my thoughts on. (P. Recordon, personal communication, January 27, 2022)

In considering the impact that his contribution has made in this area, Ken has been able to acknowledge some of the factors that have enabled his success, recognising his position of privilege:

I have some mixed feelings about the fact that I think I've been quite successful in this area in comparison to many of my female colleagues and I put down my success to four factors. One was that I was a male and when I started in this field most of the doctors were males and when I look at my female colleagues ... they were often disregarded ... The second was in relation to having a university position that accorded some status to what I was saying. Thirdly, that I actually did research and I came up with data that they needed, that they wanted and therefore it was important from that point of view. Fourthly, if I think about mental health, which is the other area that I was involved in, and reproductive technology, both of these are on the fringe of mainstream health and there has been a lot of stigma associated with both of those fields and that fighting the stigma and challenging it has been part of what I've seen as social work responsibility and contribution to this whole area. (Personal communication, December 17, 2020)

Ken has remarked upon the clear overlaps that he has seen between his work in fertility, and mental health, and Ken's early contribution to the Richmond Fellowship demonstrates his interest and commitment to both.

Richmond Fellowship

Elly Jansen was a Dutch-born nurse who moved to the UK to train as a missionary. She was particularly interested in the field of mental health and moved into social work, eventually setting up the first community “half way” house in London for people being discharged from psychiatric inpatient units in 1959. Jansen continued to expand this initiative and eventually developed the Richmond Fellowship, with over 50 houses in London and another 50 located throughout the world (Encyclopedia.com). Ken initially met Elly when he was studying on a human relations course at the Tavistock Institute in London. They bonded over a shared interest in mental health, and Elly attempted to recruit Ken to lead one of the London Richmond Fellowship residences in London. While tempted, Ken declined the offer to return home at that time, but remained deeply interested in the idea of the therapeutic community (Daniels, 2021).

Following his return to New Zealand, while working in mental health in Christchurch, Ken learned of a meeting being held in Auckland, organised by Keith Lightfoot, a vicar who had trained in the UK and was interested in setting up something like the Richmond residences in New Zealand (Daniels, 2021). Ken attended this meeting, and it was here that he also met Judy MacKenzie, another social worker who was later involved in the deinstitutionalisation project in Porirua. In 1975 Judith had received a Nuffield award for three months of study in the UK. During this time she visited Richmond Houses in London and Oxford and was also very impressed (Staniforth, 2007). With a core group of enthusiasts, Judith MacKenzie related that Ken set up the first house, Dorset House, with Judith setting up another house in Wellington. “We literally started with nothing, and we needed to use all our contacts and skills to obtain funding to start up these houses” (personal communication, January

20, 2022). Other homes soon followed in Napier, Auckland and Hamilton (Staniforth, 2007).

Ken was appointed as the Inaugural Chair of the Richmond Fellowship New Zealand and remained in that position for 3 years, engaged in the difficult job of securing ongoing funding for the development of the organisation and its residences (Daniels, 2021). The Richmond Fellowship continued to grow and, by the 1990s, there were organisational difficulties arising that placed the Fellowship in a difficult position. Dame Anne Hercus became chair of the organisation and Ken was asked to consider rejoining the board. After further tumultuous times on the board, Ken soon found himself once again holding the position of chairperson in 2005. Ken was to help the organisation rebalance and grow and Judith Mackenzie noted that all of Ken’s skills of thoughtfulness and diplomacy were utilised in this role (personal communication, January 20, 2022). Richmond Services eventually merged with Recovery Solutions in 2015 to form Emerge Aotearoa. Emerge Aotearoa is an organisation with an operating budget of over \$NZ 140 million (Emerge Aotearoa, 2022) and provides a range of services, including support in mental health and disability, housing, addiction as well as peer and wellbeing services.

It was in this capacity that Ken also began his close relationship and friendship with Judge Philip Recordon. Emphasis is placed again on Ken’s calm manner in dealing with difficult situations.

Ken I have known for 30 years. I was aware of his Social Work background when we met which was around the time I joined the Richmond Mental Health Group as founding Chairperson of the Richmond Foundation which was to become the Christine Taylor Trust –with support financially from the Richmond Fellowship, which became Richmond

NZ and now Emerge Aotearoa. We had some dark days in the 90s and early 2000s with our Boards with Richmond. It took the skill and experience of Ken and of our great friend Judy McKenzie to settle down what were turbulent times for the Board. (P. Recordon, personal communication, January 27, 2022)

Ken remains as an active board member of the Christine Taylor Foundation for Mental Health. As described by Recordon above, the Foundation was initially set up in 1995 as the charitable arm of the Richmond Fellowship, initially known as the Richmond Foundation. To avoid confusion and any appearance of conflict of interest, the Foundation's name was eventually changed to the Christine Taylor Foundation after Christine Taylor, a mental health social worker who had also been instrumental in developing the Fellowship in the Auckland area and been an active board member and chair. This foundation continues to provide grants to grass-roots organisations that support people with experience of mental distress (Christine Taylor Foundation, 2024).

Ken's service has been widely acknowledged and he was appointed by the Queen, in 2014, as an Officer of the New Zealand Order of Merit in recognition of his national and international contributions in the field of assisted human reproduction and mental health.

Highlights

During our interviews, Ken was asked to reflect back upon his career and what the highlights and challenges had been for him. As often occurs, some of the challenges were also highlights. Ken acknowledged the difficulties of his earlier work in social work education, but that in looking back, that this was a highlight:

... being able to get social work education training established in New Zealand or

playing a fairly major part in that, but there was a lot of swimming against the tide at that stage. There was a lot of resistance, a lot of struggles and I think where we are at now is a reflection of the very hard work that went in and the good foundation that we established. (K. Daniels, personal communication, December 17, 2020)

In 2022, Ken submitted all his research work for examination and received a Doctor of Letters degree from the University of Canterbury. The Doctor of Letters recognises an outstanding academic contribution to the development of knowledge.

One of his overseas examiners commented:

Ken has long been internationally recognized as one of the experts in psychosocial aspects of assisted reproduction, and his research has had substantive effects on the work of other academics. He has also, and perhaps more importantly, made a significant real-world impact on policy and practice relating to how these reproductive treatments are viewed and regulated. (K. Daniels, personal communication, January 27, 2024)

While the awarding of the doctorate was an honour for Ken, a more important highlight for him was being asked to give the graduation address at one of the University's graduation ceremonies.

Ken talked of the impact others had had on the new graduates, citing the influence of those present as whānau as well as those who were present in spirit. He talked of the way the graduates had benefited from standing on the strong shoulders of others and how the University had now become part of their shoulder brigade. Ken recalled how his experiences had impacted him, and the realisation that his contribution had come from his heart as well as from a strong mind:

Having been involved in working with troubled and distressed families over many years, more significantly I've seen that strength comes from the heart and I've tried to spell that out in terms of love and caring and compassion and understanding and working for the betterment of life of families and individuals. I concluded, my biggest challenge to the graduates, was that "whereas other people have been there for you in terms of their shoulders and hearts, the challenge for you is to be there for others so that they will be grateful to you for the contribution that you will make to their lives". (K. Daniels, personal communication, December 17, 2020)

When I first interviewed Ken in 2020, he thought that the awarding of the DLitt and the graduation address to the students would mark the transition to a more formal retirement period. I interviewed Ken again in 2023 and I remarked that that didn't seem to be going as planned. He continues to interview prospective students for the social work programme at Canterbury, teaches, remains involved in doctoral supervision, research and consultancy, engages in a private counselling practice and is Chair of the David Ellison Charitable Trust. Since that interview he has also become the chairperson of the Christine Taylor Foundation for Mental Health. Ken describes himself as a "failed retiree".

Outside of work, Ken and Trish continue to be busy.

We have adopted twin daughters and grandchildren, and our family life has been great. I'm told that I'm a very good cook and I keep up fitness. I walk every day. We socialise a lot, we have a lot of friends here for meals and we go out a lot. Because of my work I have travelled extensively and I love the travel and we have a favourite place that we have gone to in Thailand for about nine or 10 years. (K. Daniels, personal communication, December 17, 2020)

Conclusion

Having considered the many contributions made by Ken Daniels over the years, it is clear that his work has demonstrated a social work that has been enacted through many kinds of ways and has made an impact upon many systems levels:

I have been able to throughout my career to take a generalist approach to social work in that I have been involved in direct practice but also in consultation in research, policy development, teaching. And that has been at a national and international level...in the reproductive field (K. Daniels, personal communication, December 17, 2020).

Ken also recognises the helicopter, or global, perspective of working "to engineer the systems that impact on people's lives and wellbeing" (K. Daniels, personal communication, December 17, 2020).

The article began with a description of Ken's earliest years, acknowledging a strong commitment to be of service right from the beginning. He has made significant contributions in a number of important areas and has maintained a social work lens throughout his work. When asked to consider what he believed he would like to best be remembered for, Ken stated:

A commitment to other people, a commitment to social justice, a commitment to the fact that education is the major way in which we change systems, people, thinking, approaches despite how hard that is sometimes. But I'm a great believer in the power of education and of learning and that yeah, I have never doubted the need for, and contribution of, social work to our society or to societies in general. (K. Daniels, personal communication, December 17, 2020)

Through Ken's considered, compassionate and comprehensive contributions to social

work education, professional development and the lives of children and families involved in assisted human reproduction, these commitments will undoubtedly form part of his legacy.

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The sustainability of social work education during low enrolment in Aotearoa New Zealand

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ABSTRACT

Introduction At some point during the 1980s, Margaret Thatcher, then British Prime Minister, was asked to comment on the growing ranks of the unemployed. She responded by suggesting that they should do social work. The tale contained the uncomfortable idea that social work is something that anyone can do, without any education. (Doel, 2012, p. 4)

Keywords: social work education, Aotearoa New Zealand, social work registration, student hardship

This notion reminds me of my family's disappointment when I decided to study social work decades ago. At the time, social work seemed accessible to anyone, regardless of qualifications, a perception echoed by Doel (2012). Many likely questioned the necessity of systematic training to help people in need, especially considering the then anticipated low income. Upon this reflection, the evolution of social work as a profession, originating in the late 19th century in London's impoverished areas (Prior, 1992)—while social care functions have existed in one way or another in many cultures (Hunt, 2016)—has spurred substantial global and domestic deliberations on its professional status (Hunt et al., 2019). Today, social work is recognised as a practice-based profession and an academic discipline, emphasising empowerment and societal change, especially for vulnerable populations (International Federation of Social Workers [IFSW], 2014).

Professionalisation trajectory in Aotearoa New Zealand

While a full account of the trajectory of professionalisation in social work lies

beyond the scope of this viewpoint, in Aotearoa New Zealand it began with the establishment of the New Zealand Association of Social Workers (NZASW), later renamed the Aotearoa New Zealand Association of Social Workers (ANZASW) in 1998 (ANZASW, n.d.). This organisational development was crucial in forming a cohesive professional identity within social work in Aotearoa New Zealand (Hunt, 2017) and aligning with IFSW's guidelines.

Simultaneously, the recognition of ongoing education's importance for professionalisation led to the inception of social work programme at Victoria University in 1949, marking Aotearoa New Zealand's first professional social work qualification. The New Zealand Social Work Council was established in 1973, aiming to develop minimum standards for social work courses (Nash, 1998). It later accredited three university-level social work programmes, including a two-year postgraduate course at the University of Auckland and a Bachelor of Social Work programme at Massey University, both in 1976, followed by the University of Canterbury in 1980 (Hay et al.,

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2016). Readers are referred to Nash (1998) for a comprehensive history of social work education until 1995.

Through these collective efforts, social work is now a registered profession in Aotearoa New Zealand (McCurdy et al., 2020), requiring higher education levels, with an undergraduate bachelor's degree as the current standard. Since 2017, the Social Workers Registration Board (SWRB) has recognised two social work qualification levels: a four-year, full-time equivalent bachelor's degree and a two-year full-time equivalent applied master's degree, while acknowledging historically recognised social work qualifications (SWRB, n.d.). This qualification requirement challenges the historical perception of social work as an unskilled profession (Doel, 2012), with a belief that a longer degree allows for greater academic rigour, better industry preparedness, enhanced research-mindedness, and improved balance between classroom time and field placements (Beddoe, 2014).

Established in 1964, the Association faced challenges as many social workers in Aotearoa still practised outside its membership, given the diverse routes to social work qualifications (Nash, 1998). In response, during the formative years of social work identity, the Association embraced inclusivity, admitting individuals with social work qualifications or involvement in social service agencies. However, the ensuing lacking formal competency assessments (Fraser & Briggs, 2016), compounded by racism in childcare systems (Hyslop, 2017; Ministerial Advisory Committee, 1988), heightened public scrutiny. This situation led to the Social Worker Regulation Project in the 2000s, culminating in the Social Workers Registration Act (SWRA) in 2003, aimed primarily at protecting public safety (Hunt, 2017). This legislation established the SWRB, a platform for social work registration, setting standards for professionalisation and

accountability, investigating complaints, and applying disciplinary measures, thereby fostering public trust (SWRB, n.d.).

Until 2021, registration remained non-mandatory in Aotearoa New Zealand, sparking debates on the potential benefits of mandatory registration (Beddoe, 2018). Subsequently, the SWRA 2019 mandated social worker registration with the SWRB from 27 February 2021. Eligibility requires graduation from an institution offering a SWRB-recognised programme, as accreditation responsibility shifted from ANZASW to SWRB after the SWRA 2003 (Staniforth et al., 2022). Social work education providers now assess students' fitness to practice, including child safety based on the Children's Act 2014, and their programmes are designed to equip students with the skills to function as competent social workers, addressing employers', clients', and community needs. Currently, 18 tertiary institutions, including universities, institutes of technology and polytechnics, and wānanga, provide social work programmes in Aotearoa New Zealand (SWRB, n.d.). Notably, all institutes delivering SWRB-recognised qualifications undergo regular reaccreditation by the SWRB, ensuring education quality and relevance.

The changing educational landscape

Since the introduction of the SWRA in 2003, practitioners with recognised social work qualifications have been held accountable to the SWRB, which oversees programmes designed to cultivate essential skills for immediate readiness upon graduation. However, a significant concern arises regarding the potential barriers these qualifications impose on aspiring social workers, particularly the four-year duration required to obtain a bachelor's degree (SWRB, n.d.).

In an increasingly challenging economic environment, characterised by escalating living costs, many students struggle to

support themselves financially (Bartley et al., 2024; Cox et al., 2022). The notion of full-time study in Aotearoa New Zealand has become unsustainable for many students due to rising living expenses, changes in student allowance entitlements, and limited government support. The prevalence of neoliberal ideology—emphasising individual responsibility, competition and performance-based accountability (el-Ojeili & Barber, 2021)—has shifted the focus away from supporting student learning and towards treating education as an economic equation (Strauss & Hunter, 2018). Consequently, many students face overwhelming challenges in balancing studies, paid work, and family commitments (Beddoe et al., 2023), often leading to significant indebtedness (Bartley et al., 2024). Many are compelled to engage in various forms of employment to sustain themselves, with detrimental effects on their academic performance.

At this juncture, the author wishes to initiate a discussion about the sustainability of the current four-year bachelor's degree in social work. Unlike their counterparts in the health sector, such as nurses or occupational therapists who typically complete three-year bachelor's degrees, social work students must invest an additional year, incurring both emotional and financial costs, in their pursuit of becoming a social worker.

The SWRB's 2021 Annual Education Providers Report highlights a troubling statistic: the completion rate for social work courses hovers around 50%, meaning that half of the students who embark on this educational journey do not complete their degrees. In contrast, the attrition rate for nursing students is reported at 30% (Macintosh, 2023), with financial pressure and family responsibilities cited as significant factors—challenges that mirror those faced by social work students (Beddoe et al., 2023). This discrepancy raises critical questions about the additional 20% attrition rate in social work education. One plausible explanation is the extended duration of the

social work bachelor's degree. The four-year commitment demands a considerable investment of time, and places immense strain on students, often exacerbating financial hardships and contributing to the high dropout rate. The impact of the four-year bachelor's degree is evident, with a significant decline in social work course enrolments noted between 2015 and 2018 when it transitioned to a four-year degree programme (SWRB, 2021).

Moreover, within the prevailing neoliberal paradigm, characterised by an unrelenting drive for higher profit and reduced investment (Strauss & Hunter, 2018), tertiary education providers are increasingly compelled to align with market dynamics, prioritising the profitability and perceived validity of their courses. The pressure to marketise and commodify education has led to the restructuring of programmes, particularly in disciplines with low enrolment. Social work education has been particularly affected by these trends, facing declining enrolment and high attrition rates in recent years (SWRB, 2021). This situation has been exacerbated by a decrease in international student numbers due to prolonged border closures, further destabilising the sustainability of social work programmes in universities, despite their critical importance to social work's professional claim (Beddoe, 2014). For example, the University of Waikato has phased out its social work courses, while some universities have transitioned to online teaching modes. There is growing concern that other social work education providers may follow suit, threatening the future availability and quality of social work education.

Call for collaboration

The author presents a nuanced perspective on the four-year bachelor's degree in social work. On one hand, this programme has been pivotal in developing future social workers, equipping them with diverse

worldviews, theoretical knowledge, and practical skills through two field placements. However, concerns have emerged regarding the challenges students face throughout this extended duration (Bartley et al., 2024; Cox et al., 2022). These challenges threaten the sustainability of the social work course amidst declining university enrolments (Kenny, 2023). The potential closure of social work programmes and the return of accredited licences to the SWRB could jeopardise our journey of professionalisation. The scarcity of educational opportunities in social work would also deter aspiring social workers.

Although no simple solution exists, one thing is clear: collaboration is essential. Key stakeholders, including SWRB, ANZASW, social work education providers, and other relevant entities, must work together to develop strategies that sustain social work qualifications without compromising educational quality. Drawing on ANZASW's five decades of resilience, I am confident that innovative approaches can be found to ensure the sustainability of social work education for future social workers and the communities they serve. For example, while acknowledging the financial, social and emotional demands of long, unpaid, clinical placements (Cox et al., 2022), lessons can be drawn from the National Health Workforce Plan 2023/2024, which aims to reduce student-nurse attrition rates through scholarships, hardship grants, and earn-as-you-learn programmes (Macintosh, 2023). Indeed, social work education already promotes a national paid placement scheme and in-post placements, which should be expanded to address financial hardships, explore alternative study modes, and ensure the continued relevance and accessibility of social work education in Aotearoa New Zealand.

Lastly, reconsidering the duration of our bachelor's courses may be necessary, especially given past debates surrounding the transition to a four-year bachelor's

degree (Staniforth et al., 2022). The future sustainability of social work education lies in cultivating a resilient and capable cadre of our professionals, equipped to meet society's evolving challenges.

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Responding to radicalisation and extremism risks for youth:

An emerging child protection and youth justice practice issue in Aotearoa

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Keywords: Radicalisation, He Aranga Ake, social work, extreme ideology, youth extremism

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Introduction

An emerging practice issue for statutory social work in Aotearoa New Zealand is the rise of young people engaged in and with extremist and radicalised groups and behaviours. Global trends indicate that young people are engaging in extremism in increasing numbers (Cherney, et al., 2020). This activity traverses in-person and online domains. It entails an increasingly broad spectrum of extreme engagement including consumption and possession of objectionable materials, expression of extreme ideas, involvement with extreme groups and peers, susceptibility to influence from extreme family members, development and dissemination of extreme content, and threats or plans to engage in extreme violence. These trends have emerged alongside government responses. He Aranga Ake is the New Zealand cross-government initiative designed to help prevent and counter violent extremism (P/CVE). Social workers will be engaging with young people who may be heading down this path or vulnerable to the temptations to do so. Conversely, we have a gap in practice-focussed advice about *how* to work with young people involved or heading toward involvement in extremism; something this practice note addresses.

There is a growing body of literature and maturing definitional criteria regarding

P/CVE (Combined Threat Assessment Group, 2022). However, the gap concerns what works on the ground. How could practice tools and social work models work for the assessment and interruption of youth extremist trajectories? What is available is centred primarily around young people in engaged in extreme Islamist ideas, ideologies, and groups such as Islamic State (Stanley et al., 2018). However, other extreme themes and ideologies are relevant to youth and warrant consideration. This includes the rapid re-emergence of right-wing extremism which is the primary area of concern for Aotearoa New Zealand (Mathew et al., 2023). Targeted threats and rhetoric towards government institutions including school settings are also relevant. So too, is an increasingly broad landscape of single-issue grievances and ideas including anti-democratic, conspiratorial, and violent gendered views.

This practice note highlights the contribution of social work to this emerging area of practice (see Stanley, 2018). We have a small cohort of teenagers engaged in right-wing extremism across Aotearoa New Zealand, and they present with a range of vulnerabilities and difficult life experiences. This is mirrored by reported youth radicalisation trends in Australia (Barracosa, 2024). Our social work response to cases

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of young people engaged in extremism is unique because we are advocates for children and rangatahi, work closely with whānau and family, and collaborate extensively with partner agencies, including security services. The response to children or rangatahi engaged in extremism should therefore benefit from grounded and holistic youth-oriented practice.

This practice note contributes to practitioner-based approaches when working with young people engaged in extremism. It aims to help practitioners and managers navigate and respond to the challenges posed by this cohort. It highlights what works by focusing on youth and family-centred, multidisciplinary, and practice model approaches implemented in our child protection and youth justice agency, Oranga Tamariki. Many of these cases require a child protection and youth justice response, with the age of involvement decreasing. Youth justice responses are required for those aged over 14 who engage in extreme ideas or escalate to violent threats, intentions, and acts. However, effective early identification and intervention processes necessitates a child protection focus due to possible risk of harm to self and or others.

Explaining extremism—a youth focus

Extremism is generally understood as a belief system underpinned by rigid and uncompromising views that fall outside the norms of community and society. For Aotearoa New Zealand, this might manifest in rejections of law, police, and our elected parliament. Extremism can have different ideological underpinnings including beliefs based on faith, social or political issues and ideas. Extremist belief systems can manifest in several ways and may entail a desire to bring about change and overhaul the political, social, or religious environment.

Extremist beliefs systems are developed through the process of radicalisation. Not

all radicalised individuals intend to create fear, disruption or to enforce change. Most people with extreme views do not endorse or engage in acts of ideologically motivated violence. However, some extremist individuals may promote, threaten, or engage in violence to achieve their ideological goals. This can include children and rangatahi. In some cases, this can progress to acts of terrorism. Under Aotearoa New Zealand law, a terrorist act is defined as an ideologically, politically, or religiously motivated act that is intended to intimidate a population, or to coerce or force the government to do, or not to do, certain things.

Like most Western countries, Aotearoa New Zealand faces challenges regarding extremism. The risk posed to Aotearoa New Zealand by far-right extremism is of particular concern. These views promote racial separatism or dominance by one group over others. We need to be attentive to neo-Nazi insignia, white supremacist rhetoric, racist and xenophobic attitudes, and anti-democratic ideas expressed by young people. Religiously motivated hate groups and far-left extremism (such as environmentalism, animal rights and anti-capitalism) are less likely to manifest in violence in Aotearoa New Zealand (Oranga Tamariki Practice Guidance, 2023). However, they may attract some tamariki and rangatahi to their cause and, potentially, to acts of violence. Toxic masculinity and gendered violence are also areas of concern. This has been identified as relevant for some vulnerable young people in Australia (for example, see Barracosa, 2024).

Becoming radicalised—a youth focus

Radicalisation is viewed as a process impacted by individual, social and contextual experiences and influences (Borum, 2004). It is argued that the process of radicalisation differs for young people due to the impact of their own unique vulnerabilities and life experiences during

childhood and adolescence (Bhui et al., 2012; Cherney et al., 2020). However, few formal models or theories exist to explain youth radicalisation.

Vulnerability is an important consideration for social workers to hold in mind when trying to understand, explain, and work with young people engaged in extremism. We are seeing younger, and increasingly vulnerable, tamariki attracted to extremism in Aotearoa New Zealand. Globally, research is also pointing to the relevance of online environments (Brown & Pearson, 2018; Rose & Vale, 2023). This includes the capacity for young people to operate anonymously online where the threshold for risk is reduced, where a sense of meaning and belonging can be established based on extreme engagement, and where objectionable and dangerous materials can be consumed and shared with others. This includes violent extremist content and gore imagery depicting harm, injury, torture, and suffering. The possession or sharing of this content by tamariki or rangatahi is a police and child protection concern; something stepped up after the 2019 Christchurch Mosque attacks. The online world is particularly relevant to extremist supporters, groups, and recruiters. For many social workers this will be a foreign world—the converse for the children and young people that we work with.

Signs of youth radicalisation and extremism

An increase in academic attention regarding young people engaged in extremism has been observed. This has resulted in the identification of an increasingly broad set of risk factors. It is argued here that many of these vulnerabilities and risk factors are common in the work conducted in child protection and youth justice settings. This includes the relevance of factors such as emotional and behavioural dysfunction, susceptibility to peer and family influence, identity development, a desire for status and power, and a propensity for risk

taking (Campelo et al., 2022; Cherney et al., 2020; Malik, 2019). The impact of adverse life experiences such as fractured family environments, educational disconnect, youth crime and delinquency, and trauma have also been identified (Koehler, 2020; Logan, et al., 2022; Simi et al., 2016). More recently, considerations are emerging regarding the impact of clinical conditions and the presence of some young people with neurodevelopmental disorders such as autism being attracted to extreme views (Rosseau et al., 2023; Salman et al., 2023). The social work role is not to profile, rather to build a comprehensive understanding of the situation.

A composite practice case study

Jeremy is a 13-year-old male. He was removed from his parents' care in his infancy due to concerns regarding neglect and inadequate supervision. Jeremy was subsequently placed with various family members during his upbringing. He has a long pattern of defiant and disruptive behaviour in home and school settings. Jeremy is diagnosed with attention deficit hyperactivity disorder, conduct disorder, and autism spectrum disorder. He is socially isolated and is not engaged in any pro-social activities in the community. Jeremy spends extended periods of time online playing video games and chatting with "friends" overseas. His family struggle to manage or monitor his internet use. However, they are quite relieved Jeremy is active online as he is making friends and is less disruptive and aggressive at home.

Jeremy has been suspended from school for threatening to engage in an act of mass casualty violence targeting teachers and school peers. He has received criminal charges related to this. Jeremy made the threat on a social messaging application where he is known by other students to express offensive views promoting white supremacy, anti-Semitism, and dehumanising rhetoric towards certain cultural and sexual minority groups. Jeremy has expressed similar views at school. This includes drawing right-wing

symbols in class and refusing to participate in discussions regarding Indigenous history. Jeremy also has a history of expressing grievances towards school and child protection services.

Theory into practice: social work with Jeremy and his family

Understandably, situations like Jeremy's can feel perplexing and overwhelming for social workers and their supervisors. Where to begin? Police and security services will hold information necessary to the case, and we will be working together. It is important that we appreciate the social work role as distinct from security services whilst also remaining collaborative. Our role is to undertake a comprehensive ecological assessment to understand the situation. This includes Jeremy's strengths and vulnerabilities, as well as his family's situation and needs. This also involves additional considerations related to school, child protection, mental health, and other relevant people or services that are involved.

The social work contribution offers the ecological analysis needed to understand why Jeremy was attracted to extremism, as well as the meaning, perhaps pleasures and emotional value that he derives from engaging in extremist threats. His diagnoses are an important consideration but may not completely explain his extreme behaviour. Rather, his clinical profile is likely to form part of a broader picture. Our social work thinking is therefore to go deeper in understanding what is happening, how this may have arisen, and then plan for how we can help bring about the changes needed.

Oranga Tamariki has practice advisers on hand to consult with, as these cases, while rare, will feel challenging and anxiety provoking to deal with. Practice guidance is also available, and publicly available, and further reading is available on the Practice Centre. The social work job is to be clear on "how will I undertake my mahi and work

effectively at the interagency table?" The Practice Framework is on hand to support kaimahi and supervisors plan and undertake their mahi (see Stanley, 2024). The practice framework offers a range of practice models, tools, and resources to guide and support the mahi needed. This includes the Family Group Conference (FGC) and Signs of Safety, an evidenced-informed practice model used in other jurisdictions for extremism and radicalisation cases (Stanley et al., 2018).

Signs of Safety is a principle-based model that encourages partnership working while helping reach an analysis about the degree of risk. Importantly, the model guides us toward understanding what would help interrupt or offset Jeremy's behaviours, threats and actions. Family and friends, teachers, police, security services and others play a core role in challenging Jeremy in his thinking and actions. Scaling questions (on scale of 0–10, where 0 means the most dangerous situation and 10 means Jeremy is as far away from possible harmful actions and threats) help to prompt further exploration. Family members, Jeremy, police colleagues, social workers and others can share views which is useful for reflective thinking about what is considered risky and dangerous. Different views are invitations to consider our risk thinking (Stanley et al., 2018). A plan is drawn up, with family driving the changes needed for Jeremy. This places greater emphasis on how participants define the risk for themselves as part of the risk assessment process. Moreover, Jeremy and his family are at the table working with professionals to produce assessments and plans that incorporate all of the knowledge, views, ideologies and goals needed to explore danger, risk and harm alongside strength, potential and safety.

The FGC is a statutory practice model used extensively in Aotearoa. Jeremy is 13, so a care and protection FGC would be arranged. This offers a restorative-based intervention for cases of extremism risk. Being a family-

focused model, members of the family meet to plan for, and with, Jeremy about the concerns. Suspicion of the State and resistance can be present in these cases. However, this model is the only care and protection model with built-in family time. Thus, families are given the information that worries people, and then provided space and time alone to debate, challenge each other and plan ways forward. Exploring beliefs and ideologies held by family members is important. Family members challenging each other on concepts and views that they are concerned about is a core part of the FGC process.

Working with complex young people in child protection and youth justice settings can be confronting, emotive and anxiety provoking. Feelings of emotional intensity are common in child protection work. These cases will invariably feel this way. It is therefore important to recognise these challenges and understand how demanding these cases can feel. The stakes are high and there is often a lot of scrutiny attached. Nevertheless, social workers are responsible for completing comprehensive assessments and driving subsequent multi-disciplinary and multi-agency case management and intervention plans that are focused on positive outcomes for young people like Jeremy. Our social, familial and contextual focus offers a significant contribution.

Aotearoa New Zealand and colleagues in New South Wales (NSW) are subsequently collaborating to build and share practice knowledge and experience. The Youth Justice New South Wales P/CVE framework is grounded in practice-based support and consultation opportunities for staff, focused specifically on working with at-risk and radicalised youth (see Barracosa, 2024). Oranga Tamariki offer this via practice advisors to support their social workers, and our colleagues in NSW have offered their experience on a case-by-case consultation basis. A practice partnership that nurtures

consultation avenues and support between Oranga Tamariki and Youth Justice NSW is now in place to ensure that shared practice knowledge and expertise promotes effective identification and intervention outcomes for young people engaged in extremism through robust and informed practice. A key message here is for practitioners to “pick up the phone” and reach out for advice; to use the practice framework, tools and models on offer and work collaboratively. Jeremy needs the absolute best of social work.

Summary notes

Practice notes, such as this, are a resource to help practitioners gain confidence and skills in emerging practice issues. However, working with young people engaged in extremism will challenge us to consider content-specific knowledge, insights and approaches outside of normal practice. To address this, and to effectively support our staff, Oranga Tamariki and counterparts from Youth Justice New South Wales in Australia have established a collaborative working relationship. Youth Justice New South Wales has extensive experience working with young people engaged in extremism and has a dedicated practice-based unit designed to respond to this (see Barracosa, 2024; Barracosa & March, 2022).

Tamariki and rangatahi engaged in extremism in Aotearoa New Zealand will present with a range of vulnerabilities and needs. Many of which are common to our social work practice. Family and whānau are key to understanding and then planning actions needed to support and adjust behaviours and offset risk. This is sound social work. Tamariki and rangatahi engaged in extremism will pose practice-based challenges; however, we are well placed to respond through collaborative and evidence-based social work practice in child protection and youth justice settings across Aotearoa New Zealand.

Acknowledgements

Acknowledging the contribution by Oranga Tamariki He Aranga Ake colleagues: Carol Kitson, Ngati Kahungunu / Ngai Tahu / Ngati Porou and Ngai Tuhoë; Manager Youth Intelligence and Rebecca Wysocki, Kaitakawaenga mō ngā Pirihimana o Oranga Tamariki, National Command & Coordination Centre, Police National Headquarters

Note: See helpful resources at end of References.

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Helpful Resources for Social Workers

- He Atanga Ake. <https://www.police.govt.nz/advice-services/counter-terrorism/he-aranga-ake>
- NZSIS Know the Signs. <https://www.nzsis.govt.nz/assets/NZSIS-Documents/Know-the-signs.pdf> Know-the-signs.pdf (nzsis.govt.nz)
- NZSIS New Zealand's Security Threat Environment 2023. An assessment by the New Zealand Security Intelligence Service New-Zealands-Security-Threat-Environment-2023.pdf (nzsis.govt.nz)

Who cares? Life on welfare in Australia

Eve Vincent

Melbourne University Press: Victoria, Australia, 2023

ISBN 9780522878950 (pbk), pp.102, pbk and ebook \$36.32

The National Coalition government have instructed Work and Income New Zealand to increase benefit sanctions and the ACT party welfare policy is that those on Jobseeker Support would be placed on Electronic Income Management after a short period of cash welfare (ACT, 2022), a form of compulsory money management, which makes this book useful for those in Aotearoa New Zealand at the present time. Eve Vincent, an anthropologist, carried out qualitative research exploring two approaches tried by the Australian government to control beneficiaries, the use of compulsory money management through Basic Cards and the ParentsNext programme.

The use of compulsory money management was trialled in three locations in Australia, the east Kimberley region, the Northern Territory and Ceduna, an isolated community in South Australia. The locations where the Basics Card was introduced impacted Indigenous populations disproportionately, with 73% of Basic Card users being Indigenous. The use of the Basic Card began in 2016 (ending in 2022) as a trial in east Kimberley and Ceduna but the trial has been continued in the Northern Territory. While there are variations in its use, the usual approach is that 80% of a person's income will be on the Basics Card and cannot be used at gambling or alcohol outlets, while the other 20% of their income is deposited into their bank account.

The other form of conditional welfare the book explores is ParentsNext, first introduced in 2016 and then rolled out nationally in 2018. It is a pre-employment programme for

people with pre-school children, with the aim of getting parents into the workforce as quickly as possible. In 2021, 83,000 parents were enrolled in ParentsNext, with 95% women and 68% single parents. The delivery of ParentsNext is contracted out to a range of for-profit providers. Each participant in ParentsNext is required to participate in an activity approved by their provider (such as study or parenting activity) with failure to engage in their activity resulting in sanctions.

Two chapters outlined a history of welfare in Australia which follows a similar trajectory to Aotearoa New Zealand with a focus on work as a way out of poverty and, more recently, the use of surveillance and sanctioning to control the daily lives of beneficiaries. As the electronic income maintenance focused mainly on the Indigenous population, their engagement in paid work and the economy was outlined in the history chapters.

A chapter is dedicated to the experiences of people in Ceduna with the Basic Card, outlining their daily experiences and frustrations with having their income controlled. For some participants, use of the Basics Card was shaming and a reminder of past experiences of state overreach into their lives. Practical issues were outlined such as the Basics Card not working in places people wanted to buy basic items but could not because the Basic Card was set to decline at any store where alcohol was sold. Others shared stories of their strategies to get around the restrictions and finding ways to purchase alcohol despite having to use a Basic Card. After five years of the trial the evaluation of the efficacy of use of the Basic Card was inconclusive and consequently it

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is no longer used—with the exception of the Northern Territory.

Another section of the book focused on ParentsNext, describing the research participants' experience of structural violence through their participation in the programme. As with the Basics Card, Indigenous populations were overrepresented in the scheme. Overall, it appeared people found ParentsNext inconvenient and stressful with any indication of non-compliance being sanctioned via a loss of income.

Themes of shame across both the use of the Basics Card and ParentsNext was explored in depth described by the author as a “surprising complexity of shame” (p. 109). For example, in relation to the Basics Card in Ceduna, it was noted that some Indigenous participants experienced no shame as everyone around them was also using the card therefore its use engendered a sense of belonging. On the other hand, some

participants experienced having to use the card as stigmatising. Vincent also challenged the stigmatising discourse that people ‘do nothing’ while on a benefit; the participants in her study were engaged in caregiving roles as parents for other family members and were active community members.

The in-depth exploration of conditional welfare outlined in the book was thought provoking and the impact of surveillance and state control was written about thoroughly using the research data. For those interested in poverty and welfare, this is a useful source. I did, however, find the structure of some sections of the book disjointed as at times it jumped between the content of interviews, the research process, the policy settings and the background to the policies. I would, however, recommend this book to those interested in understanding the daily lived experience of beneficiaries.

ACT (2022). *Electronic Income Management*. <https://www.act.org.nz/eim>

Reviewed by **Lesley Pitt**, Academic Staff Member, Open Polytechnic

For social betterment: Social work education in Australia

Jane Miller

Monash University Publishing, Clayton, Victoria Australia, 2024

ISBN 9781922979438 pp.355, \$AUS39.99

Jane Miller has produced an excellent resource, looking at the development of social work, and particularly social work education, in Australia from 1900 to 1960. She has drawn upon her doctoral research to produce a rich account of the people, institutions and nations who were instrumental in establishing the professional grounding of social work. This is done through clear and uncomplicated writing which maintained my interest throughout. Vivid pictures are painted, using quotes from social work students, academics and other historic figures to show the evolution of social work through this period.

The introduction of the book traces the beginning of formal social work education to Sydney and Melbourne in 1929 with Adelaide following in 1936 (about 20 years earlier than Aotearoa). Miller states that, “the young social workers of the 1930s and 1940s were middle class women who wore hats and gloves for home visits and addressed both clients and colleagues formally as Mr, Mrs, or Miss.” (p. 3), and were often daughters of the conservative establishment who had rallied for the development of the profession.

The development of social work education in Australia was strongly aligned to models more consistent with the generic model coming from the USA, including a strong mix of theory and practice (50% of time spent in practicum), than of a more specialist and theoretical model coming from the UK.

The second chapter elaborates more on the development of social work, with interesting details, including that social work had strong roots in China and Estonia prior to its eradication by communist regimes, and explores particularly the beginnings and evolution of social work in the USA and UK. This was nicely detailed and enabled consideration of those influences, not only in Australia, but also of seeing better the path taken by Aotearoa, which unlike Australia, had been more strongly influenced by the UK.

Following chapters explore some of the contextual variables and organisations which played a strong role in supporting the development of social work. Again, unlike Aotearoa, social work was recognised as a profession in Australia through the first and second world wars and social workers were heavily in demand and in short supply. This saw the support of governments to develop education and thus, the workforce. Organisations such as the Red Cross and the National Council of Women also played a part in advocating for formal social work education. Later chapters describe the roles played by individuals (such as Jocelyn Hyslop, Norma Parker and Ruth Hoban) in supporting social work education and in leading the early courses in Melbourne and Sydney. There is also good account of the emergence of the Australian Association of Social Workers in 1946, bringing together the social work associations that had been established in all states up until that time.

Even though the book explores the history of social work in Australia, I found myself

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learning and understanding more about the history of social work in Aotearoa relative to its unique context, and how it has evolved quite differently to Australia. And ... for one of the first times I can remember, I really enjoyed reading all the notes supporting the text.

A real strength within the book, for which Jane Miller is to be thanked, is for the many

appendices which provide lists of people, dates, and events, which give an important chronology of facts for interested readers and future historians. There are also photos which depict many of the people and events detailed throughout the text. This is a “must read” book for anyone interested in social work history and I hope that Jane Miller may consider detailing the next 60 years as nicely as she has done the first.

Reviewed by **Barb Staniforth**, Faculty of Education and Social Work, Waipapa Taumata Rau The University of Auckland.

Critical social work with children and families: Theory, context and practice (2nd ed.)

S. Rogowski (Ed.)

Policy Press, 2024

ISBN 9781447369295, pp.226, softcover, \$NZD 69.99 from

newsouthbooks.com.au

This is a much-needed update on critical social work considering the United Kingdom (where this book is contextualised) has gone through austerity, Brexit, and the coronavirus pandemic since the first edition. Aotearoa New Zealand has, and is experiencing, similar economic pressures which makes the context familiar (and here I find myself thinking that the Hyslop (2022) could be a companion read to emphasise local context). The reader can make easy links to Aotearoa New Zealand, and a pertinent one emerges in the first pages when the author writes, “it is little wonder that further cuts to public services and a cost-of-living crisis will blight the lives of children and families, all of which adds to the argument for critical social work” (p. 5). This is a warning that people now have to rely on themselves and their networks rather than the state. The local link is seen here (just one example) with a government minister stating that emergency or social housing occupants will be evicted for anti-social behaviour, and “will have to go and bunk with friends and family”, despite “this being a place of last resort, that it’s there as a final port of call for people who actually need it” (Bishop, 2024). Our most vulnerable, too, need to rely on their own networks even if they do not have any. This is the time for critical social work.

The book is in two parts: an explanation of critical social work and the context in which critical social work operates (the spectre of neoliberalism looms large behind each

page turn), followed by an exploration of the various branches of social work (child protection, care, mental health, youth justice, asylum-seeking and refugee, and disabled). These second half practice chapters draw on case studies (many from the author’s own practice), and while this approach is not a new or unfamiliar tool for an author to bring theoretical and conceptual discussions into relief, they are sharp and focus the reader on the salient points. The familiar tool of a “key points” summary at the end of each chapter also provides a useful snapshot of what the reader ought to hold on to.

As noted above, Part One focuses on explanations of critical theory and why critical theory is needed. Early on, the author aptly identifies a crisis in social work, in part caused by social workers being told what and how to do their practice by managers “who are focussed on ensuring organisational goals rather than meeting service users’ needs” (p. 2). For some readers, this statement will seem like a simplified version of a far more complex issue, but this level of writing will be attractive for many social workers who feel alienated from the world of academia. The author uses this almost conversational (accessible) style to open the world of critical social work to social workers who might struggle with praxis.

There are some more nuanced arguments presented here. Including a discussion about how contemporary social work’s individual-reformist approach dominates the socialist-

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collectivist approach (which the author notes is where critical social work exists). This gives rise to considerable thought, especially when the author notes that the state has gained control of social work and social workers via control over social work education. Here, in Aotearoa New Zealand, the state has also achieved this through the Programme Recognition Standards and then also the Core Competency Standards (see Vol. 25(3), of this journal for more discussion around this). Again, social workers in Aotearoa New Zealand can easily find similarities and obvious linkages.

Part Two provides the practice considerations for social workers to navigate and challenge their workplaces and government policies. These six subject matters (as noted earlier) are obvious choices as a starting point into critical social work. The chapter “Looked-after children and care leavers” is an interesting read given our local context where “reverse uplifts”, the subsequent policy changes, and now the imminent repeal of s7AA have significantly reshaped opinion on what state care ought to be. This chapter reminds the reader, or challenges us, about “avoiding the rush for permanence” as set out in a case study of the same name. One could easily relate what is happening in the United Kingdom into our local context, how close are we to their practice where “the social work role has been reduced to little more than completing paperwork and undertaking statutory visits aimed at ensuring there are no signs of abuse”? (p. 84).

It is easy to throw stones from a critical lens, and there are criticisms of critical theory in this regard (for example, Finlayson, 2009). What are the solutions? There are

numerous examples of resistance in the last seven chapters. These examples could be summarised as a critical and relational approach that continues the slow advance towards equality and social justice. And that might be a significant point: the solution is not a Pollyanna demand to end inequality and social injustice, but for social workers to have “a broad responsibility to seek” those social work goals (p. 95). And question the common sense of the times. And challenge the accepted ways of doing. In the concluding chapter, the author asks us to consider feminist approaches in social work to achieve social justice, equality, and emancipation. The rationale is clearly set out for understanding that feminist (and other anti-oppressive approaches, I carefully suggest) approaches are the solution to managerialism and authoritarianism.

Those radical and critical social work lecturers amongst us should have this as a required textbook as part of their social work programme. It could be as memorable and useful as Malcolm Payne’s (2014) seminal *Modern Social Work Theory*, the pages of which continue to be thumbed through by this writer several decades on. This book deserves the same attention.

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