

# ANZASW

## Briefing to Incoming Ministers



September 2017

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# Executive Summary

1. This paper aims to give Ministers an understanding of what ANZASW is and does, what social workers do, and how Government policy affects them and their working environment. It also raises our many concerns.
2. Our mission in many respects is the same as the Government's – to promote the well-being of the country's people and help them to develop their full potential. We strive to alleviate poverty, foster social inclusion and help those who are vulnerable or oppressed.
3. This requires us to work across Government and Non-Government settings and involves us in a wide range of activities, from youth justice, child protection and family violence to mental health, addictions and disability.
4. Our every-day experiences in the community give us insights into what a Government should do to give its citizens a better life.
5. The briefing paper introduces ANZASW as an organisation, describes the services we provide and advises how we can be contacted.
6. We explain what social workers do, their ethics and codes of practice, and how they are deployed in the community. A significant number are employed by public agencies, at both Central and Local Government level.
7. The paper apprises Ministers of the broad range of policy issues which directly affect social workers (by governing the way they work and regulating them) and/or which affect the communities they serve and their relationships with clients and other Government agencies.
8. One matter of immediate and major concern to the ANZASW is the Social Workers Registration Legislation Bill, intended to increase the professionalism of social work by increasing coverage of the regulatory regime, ensuring social workers are competent and fit to practise and increasing the effectiveness and transparency of the way the Act works.
9. This Bill aims to protect the title "social worker", which we commend. But we are disappointed the proposed legislation fails to do much more to govern what social workers do as practitioners.

10. We are especially concerned that the definition of “social worker” is too narrow. Many people doing social work will not be embraced by its regulatory requirements.
11. A particularly egregious provision will result in employers being given the extraordinary authority to determine who is and who is not a social worker.
12. We raise concerns too, about privacy issues and the prospect that social workers may be required to disclose client information that we strongly feel should be kept confidential. Requirements for social workers to disclose individual client-level data, introduced last year, have been suspended while contentious privacy concerns are addressed and a new policy on data protection and use considered.
13. The ANZASW emphasises the need to ensure against reintroducing the mandatory collection of some personal client data which dismayed all social workers before the policy was suspended.
14. Our briefing paper more generally draws attention to a broad range of social issues that will need to be addressed by the new Government from poverty and income disparities to education and mental health.
15. We identify children, their mothers, the elderly, the disabled and Maori as groups that should be of special concern to social policy-makers.
16. Private businesses have a role to play in partnerships with social service organisations but we draw attention to the prospect of a social-service organisation losing its focus while trying to secure investment.
17. A blinkered focus on finance to the detriment of humanitarian and environmental factors is among the funding and contracting issues we raise because they impede the effective delivery of social services. Inflexible contracts can also be counterproductive.
18. Innovation and collaboration should be encouraged to improve the quality of social services.
19. Investment in research is important. Data should be widely gathered (so long as it does not offend against client confidentiality) and feedback from clients and the community incorporated to enhance our understanding of service and funding requirements.

## Who we are

20. ANZASW (Aotearoa New Zealand Association of Social Workers) is the professional Association for social workers in Aotearoa New Zealand, a collective of more than 3,500 social workers who have day-to-day involvement with the most vulnerable people in our society. We are a membership organisation run for and by our members.

### **Total Membership at 31 July 2017**

All Members	3252
Tau Iwi Members	2738
Tangata Whenua Members	514
Registered Social Worker Members	2624
Qualified social workers not registered	465
No social work qualification	163

21. Our work is guided by a Code of Ethics that is aligned with the International Federation of social workers (IFSW). Full members of ANZASW must demonstrate on-going competent practice, which includes having a current Competency Certificate and undertaking regular continued professional development.

## What we do

22. The Association was established in Dunedin in 1964 with a vision to set up branches/roopu throughout the country, to provide a public forum for discussion and to promote the wide availability of education and training for social workers.

23. Today we provide a competency service, professional development, indemnity insurance, networking and collegial support, international links and support for research.

24. A bi-cultural framing underpinned by Te Tiriti O Waitangi to foster equitable collaboration between our diverse membership is integral to the Association's role as a professional leader of social and community work.

25. We provide members with -

- **A competency service** – The Social Workers Registration Board (SWRB), a Crown Agency established under the Social Workers Registration Act 2003, is separate from and independent of the ANZASW. Its function is to protect the safety of members of the public by ensuring social workers are competent to practice and are accountable to practice. The ANZASW’s competency and recertification assessments are accepted by the SWRB for the purposes of registration and issuing Annual Practicing Certificates.
- **Professional development** – Both ANZASW and SWRB require practicing Full Members to complete a minimum of 20 hours continuing professional development each year that is focused on enhancing social work practice. Provisional Members have 12 months to complete their Initial Competency Assessment.
- **Professional indemnity insurance** – ANZASW has arranged indemnity insurance on behalf of members for the defence of claims against a member’s professional practice. The ANZASW policy has been developed specifically for social work practice.
- **Research service** – ANZASW supports student members (and non-members) by providing access to its membership database for research purposes.

## Our leadership team

26. Our leadership team comprises -

Chief Executive –	Lucy Sandford-Reed	(Christchurch)
President -	Shannon Pakura	(Wellington)
Board -	Rose Henderson	(Christchurch)
	Gray Hughson	(Wellington)
	Kohi Waihi	(Wellington)
	Peter Matthewson	(Auckland)
	Luis Arevalo	(Christchurch)
	Sally Dalhousie	(Auckland)
	Hannah Watson	(Taranaki)
Kaumatua -	Brownie & Pare Rauwhero	(Auckland)

## How to contact us

27. Aotearoa New Zealand Association of Social Workers (ANZASW)

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Chief Executive – [lucysandford-reed@anzasw.nz](mailto:lucysandford-reed@anzasw.nz)

President - [president@anzasw.nz](mailto:president@anzasw.nz)

## Organisations to which we are affiliated

28. The ANZASW is one of 27 members of *Allied Health Aotearoa New Zealand*, which provides a forum for representatives of allied health professional associations to work together to:

- Promote the value of allied health professional services;
- Make representations and submissions on issues of common interest to allied health professions;
- Develop effective working relationships with Government and other key stakeholders;
- Take an active approach and be involved in the development, implementation and monitoring of relevant health policies; and
- Be a key gateway for engaging with the allied health sector.

29. We are a member of the *Allied Mental Health Forum*, a Non-Government forum representing 10 organisations of health professionals who provide mental health and addiction assessment, treatment and rehabilitation services to individuals, whānau and communities through Government and Non-Government agencies.

30. And we are a member of *The Social Work Alliance*, an informal Forum of key stakeholders in the social work sector.

# What our members do

31. Social work is founded on principles of human rights and social justice. We are guided by the Treaty of Waitangi and respect the equality, worth and dignity of all people.
32. In accordance with the March 2012 International Federation of Social Worker Global Agenda we are committed to –
  - Supporting influencing and enabling structures and systems that positively address the root cause of oppression and inequality; and
  - Working with people who use services and others who share our objectives and aspirations, “to create a more socially just and fair world”.
33. Social workers generally deal with people in need or in crisis, invariably with multiple and complex issues. They should be highly trained, skilled and regulated to ensure the delivery of safe and effective services.
34. Their mission is to help people develop their full potential.
35. Their skills are problem-solving and the ability to facilitate positive change in individuals, organisations, whānau and communities. They recognise the environment contains opportunities for people to be both agents of change and victims of factors beyond their control.
36. As a profession, social workers -
  - (a) Strive to alleviate poverty, foster social inclusion and liberate those who are vulnerable or oppressed. Our interventions involve problem solving, development of coping strategies, one-on-one counselling and therapy, family and group work, agency administration, community organisation, and helping people to access services, resources and support systems within their communities.
  - (b) Work across Government and Non-Government settings including community organisations, iwi agencies, private practice, youth justice, child protection, mental health, addictions and disability.
  - (c) Engage in research, training, education, professional development, competency assessment, data gathering, risk assessment, structural analysis, interagency protocols and the improvement of social policy.



## How our members are deployed

37. ANZASW members are either employed by and/or engage with several Government departments and state entities. Here's how they were deployed in August 2017 –

Oranga Tamariki	818	26.60%
Non-Govt Organisations	699	22.70%
District Health Boards	692	22.50%
Non-practising	244	7.90%
Private Practice	150	4.90%
Students	111	3.60%
Health Providers - Non-DHB	89	2.90%
Tertiary Social Work Education	89	2.90%
Iwi Social Services	57	1.90%
Residential	54	1.75%
Other Govt Depts / Ministries	47	1.50%
Schools & Early Childhood Ed	16	0.50%
Crown Agencies -	3	0.10%
Local Authorities	2	0.06%
Pacific Social Services	1	0.03%

## Agencies with which our members interact

38. Government departments and state entities which employ ANZASW members and with which social workers have a working relationship are -

- Oranga Tamariki
- Ministry of Social Development
- District Health Boards
- Work and Income

- Schools
- Corrections

39. Our members also engage with these agencies-

- Ministry of Education
- ACC
- Ministry of Health
- Housing New Zealand

40. Some of our members are employed by the Defence Forces.

## Key statutes

41. Several statutes govern and regulate social workers. Several more influence what they do and affect their working environment.

42. We have listed the key ones in Appendix One and Appendix Two.

## Immediate policy concerns

43. Policy issues which require immediate consideration by incoming ministers include –

- **The Social Workers Registration Legislation Bill**, which aims to increase the professionalism of social work by increasing coverage of the regulatory regime, ensuring social workers are competent and fit to practise, and increasing the effectiveness and transparency of the way the Act works. It had been referred to the Social Services Select Committee before the dissolution of the 51<sup>st</sup> Parliament.
- **Individual client level data (ICLD) collection**, which is intended to help the Ministry of Social Development understand who is using the programmes and services it funds and the impact of those programmes and services.

### [The Social Workers Registration Legislation Bill](#)

44. Our Association commends the protection of the title “social worker” in the Social Workers Registration Legislation Bill but is disappointed the proposed legislation is too strongly focussed on what social workers are called rather than on what they do as practitioners.

45. The requirement to register and hold an Annual Practicing Certificate will apply only to social workers who...
- Are explicitly employed or contracted using the words “social worker”;
  - Call themselves a social worker; or
  - Undertake statutorily restricted tasks.
46. People with social work qualifications who are employed in jobs with titles such as “family advocate” and who do not call themselves a social worker, or who undertake “restricted tasks”, will not be required to either hold an Annual Practicing Certificate or be registered.
47. There are hundreds of job titles held by people whose work demands the skills and knowledge gained by completing a social work qualification. These people are practising social work, working with vulnerable people who are entitled to the protection from incompetent, reckless or dishonest practice which is not provided by this Bill.
48. *Our fundamental concern is with how social work is defined and by whom.* Unlike other professions under the Health Practitioners Competency Assurance Act whose profession is defined by reference to a scope of practice, the proposal in this Bill is that an employer - essentially – would define who is and who is not a social worker.
49. This means in areas where there are various occupations closely related to social work, employers (or contracting agencies) will decide if or which of their employees should hold the title “social worker. An employer could decide to make no change to the job done by a social worker, but by removing the word “social work” from the employee’s title and job description that person would no longer be a social worker and would not be required to hold an annual practicing certificate or be registered.
50. The Bill in its current form therefore represents a major assault on social work and social workers, reflecting a profound disrespect for them as a distinctive and skilled profession.
51. The Bill raises several other issues for our Association, such as the impact on the NGO sector if the cost of registration must be borne by individuals and employers are not funded for this as a part of their contracts.

#### [Client level data and privacy](#)

52. In May this year, the Government announced that social service contracts won’t require providers to disclose individual client level data (ICLD) until a new data protection and

use policy is in place. This suspended ICLD reporting requirement for providers with Ministry of Social Development funding contracts.

53. The ICLD required service providers, including NGOs, to provide information about individual clients to receive funding.
54. This information included clients' names, the numbers of their children, where clients and their families are located, client/family composition, groups of people with similar characteristics (pertaining to ethnicity, for example) and other social services they engage with.
55. Our Association's several concerns especially relate to client privacy and confidentiality.
56. Our Code of Ethics, the IFSW Statement of Ethical Principles and the Social Workers Registration Board's Code of Conduct all emphasise the importance of ensuring the confidentiality of client information.
57. The ANZASW Code of Ethics disallows an employing organisation's policies, procedures, regulations or administrative orders from over-riding members' ethical practices. Some of our members are disquieted that having to provide some ICLD information breaches their ethical obligations.
58. Providing this data could undermine, if not sever, the relationship between social workers and service users.
59. Some clients have indicated they would not use a social service if data identifying them was to be released to the MSD. The time and resources required to find alternative funding to maintain services for these clients inevitably will add to the expense of effective interventions.
60. Some Association members would be so conflicted by the prospect of being required to continue supplying ICLD information on their clients, they would consider resignation.
61. The ministry has said the information would be used in a non-identifiable way for analysis, evaluation, aggregated summary reporting and research purposes to enable it to understand who is using the programmes and services it funds. The ministry would compare client groups that have accessed programmes and services with client groups it thinks should have received these programmes and services.
62. The ANZASW is adamant that this information could readily be provided by contracted agencies without identifying clients or creating ethical conflicts for social workers. The Ministry would still have the data it needs for the purpose it has stated.

## Issues that affect social conditions

63. Social workers advocate improvements to social services aimed at improving the lives and wellbeing of their clients and building a better future for the children and communities of Aotearoa New Zealand.
64. The ANZASW accordingly champions policies and programmes that address a wide array of issues and alleviate the conditions which necessitate help from social workers.
65. New Zealand particularly has deeply troubling levels of poverty, homelessness, suicide, substance abuse, child abuse, and sexual and other forms of violence.
66. Ministers in the incoming Government will be presented with wads of reports and submissions to inform and advise them on these matters. Here are our observations: -

### Poverty

67. The great majority of people who are helped by ANZASW members are poor. This makes poverty an over-riding concern for the Association, regardless of the agency or the circumstances in which our members are working, because....
  - It heaps significant stress on individuals, families and couples who must struggle to survive each day;
  - It impedes health and education;
  - It can reduce life expectancy;
  - It reduces opportunities and damages family relationships;
  - It fosters violence and other crime.
68. The long-term costs of poverty on the health, education and social system are, or should be, well understood. The second *Child Poverty Monitor* report indicates that one in four children live in poverty and one in 10 children live in severe poverty.
69. These stark statistics clearly suggest significant numbers of adults are also living in poverty.
70. High levels of poverty have not changed much in the past few years. This raises the real danger that large numbers of poor are being accepted as a normal facet of New Zealand society.
71. Population groups to which priority should be given are -
  - Families with children;

- Single adult males;
- Older people, particularly those who do not own their own home;
- People with disabilities.

72. The poverty rate is much higher in each of these groups for Māori and Pacifica people than for others.

73. We welcomed commitments by National leader Bill English during the election campaign to set a target to bring 100,000 children out of poverty within the next three years and by Labour leader Jacinda Ardern to incorporate a child poverty reduction target in the law, so that every Budget update must include a child poverty measurement.

74. Ideally, of course, a Government would strive to eliminate poverty.

## Housing

75. The provision of adequate and affordable housing for New Zealanders is essential because homelessness is not an impersonal measure of an imbalance in the supply of and demand for houses. It is a measure of a Government policy failure with far-reaching social consequences.

76. The social workers who deal with these consequences every day warn that a critical lack of access to healthy, affordable, well-located housing can have inter-generational implications for communities.

77. Their experiences reinforce our strongly held view that housing is about community. Supportive communities enable and sustain social, economic, practical, spiritual and kinship relationships.

78. The wellbeing of children especially is enhanced by the security and comfort that comes from families living in good and well-located homes.

79. There is a need for more access to and information on affordable housing for first-home buyers as well as affordable rentals that are not sub-standard and detrimental to tenants' health.

80. We suggest an increase in Housing New Zealand new-house-buying packages, similar to the 1960s rent-to-buy contracts or leases with low rent. Another option is to increase the pool of state housing to make more houses available.

81. The Government's provision of State Housing will remain essential for as long as impoverished families can't meet rising housing and rental costs, which can account for

substantial portions of a household's income. An adequate pool of State Housing should be maintained to be made available for the most vulnerable families.

### Incomes

82. Wage levels are an important element of the poverty issue. Almost 75% of the incomes which households depend on before retirement comes from wages and salaries and low wages and salaries explain the growth in income inequality in recent decades. Two in five children living in poverty are from households with at least one adult in full-time employment.
83. There is a desperate need for a recognised standard of liveable incomes to be set, to alleviate the adverse effects of poverty and to close the disquieting gap between rich and poor.

### Mental health and wellbeing

84. Mental health and the wellbeing of all New Zealanders should be given a high priority in the new Government's social programme because mental wellbeing is associated with better physical health, positive relationships and healthier communities. Reducing mental illness therefore makes good sense for economic as well as social reasons.
85. Public health policy should be focused not only on helping individuals but also on supporting communities to create a more equal society and ensure a better distribution of opportunities and life chances.
86. The provision of mental health and addiction services should reflect and meet the cultural needs of Māori and other communities.
87. We have welcomed Government initiatives in mental health such as "Like Minds. Like Mine", the "Youth Mental Health Initiative" and suicide prevention initiatives.
88. But much more needs to be done. We advocate -
- (a) Adequate funding for mental health and addiction services to meet the massive unmet mental health needs of the country and the people who must wait for much too long for care from mental health and addiction professionals. Funding should target primary prevention and treatment and rehabilitation in mental health and addiction across the lifespan of New Zealanders.

- (b) Specific strategies to address the needs of adolescents and young people, including early intervention for children and adolescents, especially those affected by the mental illness of parents.
- (c) Planning to ensure New Zealand has a trained workforce able to help the large increases in the numbers of people who need mental health services and treatments. Ten years ago, 100,000 people accessed mental health services; by 2016 this had increased to 164,000.
- (d) Meeting the mental health needs of inmates in Corrections facilities. One in five New Zealanders experience mental illness in their lifetime. A recent study, across 13 prisons and covering 1209 prisoners, found nearly all of them (91%) had a lifetime diagnosis of a mental health or substance use disorder.

### Suicide

- 89. About 500 people in New Zealand take their own lives each year. Many more attempt suicide or are high suicide risks because of the level of their distress.
- 90. Of special concern, New Zealand's youth suicide rate in 2011 for both males and females was the second highest in the OECD.
- 91. Suicide cannot be eliminated but initiatives can be taken and social services provided to reduce risk factors. These include mental health issues, exposure to trauma (such as disaster, family violence and sexual abuse), a lack of social support (for people living alone, for example) and experience of stress from chronic pain, discrimination, bullying, relationship conflict, job or financial loss, and so on.
- 92. Suicide prevention policy should recognise it is vital for everyone – individuals, families, whānau, communities, employers, the media and Government agencies – to work together to promote protective factors and reduce these risk factors. Access to community and health resources must be ensured and social connectedness encouraged.

### Autism Spectrum Disorder (ASD)

- 93. New Zealand lags far behind other developed countries in providing appropriate therapy and support for children and their parents, as well as for adults, diagnosed with Autism Spectrum Disorder ASD.



94. It is internationally estimated that one in 80 children are diagnosed with ASD, a level of affliction that would make it an epidemic – triggering the provision of resources as a response - if it were another condition.
95. ASD is a lifelong disability. Aotearoa New Zealand must plan effectively for the impact of the increasing number of its people who live with it.

### Education

96. Education at all levels should be targeted to meet the needs of industry and skill shortages and make training/education affordable.
97. A growing population of young Māori calls for authorities to ensure their educational development is fostered to pave the way to future employment.

### Groups of special concern

98. The ANZASWA believes the following groups should be of special concern for policy-makers –
- **Children:** Children are our future and social policy and social services must support this. Continuing free health checks for children, for example, contribute positively to their wellbeing.
  - **Mothers:** Women who are raising children need support, too, and should not be pressed into work before their children go to school. Providing affordable childcare is to be encouraged.
  - **Aging population:** Our aging population requires increased support and services. There is a need for elder care and effective systems to manage elder abuse, similar to the response required to deal with child abuse. Families under stress no longer can be relied on to provide this care. We suggest retirement villages or papakainga or mixed communities (for example, young parents and older persons) with supports.
  - **The disabled:** Families trying to care for this group face formidable challenges finding help. Improved disability-focused services with trained staff are needed.
  - **Iwi/Māori:** Iwi need assistance for developing, funding and monitoring culturally appropriate social services by Māori for Māori. The focus should be on identifying and funding Iwi schemes that have proved to be successful,

then expanding these services locally and nationally. Greater collaboration between Iwi and funders should be encouraged for services to reach the target population effectively.

## **Public-private partnerships**

99. Partnerships between private businesses and social service organisations open opportunities for increased funding and sponsorship and for facilitating positive social change.
100. Thoughtful and targeted investment in both Government and NGO social service sectors would help to fund the expansion and improvement of social services.
101. But the ANZASW has concerns which the Government must address when formulating policies to increase the role of private businesses -
  - (a) Funding and sponsorship tend to go to the most “attractive” or well-known organisations;
  - (b) A social service organisation can lose its focus while striving to attract and then maintain private investors;
  - (c) An organisation’s commitment to provide and develop more effective and equitable social services may be weakened when profit-driven private businesses become involved.

## **Contracting issues**

102. Fiscal considerations tend to be the over-riding consideration in the preparation of contracts. The ANZASW believes humanitarian and environmental factors should be just as important during negotiations to provide the most effective services.
103. Longer contract times (five years, say) should be considered for consistency and continuity.
104. Greater consultation with service providers would ensure all contract parties are clear about expectations
105. Contracts typically dictate the terms of service delivery without reference to or consultation with the service providers. This approach must be changed - contracts

are more likely to be successful when providers and funders share a common goal and understand the needs of the local community.

106. Aotearoa New Zealand should stop following overseas models that have failed (in the UK and USA, for example) and turn to European countries (such as Sweden), where social policy and service delivery have been effective in nurturing more positive societal values.
107. But while the social challenges may be similar, factors such as New Zealand's geographic isolation, smaller and less diverse population and comparative lack of skilled practitioners should be considered before we adopt what is working in other OECD countries or benchmark ourselves against them.
108. Contracts should be flexible, to be revised and re-worked to better accommodate the changing nature of social services. Contracts that are too tight or too prescriptive can be counter-productive – a rule requiring one visit per family a week (for example) may be too excessive in some cases but inadequate in others.
109. Eligibility for some services can be unhelpfully inflexible, too, by making no allowance for negotiation to secure the best and most appropriate services for a client whom a social worker might consider to be at particularly high risk.
110. Current Government contracts do not resource services for some vulnerable groups, including young disabled people and the elderly.
  - (a) There are no Children's Team equivalents for all age groups where inter-sectoral or inter-agency collaborations could help resolve difficulties;
  - (b) Disability resulting from a medical/physical event (such as a stroke) generally is poorly funded.
111. The wide disparity between services funded through the public health system and those funded by ACC needs closing.
112. A particular concern is that funding contracts between Government and Non-Government Organisations often stipulate that NGO social service providers must not engage in public criticism of Government policies.
113. Research in 2012 found the advocacy work of several NGOs had been muzzled, either by explicit clauses in funding contracts or by strongly implicit cautions from Government agencies.

114. The funding contract regime effectively prevents many of our members - and other social workers - from implementing sections of our Code of Ethics relating to advocacy and conflict with aspects of our international professional identity and values.
115. The Association's Code of Ethics encourages members to use knowledge gained from their experience to:
- Identify and analyse private troubles and public issues;
  - Inform society at large about social injustice.
116. The code requires Association members to –
- Advocate social justice and principles of inclusion and choice for all members of society, but particularly disadvantaged minorities;
  - Promote social policies, legislation and improved social conditions that encourage the development and just allocation of community resources;
  - Ensure everyone has access to the existing resources, services and opportunities they need;
  - Encourage public participation in the development of and decision-making about social policies and structures;
  - Engage in constructive action to change social structures that create and perpetuate injustice;
  - Respect the law while working towards changing any laws that disadvantage clients or other members of the community.
117. We would strongly encourage the inclusion of “free speech” clauses in funding contracts, to enable NGO social services to fulfil their vital civil society role of holding governments of all stripes accountable for the impact of their policies on our most vulnerable people and communities.

## **Competition and funding**

118. The Government promotes competition among NGOs but dictates how social services should be delivered by both public- and private-sector providers. This discourages innovative ideas around service delivery, especially under the “no additional resources” policy.

119. Children’s Team is a prime example of an expectation that poorly funded NGOs and fiscally constrained public services should absorb more and more complicated work with no additional resource and - more important – without an adequate skill base to ensure effective long-term change for at-risk families.
120. Government agencies sub-contract or fund services for the provision of social services to meet their needs. But an agency’s needs are not necessarily the same as the needs of clients and the community.
121. Child Youth and Family funding of sexual abuse social services only for its own clients is one example of a policy that involves social workers having to apply to several different funding sources to try to meet client and community needs. This must be reviewed because inevitably it results in a shortfall in resources to ensure the best response.
122. The caseload when CYF was restructured as Oranga Tamariki has resulted in the NGO sector working with cases that no longer meet the Oranga Tamariki threshold. But there was no commensurate increase in funding to meet the needs of agencies which became responsible for the extra work, especially at an early intervention/prevention stage. This, too, needs to be reviewed to ensure timely and effective services can be delivered.
123. Funders should recognise the values of social service providers and not compromise their work by requiring them to give a greater priority to funding values.
124. Social services are impaired when providers are required to fix on specific measured outcomes because these may not account for other valuable and important improvements or achievements. Hence, they will blinker social workers against recognising all the needs of the communities they serve and discourage agile and creative responses.

## **Effective spending**

125. The competition for funds engendered by contestability drives organisations to strive to do more with less money. This can lead to:
  - (a) Staff being required to work beyond their level of training or expertise;
  - (b) Staff being overworked and underpaid;

- (c) Staff being denied opportunities to learn and improve.
126. We nevertheless recognise the need to spend public money prudently and effectively. Among our suggestions –
- (a) Standardising funding applications and streamlining evaluation processes to reduce replication and administration costs;
  - (b) Providing a seamless transition for clients to shift or be moved from one provider to another (particularly important with services for young children, the disabled and the elderly).
127. Problems with transition between providers typically occur when staff are being overworked in one or both agencies involved or when waiting times for the next service are too long. Clients then can be forgotten in the system and handovers are not properly communicated or recorded.

## **Collaboration and innovation**

128. Organisational culture and leadership are vital in encouraging innovation, collaboration, new learning and continued improvement. Inevitably these result in improved services.
129. Introducing new ways of doing things requires workforce development and an understanding of the numbers of social workers needed to ensure success. The complex situations with which social workers become involved can't be simply patched up during an interim period while new approaches are introduced.
130. Intersectoral Government collaboration must happen at the frontline level, where social workers deliver services, not at managerial level. Managers in large bureaucracies typically have no idea of the realities which are challenging social workers in the community
131. The co-location of like or complementary services would enable the sharing of overheads, facilities, IT systems and administration, helping to reduce funding wastage and competition among agencies.
132. There is room to create more "one stop" shops which give people access to a variety of services, much the same as youth centres, and engage both clients and specialist staff in service development.

133. Community centres or unused rural schools could be used for outreach services.
134. Family Start, Health Education and Working for Families are examples of successful integrated services.
135. A better interface is required between linked services such as secondary health, Needs Assessment and Service Coordination services and care service providers to close gaps which can leave clients with no pathway to timely services.

## **Volunteers**

136. Volunteers play a valuable complementary role in the delivery of social services. Their willingness to help should not be exploited.
137. The Government should fully fund essential services for all vulnerable people to ensure volunteers are not required to take on work they are not qualified to do.

## **Diversity**

138. Provider diversity is essential to reflect the diversity of the communities in which services are being provided.
139. Government agencies, to the contrary, tend to set a mainstream agenda and expect all cultures to work around it. This is detrimental to the development and delivery of culturally appropriate services.

## **Research and data gathering**

140. Data collection should be an integral part of the design and development of social services and it is reasonable to measure “outcomes”. But we need to ask what we are measuring - how many people have attended a parenting programme, for example, or whether parents are applying the lessons they learn from parenting programmes.
141. Investment in research to evaluate the effectiveness of new or changed policies and procedures, client satisfaction and so on will result in more robust and better-informed decisions on further programme development.
142. New Zealand should look at international data for ideas but also undertake our own trials and research.

143. Research funded by Government should not be influenced by Government.
144. For research to be helpful and productive, data must be gathered from a wide range of perspectives – from clients, families, providers, investors and case managers - to get a clearer understanding of service and funding requirements.
145. Because many tasks are process-oriented - in the spheres of rehabilitation and education, for example – outcomes may not be immediately evident and are harder to measure.
146. Evaluating the outcomes of social programmes in these cases requires the collection of data over many years, to check whether policies are achieving sustained change and the extent of it.
147. A Government- funded case-management system or data-capture programme, able to be customised for use by individual service providers, would help in the tracking and analysing of data strictly for research purposes. But personal client information like that proposed under ICLD is not required – data collected and used for analysis should be more general, such as age, ethnicity, location and family make-up.
148. Mobile data-capture/documentation devices would help social workers to gather research data. Accordingly, there should be -
149. More promotion of the benefits of this technology for social service providers and their clients to encourage accurate and timely use of it; and
  - (a) IT training for social workers who are unfamiliar or uncomfortable with the technology and its potential to help them.
150. Measuring the level of inequity in Aotearoa New Zealand presents perhaps the most critical challenge. Until agreement is reached on the most credible measure(s) to use and the data are collected, policy-makers can't or won't effectively address the need to close the gap between rich and poor and more family, whānau and communities will require services which in turn will require ever more funding.

## **Client and community feedback**

151. The views of clients and their families should be incorporated in the design and development of social services. One way of doing this is to have front-line staff collect



information in a shared database or have client and family feedback about their experiences stored in a discrete and secure place.

152. Community consultations, groups and forums - face to face and/or online – is another way of allowing people to review and reflect on their experiences with social services. In either case, a team would be needed to review and analyse the information gathered to assess the merits of proposals for change.

## **Conclusion**

153. The ANZASW's job is to represent the interests of 3252 social workers and articulate their concerns.
154. Those concerns – as we noted at the beginning of this document – are to promote the well-being of the country's people and help them to develop their full potential, to alleviate poverty, to foster social inclusion and to help those who are vulnerable or oppressed.
155. We are confident the new Government is similarly committed to addressing those issues. We would welcome an opportunity to discuss the report, our concerns and the ideas gleaned from our experience in the near future.

# Appendix One

## Legislation that governs social workers

- (a) The Social Workers Registration Act 2003 – administered by the Ministry of Social Development. This Act prescribes or provides mechanisms to ensure that social workers are competent to practise and accountable for the way in which they practise.
- (b) Oranga Tamariki Act 1989 Children’s and Young People’s Well-Being Act 1989 – administered by the Ministry for Vulnerable Children, Oranga Tamariki. The purposes are to promote the well-being of children, young persons, and their families, whānau, hapū, iwi, and family groups.
- (c) Adoptions Act 1955 - administered by the Ministry of Justice. This governs the adoption of children, which involves substituting the adopting parents as the new parents of the adopted child in place of the birth parents. Adoption must promote the welfare and interests of the child.
- (d) Adult Adoption Information Act 1985 - administered by the Ministry of Justice. An Act to provide for greater access to information relating to adoptions and to the parties to adoptions by adult adopted persons and their birth parents, and for other related matters.
- (e) Care of Children Act 2004 - administered by the Ministry of Justice. This promotes children’s welfare and best interests, facilitates their development by helping to ensure appropriate arrangements are in place for their guardianship and care, and recognises certain children’s rights.
- (f) Family Proceedings Act 1980 - administered by the Ministry of Justice. This relates to matrimonial and domestic proceedings.
- (g) Mental Health (Compulsory Assessment & Treatment) Act 1992- administered by the Ministry of Health. This defines the circumstances in which compulsory assessment and treatment may occur, ensures both vulnerable individuals and the public are protected from harm, protects the rights of patients and proposed patients, provides for assessment and treatment to be conducted in the least restrictive manner and provides a legal framework consistent with good clinical practice.

- (h) Education Act 1989 – administered by the Ministry of Education. This establishes the legal framework for New Zealand’s education system, from early childhood education to compulsory schooling to international education and tertiary education.
- (i) Protection of Personal and Property Rights Act 1988 – administered by the Ministry of Justice. This establishes the legal framework for welfare guardianship and enduring powers of attorney.

# Appendix Two

## Legislation that affects social workers

These are the key statutes which affect social workers and their clients.

- (a) Social Security Act 1964 - administered by the Ministry of Social Development. The purpose of this Act is to facilitate the provisions of state financial and other support to help unemployed people, the sick and disabled or people in hardship for other reasons to support themselves and their dependants. It also provides for educational, budget management, health-care and parenting help in appropriate circumstances.
- (b) Accident Compensation Act 2001- administered by the Ministry of Business, Innovation, and Employment. The purpose of this Act is to provide for a fair and sustainable scheme for managing personal injury with an overriding goal to minimise the incidence of injury in the community and the economic, social and personal costs of injury.
- (c) Housing Corporation Act 1974 – administered by the Treasury. The Act establishes a corporation to administer the Crown’s housing operations and defines its objectives, functions, powers, and duties.
- (d) Vulnerable Children’s Act 2014 - administered by the Ministry for Vulnerable Children, Oranga Tamariki, and the Ministry of Education. The Act supports the Government’s setting of priorities for improving the well-being of vulnerable children; ensure that children’s agencies work together to improve the well-being of vulnerable children; and requires the identification and reporting of child abuse and neglect to protect children.
- (e) Education Act 1989 - – administered by the Ministry of Education. This establishes the legal framework for New Zealand’s education system, from early childhood education to compulsory schooling to international education and tertiary education.
- (f) Residential Tenancies Act 1986 - administered by the Ministry of Business, Innovation, and Employment. This defines the rights and obligations of landlords and tenants of residential properties, establishes a tribunal to rule on disputes, and establishes a fund to hold bonds payable by tenants.
- (g) The Crimes Act 1961- administered by the Ministry of Justice. This essentially lays out all the criminal offences for which people in New Zealand can be tried.