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From the President

Tēnā koutou

Last week I had the opportunity to visit a residential facility for teenage mothers and their young babies. This facility is specifically designed to teach and assess parenting capability of the young mothers and provide a safe environment for their babies. Visiting this home reminded me of the invaluable yet often unheralded contribution of residential social workers to promoting positive change amongst families. Residential social workers can be found throughout Child Youth and Family, youth justice and care and protection residences; NGO facilities; and within the disability and health sectors. The daily work done by residential social workers makes a significant difference in the lives of many.

The art of utilising the day to day living environment to create opportunities for change is often undervalued. This work frequently occurs within the context of social control where residents have little choice about where they live and the conditions imposed. These can be challenging environments for both residents and workers. There is not a lot of focus on residential social work in the research literature, within social work education, or across the wider profession. This is despite many luminaries of the profession in this country having learnt their trade within residential facilities. People such as Mike Doolan, John Dunlop, Marion Judge and Arihia Bennett spent significant periods of their careers in residential work.

Residential social work requires an intimate engagement with clients for prolonged periods of time, necessitating purposeful minute by minute management of behaviours and the environment. The residential social worker does not have the luxury of being able to return to ‘the office’ when it suits them. Their most important work is often done in the moment in the kitchen or as part of a practical activity with the resident. Clients do not go away after an hour but remain in the same space and place as the worker. The opportunities for change and development presented by these close encounters are many and varied. The rhythm of shift work across the 24 hour day contains multiple moments for empowerment when residents are open to new ideas or different ways of being.

While residential social workers generally now have pay parity with other social workers there still seems to be a lesser regard for their status. I believe this is because of the domestic and practical nature of the work they do. This situation reflects the prevailing discourse that privileges more scientific or technically based interventions. Yet, what could be more important than providing a structured environment, physical nourishment, compassionate care, and a place to call home, where opportunities for change and development abound?

Na mihi nui

Jane Maidment
From the Chief Executive

In the two months since the last edition of the NoticeBoard e-newsletter there have been a lot of activities of interest to our members. Time has flown since I last wrote this column.

The General Elections are just 27 days away. It is time for us to remember the social justice issues facing Aotearoa New Zealand. Members have frequently mentioned social issues such as child poverty, inadequate housing, unacceptable levels of child and domestic abuse and inequality. As Trevor McGlinchy said on National radio’s Sunday Programme this week, it is time to think about a New Zealand that is equitable for all rather than focus on individual needs. There is after all sufficient resources in Aotearoa New Zealand for all people to be comfortable and that is the key issue; resources are not equitably distributed, leaving many reliant on services and programmes such as Food Banks and Food in Schools to get by.

It is clear from reading the members’ feedback on the 2008-2015 strategic Plan that there is a desire to have a more prominent media voice and much stronger advocacy for the social work profession. There is no disagreement with these views. Strategies for achieving these activities within the current financial constraints are being investigated.

The feedback contained several comments along the lines of “the Association should ……” ANZASW is a membership body and is reliant on membership engagement to achieve goals of activism, advocacy, local forums and many of the other activities the members mentioned.

In thinking about ways members can be involved, the 2013 research into accelerating membership engagement identified the following opportunities to facilitate member engagement:

- Participate in the development of industry/professional practice guidelines and/or standards
- Being available to other members as a knowledge expert
- Writing contributions (to journals, newsletters, etc.)
- Serving as a trainer
- Online community participation (including LinkedIn, Facebook, Twitter, private community)
- Serving as a mentor
- Refer a prospective member
- Provide a testimonial about the association
- Contribute to your knowledge repository (white papers, etc.)
- Peer roundtable participation (typically functionally focused)
- Develop/maintain district relationships with legislators
- Contribute time/knowledge/ideas to research effort
- Research forum participation
- Contribute to positive social media buzz about the association

To this I would add activities such as providing a local response to social justice issues in collaboration with National Office.

I would also encourage members to use the MY.ANZASW forum’s facility to connect with members and discuss practice issues. It is acknowledged that some may find this facility difficult to use. We are investigating alternative platforms that will make member collaboration much simpler.
To guide the Board and National office in delivering the sort of outcomes members’ desire from their professional body, ANZASW has registered with the Associations Matters 2014 survey run by the Australasian Society of Association Executive (AuSAE). The survey has an emphasis on the specific challenges faced by members and suggestions about ANZASW can assist address the challenges Members identify.

In July I attended the IFSW General Meeting – see the article in this issue

This was followed by the Joint World Conference on Social Work, Education and Social Development. Some of the key themes that emerged for me included the role of social work in climate change, environmental social work and the use of IT and social media in social work.

Both in Stockholm in 2012 and Melbourne this year there were several discussions about the need to ensure that professional integrity is maintained when using social media both in the professional and personal capacity. The NZ Nursing Council has a very useful guide for nurses – I would encourage users of social media to read this document.

http://www.nursingcouncil.org.nz/News/New-guidelines-for-nurses-on-social-media

In July Jan Duke from SWRB and I presented to Eastern Institute of Technology social work students in both Tairawhiti and Napier. The joint presentation enables students to clearly understand the difference between the two organisations and why both are an essential part of professional social work.

The Tairawhiti Roopu met over lunch by a very wild and stormy Waikanae Beach. A wide range of issues were discussed but most importantly ways to reinvigorate the Roopu. Ideas included CPD events, social gatherings, Journal Clubs, and taking action on local social justice issues. The next day the Hawkes Bay hosted a very well attended Branch Breakfast. The Branch was updated on a range of current ANZASW issues including the revised recertification process to be implemented in 2015. Thanks to Lorraine Sayers and the Branch for a stimulating hui.

Na mihi nui
Lucy Sandford-Reed
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Kaipurongo
By Anaru Gray


Ko Anaru Gray tēnei. Tetēhi mema (tangata whenua) o te Poari Aotearoa New Zealand Association of Social Workers. He mihi nui ki a koutou katoa ngā matā waka huri noa i te motu.

Tainui kawe mate

This month I attended Tainui kawe mate (carry the loss of a loved one) at the Koroneihana (Coronation) event held at Turangawaewae Marae in Ngaruawahia. Tainui kawe mate involves Whanau pani (bereaved family) only from Tainui, sharing their loss on a day set aside as part of the Koroneihana. The Koroneihana is a celebration of Kingi Tuheitia. A karanga (formal calling) to the Whanau pani by Kuia (female elders) onto Turangawaewae Marae. Whanau pani carry with them a photo of a loved one, they sit under the mahau (veranda) of Mahinarangi meeting house to listen to whaikōrero (speeches) by Kaumātua (male elders) as they deliver their tributes to Kingi Tuheitia (Māori King), the Kingitanga (Māori kingdom), and the Whanau pani. This is a unique occasion for whanau to share their loss of a loved one with others. The following day
the Tainui people hold a kawē mate for other iwi (tribes) outside of Tainui.
The kawē mate experience can be seen as a healing process for loss and grief. I found this worked for me after hearing tributes about my Dad who passed away last month. My whanau held Dad’s photo alongside the others while listening to the tributes. I was able to share the healing with my whanau and feel the support of the Whanau pani, Kaumātua, Kuia and many spectators. An amazing experience I will never forget.

**Tangata Whenua Board Member role**

I have been a new tangata whenua board member for approximately nine months and have found the experience enlightening and challenging. The environment of social work is changing for ANZASW with the competency component also offered by the Social Workers Registration Board. These changes are ongoing and the Board are working extremely hard to reflect the changes also for social workers who work with tangata whenua. Discussion group forum (Expanding Membership) is generating good feedback from ANZASW members in terms of expanding membership to Social Service workers. We have a number of tangata whenua kaimahi working in this field. If you haven’t had the opportunity to respond, the forum is still open for comments.

**Tangata Whenua Association of Social Workers**

Some further developments for tangata whenua and indigenous peoples are occurring with the International Federation of Social Workers (IFSW). ANZASW signed a Memorandum of Understanding (MOU) with Tangata Whenua Association of Social Workers (TWASW) recently to solidify a representative indigenous voice on the IFSW forum. Tangata whenua members of ANZASW are in the process of cementing this relationship (kanohi ki te kanohi) with TWASW Kahui (Executive). A proposed meeting with the ANZASW board and TWASW Kahui is planned for October 2014.

Mihi
Nōrei ki ngā matā waka o te motu ngā manaakitangi o runga rawa kia a koutou katoa, paimarire

Anaru Gray

**National DHB Social Work Leaders’ Council: Health Social Work into the Future – Thoughts on Inter-Professional Practice**

We are faced with a health system going into crisis due to an aging population, a population living longer with more complex health issues, a cash strapped health system where funding is not bottomless and an anticipated skill shortage.

So... can we continue to do what we have always done? Social Work in the health area faces the challenge along with our other health professional colleagues of finding better, evidence-based ways of doing things that will not only improve patient care but also keep cost down. Social workers along with others in the health system are being challenged to adopt new approaches to the provision of health care. Approaches that ask us to take on new beliefs and attitudes and work in different ways.

As well as facing the challenges as above we need to continue to make sure that we are providing quality, person centered care ensuring that people’s needs are addressed and that their rights are protected. We need to make sure that as social workers we remain excited and engaged by the work we do and that we continue to express satisfaction in our roles.
So what is interprofessional practice and can this help? One definition of interprofessional practice is “a group of professionals working together with blurred boundaries”. The group collaborates around person centred models of practice providing knowledge and skill to optimise the patient’s/client’s health care journey. Team members preserve their specialist knowledge and skill functions (i.e. remain social workers, occupational therapists etc) but also take on some of the skills and knowledge of the other professional groups. Assessments are shared and a team culture is developed. Interprofessional practice offers an alternative way of working. Some social workers would already be familiar with working this way in areas of mental health, in emergency departments and in emergency response situations.

Studies suggest that effective interprofessional teams can help:

1. Reduce service duplication and minimize unnecessary interventions;
2. Reduce health care costs;
3. Enhance patient and health outcomes;
4. Enhance respect and trust between disciplines;
5. Improve retention and recruitment of health providers;
6. Enhance clinical effectiveness; and
7. Provide integrated, seamless care that is perceived as effective by the patient in a range of settings.

The World Health Organization “…recognizes interprofessional collaboration in education and practice as an innovative strategy that will play an important role in mitigating the global health crisis.” WHO 2010

Importantly, interprofessional practice allows skilled staff to collaborate, to share skills, to share assessments, and to further stretch their capabilities and develop. In doing this the health worker has an interaction with the consumer that offers no unnecessary duplication and the organisation achieves a better engagement with our most expensive resource – people.

Interprofessional practice challenges our knowledge, attitudes and professional skills, and causes us to rethink the tenets of our practice models and discover other ways of working. However interprofessional practice also offers a way of working that allows social work to further develop a valid role in the health sector. In those areas where interprofessional practice is used the social work role has been enhanced - not diminished. As other health professionals work more closely with social work and we share our knowledge and skills others gain a better insight into what makes social work tick and the social work contribution to the health effort becomes more valued.

So what do we need to do?

1. Look for opportunities across the sector to collaborate and develop alternative ways of working.
2. Explore different interprofessional models of working within the contexts of our working environment: not one size fits all.
3. Foster relationship and trust with our health colleagues
4. Do our own research on interprofessional practice
5. We need to consider how we will train and prepare social workers for practice in the health sector.
6. We need to be prepared for change.

We are really thinking about interprofessional practice in our DHB and what this might contribute to the person experience of health. As you would expect, there is a lot of discussion. However the realities of our working environment may determine what we do.

I hope that this piece generates some discussion and thought.

Lorraine Sayers
Chair National DHB Health Social Work Leader’s Group
Social Work Team leader and Professional Advisor
HBDHB
International Social Work Honour for Fiona Robertson

At the International Federation of Social Workers AGM in Melbourne in July 2014 Fiona Robertson of Aotearoa-New Zealand was awarded the highest IFSW honour - the Andrew Mouravieff-Apostol medal.

Andy was IFSW’s Secretary General from 1975 to 1992 and later lifelong Honorary President until he passed away in 2001. The prestigious award in his honour is given every second year to an individual or organization that has stimulated the further development of international social work and over time made an outstanding contribution to the social work profession on an international level, and thereby enhanced IFSW visibility. The recipient must have shown enterprise and initiative as well as dedication to the profession. The contribution must have transcended international borders and reflected social work values.

IFSW President Gary Bailey described Fiona’s dedicated service to IFSW over 14 years, pointing out that “she has always been willing to take on any role that might enhance IFSW, an example being her recent role in helping IFSW archive its historical materials”. As Gary pointed out, “Fiona steps in and responds and does this with her own Kiwi indomitable spirit!” Dr Rory Truel IFSW Secretary General added to the comments in tribute to the work Fiona has carried out for IFSW and the many roles and tasks she has undertaken. Fiona is now acknowledged as part of our rich IFSW history.

Fiona responded with comments that she felt very humble to walk in the foot prints of Andy and acknowledged that in her 14 years with IFSW she had been actively involved in changes both significant and small within IFSW.

Fiona will remain involved in IFSW in the role of the Official Archivist and as the Chair of the Global Conference Steering Committee.

Dr. Andrew "Andy" Mouravieff-Apostol, IFSW’s Secretary General from 1975 to 1992 and later Honorary President, died in Geneva on 13 August, 2001.

Andy’s lifetime spanned close to a century. He was born in Cannes, France on 7 February 1913 of Russian/Ukrainian parents. The family was abroad when the 1917 revolution in Russia broke out and it was impossible for the aristocratic family to return home. Not until the time of the perestroika in the late 1980’s, could Andy return to his former homeland for visits.

Andy started his career as a journalist and worked as a foreign correspondent in England before and during World War II. During the war he also served in the Free French military forces. After the war, Andy left journalism and took up a position with the World Council of Churches and later with the United Nations High Commissioner for Refugees. He served in many countries, but mainly in South America, where he met his future wife Ellen. The couple settled in Geneva, where Andy, until his death, worked as a professional interpreter at the United Nations and other international bodies. Ellen also became a stalwart in IFSW, serving as Associate Secretary-General and IFSW’s representative to the United Nations in Geneva for many years.

From 1975 to 1992 Andy was IFSW Secretary General, and was elected lifelong Honorary President when he retired in 1992. For IFSW, Andy was the cornerstone. He communicated with social workers of all countries with warmth, knowledge and diplomacy and became like a father for the international social work community.
Previous winners

2004 Evelyn Balais-Serrano from the Philippines and Gayle Gilchrist James (deceased) from Canada

2006 Richard Ramsey from Canada.

2008 Professor Carlos Eroles from Argentina and Terry Bamford from the United Kingdom

2010 No award

2012 Ellen Mouravieff-Apostol

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Reciprocal Vulnerability: Leadership in “Giving” Organisations
by Serafin Dillon

Giving organisations\(^1\) are institutions where the primary objective is to give to others without the function of reciprocity. The folk who make up such organisations are usually people who go heartfirst rather than headfirst into professions where vulnerability is at the forefront of the work. Vulnerability in this instance is taken to mean working with vulnerable people, which may include homeless people, the elderly, children, victims of crime, people who have disabilities, people who are mentally and physically unwell, and those who have suffered or caused some form or multiple forms of trauma. In their vulnerability and due to the power differential, such people are not able to give back to the professional in the same transaction. By the very nature of this complex work we are constantly reminded of our own vulnerability. However in order to function in the work, we must keep our own vulnerability watertight which can feel like holding one’s breath under water for a long time.

It is assumed for the purpose of discussing reciprocal vulnerability that the majority of us who entered fields of practice upheld by giving organisations did so because we care for others. At the core of our desire to work in these fields, is a desire to see people flourish. Working to serve others, from an outsider’s perspective, is often construed as “noble” and “selfless” work. Despite what outsiders perceive for those of us on the inside there remains a shadow side to organisations mandated to care for and protect vulnerable people or people in vulnerable situations. The shadow side comes in the form of administration\(^2\), which does not care for its staff in the same way that its staff cares for their patients \(^3\). In giving organisations there exist varying degrees of boundary transgressions; arrogance, defensiveness, mistrust, and horizontal and vertical bullying. Clearly such behaviour also manifests in other institutions. However this article is concerned with the fascinating paradox in which giving organisations tend to their staff differently to how they tend to their patients.

It is maintained that taking care of staff needs to be the first priority. It is akin to putting on one’s own lifejacket before tending to others in the surf. The relationship between staff and their organisation and staff and their patients is inextricably linked; we cannot function effectively in our jobs if we do not have the emotional support of our leaders. One learns early on in their career that the job won’t take care of you when you get sick. True, your organisation may provide you sick leave, hand sanitizer, gloves, and non-contact time, but it won’t give you the emotional space to process the humanity factors, which will make you sicker than bacteria.

It is understood that working with vulnerable and traumatised people is difficult work. However, little acknowledgement is given to this in the form of recognition and space to reflect. Acknowledgement recognises and

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\(^1\) Giving organisations may include the following fields: health, education, social services, corrections, mental health, foster care, residential care, corrections, child protection, disability services, policing, emergency services, and schools in high deprivation areas.

\(^2\) Administration here is taken to mean any level of the organisation which is not directly related to clinical or operational practice, such as human resources, management, policy, administration, health and safety, finance, technology and asset management etc.

\(^3\) The term patient is used here for the purpose of consistency but it is meant to be used interchangeably with client, student, consumer, etc.
validates the humanity of the work. Genuine acknowledgement may resemble a statement delivered in earnest by one’s manager on a Friday afternoon such as:

“I know this week was really challenging for you, but you hung in there, thank you Jack.”

It is maintained that for the most part, professionals working at the coalface of giving organisations are surviving rather than thriving. It appears those organisational cultures that arguably compound professionals’ stress rather than alleviating them have become the norm rather than the exception. If trauma and vulnerability have become embedded in the running of giving organisations, this has the potential to significantly limit making working with vulnerable populations a psychologically sustainable career choice.

Giving organisations often fail to acknowledge their professionals who work with vulnerable populations. This is based on several potential hypotheses:

- That because we get paid for it, we do not need to be acknowledged in any way;
- That because we are doing “noble work” we do not need acknowledgement because doing noble work is reinforced by society as being rewarding enough in and of itself;
- That because we are in this line of work, we’re somehow imbued with superhuman powers and are never affected by the cruel things we see and the horrendous things we hear;
- That if we are, in any way shape or form, affected by the vulnerability of the people we serve, then we are in some way “too weak” or “soft” to “handle” the job and we should not be here. At worse, we’re perceived as a risk to the organisation;
- Due to the increased amount of administration within institutions today, there are a proportion of employees who make up an organisation who are not specialists in working with people. Despite this, they maintain the majority of the power. This power may resemble statements from one’s manager such as; “news from the top” and “it’s out of my hands”.

How can we make giving organisations safer and more supportive places to work? Inspired by a term heard recently at a workshop on clinical supervision and professional practice, the notion of reciprocal vulnerability struck a chord.

This article posits that reciprocal vulnerability needs to become the cornerstone of best practice and leadership within giving organisations.

**Reciprocal vulnerability means making space for reflection**

One significant way we can indicate that we do care for our staff as much as we care for our patients is by offering our staff clinical supervision\(^4\). Clinical supervision can prevent stress and burnout and maintain successful employee functioning. Having a designated space for staff to debrief, reflect, laugh, and recharge batteries, improves practice and makes for more collegial team players. Clinical supervision seeks to ‘develop and maintain competent professional functioning and well-being while safeguarding client care’\(^5\). In order for clinical supervision to be effective, the supervision needs to be mutually respectful, developmentally appropriate (i.e. address the specific needs of the supervisee at any given stage of his career), supportive, and most importantly, it must include reciprocal vulnerability:

“A relationship that is authentically reciprocal, self-disclosing, and genuine... an openness in the moment, to the moment (Linehan, p. 391)\(^6\).”

Reciprocal vulnerability acknowledges that both parties are human during work, not just after work. It acknowledges that we’re all here for the same reasons. It is the fire fighter with 15 years’ experience who says to her junior team member: “I can hear how you feel that way Mark...I feel that way sometimes too.” In that moment,

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\(^4\) As distinct from the term ‘supervision’, which is synonymous with administration and management.

\(^5\) Dr Daphne Hewson (see www.supervisionworkshops.com) as cited by Associate Professor Chris Wilcox, Hunter New England Mental Health Centre for Psychotherapy (Supervision and professional practice workshop, June 2014).

the experienced professional is wise, and the junior team member is relieved to hear someone else on the team is human too. In that transaction, both professionals become inherently safer employees for their organisation because they have allowed space for each other to be human rather than holding their breath as they set to work helping vulnerable people.

At its core, reciprocal vulnerability builds trust. It acknowledges variances in social power, it recognises personal differences and it validates the difficulty of the work. It is always remaining conscious of the challenges that come with working with vulnerable populations. Clinical supervision can take the form of individual or group configurations. How often should staff be provided with space at work to reflect?

A good rule of thumb is the more intense the work the more frequent the supervision needs to be. For instance, inpatient mental health settings, emergency service teams, and residential treatment programs should be receiving supervision on a weekly basis.

**Reciprocal vulnerability is about what’s good for them is what’s good for you**

If you personally provide any form of clinical supervision or leadership to staff working with vulnerable populations, make it clear that you value supervision by indicating that you also have a clinical supervisor. If you’re a seasoned leader get a mentor or a reputable peer instead. Find someone who has the availability, expertise, and most importantly, possesses great emotional intelligence. Your mentor’s role is to hold up a mirror to your leadership style, warts and all. A mentor supports you to be the best leader you can be. No one is above self-improvement. Even if you’ve been in the job 20 years, this does not mean you’ve been practicing successfully for that period of time, it just means you’ve managed to somehow survive without drowning. What opportunities were missed in your life that you denied yourself in order not to drown at work? Having your own mentor ensures your staff a) see that you truly value clinical supervision as an integral aspect of practice, and, b) ensures that your staff don’t see you as a bottomless pit of giving. If they know that you are supported then they will feel more comfortable discussing the challenges they experience with you. Ensure that you make staff aware that you have a life without needing to disclose the highly personal details of your life so that you encourage them to have a life as well.

**Reciprocal vulnerability is about boundaries**

Model the behaviours you wish to see in your staff. If you want to increase resilience in your staff, model the behaviour you wish to see. One simple way you can keep your staff well is to ensure they take their breaks, so take your break. Sit down outside by a tree and enjoy your lunch. Move as far away from the work unit as you can. This action demonstrates that you’re human and you have a body that requires nourishment. You have family, friends, and errands to run. If you play down your own humanity, you inadvertently play down the humanity of your staff, which is the sole reason you employed them, wasn’t it?

Go home at home time. Staying late does not say anything about your character and your staff regularly doing unpaid overtime doesn’t say anything about their character either. If you are not able to leave at home time on the odd occasion, then explain to your team; “I am going to stay on a bit later this evening as I need to get X completed but I am going to start a bit later tomorrow.” This demonstrates that you care about the work enough to get it done and it also indicates that you’re taking care of your own wellbeing which a) makes it safe for staff to care for their wellbeing, and b) it makes staff feel safe knowing that their manager is managing their own wellbeing and can thus manage the team. In giving organisations, worrying about whether a manager is burning herself out is exhausting. Trying to look good by staying late without taking time in lieu, or being paid for overtime, is a recipe for burn out.

**Reciprocal vulnerability acknowledges that there is no “I” in team**

When some staff have large workloads and others have reduced workloads for no sound reason, it sets up issues of inequity. Staff who have a heavier workload are implicitly given the message that they are somehow different from the rest of the team, and it implicitly conveys to the team that the individual professional is somehow different. Further it does not give the staff with the reduced workload a chance to pitch in and help their colleagues, and it
does not give them a chance to grow in their own leadership either. Ensure everyone’s workload is manageable and ensure everyone’s workload is the same. Similarly reducing someone’s workload for a short period of time if they need some space for personal reasons or they’ve recently had to deal with a critical incident, is a sound way to demonstrate that you care about their wellbeing.

**Reciprocal vulnerability is about being open to dialogue and open to making changes**

Set aside time for team building to talk about the job, about working with vulnerable populations, about how everyone in the team is going. Check with your staff; *How do they feel they’re going? How do they feel the team’s going? How do they feel you’re going as their leader?* If asking any of these questions feels uncomfortable for you, there’s reason to reflect on this. Is it because a) you don’t want their feedback, or, b) you don’t think they’ve got anything of value to add, or, c) you can’t take on board any of their feedback even if you wanted to? If you answered yes to any of these getting some mentoring advice is a wise choice.

**Reciprocal vulnerability is about emotional intelligence**

Never ignore someone’s feelings. Your own feelings and the feelings of people you work with are the most vital thing you will attend to throughout your day. You would never accept one of your practitioners ignoring the feelings of their patients. Your staff are no different; they also have feelings. If a staff member conveys to you that they are not travelling well with something, either verbally or in writing, address it immediately before you become someone who is adding to their distress. Your staff have enough to worry about with their patients - be the person they can trust. By ignoring emotions you convey to your staff that you cannot deal with emotions (yours or theirs), which demonstrates to them that you are not an emotionally intelligent leader; Wisdom will not increase your IQ but it will bring the power of integrity to your intelligence7. The only time it may be appropriate to put emotions aside is in a crisis situation.

**Reciprocal vulnerability encourages transparency**

Being genuine whilst remaining professional and assertive is a particular skill set. If you are not sure if you are perceived as being both genuine and professional, best check in with some of your people. Staff will respect you if they trust you. They will trust you if you can demonstrate that you can share with them moments of vulnerability, moments of humanity. They will see you as a human first and as a leader second. If you can achieve this harmonious way of being with your team, you can be assured that you have a greater chance of staff coming to you when they have made an error which makes your patients, team, and organisation safer.

**Last but not least, reciprocal vulnerability begins with a smile**

*Smile*. Yes, seriously, it has come to this. Does smiling at other humans make you feel uncomfortable? Check yourself. Smile warmly at your staff. They came to work today because they want to see their patients flourish, or care and protect vulnerable people. When you smile genuinely at your staff, you send out an emotional life raft and you give yourself one in the process.

Say “*Hello (Name)*”. This is an amazing but simple trick of greeting someone. Greeting someone by their name conveys to your staff that you see them as a person and therefore you care about how they’re going.

**Check in and check out.** Ask your team members genuinely how they are today. Every day. Ask them how they’re feeling; what do they have planned for their day? When they are leaving at the end of a shift, ask your staff member whether they managed to get that Ping-Pong table for their ten-year-old nephew for his birthday? Acknowledge them by facilitating access to positive aspects of their lives after they gave, and then gave some more, to vulnerable populations all day. This is an incredibly efficient way of practicing in that it takes around five minutes of your time, but when done without any ulterior motive makes your employee feel like you care so they can continue to care. If

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you are unable to do this because you’re too busy, find someone in the team/ organisation that can fulfil this function. Check in and checkout systems work well within the context of peer support.

**Acknowledge your staff.** Draw up a list of feasible ways you can do this. Acknowledge them both as a team “Great job today team!” and as individuals. “Thanks Tim, your sense of humour always helps keep morale up around here!”

Don’t wait until the end of the month until the end of the financial year. Acknowledge them today. Make time for your staff in the same way that they make time in their hearts and minds for the vulnerable populations they serve. In doing so you will have healthier staff which means less sick days taken, less burn out, less boundary violations, less vicarious trauma, and less risk to patients, other staff and the organisation as a whole.

Serafin Dillon (Bachelor of Arts, Graduate Diploma in Psychology, Graduate Certificate in Psychotherapy Studies, Masters of International Relations & Human Rights, Masters of Social Work) is a senior specialist mental health clinician working in Central Australia. Serafin has over ten years experience working across not-for-profit and government sectors including health and education. Serafin is particularly interested in organisational psychology, trauma informed care, and empathy-driven leadership. She has spent the last three years researching management and leadership in giving organisations. She can be reached at serafindillon@gmail.com.

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**ANZASW Professional Indemnity Insurance Claims 2012-2014**

ANZASW Professional Indemnity Insurance is provided by Lumley via the ANZASW Insurance Broker, Crombie Lockwood (NZ) Ltd.

The current policy has been in place since August 2012. One of the features included in the 2012 policy was the capacity for members to claim when there is an employer investigation into a members’ delivery of professional social work services. These investigations made up 32.29% of the claims. The value of employer investigated claims was $99,035.00, with almost three quarters claims relating to investigations conducted by CYF.

What stands out from this summary is that both the range of professional services investigated and the range of investigating bodies involved. It is significant that there were 18 claims for practicing without a current APC and a total value of the claims being $50,947.00.

The table below provides a summary of the claims against the policy since August 2012 and the value of the claims. The heading “Defence” relates to claims for legal services. The heading “Indemnity” is when the claim against the policy has been for financial penalties imposed on the member.

**In summary**

<table>
<thead>
<tr>
<th>The Investigating Body:</th>
<th>The Professional Service Investigated:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SWRB: 19</td>
<td>Practising without an APC, 18 claims</td>
</tr>
<tr>
<td>Employer: 12</td>
<td>Conduct, 8 claims</td>
</tr>
<tr>
<td>Privacy Commissioner 1</td>
<td>Confidentiality issues, 4 claims</td>
</tr>
<tr>
<td>Coroner 1</td>
<td>Competency, 2 claims</td>
</tr>
<tr>
<td>EAP support 1</td>
<td>Practice issues, 1 claim</td>
</tr>
<tr>
<td></td>
<td>EAP support, 1 claim</td>
</tr>
</tbody>
</table>
# ANZASW Claims over 2 years

<table>
<thead>
<tr>
<th>When</th>
<th>Nature</th>
<th>Investigating Body</th>
<th>Type</th>
<th>Defence</th>
<th>Indemnity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>Unauthorised Records Access</td>
<td>Employer</td>
<td>Confidentiality</td>
<td>18,170</td>
<td>0</td>
<td>18,170</td>
</tr>
<tr>
<td>2012</td>
<td>Unauthorised Records Access</td>
<td>Employer</td>
<td>Confidentiality</td>
<td>8,786</td>
<td>0</td>
<td>8,786</td>
</tr>
<tr>
<td>2012</td>
<td>Alleged bullying</td>
<td>Employer</td>
<td>Conduct</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2013</td>
<td>Inappropriate comments</td>
<td>Employer</td>
<td>Conduct</td>
<td>1,750</td>
<td>0</td>
<td>1,750</td>
</tr>
<tr>
<td>2013</td>
<td>Practicing without current certificate [16 instances]</td>
<td>SWRB</td>
<td>Practice</td>
<td>20,988</td>
<td>0</td>
<td>20,988</td>
</tr>
<tr>
<td>2013</td>
<td>Escape of residents</td>
<td>Employer</td>
<td>Conduct</td>
<td>4,982</td>
<td>0</td>
<td>4,982</td>
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<tr>
<td>2013</td>
<td>Practicing without current certificate</td>
<td>SWRB</td>
<td>Practice</td>
<td>29,959</td>
<td>0</td>
<td>29,959</td>
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<tr>
<td>2013</td>
<td>EAP - Member Assistance</td>
<td>EAP</td>
<td>EAP</td>
<td>0</td>
<td>754</td>
<td>754</td>
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<tr>
<td>2013</td>
<td>Misconduct involving client vehicle</td>
<td>Employer</td>
<td>Conduct</td>
<td>2,875</td>
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<tr>
<td>2013</td>
<td>Disciplinary Investigation</td>
<td>Employer</td>
<td>Competency</td>
<td>8,837</td>
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<tr>
<td>2013</td>
<td>Management of youths following burglary</td>
<td>Employer</td>
<td>Competency</td>
<td>19,803</td>
<td>0</td>
<td>19,803</td>
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<tr>
<td>2013</td>
<td>Coronial enquiry following suicide</td>
<td>Coroner</td>
<td>Practice</td>
<td>11,500*</td>
<td>1,150*</td>
<td>12,650</td>
</tr>
<tr>
<td>2013</td>
<td>Statement to police about client</td>
<td>Privacy Commissioner</td>
<td>Confidentiality</td>
<td>11,500*</td>
<td>1,150*</td>
<td>12,650</td>
</tr>
<tr>
<td>2014</td>
<td>Sexual abuse confidentiality breach</td>
<td>SWRB</td>
<td>Confidentiality</td>
<td>13,800</td>
<td>1,150</td>
<td>14,950</td>
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<tr>
<td>2014</td>
<td>Bullying and language allegations</td>
<td>Employer</td>
<td>Conduct</td>
<td>11,416</td>
<td>0</td>
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<tr>
<td>2014</td>
<td>Inappropriate relationship with client</td>
<td>Employer</td>
<td>Conduct</td>
<td>8,625</td>
<td>0</td>
<td>8,625</td>
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<tr>
<td>2014</td>
<td>Practicing without current certificate</td>
<td>SWRB</td>
<td>Practice</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2014</td>
<td>Breach of ANZASW Code of Ethics</td>
<td>Employer</td>
<td>Conduct</td>
<td>5,116</td>
<td>1,150</td>
<td>6,266</td>
</tr>
<tr>
<td>2014</td>
<td>Inappropriate comments on Facebook</td>
<td>Employer</td>
<td>Conduct</td>
<td>7,734</td>
<td>8,416</td>
<td>16,150</td>
</tr>
</tbody>
</table>

|       | **Total**                             |                    |                     | **185,841** | **13,770** | **199,611** |

* Includes reserve estimates as these matters are not yet resolved
Bay of Plenty Regional Branch invites you to the:

ANZASW Annual General Meeting

(The quorum for an AGM is 20 members eligible to vote)

*Nau mai Haere Mai*-welcome members and non-members

*Waiho i te toipoto, Kaua i te toiroa*

*Let us keep close together, not wide apart*

**Date:** 16th October 2014

**Time:** 5.00pm-7.00pm

**Venue:** Tauranga Hospital

Education Centre, (Puriri Room at Education Centre, 889 Cameron Road Tauranga). Previously known as the RSA. Entry off Cameron Road. The Education Centre is to the right from the Cameron Road face of the main Hospital complex.

*Let us know of your attendance for catering purposes - please contact*

*Merrill.Simmons-Hansen@twoa.ac.nz*
ANZASW Practice Standards Review
By Simon Lowe (Chair, Practice Standards Review Committee)

Background

The ANZASW Board has agreed to lead a project to review the current ANZASW standards of practice. The current standards were first published in 1990 with revised editions being published in 1993 and 2008. The ANZASW competency assessment processes (Tangata Whenua and Tauwi) assess a member’s practice against the practice standards. Our competency processes have been recognised by the SWRB under the provisions of Section 42 (2) (b) of the Social Workers Registration Act 2003 for the purposes of registration of social workers. Concerns have been raised by some members about the repetitiveness within some of the current practice standards as well as in how the standards are assessed. Social work is a profession that is constantly changing, as is the world in which we practice. Consequently definitions around social work will continue to change. An example of these changes is the newly ratified international definition of social work.

The Social Workers Registration Board (SWRB) is in the process of reviewing their Core Competencies for social work practice. In partnership with ANZASW, SWRB have also reviewed the way in which their competency standards will be assessed. In 2015, ANZASW will be adopting similar procedures to those of the SWRB to assess ANZASW Practice Standards. Because of the SWRB developmental work around the Core Competencies it was also timely for ANZASW to review the ANZASW Practice Standards.

To review the Practice Standards, terms of reference were set. The criteria stated in the terms of reference for this project are:

- The Practice Standards reflect the skill, knowledge and professional standards expected of social workers for the foreseeable future
- The Practice Standards are sufficiently aligned with the revised SWRB Core Competencies to enable ANZASW to maintain recognition as a competency assessment provider for the purpose of registration of social workers. An initial draft is available for the ANZASW Board to consider 15th August (Completed)
- The reviewed Practice Standards are completed ready for launching at the 28th & 29th November 2014 C.50.

A working group was established. This included the following people:

- Simon Lowe – ANZASW Board Member
- Bella Wikaira - Tangata Whenua and NGO rep
- Michelle Derrett - DHB & SWRB rep
- Sarah Alden - Competency Assessor rep
- Marti Hartley - CYF rep
- Isabella Mirzaabbasi – DHB rep
- Lucy Sandford-Reed - CE, ANZASW
- Jane Maidment - President ANZASW

The working group has met weekly since 18th July 2014 via conference calls and a chat site. The ANZASW Tangata Whenua caucus are also considering the practice standards, paying particular attention to the areas around Te Tiriti o Waitangi, bi-cultural practice and competence to work with Maori. The working group has considered a number of changes to the existing practice standards, amalgamating some, developing some other areas and considering new standards in line with changes in current social work practice. The first draft version of the revised Practice Standards has been considered by the ANZASW Board. The Supervisor practice standards were developed and run in conjunction with the current standards of practice. These will be considered alongside this review by the same working group. When the working party and the Board feels comfortable that the changes meet the requirements of the Terms of Reference, the revised practice standards will be put to the full membership of ANZASW for comment via the website. It is hoped that the revised standards of practice will be finalised and launched at C50 in November 2014 in Christchurch.
The ANZASW Code of Ethics (2013) will continue to provide the foundation for the revised Practice Standards. The Practice Standards will continue to provide guidance to practice and form the basis of expected standards of practice for social work in Aotearoa New Zealand. Though social workers will be expected to meet all of the Practice Standards, the standards will be viewed as aspirational. This means that no matter where you are in your career, whether a new graduate or a social worker with many years of experience, the standards should help inspire you to evidence your competency to practice in relation to your current position within the profession. This is a demarcation between the SWRB Core Competencies, developed as a regulatory, basic level of competence for registration and the more developmental position that ANZASW takes.

As ANZASW is a recognised provider of Competency Assessments for the purposes of registration there needs to be an alignment between the SWRB Core Competency standards and the ANZASW Practice Standards in order for SWRB to be able to determine whether or not the Registered Social Work member:

i. has the skill and knowledge required to practise social work in accordance with his or her registration (or proposed registration); and
ii. meets the professional standards reasonably to be expected of a registered social worker.

Additionally, the SWR Act 2003 specifies that applicants for registration must be:

i. Competent to practice social work with Māori in Aotearoa New Zealand and
ii. Competent to practice social work with different ethnic and cultural groups in Aotearoa New Zealand

ANZASW Practice Standards must continue to include an assessment of the members’ competency to meet these requirements.

Our expectation is that the new standards will fit well with the SWRB core competency standards and that alongside the newly developed format for competency assessment will offer a better, more robust and streamlined process for competency assessment and re-certification.

The intention will be that these Practice Standards will form the baseline for a progressive set of specific developmental and aspirational guidelines that will be given further consideration in the future.

Acknowledgements

I have spent time in Christchurch looking through and considering meeting minutes and other records from the Competency Development Group. The well documented minutes, stored in the ANZASW archive, dated back to the early eighties, were testament to the previous hard work of the variety of people involved over the years. What stood out for me is that philosophies and values recognised by the original competency development group remain consistent and relevant for this project. This is evidence, I think, of the foresight of the members from the original group.

Further guidance was taken from the ANZASW constitution, the IFSW definition of Social Work and a variety of practice standards and competencies developed by other associations.

As part of the review we have had access to a substantial literature review that was completed by SWRB. We gratefully acknowledge them for the sharing of this information. We would also like to acknowledge our colleagues from overseas associations whose work we have made reference to throughout our review.

I would like to thank the time and effort given by the working group whose focus and consolidated efforts have helped the project run smoothly and efficiently. Lastly, my thanks to Lucy Sandford-Reed who has been very patient and worked hard in formulating and making sense of our many meetings.
C50 International Reception, Melbourne
By Fiona Robertson, Co-chair C50 Team

ANZASW celebrates another activity in our 50th year of celebration with an international reception for members and international colleagues attending the IFSW (International Federations of Social Workers) Meetings and International Social Work and Social Development Conference in Melbourne in July. Invitations were extended to all Kiwis attending the Global Conference; President Karen Healey and AASW board members; Marie Connolly and reps of the Social Work School, University of Melbourne; IFSW Executive, Officers and Sec General; IFSW Asia-Pacific Executive; and others.

The gathering of over 80 people acknowledged the role Aotearoa plays in international social work and endorsed the comments of appreciation and goodwill made by the invited speakers Karen Healey, Marie Connolly, John Ang, outgoing IFSW Regional President and Gary Bailey, outgoing IFSW President.

Aotearoa has been involved in the modern day IFSW since the mid 60’s after NZASW was incorporated in 1964. For a small country we have always been held in high regard and goodwill and affection was expressed about Aotearoa New Zealand, our social work practice and our social workers. This goodwill is built on a number of factors; being part of the international community with articles in international social work journals and publications and presentations at IFSW and IASSW Conferences, and being part of the IFSW and IASSW International and Regional Meetings and holding elected international positions in IFSW and IASSW. Aotearoa has had continual representation at IFSW Executive level since 1996 with Buster Curson, Fiona Robertson and now, in July, Rose Henderson elected as IFSW member at large for the Asia-Pacific region. It is also the sense of being Kiwi in that we are interested in people and easily talk with them; we don’t stand on ceremony; we have a sense of human rights and social justice and we don’t accept oppressive social constructions.

With the inclusion of indigenous knowledge in the adopted international definition of social work at the IFSW General meeting the previous day it was a great opportunity to demonstrate to the world putting into practise our Bi-Cultural commitment.

Thanks too for Marie Connolly, Head of the Department of Social Work, University of Melbourne who provided a great venue gratis. We also self-catered (isn’t that so Kiwi!) and a huge thanks to Helen, Miriama, Lucy, Ian and all others who assisted with the preparations, the welcome and the clean-up.

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C50 Celebrations Update
By Fiona Robertson, Co-Chair C50 Team

TWO REMINDERS and a REQUEST for ASSISTANCE for our milestone 50th year for the Aotearoa New Zealand Association of Social Workers (ANZASW).

It is great to hear about all the events and activities which are taking place at branch level. I am so pleased to read this and encourage all of you to take a little time to reflect the role of a social worker and your place in ANZASW. Fifty (50) years of ANZASW is much to celebrate.

The option of early bird registrations remains open until 20th September and I strongly encourage you to make use of this discount offer and celebrate our amazing 50 year achievement. The national event is being held in Christchurch on November 28/29. This event will be both an opportunity to showcase contemporary innovative practice as well as to celebrate our history and achievements on the occasion of the 50th anniversary. The event will begin with a day of practitioner-led workshops focussing on core professional areas of practice with the aim of sharing and enhancing the day to day knowledge and practice skills of social workers. The second day will take the form of a reunion when panels of people involved in the five decades will discuss key themes, achievements and challenges.

Reminder two - A request to share your photos, comments, anecdotes and recollections about your past or current social work role/s in Aotearoa New Zealand.

We would like to share these with our members verbally and/or by publishing in hard copy and/or on the ANZASW website (please advise if you do not wish them to be published). Please send any memories, copies of named photographs or other items to National Office by email or post. Or alternatively, sign into the ANZASW Digital History Project: http://anzasw.org.nz/about/topics/show/937-c50-anniversary-share-your-anzasw-stories

Assistance please

ANZASW invites you to assist us with communication in letting social workers, key social work supporters and organisations know about the National Event and the request for photos, comments, anecdotes and recollections.

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IFSW Asia Pacific Regional Meeting July 2014

The Asia Pacific Regional Meeting was held during the Joint World Conference on Social Work, Education and Social Development.

John Ang the outgoing Asia Pacific Regional President was farewelled.

The meeting welcomed the new regional president – Mariko Kimura from Japan.

Both John Ang and Mariko Kimura outlined a number of issues facing the Asia Pacific region. At this stage there is no Association in the region willing to host the 2015 IFSW Asia Pacific Regional Conference. The call for bids was extended until the end of September 2014.

The Asia Pacific Region has produced a Disaster Management Report which was organised by the Japanese Co-ordinating Body for IFSW Membership. The contents of the Report are to be uploaded onto the ANZASW website.

NZ expressed an interest in being involved in the Disaster Interest Group.

Rose Henderson was elected to the position of Asia Pacific Member at Large which also means she is now on the IFSW Global Executive Committee. Rose writes:
I am honoured to have been elected into the position of Member-at-Large for the Asia Pacific Region. This region is the largest geographically, spans 10 time zones and features very diverse political and cultural environments, economies, languages and histories. The contexts for the profession of social work in our region are equally diverse and rich. I thank ANZASW for their support of my nomination and look forward to working for the region and representing Asia Pacific together with the new regional president – Mariko Kimura from Japan – on the IFSW global executive.

Mariko Kimura from Japan.

The IFSW General Meeting 6-7 July 2014

It was a privilege to be able to represent ANZASW at the 2014 IFSW General Meeting. Members of the Tangata Whenua Social Workers Association were represented by Robyn Corrigan and Miriama Scott. Also in support were Moana Eruera and Rose Henderson.

The Tangata Whenua Social Workers Association made application to join IFSW. Their membership was approved by the General Meeting. This meant that the Co-ordinating Body Agreement between ANZASW and TWSWA was actioned. For the rest of the meeting voting by the Aotearoa New Zealand Co-ordinating Body was based on agreement between ANZASW and TWSWA.

The Global Agenda for Social Work was adopted and can be seen in that Section of this edition of NoticeBoard. This represented the end of a lengthy piece of work by IFSW.

Two policy documents were adopted by IFSW:

- Sexual orientation and Gender Expression – link: [http://cdn.ifsw.org/assets/ifsw_90852-5.pdf](http://cdn.ifsw.org/assets/ifsw_90852-5.pdf)
- Guiding Principles for social workers working with others to identify and protect children from all forms of sexual abuse – link: [http://cdn.ifsw.org/assets/ifsw_91203-9.pdf](http://cdn.ifsw.org/assets/ifsw_91203-9.pdf)

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ANZASW put this motion to the General Meeting:

That the IFSW General Meeting affirms the establishment of an Indigenous Committee within the structure of IFSW to address indigenous social work practices and knowledge. The Committee is to work collaboratively with the IFSW UN Indigenous Committee Delegates and to assist with policy statements of IFSW.

The motion was adopted by the General Meeting.

Fiona Robertson was awarded the highest IFSW honour - the Andrew Mouravieff-Apostol medal. See the related article in this issue. Our congratulations go to Fiona. This is a well-deserved recognition of her contribution to IFSW over 14 years.

The IFSW Executive Positions elected at the General Meeting are:

http://ifsw.org/what-we-do/governance/

- **Global President:** Ruth Stark, Scotland UK
- **Treasurer:** Eva P.Ponce de Leon, Philippines
- **Regional President Asia Pacific:** Mariko Kimura, Japan
- **Regional President Latin America & Caribbean:** Silvana Noemi Martinez, Argentina
- **Regional President North America:** Morel Caisse, Canada
- **Member at Large Asia Pacific:** Rose Henderson, New Zealand
- **Member at Large Europe:** Salome Namicheishvili, Georgia
People in Disasters Conference 2016

Dear Colleague,

I am writing in my capacity as a conference committee member for the inaugural People in Disasters Conference 2016 which will be held at The Air Force Museum of New Zealand 24-26 February 2016 in Christchurch. This is a joint venture between the Canterbury District Health Board and Researching the Health Implications of Seismic Events (RHISE) conference.

This conference is scheduled to coincide with the five year anniversary of the traumatic events of 2010 - 2011 which occurred across the Asia Pacific region. These included earthquake and tsunami events affecting New Zealand, Pacific nations, and Japan; bush fires in Australia and floods in Thailand, China, Indonesia and Australia. Typhoons affected the Philippines and other adverse weather effects such as hurricanes, cyclones and super storms have been felt within the Pacific Rim and more widely.

Key objectives in organising this event are to showcase the ‘real life’ stories of residents and workers across the health and emergency services, the dilemmas of living and working within a disaster context together with the development of informed best practice through the myriad of research projects following natural disasters across the Asia Pacific region.

Please visit our website www.peopleindisasters.org.nz and feel free to share this email within your area/service/department and/or to persons/groups who may be interested in this conference.

If you have any queries or questions I would be pleased to answer these and can be contacted on the below contact details.

Kind regards

Rose Henderson
Director of Allied Health, SMHS and Committee Member People in Disasters 2016
Hillmorton Hospital Campus
Phone: 0274 352 356
Email: rose.henderson@cdhb.health.nz
Recertification of Competency Update

The ANZASW Board at the meeting 15 August 2014 confirmed that the revised recertification process will be implemented from 1 January 2015.

From 1 January 2015 Recertification Portfolios will be made up of:

- A Cover sheet, similar to the current Cover Sheet
- A declaration
- Five (5) annual CPD Logs, evidencing a minimum of 20 hours CPD per year

The Recertification Template will be made available to members as soon as it is finalised.

CPD Completed in 2009-2013

Members will need to discuss the content of their CPD Logs with their current Supervisor or Practice Leader or Manager who will then provide feedback on the CPD activity and sign-off on those Logs. The CPD activity must be retrospectively linked to an ANZASW Practice Standard/s.

CPD Completed in 2014

In 2014 the requirement for Supervisor or Practice Leader or Manager feedback and sign-off for each CPD activity was implemented. The CPD activity must be retrospectively linked to an ANZASW Practice Standard/s.

CPD Logs from 1 January 2015

CPD Logs from 1 January 2015 will require:

- A reflection on how the activity has contributed to the development of social work practice
- Reflection on the relevance of the learning to the selected ANZASW Practice Standard/s, covering all 10 Practice Standards over 5 years.
- Feedback and sign off from your Supervisor or Practice Leader or Manager on each activity recorded in the Log

Progressive Completion of CPD Logs

Members who have entered their CPD into their CPD Logs immediately after the activity occurred are able to submit the Logs they have completed with the added feedback and sign-off requirements.

Retrospective Completion of the CPD Log

Members who are completing their CPD Log retrospectively for the last 5 years will need to use the 2015 Log Template which is included in this edition of NoticeBoard.

In this case you will need to discuss any 2009-2013 CPD activity completed with your current Supervisor or Manager or Professional Leader and obtain ‘overall’ feedback & sign-off for CPD completed up to 31 December 2013. For 2014 you must have feedback and sign-off for each CPD activity.

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Alignment to ANZASW Practice Standards:

For all Logs, 2009-2014, alignment with the ANZASW Practice Standard/s is to be included retrospectively.

For example: attending a workshop on the application of Te Tiriti o Waitangi to your work or learning Te Reo would be relevant to Practice Standard 2, being part of a Competency Assessment Panel is aligned to Practice Standard 10. Understanding the dynamics of Elder Abuse would align with Practice Standard 7.

This does not preclude members attending and including CPD that addresses other practice standards however the focus must be on the two identified Practice standards.

The Assessment Process

Recertification Portfolios will be assessed by a Competency Assessor. If the Assessor is unable to identify that the portfolio demonstrates competence, the Assessor is able to request references.

If a review of the references does not confirm that competence is demonstrated, the portfolio is returned to the Competency Co-ordinator with a request for a second opinion. The second opinion will be provided by another Assessor.

In the event that the second opinion is not able to identify that competence is demonstrated, a recommendation for a face-to-face assessment can be made.

The CPD Cycle

The following diagram illustrates the CPD cycle from 1 January 2015.
<table>
<thead>
<tr>
<th>Name:</th>
<th>Log Start date:</th>
<th>Log end date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANZASW Practice Standards to be Focused on in this CPD Log:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The skill and knowledge identified as being needed for development of professional SW practise.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreed learning activity</td>
</tr>
<tr>
<td>Date of activity</td>
</tr>
<tr>
<td>Time in hours</td>
</tr>
<tr>
<td>Critical Reflections on learning and development of professional practice</td>
</tr>
<tr>
<td>Reflection on the relevance of the learning to the ANZASW selected ANZASW Practice Standard/s</td>
</tr>
<tr>
<td>Supervisor /manager / professional leader feedback and signoff</td>
</tr>
</tbody>
</table>

*Copy and paste the table as many time as is required for each CPD activity to be included in this Log.*

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Decade Three 1984-1993
by Mary Nash

Setting the scene

On the international scene, the IFSW was declared a “Peace Messenger” by the UN Secretary General in 1985. The 1980’s were particularly active years in human rights and social justice with active teams to the UN in New York, Geneva and Vienna. First in a series of “IFSW Policy Papers” published in 1980 (Human Rights) Human Rights Commission established in 1988, working for social workers, social welfare workers and social work students whose human rights have been challenged, promoting education of social work and human rights globally and writing publications as the “UN Training Manual on Social Work and Human Rights” (1992) and “Social Work and the Rights of the Child (2002).

In Aotearoa New Zealand, a Labour Government was elected in 1984 and on reaching power was presented by Treasury officials with a financial crisis and a plan for dealing with it in which Treasury recommended a radical review of the welfare approach to social policy. The new ideological approach placed responsibility for welfare squarely back with the family and the local community, and this was fuelled by the state’s need to respond to economic difficulties. The economic imperative to cut government costs through devolution and decentralisation was aligned with the grass roots determination to gain more autonomy. In the late 1980s, the Department of Social Welfare underwent profound organisational change in accordance with a new set of welfare principles. Barretta-Herman (1994)

In this decade, governments, first Labour and later National, called for reports and reviews to provide them with information. In the education sector, the Picot Report, Tomorrow’s Schools (1988) recommended devolution and decentralisation of the school system. In the health sector, Area Health Boards had already been legislated for and were later established in the name of devolution, despite the recommendations of the Gibbs’ Report Unshackling the Hospitals (1987), which advocated introducing the funder-provider split. Ahead of its time, the report was simply put on hold and later revisited by a National Government which replaced Area Health Boards by a system of Regional Health Authorities and Crown Health Enterprises. The April Report of the Royal Commission on Social Policy (1988), chaired by Professor Ian Shirley, was the result of widespread consultation with the people of New Zealand on the kind of social policies they wanted the Government to put in place. It depicted a high level of support in the country for giving priority to collective social wellbeing over individualised economic wellbeing. The title of this report, Towards a Fair and Just Society signalled its philosophical approach. (Nash, 1998, p337)

The Report of the Women Against Racism Action Group (WARAG) (1985) was produced by nine feminist women in the Department of Social Welfare who “shared concern about racism in Aotearoa and in our Department” (WARAG, 1985: 1). The Report uncovered racism and sexism in the Department of Social Welfare and contained several recommendations deemed radical at the time and eventually its ideas gained widespread support.

Two themes which occupied the Association in this decade were ‘the development and articulation of a Maori perspective in social work (and the resulting challenge to what has been an essentially Pakeha organisation) and, second, the need to establish some mechanism for external professional accountability for social workers in New Zealand. (Beddoe and Randall, 1994. pp21) These, and other issues including feminism, caused much soul-searching and bitterness.

In 1986 Puao-te-ata-tu, the report of the Ministerial Advisory Committee on a Maori Perspective for the Department of Social Welfare was published. This report provided a Maori perspective on ‘aspects of the Social Welfare Department which are detrimental to the Maori people’ (Puao-te-ata-tu, 1986:6). John Rangihau chaired the advisory committee. He was a qualified social worker, an elder of his iwi and much respected. The report drew attention to racism in many aspects of the working of the Department and pointed out that: At the heart of the issue is a profound misunderstanding or ignorance of the place of the child in Maori society and its relationship with whanau, hapu and iwi (Puao-te-ata-tu, 1986:7). This report was succinct, well-researched and presented a clear, uncompromising picture of problems within the Department of Social Welfare and their remedies.

The first recommendation was that the Government endorse the following policy objective:

To attack all forms of cultural racism in New Zealand that result in the values and lifestyle of the dominant group being regarded as superior to those of other groups, especially Maori, by:
(a) Providing leadership and programmes which help develop a society in which the values of all groups are of cultural importance; and

(b) Incorporating the values, cultures and beliefs of the Maori people in all policies developed for the future of New Zealand (Puao-te-ata-tu, 1986:9).

This was radical and painful for many of the pakeha social workers, whether sympathetic to Maori development or not. There are some who question whether Puao-te-ata-tu has been forgotten but it remains a landmark, a reference point still used by policy analysts and social worker educators today.

The 1986 Biennial Conference was held at Turangawaewae Marae, Ngaruawahia, in August. Its theme was Social Work in a changing world. The opening speaker was Mr Hirsh, the Race Relations Conciliator. The first remit, that the Association be wound up, was opposed, with Merv Hancock strongly encouraging its defeat. The future structure of the Association was then discussed and a proposal that there be a Maori and Pakeha (later, Manuhiri) Caucus was eventually carried. Sarah Fraser became President of the Pakeha Caucus, and Rahera Ohia became President of the Maori Caucus. Both were graduates of the BSW programme at Massey University and knew each other well, which was almost certainly a stabilising factor. This dramatic and volatile situation for the NZASW reflected the turmoil over race relations in the country in general and Maori challenges to the Department of Social Welfare and its social work staff in particular. (Nash 1989. p270)

During the 1988 Annual Conference, the NZASW, in order to combat waning membership, set up the structure and processes which would enable membership of the Association to be based on the demonstration of competent social work practice, using competency assessment based on its own practice standards and administered by a Board of Competency composed of members of the Association. In 1989, an interim Board of Competency was appointed to prepare ‘Competent Social Work Practice, a handbook for members of NZASW’ and this was duly published in 1990. Members of the interim Board of Competency were: Maurice McGregor of Christchurch (Chairperson); Louise Nicoll of Dunedin, June Kendrick of Auckland, Ken Daniels of Christchurch, Raylee Kane of Christchurch and Lynne Briggs of Christchurch, President of NZASW. This proved an innovative and successful initiative, strengthening the Association.

In 1989, the Children, Young Persons and Their Families Act (1989) represented a paradigm shift in thinking away from the monocultural approach embedded in the 1974 Children and Young Persons Act towards the biculturalism advocated in Puao-te-ata-tu, with its focus on whanau and the recognition of the mutuality of interests of whanau and child (Cockburn, 1994: 86). When the NZSWTC was disbanded, it was replaced with the New Zealand Council for Education and Training in the Social Services (NZCETSS). NZCETSS was composed of equal numbers of Tangata Whenua and Tauiwi, led by people with strong views about the social justice role in social and community development work. They managed to function together with respect for each other’s cultural differences and protocols around representation and consultation (Nash, 1998). NZCETSS developed sound standards for bi-cultural social service practice which were widely accepted.

NZCETSS, 1993

By the end of this decade, the sense of altruism and social justice that is an intrinsic part of social work was coming under pressure from the rising supremacy of economic policy. NZCETSS was transforming itself into an Industry Training organisation and the funder/provider split was beginning to change the organisational context for social work.

Timeline

Office Holders for the Decade

1984

President  
Mr J. Murphy  
Department of Social Welfare
Treasurer  
Justine Peterson
Secretary  
Buster Curson

1986

President  
Ms Sarah Fraser  
Child and Family Health Services
Treasurer  
Kathy Holland  
Kaitiaki President, followed by
Secretary  
Rahera Ohio

1988

President  
Lynne Briggs  
Health Services
Treasurer  
Colin Elliott  
CCS
Secretary  
Jenny Blagdon  
Mental Health Social Worker

1990

President  
Jenny Blagdon  
Mental Health Social Worker
Treasurer  
Richard MacDonald  
RNFB
Secretary  
Margaret Smith

1991

President  
Ms Lynette Stewart  
Disability Services
Treasurer  
Richard MacDonald  
RNFB
Secretary  
David McNabb

1992

President  
Mr Buster Curson  
Child & Family Health Services
Treasurer  
Brenda Cromie
Secretary  
David McNabb

Memorable Events

1985  
NZSWTC reviewed

1985  
Report of the Women Against Racism Action Group (WARAG)

1985  
Greenpeace Ship Rainbow warrior sunk
1986 NZSWTC disestablished
1986 Homosexual Law Reform Act passed
1986 NZCETSS established in December
1987 Treaty Principles in Legislation
1990’s Rapid expansion of Polytechnic social work courses at certificate and diploma levels.
1990 Competency assessment process for full membership of the Association began
1991 NZCETSS publishes accreditation guidelines for social work courses.
1991 Benefit cuts

ANZASW Conferences and Themes

<table>
<thead>
<tr>
<th>Year</th>
<th>Location</th>
<th>Theme</th>
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<tr>
<td>1986</td>
<td>Turangawaewae Marae</td>
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<td>Wellington</td>
<td>Creativity, Skills, Politics and Fun</td>
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<td>1989</td>
<td>Palmerston North</td>
<td>Social work practice – Now and the next 25 years</td>
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<td>1990</td>
<td>Nelson</td>
<td>Social work in the fast lane</td>
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<td>Otago University</td>
<td>Social work beyond the welfare state?</td>
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<td>1992</td>
<td>Auckland</td>
<td>Positive options for the 1990s</td>
</tr>
<tr>
<td>1993</td>
<td>Wanganui</td>
<td>Regaining our voices</td>
</tr>
</tbody>
</table>

Kara Coombes and Lynette Stewart, President, at the Wanganui Conference, 1993

References


We thought you might enjoy this...

... from Jacqui’s (our Office Manager) nephews, 4-year old twin boys, had this conversation recently:

Finn: “We live on earth because there’s cars and boats and pirates”
Connor: “What about Saturn?”
Finn: “No, people don’t live there”
Connor: “Why?”
Finn: “Because there’s no houses Connor!!”

Norma’s Project: http://normasproject.weebly.com/
A Research Study into the Sexual Assault of Older Women in Australia:

New IFSW Global Definition of Social Work

The following definition was approved by the IFSW General Meeting and the IASSW General Assembly in July 2014:

Global Definition of the Social Work Profession

“Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing. “

The above definition may be amplified at national and/or regional levels.

NB: If you would like to receive the Commentary Notes that accompany the Global Definition of the Social Work please email fionas@anzasw.org.nz

2014 Joint World Conference on Social Work, Education & Social Development


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Have you received your $10,000 ANZASW Member Benefit?

All members of our Association are automatically covered by a $1500 Accidental Death & Dismemberment Policy. In addition to this our members are also eligible for a **$10,000 Accidental Death Benefit** at the special rate of just $2 for the first year - that’s the whole annual premium!

If you haven’t taken advantage of this offer, we recommend you do so right away.

These member benefits are provided by AIL of New Zealand (www.ailnz.co.nz.) AIL has a long history of serving community and industry groups in New Zealand and North America and enjoy an **A+ Superior** financial rating (AM Best.)

AIL also offers affordable family-based Life Insurance plans which can also include Accident Injury, Hospital Indemnity, Cancer Protection and Critical Illness coverage - plans are flexible and can be tailored to meet the specific needs of a member’s family.

To receive your Certificate of Coverage and name your beneficiary, members can click on this link: [www.ailnz.co.nz/request](http://www.ailnz.co.nz/request) or to find out more and receive your $10,000 benefit, please call them direct on freephone 0800 894 121 or email info@ailnz.co.nz

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**University of Canterbury MSW (Applied)**

Tena koutou, Allow me to introduce the Master of Social Work (Applied), MSW (App).

This innovative Masters of Social Work programme provides those with an undergraduate degree and an interest in social sciences, an opportunity to gain an internationally recognised first professional qualification in social work. Study can be undertaken either full-time for two years or part-time over a maximum of six years. Part-time enrolment is an attractive option for students seeking flexibility in their study arrangements. Graduates from the program will be eligible for Registration as a social worker

The MSW (Applied) will be offered as a distance learning programme, taught by a blend of online web based learning forums and in-person block courses at the UC campus in Christchurch. Delivered in this format, the qualification will be attractive to those currently in practice and more accessible for people out of Christchurch. Teaching and learning are strongly linked across the programme to both research and practice literature. Learning takes place in the context of an active research community, both within the Department of Human Services and Social Work, and Te Awatea Violence Research Centre.

The MSW (Applied) at UC represents an excellent opportunity for those interested in gaining a recognised first professional qualification in social work, at postgraduate level, from an established tertiary provider.

Please do not hesitate to contact myself, or the department, if you wish to discuss enrolment in the Master of Social Work (Applied).

Regards

Dr Jane Maidment
Senior Lecturer, Field Education, Department of Human Services & Social Work
FROM ABUSE TO SAFETY
Unique Challenges Faced by Women Suffering Domestic Violence

Duration: one-day workshop for health professionals

This is an educational workshop giving tools to professionals who are supporting victims of domestic violence and sexual assault. Material adapted from current evidence-based research.

Overview
Domestic violence is an ongoing issue in today's society. Supporting sufferers and guiding them through the changes needed to escape violent situations, ensuring their safety and understanding their difficulties and challenges is essential. This workshop is designed to educate and assist anyone working with victims of sexual assault or domestic violence; to assist in supporting their clients; to understand the complexities of their situations and their associated emotions.

Topics
✓ The dynamics of abuse
✓ Red flags for potential abusers – messengers of intuition
✓ PTSD in women who suffer abuse
✓ Out of the closet – IPA in GLBTQI relationships
✓ Resistance – a powerful state of survival using ESI™
✓ Understanding loss and grief through the lens of IPA
✓ Intimate partner sexual violence – an overview
✓ The link: pet abuse, child maltreatment, elder abuse and domestic violence
✓ Why does she stay / remain silent? (additional research)
✓ Critical turning point / tipping points – a catalyst to getting out with the help of ESI™
✓ Leaving as a process
✓ Supporting your clients – DO’s and DON’T’s
✓ Stalking – first line of defense against women

Workshops will be conducted in Dunedin 13th October, (Hosted by Psychology Associates) Christchurch 15th October and Nelson 17th October 2014

Your Presenters: Ricky Hunter & Jan Sky (Speaker, Counsellor, Coach, Clinical Hypnotherapist)

Workshop investment: Early bird - register and pay by 12th September - $220.00
Regular price from 13th September - $295.00
For Registration Form please email rickyhunter@rickyhunter.org

Workshop inclusions: Handouts; educational links for further research for your professional development; Certificate of Attendance; morning, afternoon tea and lunch
You may have already heard of IDT. Over the last twenty years IDT training has become established throughout New Zealand and Australia, has been published in many academic journals, presented at international conferences and recognised by several CPD programmes (see our website for further details).

The IDT modality is a page based way of working with words, images and feelings. The page becomes a mirror for your client, helping them see themselves more objectively from new perspectives, and facilitating insight, inner resourcefulness, and profound change. A unique map of the stages of the therapeutic journey guides you through the tasks, challenges, risks and interventions of each stage, dramatically increasing your effectiveness and ability to work safely.

### IDT 2014 Course Schedule

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<td>Christchurch</td>
<td>25 - 26-Jul</td>
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<td></td>
<td>Palmerston North</td>
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<td></td>
<td>Tauranga</td>
<td>07 - 08-Aug</td>
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<td>Dunedin</td>
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<td>Napier</td>
<td>25 - 26-Sep</td>
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<td>Wellington B</td>
<td>23 - 24-Oct</td>
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<td></td>
<td>Tauranga</td>
<td>11 - 12-Sep</td>
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<td></td>
<td>Dunedin</td>
<td>18 - 19-Sep</td>
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<td>C&amp;A</td>
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PROFESSIONAL DEVELOPMENT OPPORTUNITIES AVAILABLE IN 2015 THROUGH DISTANCE LEARNING

PROGRAMMES

MASTER OF SOCIAL WORK
The MSW equips social workers to develop and use research skills in their practice settings, and to keep current with the latest theories and practice.

Papers offered in 2015 are: Current Theories and Issues in Social Service Practice, Disability Studies, Māori Development, Social Services Supervision and Child Welfare.

MASTER OF ARTS (SOCIAL POLICY)
The MA (Social Policy) enables students to pursue postgraduate study and research in social policy.

POSTGRADUATE DIPLOMA IN SOCIAL SERVICE SUPERVISION
This diploma is for professionally qualified practitioners who are currently supervising social service and health practitioners and/or students on placements.

SOCIALWORK@MASSEY.AC.NZ
0800 MASSEY
Clinical skills for treating posttraumatic stress disorder (Treating PTSD)

This two-day (9am-5pm) program presents a highly practical and interactive workshop (case-based) for treating traumatised clients; the content is applicable to both adult and adolescent populations. The techniques are cognitive behavioural, evidence-based, and will be immediately useful and effective for your clinical practice. The emphasis is upon imparting immediately practical skills and up-to-date research in this area.

20-21 November, Melbourne CBD  
27-28 November, Sydney CBD  
7-8 May 2015, Brisbane CBD  
21-22 May 2015, Melbourne CBD  
28-29 May 2015, Sydney CBD  
11-12 June 2015, Perth CBD  
18-19 June 2015, Adelaide CBD  
25-26 June 2015, Auckland CBD

Clinical skills for treating complex trauma (Treating Complex Trauma)

This two-day (9am-5pm) program focuses upon phase-based treatment for adult survivors of child abuse and neglect. Participants must have first completed the 'Treating PTSD' program. The workshop completes Leah’s four-day trauma-focused training. The content is applicable to both adult and adolescent populations. The program incorporates practical, current experiential techniques showing promising results with this population; techniques are drawn from EFFT, Metacognitive Therapy, Schema Therapy, attachment pathology treatment, ACT, CBT, and DBT.

23-24 October, Perth CBD  
30-31 October, Newcastle CBD  
6-7 November, Brisbane CBD  
13-14 November, Adelaide CBD  
14-15 May 2015, Darwin CBD  
4-5 June 2015, Cairns CBD  
16-17 July 2015, Melbourne CBD  
23-24 July 2015, Sydney CBD  
30-31 July 2015, Auckland CBD

Program Fee for each activity is in Australian Dollars (AUD)

Travel to Australia $500 AUD (when you fax this form to pay for an Australian workshop with a Visa or Master card)
Auckland Super Early Bird $550 AUD if you register at our website by 31/12/14
Auckland Early Bird $600 AUD if you register at our website by 18/3/15
Auckland Normal Fee $650 AUD if you register at our website after 18/3/15

Program fee includes program materials, lunches, morning and afternoon teas on both workshop days

Direct your enquiries to Joshua George on (00612) 9823 3374 (phone/fax/voice) Email: mail@talinbooks.com

For more details about these offerings and books by Leah Giarratano refer to www.talinbooks.com

2014-2015 Trauma Education Registration Form

Please circle the workshop/s you wish to attend above and return a copy of this completed page

Name:  
Address:  
Phone:  
Email (*essential):  
Mobile:  
Special dietary requirements:  

Method of payment (circle one)  
Visa  
MasterCard  

Card Number:  
Expiry Date:  
Card Verification Number:  
Debit amount in Australian Dollars: $

Cheques are to be made out to Talmin Books Pty Ltd and mailed to PO Box 877, Mascot NSW 1460 Australia
If payment is made with a credit card (or if you are reserving a place), simply complete the information above and fax this page to (00612) 9823 3374.
A receipt will be emailed to you upon processing. Note: Attendee withdrawals and transfers attract a processing fee of $55 AUD.
No withdrawals are permitted in the seven days prior to the workshop; however positions are transferable to anyone you nominate.

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