Chief Executives Update

ANZASW is preparing to make submissions on several important issues. Participating in ANZASW submissions allows members to express their views without the constraint of their employer’s views on the subject. As a membership body it is also important that the content of submissions is representative of membership views.

The Green Paper for Vulnerable Children is a consultation on developing a strategy for protecting our most vulnerable children and preventing others from becoming vulnerable. Social workers have a significant contribution to make protecting children from abuse. Social workers know what works well and are able to offer a ‘coal face’ perspective on keeping children safe. I would encourage you all to be discussing the Green Paper in your workplaces, Branches, Roopu and Interest Groups. We will be seeking input from members over the next few weeks.

The Family Court Review discussion document is now available. Jo-Ann Vivian is the ANZASW representative on the Family Court Review Reference Group. Part of the focus of the review is the reduction of costs arising from Care of Children Act cases. The review must however take into account the safety of children and ensure children’s voices are heard and their best interests are promoted. The social work voice is an important voice in this review.

The Mental Health Commission are developing a new Blueprint for Mental Health Services to update the 1998 version which aims to maintain a clear pathway for aligning need, services and resourcing for mental health services as well as fostering improvement and innovation in service delivery.

The Maori Select Committee is commencing an Inquiry into the Status of Maori Children. This inquiry is being led by the Aotearoa Equity Group led by Green Party Co-leader Metiria Turei and Rahui Katene of the Maori Party. Louisa Wall, Labour Party is also involved. The inquiry covers a wide range of areas such as health, education, social services and justice. The inquiry provides an opportunity for social workers to make a significant contribution to the improvement of outcomes for children.

The ANZASW submission on Mandatory Registration has been lodged. 1,109 members (27.8% of the membership) contributed to the submission. Member opinion was divided.
with 51.5% of the respondents (14.3% of members) supporting mandatory registration while 48.5% of respondents (13.2% of members) either did not support mandatory registration or did not know or chose not to answer the question. Feedback from SWRB indicates that the majority of submissions supported mandatory registration. The next step is for the SWRB to report to the Minister for Social Development and Employment. The ANZASW Board and the Social Workers Registration Board will continue to discuss issues of professionalisation of social work and for the profession.

The Crimes Amendment Bill had its third reading 15th September and received the Royal Assent on the 19th and has been enacted as the Crimes Amendment Act (No 3) 2011. This Act makes it an offence to fail to take action to protect a child or vulnerable adult at risk of assault, neglect, and ill-treatment. Any person convicted under this part of the Act is liable for a term of imprisonment not exceeding 10 years. The Act targets both people who provide care for a child or vulnerable adult and staff members of hospitals, institutions or residences where children or vulnerable adults reside. The ANZASW Indemnity Insurance provides for cover of costs of investigation in the event that a member is charged under the Act.

Thank you to members who sent messages to us on Social Workers Day. The Waikato Branch held their AGM, with excellent attendance, on Social Workers Day and included Allyson Davys from Centre of Health and Social Practice WINTEC in Hamilton presenting on Resilience of Social Workers. Her research identified claiming ones professionalism personal beliefs, collegial support, work places that encourage professional development and a non blaming environment, spirituality and hope were factors that contributed to resilience in social workers. This was another great initiative from the Waikato Branch.

**Presidents Report**

*Ka pu te ruha*  
The old net is set aside

*Ka hao te Rangatahi*  
and the new net is set to catch fish

This whakaatauri is often used in anticipation of change and suggests the notion of succession planning, the principle that as one phase ends its cycle another is ready to replace it and continue its work. It suggests the concept of passing of the taonga of relevant skills and knowledge to ensure the continuance of and protection of valuable resources. In this instance, the work is the
provision of ‘kai’, feeding the people, giving life and sustenance to the whanau and village. There are subtle indicators within this whakaatauki that invite the reader to assume the inclusion of the cultural practice of sharing traditional knowing regarding preparation of the nets, where the best fishing grounds are and the best times to cast the nets to guarantee the catch and therefore fulfill the collective responsibility of continuity of life for those dependent upon the skill of the fisherman.

I utilise this whakaatauki to signal that the world and sector of social work is potentially on the cusp of momentous change and to question the preparedness of we the modern social worker to assume the baton from those who laid the path before us. Obviously one of the major changes that loom rather largely on the horizon is “mandatory registration”. I thank the 27% of our membership who took the time to voice their opinions both for and against mandatory registration through the survey forum. This information is vital in steering, guiding and providing strategic direction for the organisation. Sometimes the ‘waka’ that is ANZASW can seem cumbersome and heavy in the water simply for the reason that our navigational points are chosen by the membership and the role of the governance board is to ensure that we are always guided by your input. Therefore, it can be a slow process to formulate the necessary tools to ensure that we encapsulate correctly and accurately “where it is that you want us to throw the nets”. An obvious learning for the board from the recent survey results is that a majority, 73% of our members, find this avenue of voice unsatisfactory, frustrating or the issue not important. The poor response for such an important issue as mandatory registration informs and concerns the board. We acknowledge that for a number of very legitimate reasons members have exercised their right to not participate and perhaps would prefer the opportunity to ‘korero’ in political debate to satisfy the drive for ‘social justice and social change that sits at the heart of social work Aotearoa ‘. Perhaps our membership finds surveys impersonal and therefore chooses not to engage which results in a limited and weighted view depicted in the outcomes. What is also obvious is that particular sectors of the social work arena are actively engaged, are politically aware, and I congratulate them for continuing to participate, to “cast their nets” through the surveys as we, the board, endeavour to ensure that we gain the largest collective voice available.

Recently I was contacted by a retired social worker voicing his dissatisfaction at the outcome of a case involving a prominent New Zealand comedian and his child. He was unhappy that ANZASW had not made a statement of position regarding this case and voiced his disgust and concern regarding the direction our society appears to be headed, particularly when a New Zealand judge will discharge a case such as this because the defendant “makes us laugh”. In our email dialogue we discussed that historically social workers were a feisty bunch who weren’t frightened to make their voices heard regardless of whether they had a professional body or not. Historically the good of the community and society were the bottom line and if things threatened then social workers would rise up and ensure that the voice of the people was represented. He avidly and passionately stated his dissatisfaction at
the manner in which the board had responded to this matter. I felt like one of my uncles, who had taught me as a boy to catch eels in our whanau ‘hinaki’, was now taking me to task and saying “boy is that how I taught you to feed our family?”. Through Richard’s dissatisfaction I could hear the heart of the social worker and it caused within feelings of safety and security. It reminded me “they’re still watching”, kia ora koe te rangatira e Richard, kei te mihi to koro wero, to koro tautoko me awhi, tena koe te rangatira.

I end this korero with a challenge to us all. Surveys may not be your chosen methodology of expression, they are definitely not mine. I am an “old school” kinda guy and my preference would be to march, wave banners and loudly state my view and I suspect that there are many who would rather do the same. However, to collate the views and opinions of close to 4,000 members is a large logistical exercise particularly when time restraints are added and responses from ANZASW are a matter of urgency. Therefore I implore our membership to engage in this process, to see it as an evolutionary act of ‘catching fish’. The net has changed but the motivation for strategic direction has not. We, the board, desire to be guided by your voices. We desire to make decisions based on a confidence that our membership is driving us in a direction. Sadly, we are unable to do that with any confidence from a return of 27%. However, in respect to those who completed the survey, I thank you and assure you that we will advocate on your behalf. In closing, I appeal to our membership, become involved, attend your local branch and roopu meetings, and cast your net for the people who rely on you. Look beyond the myriad work commitments and stresses that tire you and please engage in surveys as another aspect of the work that you do to protect our most vulnerable children, families and communities.

Mauri ora koutou

Tauha Te Kani
President ANZASW

Kaipurongo

Nga mihi nui ki a koutou katoa

I would like to take this opportunity to talk about Māori health. Māori health is almost defined by reference to pakeha health statistics. Māori have a problem only because there is a gap between their health status and that of non Māori. This thinking, where Māori needs are defined by reference to pakeha achievements must be abandoned. Let Māori health status statistics stand on their own, and use them to define Māori health priorities.
When a Māori health priority is identified there is a tendency to assume whatever works for pakeha in America will work for Māori in Aotearoa New Zealand, despite resounding evidence to the contrary. The most important example is the emphasis on diet and exercise in the management of cardiovascular risk and in the prevention and treatment of diabetes. The focus should be on what works for Māori, not what has worked for pakeha overseas.

Pakeha models of service delivery do not suit all Māori. There must be room for Māori models to evolve. For example, in diabetes care a Māori patient must visit the hospital clinic on six or more different occasions (diabetes nurse, diabetes doctor, dietician, podiatrist, results of blood tests, ECG, other specialists). Why not combine them all in one day? This may make scheduling complicated, but may lead to better patient compliance. Pakeha models of health have not transplanted well. Māori models of health are still evolving and this process should not be stifled.

A new system of funding Māori health is needed. This new system must avoid the structural flaws in the present funding model. These flaws may be summarised as pakeha models, paternalism and “providerism”. Due to limited space, I will not elaborate on these.

Once these impediments to Māori health gain are out of the way, it is possible to talk about the nature and implementation of funding policies that will lead to Māori health gain by the creation of a market in Māori health gain. The first principle of funding Māori health gain is that funding must follow the patient. With the current capitation structure, this is what happens for pakeha, but some providers are still funded to provide services (mental health, health education) to Māori who are not enrolled with them. Second, base funding is base funding. This is used to keep the practice open and operating. There can be no expectation that this funding will stretch to Māori health gain and it is likely a multitude of approaches will work. The issue is how should the Crown provide funding and incentives that lead to Māori and pacific health gains?

Additional funding pools must be available for provider projects that will lead to Māori health gain with continued funding dependent on health gain targets being met. The funder role should be to encourage providers to collect data that allows them to set priority areas for health gain, to facilitate the setting of targets within those areas and to satisfy itself that accurate outcome data are being reported.

There must be considerable tolerance of innovation. For example, there is a feeling among some Māori health workers that the root cause of Māori ill health is damage to the wairua of a Māori person, and that the way to fix this is by strengthening the person through tikanga, te reo and turangawaewae. The challenge for both funder and provider is, on one hand to allow projects based on this kind of philosophy to process, and on the other hand to accept that the continuation of this kind of project will depend on the demonstration of health gains or some acceptable proxy such as a reduction in HbA1c of one per cent.
Currently, in my own work we are looking to design with Māori providers a kaupapa Māori suicide intervention service with a Matauranga Māori programme alongside this service. According to the 2000 mortality figures (NZHIS, MDD2000), suicide is number five on the list of causes of death of Māori males. Motor vehicle accidents are number four. Suicide is a much more important killer of Māori than meningococcal disease, but does not attract comparable funding.

Funding through the Health vote is not the most reliable way of improving Māori health status. The biggest gains will follow increases in the average income of Māori families and the surest way to a higher income is educational achievement (not participation). If Māori are to live longer and healthier both males and females need to succeed more in education and secure higher paying jobs.

We also need to challenge ourselves to engage in efforts to refocus social work education, training and research to align Māori values and principles and to develop great appreciation of our lands, our whanau, our communities and one another.

This will be my last Kaipurongo for ANZASW Notice Board, as I step down at the AGM in Hamilton 25 November 2011. In reflection of the last four years, the seas of social work have at times definitely been choppy and some moments have been chaotically calm! Navigating the realm of injustice, paradoxes, global social work issues, ethics, unchallenged epistemologies and the constant paddling towards claiming space on a national and international level as tangata whenua and as a professional body- have all been part of the journey! I know as a tangata whenua Board member I have attempted to do my best to represent the Tangata Whenua Takawaenga o Aotearoa kaupapa.

I am really grateful for the navigation skills learnt along the way- the many national Māori hui- the interesting dynamics of our people and the way we rigorously debate and argue and then laugh at the end, the people I have met, especially matua Witariana Mita, Manawhenua roopu support Tania Pritchard and Wyllis Russell and also my Manager Mike Grant for the support and time off.

I would like to mihi to my colleagues both Māori and pakeha members of the Governance Board past and present, you have been a pleasure to work alongside and I wish you well for the future endeavours of strengthening and enhancing the professional body. Lastly, to my daughter Shaquille for persevering with all the weekends away and missed sports days.

E ki ana te whakatauki – E kore ahau e ngaro, He kākano I ruia mai I Rangiātea
I can never be lost
I am a seed born of greatness
Descended from a line of chiefs

Mauriora!
Claudine Nepia-Tule
Tangata Whenua Governance Board
Member
John Fry’s 90th

Figure 1 A photograph from John Fry’s (Life Member) 90th birthday in August 2011.

Front row Left to right: John Dunlop, John Fry, Colin Elliott
Back Row Left to right: Brenda Cromie, Lucy Sandford-Reed Cathy McPherson, Noeline Ellis, Anne MacLeod

DHB Social Work Leaders Report

Focus on Health

(Prepared by Marianne Pike, TDHB HSW Advisor, with Christchurch Health Social Work Leaders)

"National Social Work Day 2011: Social Work Responds To Natural/Global Disaster"

The Christchurch experience has highlighted the role that health social workers play in disaster management from a community and DHB acute health perspective. Social work interventions cover a range of activities from immediate practical assistance through to grief / loss counselling and planning for the future. Christchurch DHB health social workers have made recommendations at a national meeting that all social workers (community and hospital) should have civil defence training so that they will be better equipped to support people/families in national disasters. Some DHBs have already responded to this recommendation.
Civil Defence training focuses on the following:

- National, Regional and Local Civil Defence Strategies – how each provides coordination of activities
- Personal Preparedness – as it provides personal resilience
- Organisational Preparedness – as it provides for DHB capacity to support a community in crisis
- Health Social Work Preparedness in local disaster – provides for health social work response that can make a difference in the community.

The Christchurch earthquake experience has highlighted that health social work professional values, knowledge, skills and competencies equip the professionals to respond to any civil emergency crisis. People in the Christchurch Earthquake crisis were assisted during the first stage of the earthquake response by health social workers linking families together, working with police and families in victim identification and crisis loss/grief counselling. Health Social Workers took up clinical supportive leadership roles, and provided front line work/support to the ‘emotionally wounded/distressed’. Health Social Workers supported patients/families and staff to deal with anxiety and was skilled in narrative “calming talk”. The “historic image” of a social worker with “a basket of food & blankets” became a modern day reality in the Christchurch emergency/crisis intervention. Health social workers emerged as the health staff that focused on practical and supportive interventions that would sustain strength, increase resilience and create a safe and warm environment amidst the turmoil. The DHB health social work service became a 24 hour service that could respond to patient and family needs during the initial first weeks of the crisis.

Almost 700 Elderly were transferred out of Christchurch in the aftermath of the quake, without family being told, as the area was declared a national disaster area and it required an emergency evacuation response. This was followed up with a supportive response to families by DHB health social workers. A health social worker was assigned to each elderly before being moved out of hospital. Oncology treatment and medical interventions of all chronic health patients had to continue following the quake, and health social workers assisted patients and families with the transfer to other DHB’s to access oncology/renal/cardiology/etc services - so that their treatment could continue. The crisis caused the presentation of more people with mental health or substance abuse related problems, and a rise in domestic violence incidents. This required appropriate risk assessments to happen during the crisis, and appropriate responses, to alleviate stress and support vulnerable people.

DHB Health Social Work Leaders will focus on the planning of future Emergency Planning Strategies in each DHB to highlight the significance of health social work response in Emergency Departments and Acute Health Services – especially in times of mass crisis. Health Social Workers will also focus on the planning of the response to vulnerable people.
who are living in the community (with chronic health conditions) who will need special /appropriate support during a natural disaster.

**Income Equality Aotearoa New Zealand**

Many people, social workers included, have become very concerned about the social disarray that seems to beset our country as manifest in increases in crime, child poverty and abuse, obesity, teenage pregnancy and suicide, alcohol and drug abuse, etc.

We once led the world in the development of a compassionate, caring society. We were foremost in the world in matters such as rights for women, care for the newly born through Plunket and Karitane Nurses, care for the aged, solo parenthood, free access to health and dentistry.

There is strong evidence that income disparity, not absolute poverty, but the difference between the rich and the poor, correlates with many of our social ills. This research has been gathered together and conclusions drawn in a recent book *"The Spirit Level"* by British epidemiologists Wilkinson and Pickett. For New Zealand, over recent times, particularly over the last 25 years, the income disparity has increased hugely and concomitantly our social ills have become significantly worse.

We, Income Equality Aotearoa New Zealand, a not-for-profit, secular and non political organization want to do something about this. We, an NGO, are a group of ordinary New Zealanders of all ages, careers and political persuasions who are concerned about the future of our country for our children and our grandchildren. So we have started a project called “Closing the Gap” an effort to reduce the income gaps of all New Zealanders. Go to our website www.closingthegap.org.nz, and learn more about this incredibly important issue. If you wish to support the project please SIGN ON.

Then, if you wish to support this project, please send this e mail/message, appropriately amended, or one of your own, to people on your address book, facebook and twitter sites with the same messages, asking them to support the project and pass it on. Hopefully this is a way in which we can eventually contact most New Zealanders and make a difference for us all.

*More equal societies work better for everyone*

Marlene Ware MANZASW Registered Social Worker.
 Organised by Income Equality Aotearoa New Zealand
It was a tremendous privilege and honour to attend the 21st IFSW Asia Pacific & APASWE joint Regional Conference held at the Waseda University, Tokyo, 15 – 18 July 2011. Although the conference theme “Crossing Borders, Interdependent Living and Solidarity” was chosen well before the Great East Japan earthquake, it was made all the more pertinent as a result of this disaster. The Conference had a very special ‘flavour’ of caring concern, compassion and support uniting all participants in a unique and extraordinary way.

Despite the devastating earthquake, tsunami and subsequent nuclear crisis at Fukushima just 3 months prior to the Conference and the huge personal and professional consequences of such destruction, nuclear uncertainty and ongoing disruption the conference was a great success and proceeded with dignity and a great spirit. In addition to the presentations, the formal events provided the opportunity to blend the traditional with the modern and showcase a number of ancient art, craft and musical talents, many with audience participation!

There were 710 conference participants from 25 countries, mostly from the Asia Pacific region. Special note was made of international delegates who supported the conference to show solidarity with their Japanese colleagues despite the anxieties regarding aftershocks and the nuclear power crisis – this was especially important to the hosts at this time and was repeatedly acknowledged. The availability of brilliant translation services for the main sessions was a hugely supportive consideration for English speaking delegates.

At the welcome ceremony I participated in the formal welcome of Dr Rory Truell into the role of IFSW Secretary General, handing him over to the regional president at this his first international engagement. It is great having someone from our region in this key role within IFSW and his attendance at this regional conference was a very special initial orientation into his role.
My plenary address “Crossing Borders, Interdependent Living – a New Zealand perspective” covered how New Zealand’s founding document the Treaty of Waitangi provided the basis for the Culturally and Linguistically Diverse community of today. Touching on the impacts of Globalisation (both man made and environmental) I then went on to highlight the many benefits of cross border interdependence and solidarity we in Christchurch had experienced during the recent earthquake events. A message from the Christchurch Mayor to the people of Japan at the beginning of my address was warmly received and recognised the special links between the two communities as a result of the earthquakes in both countries earlier this year.

My second engagement – a presentation and workshop participation on mental health services involving Korea, Japan and New Zealand perspectives was the whole afternoon on day two of the conference. I was reminded of the many differences in size, scale and the status of mental health in our various countries with things such as Korea dealing with 30,000 suicides per year. New Zealand is of course unique with respect to the value it places on cultural perspectives and is unusual within the Asian countries in utilising a deinstitutionalised recovery model of care. However there are also some similarities in such things as the role of social work within service delivery (eg advocacy and counselling skills) and in managing high workloads.

The latter part of the afternoon staff and service users showcased six community based ‘clubhouses’. Although there were some limitations with respect to communication and interpretation, it appeared that service users were members of these clubhouses learning the various skills necessary to produce whatever was the focus of that particular club. The clubs presented to us included bakery, printing and craft businesses. They each delivered a brief speech, poster board and samples of their wares. The clubhouses appeared to be smallish enterprises (20 – 30 members) and seemed to be staffed by public health providers with members remaining in the clubs for many years. There are none of these types of activities still being run by secondary health services in Christchurch, although NGOs provide some similar programmes for our consumers. Again it was an honour to participate and share in this experience.

For the remainder of the time at the Conference I attended the sessions with interpreters – one was on the revision of the Joint IFSW and IASSWE Definition of Social work. In brief it is expected that there will be ongoing debate around the regions in the coming months with a view to this being taken to the Conference in Stockholm. It would be good for ANZASW to give some consideration to its view on this in the near future! One possibility is that there may be some internationally agreed principles or overarching statements which regions and local countries could use to base their own definition of social work on. For example one
region may not believe that both human rights and social justice are core to their social work definition whereas other regions would. It is also understood that these ‘core’ values are interpreted quite differently across the world.

I also attended the Session on the role of social workers during disasters which built on the symposium in Malaysia several years ago. With my now newfound experience in such matters I was immediately struck by the hugely different natural disaster contexts across the many AP countries. For example NZ and Japan both have good basic infrastructure and the welfare centres that are established quickly provide appropriate mechanisms and cross agency supports for social workers to link into and work, whereas in some other countries it is the army that sets up reception areas and these are quite different in focus. Using Maslow’s hierarchy of needs I guess the focus of each event is to ensure the basic needs are secured in the first instance and then move on from there. In India there is extensive research and teaching in the area of disaster management at the National institute of Mental Health and Neuro-Science (NIMIHANS). Japan have signalled their intention to lead an IFSW funded regional project on disaster management with the Philippines, China and NZ expressing interest in being involved (I am willing to be able to participate in this).

Another session on the ‘Global Agenda’ built on the work undertaken at the Hong Kong Conference last year and will be further refined in Stockholm next year. With the four key areas – environmental sustainability, dignity and diversity, social and economic equalities and human relationships – being the ‘cornerstones’ of the global agenda, each region and every member country needs to consider how it could develop actions for each of these areas.

The 2012 conference will advance the Global Agenda by identifying the Actions required to accomplish the Agenda, including methods in practice and research, in social policy and social work education, and in a broader discourse of global commitment and cooperation.

The Stockholm conference is also seeking to identify how any social work and social development ‘Actions’ might impact on people and contribute to an enduring physical and social environment, particularly in the following three areas:

1. **Human Rights and Social Equality**

2. **Environmental Change and Sustainable Social Development**

3. **Global Social Transformation and Social Action**
Korea offered a unique perspective on the Global Agenda by sharing a piece of legislation recently passed in their country entitled ‘Act on Treatment and Status enhancement of Social Workers’. I have a copy of the summary of this amazing piece of legislation but it is not clear how non-compliance with the act will be dealt with!

My other major involvement was as the regional secretary at the IFSW Asia Pacific regional meeting – the minutes of which will be forwarded separately. However in addition to the minutes and of note for ANZASW at the meeting in Stockholm will be the retirement of the IFSW Treasurer Fiona Robertson and the Asia Pacific Regional President John Ang – both after many years in their respective roles.

Again my very sincere thanks to the Governance Board for your support of my attendance on your behalf at this regional gathering. The three days travel, 4.1 magnitude aftershock 9 storeys up and the heatwave exacerbated by the reduced electricity as a result of the nuclear power disaster were but minor inconveniences against the context of what our Japanese friends and colleagues continue to endure. Our support of them through attendance and involvement was hugely important and repeatedly acknowledged by our hosts. I was overwhelmed by the generosity of their hospitality and appreciation. The Conference was a huge success and a very special event for the region and the IFSW.

I am happy to answer any queries or further discuss progressing the debate and thinking on the various international issues.

Mauri ora mai

Rose Henderson
15 August 2011
My Maldives Experience (contd)  by Michael O’Dempsey

In my previous article on my work for UNICEF in the Maldives I described my arrival in Kulhudhuffushi and meeting my students who had been posted to an overwhelmed local office that had effectively ground to a halt. A twenty three year old manager named Ahmed who had recently been posted there was working to restore functionality. To complicate the situation the social services were a branch of the civil service and the civil service rules stipulated that the offices must be staffed in business hours every work day. This resulted in the offices being open to receive referrals but being unable to make the visits to follow them up due to low staffing levels. The staff responded to this by being in the office all day and then doing their client work out of hours often working seven days a week. They also had very limited access to transport and would have to find a way to get a ride on whatever boat would take them to the islands they had to visit. A lot of time was spent negotiating rides to other islands with police and other government organizations. I’m told that the police became more willing to discuss these trips once the young female students arrived.

The walk between my apartment and the social service office took me along the harbour with its white sand beach and fishing boats pulled up on the shore. Some were the size of large houses. I’ve seldom seen anything quite as beautiful as that. The boats in the harbour looked most beautiful in the evenings.

In my first few weeks there I have to admit that I understood very little of what was happening but I was able to introduce some case work planning tools, some time planning tools and basic social work supervision practices. Ahmed appeared to be the only social worker in the country that used a diary and he adopted these tools for use with his teams.

 Supervision with students presented a number of challenges. I am a European white male and unfamiliar with Maldivian culture, language and their practice of Islam. The patriarchal and hierarchical nature of the culture tended to put me in a position of authority which I was uncomfortable with. The little supervision they had experienced was purely directive and largely critical. This was actually true of the whole organization. I had to be mindful that my students were talking to me in English but this was Indian English and their practice and thinking was actually Divehi. It was very easy for me to respond to what the words might mean if said by a New Zealander or British person but I came to realize that this would be inappropriate. For me to help my students develop a culture of reflective supervision I needed to find a way for the discussions to take place in their own language. The model we adopted was to use a narrative style reflective team approach. Our first few months together were spent getting used to this approach and by the end of our time the students
were running their group supervision in Divehi. They were also planning their interventions and becoming more confident in challenging situations.

Much of the work of the social services in the atolls is providing awareness programmes. These would often be PowerPoint presentations to large groups of people. We went to a very remote island where there had been a very high level of sexual abuse reported. The Maldives used to use internal exile as a punishment for many offences including child sexual abuse. One result of this is that perpetrators would arrive in communities and continue offending. A result of this was that abusive behaviour became more widespread and would remain long after the original perpetrator had left. The island we were visiting was heavily used for internal exile. Indeed, I later met a man who had been exiled there for challenging a corrupt government official under the dictatorship. The island also had a reputation for magic and Ginn, elemental spirits who were frequently malevolent. The workers I was with seemed to be hurrying to get everything done very quickly and the meetings seemed rushed. I came to understand that their discomfort was due to their fear of Ginn, which they told me they didn’t believe in.

Later when we were relocated to the capital Male, there was concern regarding the high level of sexual abuse of children on another less remote island. There were concerns that the island would be difficult to provide a service for due to the risk of violence to Social Workers and due to the lack of staff. By now the student group was increasingly functioning as a team and it was agreed that they could assist some experienced staff that were to be posted to the island.

The students had already been away from their families and boyfriends for months and I had often heard them talk of missing them. Going to the island would again separate them so I asked them if they would be willing to go. They were excited at the prospect of doing this valuable work and they all said yes. So I said to them ‘what about your boyfriends that you have been missing?’ They spoke to each other in Divehi and then one of them said to me ‘this is more important than boyfriends.’ I was so proud of them.

In the event the trip didn’t happen, as the police were unable to provide the necessary support. This was translated to me as they said they wouldn’t go because ‘it was raining.’
Male, the capital, was an enormous shock to me after the pace of life in Kulhudhuffushi. It was so busy, noisy, and high-rise. Male is also the centre of government and has higher rates of reported crime and violence. It took a few days to adjust. The Maldives does not have any facilities for housing juvenile offenders. Youths are sent to adult jails. While we were there one of the students was assisting an experienced Social Worker advocate for a 16 year old youth. He had been sentenced to 16 years in prison for cannabis possession. The student managed to get the very senior judge on the phone. From their conversation the judge agreed that if a viable plan were put together for the boy to have a community sentence he would consider it. I am happy to say that my colleagues were able to put together a plan and he was returned to his family. What a way for this student to start her social work career!

The work was very engaging and required a lot of energy, there being so much that needed to be done in order to sustain the changes being made. I was involved in the training of all the managers from around the country.

We wanted to promote reflective practice and to encourage the managers to consciously plan their interventions and base them on their practice manual and legislation. We used an approach based on unfolding case studies in which information was given followed by a time to discuss and plan their response. Then the next stage of the case study was shared, followed by time to discuss review and plan, and so on. The group engaged well with this model. There were many powerful moments of tension as we discussed issues of gender and domestic violence and at one stage we had to replan the remainder of the weeks training.

By the end of my time there I was completely exhausted and had managed to get an infection which gave be a very high fever (the doctor said it was 40C). I found myself feeling a yearning to return and began ‘hearing’ fragments of waiata in my head. The day I was leaving was chaotic, the cabinet resigned and there was talk of a coup taking place. The city seemed extremely anxious with people rushing everywhere. In the event there was no coup although the military did take possession of the keys of the parliament building. That evening I was glad to reach the airport island and be returning home. There were many sad farewells (it was me who was sad as Divians tend to be rather contained with their emotions) and I didn’t know if or when I would be returning. In the event I did return to assist in establishing child protection committees in remote islands.

When I began studying social work I never imagined it would bring me such opportunities.
New Book Release: Nicki Weld

Nicki Weld is a Social Work Professional Leader (general health) for the Wellington district health board in New Zealand. She is also Director of CNZN Ltd, New Zealand, which provides training, facilitation, supervision, consultancy and solutions for child protection and social service management and workers. She has worked for a number of years in a variety of social service and child protection roles, including senior social worker, supervisor, senior trainer, and as a national social work advisor. She is author of Making Sure Children get 'HELD': Ideas and Resources to Help Workers to Place Hope, Empathy, Love and Dignity at the Heart of Child Protection and Support and co-author of Walking in People’s Worlds: A Practical and Philosophical Guide to Social Work. She is the co-creator of the Three Houses information gathering tool.


Social Work Kete 7 October 2011

New Course Aims to Lower Mental Health Risks
Has the person sitting at the desk next to you been behaving unusually oddly? Is your elderly parent inexplicably depressed? Do you have a friend being uncharacteristically abusive or manipulative? These may indicate early signs of mental health distress.

Breast Cancer Action Month
This October The Foundation is challenging you to TAKE ACTION to raise awareness about breast cancer and to raise funds for our proactive health and wellness programmes. October is breast cancer awareness month globally. In New Zealand The NZBCF is part of a global movement towards a world without breast cancer and it is time to shift the public focus from awareness to action.
Respite care for older people
Carers NZ has offered to help the Ministry of Health to ask family carers of older people about respite care, or having a break. For the purposes of this survey a carer is the older person’s spouse, family, whānau or friend who provides informal support and care on a daily basis.
https://www.surveymonkey.com/s/MDNZPFQ

Assistance for pressures of family life
Families in North Otago struggling to cope with the pressures of family life can now access a service that aims to provide ongoing assistance. Presbyterian Support Otago (PSO) Family Works formally welcomed social worker Jodi Ryan to Oamaru last week, where she will take up a part-time role, working 20 hours a week, alongside Family Works staff who run the parenting programme, Incredible Years.
http://www.stuff.co.nz/timaru-herald/communities/5737756/Assistance-for-pressures-of-family-life

Inspirational community leaders recognised
Youth unemployment, Maori youth development and teen parenting are just some of the social issues which will be tackled by seven inspiring recipients of the Vodafone New Zealand Foundation World of Difference programme for 2012..
http://www.voxy.co.nz/national/inspirational-community-leaders-recognised/5/103439

‘It’s all about the kids’
When a social worker comes calling that doesn’t mean a family is about to be torn apart says Ashburton Child Youth and Family (CYF) social worker, Alex Sugrue. one of the new wave of people who work in the welfare arena, a new wave of people for whom keeping families together is their number one priority.