



Social Work in Schools in New Zealand: Indigenous Social Work Practice

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Abstract

Social workers have found a new professional presence in New Zealand schools since 2001 following a pilot program in a small cluster of schools in 1999. Schools that are in low socio-economic communities have been selected to engage the services of in-school social workers. These schools have a high proportion of Maori and Pacific Island children and families in a country where Maori make up 15% of the population and Pacific Island families now make up 7% of the population. Maori social service providers are keen to employ Maori social workers so that there is congruence with their clients. These workers must then manage the multiple relationships they encounter in small rural communities in New Zealand. School social work enables helping professionals to work in health and counselling teams with families, contributing to positive Maori development and empowering families.

While social workers have been a familiar sight in many North American and European schools for a century, in New Zealand they have become a significant presence only since 1999, when the New Zealand government approved funding for a pilot program focussing on twelve schools in which six social workers became providers of services to children and families. The success of the pilot program has encouraged successive governments to commit funding to further expansions over the following decade resulting in schools now becoming a major site for the employment of social workers and the delivery of services targeted to Māori and Pacific Island families. Social workers in schools (SWiS) are located in what are essentially poorer communities where indigenous Māori and Pacific peoples are over-represented. New Zealand schools are designated Deciles 1 to 10 based on the



socio-economic status of the neighbourhood, Decile 1 being poorer communities and Decile 10 being wealthier communities. Māori and Pacific families are over-represented in Decile 1-3 schools.

Social workers became a recognised profession in New Zealand in the late 20th century with courses in social work expanding in the late 1990s in tertiary institutions throughout the nation. Social workers practise in a variety of contexts such as hospitals, residential care, local government agencies, non-government agencies (NGOs), Māori organisations, faith based organisations, within the Children Young Persons and Families Service, and since the 1990s, their presence is growing in schools.

A political decision made in the late 1990s to trial social workers in primary schools, where children are aged 5-12, could have remained just that – a short term trial. However, the 1999 experiment garnered widespread community support for the schools, the providers, and the social workers. The schools amassed the interest and backing of a wider network from the community. This included professionals who worked with the schools such as psychologists, learning specialists, police, truancy officers, and health and education professionals. At each stage of the implementation from 1999-2002, an evaluation was commissioned so that various interested parties could comment on this new professional presence in the community and school (Ministry of Social Development, 2002; School of Social Policy and Social Work, 2000).

Feedback came from teachers, other community agencies, the employers, school boards, client children and parents, and the SWiS themselves. The reflections of health and social work professionals associated with the schools and communities were canvassed and the parents and children asked to discuss the benefits and potential of SWiS and to record their experiences of working with SWiS. These evaluations provided a valuable baseline for future research and a foundation on which the government as a funder could justify building the SWiS program from 2000 onwards.

The 1999 pilot marks the beginning of Social Workers in Schools (SWiS) as a formal government-funded program in New Zealand. There were twelve social worker positions located in fifty schools and within six social service providers. Social service providers are agencies that are formally approved to receive government funding and to provide a range of services within communities. Early in the planning stages, a decision was made that the schools would be the context within which social work was practised, but that the workers themselves would be employed by recognised social service providers that had a track record of social service provision. It was reasoned that because SWiS were a new professional group and under close scrutiny from a range of stakeholders, success of that initial pilot would have an impact on any decision to expand the program to more schools. Success would strengthen the case to go back to the government for a wider expansion and for the budget to support this. A key issue for some school communities was the employment of SWiS by

agencies external to the school. It was therefore important to explore and identify the advantages of networking with social service providers. For others, who were sceptical about not being able to employ the social workers internally, there was a period of relationship building which helped to dispel some of the suspicions about the role and responsibilities of school social workers. This was in large part because there was some negativity towards the historical role that statutory social workers had played in separating children from families. Ensuring that the role of the SWiS was understood by the schools was important, especially the point that they were not statutory social workers with powers to remove children from families.

It was also essential that the key players build respectful professional relationships, particularly between the SWiS, the school principals and providers. When this is achieved, all stakeholders benefit. Where these relationships have stumbled, the programs have failed to realise their potential (Tawhara, 2007; Williams, 2010). The SWiS is a key link in terms of relationship building, sometimes taking the greatest responsibility for this.

Enhancing the educational opportunities for children within the school environment and working with families became central goals for SWiS. The program was seen as an early prevention and intervention service with the potential to improve education and health outcomes for families. Families that experience poverty and social problems often struggle to support children to achieve at school. Initially, schools located in lower socio-economic neighbourhoods were tagged as being eligible to have a SWiS in their school. Within these low decile schools, indigenous Māori people and Pacific families are over-represented. Auckland, as the largest city of Pacific peoples, has a significant population of Pacific Island families whose children are not achieving their potential at school. It was recognised that children from lower socio-economic neighbourhoods were at greater risk of under-achievement in the school system and of having poor health outcomes. SWiS were to become a key professional group focussing explicitly on achieving improved outcomes for Māori and Pacific Island children and families.

Early in the 1990s community organizations with the potential to deliver services through government contracts were encouraged to register as social service providers. Among these were Māori organizations that became eligible to seek contracts that would then enable them to employ SWiS. These agencies usually offer a range of complementary services within their tribal boundaries rather than on a provincial or national basis as do some of the NGOs.

The 1999 pilot proved to be a success and the New Zealand government extended SWiS more widely in 2001, 2009, 2011 and in 2012 announced that all low decile primary schools would be eligible to have a school social worker. This latest increase results in 673 schools having access to a SWiS. They represent 130,000 children and 149 additional full-time staff.

TABLE 1: THE EXPANSION OF SWIS 2009-2014

2009	2011	2013-2014
130 schools	285 schools	673 schools
	70,000 children	131,000 children
20 high schools		
		149 full-time SWiS added
Selected schools	Expansion to all decile 1-3 schools	\$11.1 million per year to cover the extra 388 schools

The early program was based in primary schools (where children are aged 5 – 12) however, the 2013 expansion includes early childhood centres and a selection of secondary schools where SWiS are expected to join guidance and health teams already in place in many high schools.

The 2013-2014 expansion commits to locating SWiS in all schools identified as being in lower socio-economic neighbourhoods. They are generally clustered so that a social worker may work across two or three schools, depending on the school rolls. Māori and Pacific Island families and children remain a key target group.

When SWiS began, a cluster of government agencies took responsibility for the development and monitoring of SWiS as a program. These were the Child, Youth and Family Service, the Ministries of Health, Education, Māori Development (Te Puni Kōkiri) and Pacific Island Affairs. It was envisaged that they would work in co-operation to advance the program and to ensure it had the support needed to promote its success. With the support of these agencies, SWiS had the job of enhancing the opportunities available for better social, educational, and health outcomes for at-risk children and their families. Governance and management committees usually included representatives of these agencies that supported the SWiS program and school communities.

These management or governance groups have had significant input into the development of the program, in some areas, while in others their role has been at a governance level and the day-to-day operation has been with the social worker and principal (Tawhara, 2007; Williams, 2010). In some schools there have inevitably been tensions, while in others the presence of a social worker was quickly valued and the school staff and social worker decided how best to utilize the skills of the social worker for the benefit of the school community. Some schools saw the social worker more as a counsellor and expected the role would be one of providing individual counselling to children. The role is generally recognized as being much broader than this and after a decade is promoted as a child-focussed, strengths-based, and family-centred service. Within schools, there remains a diversity of approach and delivery.

Over the years an impressive range of programs have been delivered to children and families such as: grief counselling, courses in dealing with bullying, preparation for high school, self-esteem building and life skills. In many cases the schools have been able to negotiate their needs with the social worker and the provider and the range of services to schools has varied and grown impressively over time (Selby, English, & Bell, 2011). An advantage of being based with a service provider is the ability to call on others who work in the agency to assist with providing specialist programs. This has been one of the casualties in the latest expansion as the focus is on working directly with families and redirecting program funding to family focussed work.

In order to achieve the magic number of 600 students required to employ a SWiS, schools have had to cluster together with other low decile schools in their neighbourhoods or in the case of rural schools, a wider region. In some cases one large school or two smaller schools have had sufficient students on their rolls to enable them to request a social worker, while in other more rural areas, three or four or even five schools need to collaborate in order to employ a full-time worker. This requires a high level of co-operation for schools and providers and a skilful social worker. In other cases where small rural schools request a SWiS, and enrolment numbers are low, they are employed in a part-time role.

In many cases the providers employing the social workers have established relationships within their communities; others have been set up in the late 20th century in response to the contracting environment of the 1990s where local providers seek contracts to provide social, health, and community services. Long standing Christian social services have been successful providers, Children's Health Camps, which had provided residential care for children for half a century were successful in some communities and in others, Māori social service providers were successful. There were initially very few Māori providers selected despite the program being targeted at Māori communities.

Māori organisations providing social services fall broadly into two groups: first, those providing services focussed on Māori clients; and second, those that are essentially provided by tribal authorities with tribal governance structures and already providing a range of social services within localised geographical boundaries and with a responsibility to the tribal collective rather than to Māori families in general.

With the expansion of SWiS from 2002-2013 a significant number of the social workers who were employed were Māori. In 2013, eleven providers out of more than forty-five are iwi Māori organisations, that is, they are tribally based, working within their own geographical homelands and recognised by government as social service providers.

The great majority of social workers employed by iwi organizations are Māori men and women, who belong to those tribal groups for whom they work. They have completed a range of qualifications from an array of tertiary institutions, have an

impressive background in community work, social work, mental health, iwi, hapū and whānau development (tribal and extended family development). Importantly and critically, they have an impressive knowledge of the values and beliefs within which Māori society exists. They work from an iwi Māori values base, have significant networks in their communities, which are part of their personal and professional associations, and they have strong commitments to their communities (English, Selby, & Bell, 2011). They are easily identifiable within the local towns and schools, because they are genealogically related and have a close knowledge of many of the families with whom they work; and importantly they belong to their communities and are accountable to elders and leaders who provide support and encouragement to them. The elders provide much needed wisdom to those who work with their people. This tight network operates within an inter-weaving of responsibility, reciprocity, and relationships. It is this inter-weaving that makes this group of Māori SWiS stand out. They have developed the respect of the schools within which they work; they are valued by the schools, the parents and the children, the other professionals who provide services to the communities, and by the teachers and principals of the schools. They are visible in the schools and are a professional presence. Their role complements the school teachers who can focus on educational achievement while the social worker helps the children overcome barriers to achievement. The school is an ideal environment as it is open five days a week, is a central focus for many communities, and all families have a connection with the school.

SWiS are often able to work in teams. They need administrative support to record client contact and need resources and reliable transport to navigate the rural communities or their suburbs. The agency as the provider is important to ensure a professional support system is available to the social worker. The relationship with the school is the key that opens the door to the opportunity for this service to be successful.

Generally an iwi Māori provider is based within a geographic boundary, which is recognised as their ancestral tribal land. They are in the location where their ancestors have lived before them. They belong to the land and to the people of the area and have a spiritual relationship with the land and people. These people have spiritual and family ties to the region, and therefore have obligations and responsibilities to the people who live there. Not all residents and client families are members of the collective, but because they live within the region the local tribal social service providers include them within their suite of services. This responsibility is recognised by Māori as a responsibility to care for others who migrate to the region.

Our research showed that the social workers have built their practice on Māori values. These are the Māori values and beliefs inherited from their ancestors that provide the foundation principles for working with Māori families and communities. Many have worked in cities or even in Australia, before returning home to make a

contribution to their tribal group as SWiS. It is their genealogical links that are a magnet drawing them home to their roots to share their skills, experience, expertise, and love for the families in the area. They bring their qualifications, personal and professional experiences, and a desire to have a positive impact. They acknowledge the impact being a SWiS and doing this work has on their own lives. It is an opportunity rather than a job. They have analysed their values and the skills they have developed as social workers working within their communities.

There are Māori social workers who work for non-Māori organizations such as Christian based services and those that are referred to as mainstream organizations in New Zealand (Williams, 2010). The foundation values from which they work are often those which their employing organizations promote. If one works for a Christian agency there is an assumption that Christian values will be part of the foundation.

Those working within Māori agencies reported in our research that social work interaction and intervention must result in positive outcomes for the children, families, and schools; if not, they are wasted opportunities. When children or parents ask for help it is a sign that they are ready to make a change in their lives. For the social worker, there is both a conscious and a sub-conscious drive to effect positive change in the conditions of the clients. The social worker scans for evidence that the families they work with are achieving greater independence, confidence, and skills to manage their lives and those of their children and other dependents. They look for at least three indicators:

- The family lives more positively as a cohesive unit with evidence of self-management and self-reliance.
- There is a positive change in their appearance, a willingness to engage in activities both within the school and after school.
- The family appreciates the role of the social worker in facilitating change in their circumstances (Selby et al., 2011).

The client cluster can be as small as a mother and child, a grandmother and a child, a father and his son. It can just as easily be a large extended family of several generations with multiple relationships, married and unmarried individuals and couples, employed and unemployed adults, students and children, in one household or several. Whatever the make-up and size of the family, the social worker engages with key members, and identifies the decision-makers and the goals to be achieved. They are mindful that the self-esteem of the clients with whom they work is promoted and enhanced, and that what results, is the empowerment and enabling of the family.

A key outcome in this work and one that is particularly important for Māori families is to promote self-management and self-reliance. In many cases families have experienced intervention that makes them recipients rather than self-determining.

Families that have had several agencies involved in their lives move towards being passive in attempting to meet the needs of the workers rather than their own needs. Multiple agency intervention can be over-whelming.

The role of SWiS as a lead agent and a facilitator helping families to be independent of social services and interdependent with wider family structures, is one that Māori SWiS have recognized as important for their own communities. Independence is not necessarily a goal in itself, as in the Māori world it may result in a family being separated from relatives who are their natural support system. Interdependence is far more desirable – interdependence with one's extended family.

SWiS have encouraged families to be proactive and to maintain their independence in decision-making in all areas of their lives. This may result in parents feeling more confident about participating in the life of the school by attending school meetings, activities, open days, parent-teacher reporting days, school sports, and programs offered by SWiS as after-school programs or in the school holidays. This self-reliance then extends to interaction with other health professionals and to accessing resources available in the local and wider community. Confidence and self-reliance build self-esteem.

SWiS have indicated that enabling families to identify their own goals towards independence from social services is a key role of SWiS. The ability of a parent or child to approach a SWiS seeking support and help is an indicator of a move to self-management. Children and families able to identify their needs have a greater chance of resolution as they are already demonstrating that they have a range of skills when seeking help. Positive outcomes are far more likely when those referred are willing or self-referred rather than reluctant and unable to identify their own needs.

Balance is restored when the members of the family know that they are valued, with responsibilities shared, and roles defined and acknowledged. This requires them to recognize the talents and skills of the individuals as well as the limitations. As children grow they take on more responsibility and may well relieve older family members of tasks once easily achieved, now onerous. While elders may be relieved of strenuous tasks their role and influence do not diminish. It is not uncommon for elders to be accompanied by young people or a designated younger person at their meetings. The youth are there to support (often just by being present), not necessarily because the elder's skills have diminished. It is then an opportunity for the youth to learn about the priorities of their elders and succession opportunities may result.

Accompanying elders to their meetings is a valuable opportunity to learn and often regarded as a position of privilege. Valuing elders is a key indicator of a family demonstrating Māori values.

Another positive outcome of social work support occurs when there is a change in the outlook and involvement of families. A constructive outcome would be when, as the result of attending a parenting program, the parents begin role modelling positive behav-

ious like studying or learning something new. They are more confident, able to ask questions, and feel integrated into the school community and their own extended family. They are demonstrating for example, that they have been empowered by the parenting course they attended – the parents, children, and the school all benefit when this occurs.

When a social worker notes a more positive appearance or aura this may indicate a change in well-being. The Māori term *ahua* describes appearance when looking for key indicators of well-being. *Ahua* can refer to the personality of an individual or a family and can describe a person's inner and outer qualities. From a spiritual perspective, the *wairua* or spiritual aura is an indicator of positive well-being; an individual or family may be calm and in control. Physical appearances of positive outcomes may be evident when children are involved in activities and confident about volunteering to take leadership roles.

Because Māori SWiS working for their own tribal organisations are mainly in small rural communities they are known to the families in their personal lives. The families of the SWiS, such as husbands, wives, and children, are often known to SWiS clients, because rural New Zealand communities are too small to avoid this. The relationships are therefore complex and a high degree of skill is required of the social workers and the clients to separate the roles of each from their lives as church-goers, sports coaches, and players within the community. They are often parents themselves, or grandparents. It is usual that the social worker will encounter clients in their daily lives outside of the school. These encounters outside the school grounds are unavoidable. Being willing both to live and work in the community and to deal with the community's most vulnerable members while maintaining balance in one's own life are balancing acts in themselves. The Māori SWiS who work in this context manage this with support from their own families, with professional supervision, with on-going professional education and training, and with a keen awareness that this is the reality of working at home and in New Zealand.

Communities that have SWiS working in them have developed respectful relationships with them. The school playground and classrooms are places where professionals and families come together and where numerous opportunities exist for children and social workers to work together. Because the social workers are available both within the school and within the community, it is relatively effortless to make contact with the SWiS. The first contact can be informal if the parents want to check out the services available. There will be others in the community who can elaborate further on the role of the social worker. In many schools the principal and other teachers make referrals. Self-referrals are also made.

Many of the social workers are women and those who are Māori mothers and grandmothers are often conferred titles as a mark of respect. These are Auntie, Whaea, or Nanny. It is not common for young people to call adults by their first names

in schools. Men may be referred to as Uncle or Matua. This does not hinder the relationship building. It draws the relationship to a common understanding that the adults have a responsibility for the children.

The rewards for SWiS come not only from acknowledgement by parents, but from children and the wider community. Feedback can be given informally, in passing and as the occasion arises; it may be at the end of a course organised by the SWiS or the end of a holiday program. As the reputation and trust of SWiS is developed the volume of self-referrals has increased. Families and children will let the SWiS know when they are happy with their performance.

It is also evident that the Māori provider organization is a powerful contributor to positive outcomes. Their philosophy and support in promoting underlying Māori values provides a solid base for the social worker. The opportunity to work within a team of people providing a range of services to a community is empowering. It also provides access to whānau resources not accessible to others in the same way. The availability of elders to accompany a SWiS is invaluable, whether this be to a conference, a training session, a weekend course, or to a newly referred family.

The 2013 expansion has provided an opportunity for many more social workers to work in a school environment and this will challenge the profession and the social work education institutions as there will be insufficient graduates to undertake this work. It is an exciting opportunity for young graduates to work within teams of social workers and within multi-disciplinary teams. However, one of the greatest challenges in the latest expansion is that many Māori language immersion schools have signalled that they would like to have the services of a social worker in their schools, but at present there has been no move to ensure that bi-lingual Māori social workers are being targeted for social work training.

Within the Māori providers there are social workers who now have a decade of experience working within this school context. It will be their mentoring and peer supervision that will build a workforce of school social workers who have the potential to make a significant contribution to the development of Māori social work in New Zealand.

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