Social Work with Immigrants, Refugees and Asylum Seekers in New Zealand

Mary Nash and Andrew Trlin

NEW SETTLERS PROGRAMME
MASSEY UNIVERSITY
PALMERSTON NORTH
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• All enquiries (in writing) to:
  New Settlers Programme
  School of Sociology, Social Policy and Social Work
  Massey University
  Palmerston North
  New Zealand

• See our website at: http://newsettlers.massey.ac.nz

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EXECUTIVE SUMMARY

This research into social work services for immigrants, refugees and asylum seekers explored the experiences of social workers providing services to this client group. The topics investigated included: aspects of a typical case involving an immigrant, refugee or asylum seeker client; the experiences of immigrant social workers in finding employment in the social work profession; the extent to which social workers self-reported on meeting the various needs of immigrants and the types of programmes and approaches available for this client group; and social workers’ perceptions of goodness of fit between their knowledge and skills and the needs of their new settler clients.

In all, 479 questionnaires were posted out to members of the Aotearoa New Zealand Association of Social Workers, and 297 were returned, yielding a response rate of 62 per cent. Of these, 14 were returned blank or address unknown, leaving 283 completed questionnaires. The social workers who completed those sections of the questionnaire which related to working with immigrants, refugees and asylum seekers returned 42.8 per cent (N=121) of the completed questionnaires.

Key Findings

- Respondents indicated that contact with immigrants, refugees and/or asylum seekers was likely to be infrequent or sporadic. Respondents living in urban areas most populated with this client group were more likely to have more contact with them, particularly in Auckland.

- Health-related services, other agencies working with the client and referral by self, family or friends were the three main sources of referral for clients. Settlement and adjustment issues, health concerns and family needs, including difficulties in gaining access to social services were the most common client needs identified.

- Social work tasks ranged from the most practical, such as providing food parcels, transport and clothing, to assistance with housing, child and family support, probation and counselling and clinical therapeutic services, culminating in advocacy, legal assistance and community development work.

- On the whole, social workers indicated that they felt they had achieved improvements in the circumstances of the majority of their clients. Some,
however, felt they could do little for their clients, given cultural, economic and other obstacles to resettlement and family reunification.

- The majority of respondents rated themselves as competent or better than competent in this field of practice. At the same time, many of those who rated themselves below the halfway mark for competency felt that their supervisors might not know as much in this area either.

- A small number of respondents answered the section for social workers born overseas. On the whole, their experiences in finding positions to practice their profession were positive. However, while most felt that their ethnic background and/or language ability was recognised as valuable by their agency, only half indicated that these assets were actually made use of in their job.

- Respondents wanted further training in cross-cultural social work and they wanted more staff training and better support services available, such as readily accessible information relating to accessing and working with interpreters and skilled cultural advisors. They wanted to see better community services available and thought that New Zealanders needed educating about cultural diversity and the value of new settlers from different cultural backgrounds.

- Two areas arising out of this study call for further research. The first is to explore the service users’ experiences of social work practice, in health settings, in other government agencies such as Work and Income, Community Probation and Child, Youth and Family Service, and in the NGO sector. The second area concerns the education and training for social workers and social work students, particularly in: the availability and use of interpreters; in developing best practice skills and knowledge in cross-cultural social work; and in mental health work with refugees and asylum seekers. Research findings in these two areas should be employed to facilitate the review and further development of the curriculum and training of social workers in order to more effectively meet the demands and challenges of a new, specialised field of practice.
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INTRODUCTION

Social work is operating in an increasingly international and global environment (Chathapuram and Link, 1999; Midgley, 2000; Powell, 2001). Nowhere is this more apparent than in work with immigrants, refugees and asylum seekers. The burgeoning literature on globalisation and social work explicitly links social work practice to issues of citizenship, inclusion and participation in civil society. Powell (2001: 163-165) argues that "civic social work is defined by a concern for the rights and needs of citizens". He proposes ten core practice principles which inform civic social work, and they bear a remarkable resemblance to the principled concerns and values raised by social workers in the course of this research project. Prominent amongst them are social inclusion, trust and respect for clients and for their views on what works for them in order to promote user participation and empowerment. Multiculturalism and sensitive recognition of poverty are included as crucial attributes for civic social work, and he argues that, to be effective, social work must function with the support of the state as well as of the service users.

In New Zealand, little research has been conducted into the use that new settlers (especially refugees and asylum seekers) make of social workers. Similarly, there is little information about how prepared social workers may be, culturally or otherwise, for working with immigrants, refugees and asylum seekers. The international literature in the area suggests a developing conceptualisation of this work into a field of practice for resettlement or citizenship and new research findings indicate that frameworks for practice are taking shape. A field of practice has been defined as consisting of (Siporin, 1975: 45):

A full range of interventive measures which centre around some major social need or problem and around the social task in response to it. Each field is differentiated in terms of variations in the special constellation of values, knowledge and skills and in the use of common elements of assessment and intervention, as well as of unique and specific kinds of helping actions. The relating of method to a problem-task focus in this way is consonant with the proposal made by Henry Maas and others that social work practice specialisations should be based on specific social problems and on the knowledge, programs and skills required to deal with them.

According to Potocky-Tripodi (2002: 3) many social workers in the USA can expect to work with immigrants and refugees. She argues that “social work practice with refugees and immigrants requires specialized knowledge of the unique issues of these populations” and offers the profession a comprehensive
account of what she considers to be best practice in this new and challenging field. She systematically explores the many factors which practitioners need to recognise as important in the lives of this client group, using an analysis which reflects on the micro, meso and macro levels. Good practitioners should be informed about human rights and social justice issues as well as international and local law surrounding immigrants and refugees. Social workers also need to be culturally competent and have the requisite knowledge and skills to work appropriately with their immigrant or refugee clients. They must therefore be informed regarding service delivery systems available to them and they need to be knowledgeable regarding key problem areas such as health, mental health, family dynamics, cultural diversity, language, education and economic circumstances.

Publicly available information on the curriculum content of social work courses, competency assessment standards and the professional standards of the Aotearoa New Zealand Association of Social Workers reveals little about the range of knowledge, skills and practice models expected or required of social work practitioners who must try to meet the needs of the diverse client group who are new settlers in New Zealand. Wang (2000: 13) reports on the "gap found in social and community work literature around practice and theory for immigrant settlement and the Asian community within New Zealand". She suggests New Zealand lags behind other countries in providing courses for social service workers in these areas. There are no New Zealand Qualifications Authority (NZQA) standards in this respect and she believes this is to the disadvantage of immigrant and Asian community development (Wang, 2000: 14).

The research reported here is part of a research project within the New Settlers Programme, and represents findings from a survey which explored the provision of social work services to immigrants, refugees and asylum seekers in New Zealand. The main areas of interest are:

1. The actual use made by immigrants, refugees and asylum seekers of the services provided by social workers. Key services include: advocacy, including housing and income support; health; child welfare; schools; women's issues and justice.

2. The experiences of immigrant social workers in finding employment in the social work profession. In this category we have information pertaining only to respondent social workers who are members of the Aotearoa New Zealand Association of Social Workers (ANZASW).

3. How social workers meet the various needs of immigrants and the types of programmes and approaches available for this client group.
4. Social workers' perceptions of goodness of fit between their knowledge and skills and the needs of their new settler clients.

Social workers in this area identified a variety of issues to be addressed and resources they required in order to improve service delivery and these are discussed in the light of comparable international research (Valtonen, 2001, 2002; George, 2002; Potocky-Tripodi, 2002). It is anticipated that the information presented here will be of value to a wide range of people, including immigrant communities and analysts involved in government policy development.

Two other sets of data were gathered as part of this project: a survey of non-government/not for profit agencies and organisations providing social services to immigrants and refugees in New Zealand; and twelve interviews with senior workers in agencies which returned questionnaires that were likely to be information-rich. Findings from the second survey will be published in a later report and information from the interviews is used to shed light on findings for both surveys where appropriate.
SOCIAL WORK WITH IMMIGRANTS, REFUGEES AND ASYLUM SEEKERS

An immigrant is someone who moves in a planned way, from one country to another, in order to settle permanently in the new country. Immigrants know that they may, if they choose, return to their country of origin. This is not the case for refugees. It is estimated that there are about 19.5 million refugees in the world (www.unchr.ch basic facts page, 6/3/03). According to the United Nations 1951 Convention on the Status of Refugees, a refugee is a person who (www.unchr.ch):

Owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country.

Asylum seekers, in contrast to immigrants and refugees, are people who enter a country without legal documents, or whose documents expire once they have arrived and who claim refugee status. New Zealand, as a signatory to the 1951 UN Convention Relating to the Status of Refugees, has a responsibility to determine the citizenship status of all asylum seekers. Article 31(2) of the UN Refugee Convention prohibits the unnecessary detention of asylum seekers who are applying for refugee status, however s128 of the Immigration Act permits detention where it is deemed necessary. Successful applicants are technically referred to as Convention refugees. While waiting to be assessed, they have diminished rights and are entitled to minimal state assistance which presents a challenge to social workers seeking resources and services for them. These circumstances denote a client group requiring knowledgeable, strong and committed advocates, a traditional role for social work.

There is a consensus in the literature that whatever the reasons for settlement in a new country, people face emotional, cultural and other difficulties often calling for support from the host population. Settlement has been described (Ho, Cheung, Bedford and Leung, 2000 - cited by Wang, 2000: 18) as the:

... complex process of adjusting to a new environment following migration. It involves all aspects of the migrant’s life, including finding somewhere to live, learning the local language, getting a job and learning to find their way around in the new society. The process implies change both in the individual migrant and the host society.
This definition encompasses immigrants, refugees and asylum seekers, focussing on the tasks ahead, regardless of the routes and obstacles which had to be overcome to arrive in New Zealand. To avoid a possible source of confusion at later points in this report, however, it should be noted here that in the international literature on immigrants and refugees the “process of adjusting to a new environment” is commonly referred to as one of “settlement” for immigrants and as “resettlement” for refugees and asylum seekers.

A brief overview of the social work literature relating to settlement issues for these groups of people serves to contextualise the research and its findings. Research into the use that new settlers, including refugees and asylum seekers, make of social workers (George, 2002; Valtonen, 2001; Waxman, 1998; Robinson, 1998) has been conducted in other parts of the world. However, aside from a growing body of literature on aspects of social work with Pacific Island immigrants and their descendants, New Zealand examples of research in this area are few¹. They include: the excellent work of the Chinese Social Workers Interest Group (Wong, 2000); a paper by Wang (2000) on gaps in existing social services for Chinese immigrants; Chu, Cheung and Tan (2001) who detail cultural and safety factors to bear in mind when working with the Chinese; Ahmad, Woolaston and Patel (2000) on working with Indian families; Chapman (2002) on the experiences of refugees as survivors; Cotton (2002) on resettlement policy; and Briggs (2001) on issues of multiculturalism as they affect refugees, asylum seekers and other immigrants in New Zealand.

Two pieces of research from countries which, like New Zealand, have a refugee quota provide useful and relevant findings. George (2002) reports on research carried out in Canada to develop an appropriate model for settlement services which would meet the needs identified by the service users themselves, as well as by social workers. She identifies "full and equal participation of newcomers in Canadian society" (George, 2002: 468) as the aim of the Canadian Council for Refugees. She distinguishes two ways in which one can view settlement: first, as a two way process in which both newcomers and the host society have to adapt to one another; and second, as the provision of settlement services which can be seen as a duty based on human rights (George, 2002: 468). She notes that the Canadian Council for Refugees identifies values such as inclusivity, empowerment, respect for newcomers, cultural sensitivity, collaboration and reliability of services as

¹ For recent examples of research and discussion on aspects of social work with Pacific Island immigrants and their New Zealand-born descendants, see Autagavia (2001), and Tu Mau: Social Work Review, 13(3), 2001, a special issue of the journal of the Aotearoa New Zealand Association of Social Workers entirely devoted to the topic.
important in resettlement work. These values reflect those expressed in the United Nations Summit for Social Development – Ten Commitments (cited by Healy, 2001: 288). In addition, short-term measures of success include gaining employment, as well as social and civic integration, while long-term measures involve career advancement, social participation and access to institutions.

George also categorises models of settlement service delivery as theory-based and practice-based. The former include models of cultural competence, anti-racist models, ecological models and empowerment approaches, while the latter are characterised by the different stages or phases of immigrant settlement and adaptation. George cites Cox’s (1985) example of the stages approach involving pre-movement, transition, settlement and integration which Cox developed in more depth in a later publication (Cox, 1987), as well as a continuum model in which newcomers move from acclimatisation, followed by adaptation and leading to integration (George and Fuller-Thompson, 1998). Practice-based models also distinguish between services which are run by ethnic communities for their own people and services run by mainstream agencies for newcomers. These frameworks are helpful in that they identify and clarify a variety of complex variables involved in (re)settlement work with immigrants, refugees and asylum seekers. Many of the issues which these models and frameworks are designed to address are reflected in the data collected in this research project.

Valtonen (2001: 956) argues that social work responds to new service challenges which draw the profession to develop new specialisations based on fresh practice experiences and the knowledge and skills gained from them. She has described social work in Finland as developing a new field of practice with immigrants and refugees in response to the increasing numbers of displaced people who arrive seeking a new home. She refers to this as resettlement work, a new field of practice which involves indirect social work and provides a "pivotal link" (Valtonen, 2001: 959) as social workers use their expertise to liaise skillfully between the clients' world, bureaucracies and local community groups. Her study emphasises professional social work responsibilities for humanitarian and social justice work in this domain and identifies some key skills for social workers - in particular, cross-cultural skills.

Finnish resettlement work takes place in an advanced welfare state, where social service entitlements are available to all citizens and permanently residing residents. The state has full responsibility for comprehensive programmes administered at national level by the Ministry of Labour and implemented locally by official and public organisations. The level of benefits is described as relatively high owing to the "comprehensive system of redistributive economic and social
service mechanisms" (Valtonen, 2001: 957). The Finnish approach would appear to meet many of the practice principles discussed by Powell (2001: 164-165) and referred to in the introduction to this report.

Immigrants, Refugees and Asylum Seekers in New Zealand

New Zealand is one of nine countries which takes an annual resettlement quota of refugees selected by the United Nations High Commission for Refugees (UNHCR)\(^2\). Selection is the responsibility of the UNHCR which targets refugees in vulnerable categories such as women at risk, victims of torture, medical cases, people with disabilities and long stayers in refugee camps. The New Zealand Government quota for refugees has varied between 700-800 per year over the last decade (up to 750 in the year 2002) but includes a higher proportion of at-risk refugees than many other quota countries. This means that social workers are more likely to encounter refugees once they move into the general population.

The complex and challenging process of resettlement for refugees begins with a six week orientation to New Zealand society at the Mangere Reception Centre. Refugees are then expected to begin making their own way in society, with the support of community sponsors and assistance from specialist and generic health, education and social services. The amount of assistance available is variable and it depends on where people are settled, whether services are well resourced in that part of the country, and whether they have access to agencies such as the Refugee and Migrant Service which has branches throughout New Zealand, and the Refugees as Survivors Centres, which have a therapeutic focus. At the first National Conference on Refugee Mental Health in New Zealand (Abbott, 1989) refugees and those working with and or for refugees came together to share their insights and concerns. The issues raised then are similar to those still being raised by the social workers we surveyed. The refugees may be from different parts of the world, but cultural issues, mental health, grief and trauma, family reunification, education and communication skills, as well as material needs relating to employment and housing are still high on the agenda. It was argued (ten years later) that while material needs were being better catered for, "overall New Zealand ... [was] performing less effectively in the co-ordination and provision of services that allow all refugees (including older persons) to participate fully in our society" (Altinkaya and Omundsen, 1999: 36).

Madjar studied the Bosnian refugee experience in the early 1990s as they came to begin new lives in New Zealand, while Humpage studied the educational

\(^2\) The other countries are: Australia, Canada, Denmark, Finland, Netherlands, Norway, Sweden and the USA.
experiences of Somali adolescents as they tried to settle into Christchurch schools, in the same period (see Madjar and Humphage, 2000). Both found these refugee groups had cultural requirements of which many local helping agencies were unaware. In addition, many of the resources for assisting with resettlement and integration were not readily available. Family reunification issues were high on the agenda for the Bosnian group and their circumstances were not easily resolved. Briggs (2001) discussed the development of services which are sensitive to the needs of refugees and immigrants in New Zealand, focusing on mental health social work. According to Briggs (2001: 92) there are insufficient resources and services for this client group. They not only experience problems of isolation, post-traumatic stress disorder, grief and loss and cultural and language issues but there are often associated family tensions. The cultural and information barriers they face make it particularly difficult for them to voluntarily access mental health services.

Resettlement is more likely to be successful when refugees are reunited with their families but Refugee Family Policy provides only a small number of places for refugee family reunification. Applicants must be capable of financially sponsoring their family members in order to enter the annual random draw which allocates places. It is very difficult for refugees to be reunited with their families and this is a recognised cause of depression and a negative influence on resettlement. Factors identified as affecting successful resettlement in New Zealand entail the availability of competent cross-cultural workers (Briggs, 2001), access to appropriate primary and mental health care, together with employment and training for the labour market (Cotton, 2002).

Settlement issues and difficulties, with an associated need for social services, are not unique to refugees. Similar problems and needs, though less acute, have been identified among some recent immigrants. Reporting on a survey of Chinese migrants living in Auckland that was conducted to assess self-rated adjustment and health, Abbott et al. (2000: 54) note that:

*Migration involves losses, disruption to families and life patterns and exposure to multiple stressors, new experiences and challenges. These are all magnified when ... migrants relocate in a very different culture and become members of a visible ethnic minority.*

Even though many of the Chinese participants were well educated and had business or professional backgrounds, it was found that "most were characterised by one or more factors known to compromise adaptation and health" (Abbott et al., 2000: 54). These factors included living in households with an absent
spouse/parent, unemployment or under-employment, difficulty with language and communication, a lack of prior information about life in New Zealand and issues of acceptance and rejection by members of the host society. Similarly, reporting on unmet needs in the Chinese migrant community, Wang (2000: 8) specifically mentions settlement and cultural needs, employment, integration and social service needs, as well as Chinese male immigrant issues. She argues that New Zealand social services are as yet undeveloped in this area, despite efforts by non-government organisations and self-help groups to establish some support systems. Examples of support systems and services provided by NGOs and self-help groups include those of the Latin American Association and a broad array of other ethnic voluntary associations, the Chinese social worker network, and the Family Resettlement Support Project based in Christchurch.
METHODOLOGY

Members of the Aotearoa New Zealand Association of Social Workers (ANZASW) were invited in 2001 to take part in a survey which explored social work practice with immigrants, refugees and asylum seekers in New Zealand. Respondents were initially selected via a 1 in 3 systematic sample, beginning with a random start point, from a mailing list of 1,400 fully practicing members provided by the ANZASW. It was later decided (given the disproportionate representation of South Island residents among the members listed and because of the high numbers of immigrants, refugees and asylum seekers in Auckland and other North Island centres) to include all members residing in Auckland, Hamilton and Wellington.

The Response Rate

In all, 479 questionnaires were posted out and a reminder mail out was made to increase the response rate. A total of 297 questionnaires were returned, a response rate of 62 per cent. Of these, 14 were returned blank or address unknown, leaving 283 completed questionnaires. The social workers who completed those sections of the questionnaire which related to working with immigrants, refugees and asylum seekers accounted for 42.8 per cent (N=121) of the completed questionnaires.

Questionnaire Design

The questionnaire was designed in four main sections (see Appendix A). ANZASW members who received the questionnaire and who were either (a) not currently employed or voluntarily engaged as social workers, or (b) did not have immigrants, refugees and/or asylum seekers as clients in their current workload, were filtered out of the survey questionnaire during the early part of Section Two. A total of 121 social workers who were currently working with immigrants, refugees and asylum seekers proceeded with the survey. The questionnaire had a mixture of closed and open-ended questions.

Section One focussed upon general demographic questions, including social work qualifications, overseas social work experience and languages spoken. This section provided useful baseline information, given that no recent comprehensive workforce surveys have been conducted for social workers.
Section Two investigated the experiences of social workers providing services to immigrants, refugees and/or asylum seekers. General questions covered referral routes, client issues, cultural, linguistic and spiritual issues. Respondents were also asked about self-perceptions regarding their level of competence for work in this field, and what, if any, further training they required. Some questions explored whether specialist assistance had been used and what difficulties, if any, had been encountered.

Section Three of the questionnaire was designed for social workers who were born overseas. It looked at issues around finding social work positions and employment experience. We were interested in whether or not social workers born overseas had different experiences from those born in New Zealand.

Section Four of the questionnaire was concerned with aspects of the institutional settings in which the respondents worked. For example, did the agency in which the respondent was located have a specific policy or policies for work with immigrants, refugees and/or asylum seekers, and did it provide any programmes or services specifically for such clients? Respondents were asked to assess the programmes or services provided and to identify areas where improvements could be made.

A short, final section invited comment from respondents on anything they wished to emphasise or that they felt had not been addressed within the questionnaire.

Beginning with a concise profile of the survey respondents, the results presented in this report follow the four sections outlined above. The analysis focuses on key aspects relating to the experience of social workers in this new field of practice, and the context in which they practice. Finally, recommendations are included for improving the context of practice, the provision of programmes and the knowledge and skills of social workers in practice, as well as improving the curriculum for social work students. Social workers are consistently referred to in the text as female.
RESULTS

Profiling the Social Worker Respondents

The profile described in this section relates to the total, unfiltered sample of respondents, of whom 82 per cent were female and 18 per cent male. The majority of respondents were aged 40-49 years, and the next largest age range was 50-59 years. Only 6 per cent were in the 20-29 age range. Interestingly, 31 per cent had been members of the ANZASW for less than three years, while 41 per cent had been members for 7 or more years.

The majority was born in New Zealand (74.9 per cent) or came from the United Kingdom and Eire (11.3 per cent), so most were Pakeha (87.5 per cent) with Maori accounting for 11 per cent along with tiny percentages in the Pacific and Asian ethnic categories. English was the mother tongue for 93.3 per cent of respondents, and of all those who answered this question (N=275) 11.3 per cent indicated that they were fluent in a language other than English. A professional social work qualification was held by 83.4 per cent - more than a quarter of whom were graduates of Massey University, with the next highest number from Canterbury University, followed in equal numbers by Victoria University and the Auckland College of Education. Other tertiary institutes were represented but in very small numbers, and only 9.5 per cent had gained their qualifications overseas. Approximately a quarter of all respondents had worked overseas as a social worker, the majority in the United Kingdom and Australia.

The geographical distribution of respondents was weighted heavily toward the main urban centres, with 34.6 per cent in the Auckland region, 20 per cent from Christchurch and 8.1 per cent from Wellington. The rest were fairly evenly spread around the country, with Hamilton having 4.2 per cent. The concentration of refugees and immigrants in Auckland, Wellington, Christchurch and Hamilton explains why many respondents resident outside of these areas identified themselves as having a small proportion of their caseload in this field, or none at all.

The majority of respondents (89.4 per cent [N=257]) were in paid employment as social workers, while 26 others were currently engaged as voluntary (unpaid) social workers. The highest concentration of respondents in paid employment was in the health field; almost half were employed by Health Boards/Hospitals (38.1 per cent) or by Community Health Services (9.7 per cent). The next highest
grouping consisted of Child, Youth and Family Service employees (12.5 per cent) followed by a small but equally distributed proportion of respondents in child and family support agencies, either secular or church-based, and private practitioners. A very small number of respondents were members of immigrant or refugee organisations in New Zealand. These organisations included a New Settlers Support group, the Refugee and Migrant Service, a Dalmatian cultural group, New Zealand Refugee Councils, a Latin American association, an Indian social/cultural society, the Goan Association of New Zealand and the Asian Social Society of New Zealand.

In answer to the question about whether they were members of a voluntary organisation, 40 per cent (N=109) of the social workers responded in the affirmative, naming a wide variety to which they belonged. The largest membership was in community organisations, 27.5 per cent, while 19.3 per cent were involved with women’s organisations and 16.5 per cent supported Human Rights groups. Other groups mentioned were, in descending order of membership, Health (8.3 per cent) Church, Children and Disability (all 7.3 per cent) Maori (3.7 per cent) and Environment (2.8 per cent).

Finally, the respondents who completed those sections of the questionnaire which related to working with immigrants, refugees and asylum seekers accounted for 42.8 per cent (N=121) of the completed questionnaires. Those with no such experience were filtered out. An investigation of the breakdown of respondents filtered out of the survey questionnaire and those remaining in it at this point revealed little of significant statistical difference. Respondents who continued with the survey questionnaire were slightly more likely to be older, to live in the Auckland region and to work for a hospital or health board. Apart from this, there were no differences worth mentioning.

The Social Workers’ Practice Experiences

The findings described in this section are based on the data obtained from respondents in answer to questions about their experiences as social workers providing services to immigrants, refugees and/or asylum seekers. It is important to remember that the majority of the social workers being surveyed were not specialist workers accustomed to working with such clients but practitioners engaging with the general population of New Zealand. The work that social workers carry out is by its nature diverse, often unnoticed (unless something goes very wrong) and it takes place in a variety of different settings.
To help address the general lack of knowledge about what social workers do, respondents were asked to describe a typical case they had worked with in the last five years. At a later point in the pages that follow we have included specific examples of their responses (using their own words, but adapting them sufficiently to meet the demands of confidentiality) to give a better understanding of the complex assessments and interventions that they were carrying out with immigrants, refugees and asylum seekers. We were seeking a picture of the typical case categories, sources of referral, social workers’ roles, assessments and interventions to elicit information of the type to be expected in a conventional social work intervention from referral to closure, as shown in the framework below (Table 1). The examples of what respondents presented as typical cases depict a variety of common referral routes to social workers, typical client problems and social worker activity.

*Typical case: a summary*

As a first step in the analysis and presentation of the information proved by our respondents, we begin with a summary of the typical cases they provided. This summary or overview allows us to identify general patterns, features and issues with respect to the social workers’ roles, sources of referral, interventions, the use of specialist assistance, outcomes, etc. It should be noted that for many of the questions posed in relation to their particular case study the respondents were encouraged to provide more than one answer. As a result, the number of responses (from which the percentages reported in the summary tables were calculated) often came to more than the actual number of respondents.

**Table 1: Framework for typical example of social work with an immigrant, refugee or asylum seeker**

<table>
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<th>Client status</th>
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<tbody>
<tr>
<td>Source of referral</td>
</tr>
<tr>
<td>Social worker’s role with client</td>
</tr>
<tr>
<td>Main issues involved</td>
</tr>
<tr>
<td>Assessment of client needs</td>
</tr>
<tr>
<td>Intervention</td>
</tr>
<tr>
<td>Outcome(s) of interventions</td>
</tr>
<tr>
<td>Use of any assistance from specialist services?</td>
</tr>
<tr>
<td>Specialist assistance used</td>
</tr>
<tr>
<td>Any further comments?</td>
</tr>
</tbody>
</table>
Having described their typical case study, there were some more general questions for respondents about their work with immigrants, refugees and asylum seekers which provide a sense of perspective on the case study information. The comparisons indicate that when they chose their case study as a typical example, they chose well.

Almost two-thirds of the clients described as typical cases were immigrants (61.5 per cent) while refugees (29.5 per cent) and asylum seekers (9 per cent) made up the remainder. The main roles identified from the typical examples presented were: key social worker (59 per cent) and supervising social worker (13.1 per cent), with small numbers/percentages in other roles (Table 2).

Table 2: Role with client*

<table>
<thead>
<tr>
<th>Social worker role</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key social worker</td>
<td>72</td>
<td>59.0</td>
</tr>
<tr>
<td>Supervising social worker</td>
<td>16</td>
<td>13.1</td>
</tr>
<tr>
<td>Care co-ordinator</td>
<td>8</td>
<td>6.6</td>
</tr>
<tr>
<td>Hospital social worker</td>
<td>7</td>
<td>5.7</td>
</tr>
<tr>
<td>Counsellor</td>
<td>7</td>
<td>5.7</td>
</tr>
<tr>
<td>Intake worker</td>
<td>7</td>
<td>5.7</td>
</tr>
<tr>
<td>Pregnancy counsellor</td>
<td>2</td>
<td>1.6</td>
</tr>
<tr>
<td>Community worker</td>
<td>2</td>
<td>1.6</td>
</tr>
<tr>
<td>Probation officer</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>122</td>
<td>100.0</td>
</tr>
</tbody>
</table>

* One person had a dual role, being the key and the supervising social worker.

The three sources of referral for clients most commonly identified by respondents were health-related services, other agencies working with the client, and self, family members or neighbours as shown in Table 3.

The three most commonly identified issues or presenting problems were: family needs (including difficulties in gaining access to social services), practical settlement and adjustment issues and health concerns (Table 4). The remaining small proportion (5 per cent) of miscellaneous issues included court-related and non-immigrant issues.
Table 3: Sources of referral

<table>
<thead>
<tr>
<th>Sources of referral</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health related services (Hospital, health services, including GP, maternity services and mental health)</td>
<td>53.0</td>
</tr>
<tr>
<td>Agencies (WINZ, police, school, courts, Asian women's centre)</td>
<td>24.3</td>
</tr>
<tr>
<td>Self, family and neighbour</td>
<td>16.7</td>
</tr>
<tr>
<td>Refugee services</td>
<td>6.0</td>
</tr>
</tbody>
</table>

Table 4: Most commonly identified issues

<table>
<thead>
<tr>
<th>Most commonly identified issues</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family needs</td>
<td>33.1</td>
</tr>
<tr>
<td>Practical settlement and adjustment issues, e.g. legal, housing, income, advocacy</td>
<td>32.0</td>
</tr>
<tr>
<td>Health and mental health</td>
<td>29.8</td>
</tr>
</tbody>
</table>

The main interventions or services identified from the typical example presented were clearly advocacy and mental health (Table 5). Interventions ranged from the most practical forms of family support, such as providing food parcels, transport and clothing, to assistance with housing, child and family support, probation and counselling and clinical therapeutic services, culminating in advocacy, legal assistance and community development work.

Of the 121 respondents currently working with immigrants, refugees or asylum seekers, 85 (70.2 per cent) had sought specialist assistance. The main forms of specialist assistance sought (identified from the typical case examples) are presented in Table 6. In all, 59 (69.4 per cent) of the 85 social workers who had sought specialist assistance in their case study had used an interpreter.
Table 5: Main interventions or services identified*

<table>
<thead>
<tr>
<th>Interventions or services identified</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy</td>
<td>70.0</td>
</tr>
<tr>
<td>Mental Health</td>
<td>42.5</td>
</tr>
<tr>
<td>Women and family</td>
<td>24.0</td>
</tr>
<tr>
<td>Counselling/therapy</td>
<td>24.0</td>
</tr>
<tr>
<td>Housing</td>
<td>23.0</td>
</tr>
</tbody>
</table>

* More than one intervention/service allowed per case.

Table 6: Forms of specialist assistance sought*

<table>
<thead>
<tr>
<th>Forms of specialist assistance sought</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpreter</td>
<td>69.4</td>
</tr>
<tr>
<td>Cultural advisor</td>
<td>24.7</td>
</tr>
<tr>
<td>Assessment specialist</td>
<td>18.8</td>
</tr>
<tr>
<td>Refugee service</td>
<td>7.1</td>
</tr>
<tr>
<td>Asylum seeker service</td>
<td>3.5</td>
</tr>
<tr>
<td>Other</td>
<td>11.8</td>
</tr>
</tbody>
</table>

* More than one example allowed per case.

Examples of comments relating to experiences with the use of an interpreter indicate the diversity of problems associated with this form of assistance (respondents’ own words used).

Interpreters of the same culture as the client have a vested interest in protecting the mana of their people and often screen replies – or argue with the client before translating.

Sometimes difficult to easily access interpreters.

Once the client has gone ‘home’ it is difficult to remain in communication if they do not speak any English. While in hospital we have access to
interpreters. But, follow up is often not possible unless [the] interpreter is prepared to be the link (unpaid usually).

Interpreters are usually knowledgeable in culture as well, but they sometimes fear to answer questions that ask their opinion/views on a cultural issue. They say their code is to interpret only.

Due to the nature of my work – pregnancy counselling/terminations - it is not easy to find suitable interpreters, or know who would be appropriate to refer onto in each cultural group.

Essential to involve an impartial interpreter (family not always objective). More time is required to ensure best outcome for client.

The main outcomes of interventions identified from the typical example were presented by a total of 112 of the 121 respondents currently working with immigrants, refugees and asylum seekers. Outcomes are often difficult to assess, and in these responses the social workers identified more than one outcome for the typical case study they chose to present (Table 7). It should be noted also that two thirds of the social workers said they had referred their typical case client(s) on to other agencies. This would partly account for the fact that almost a quarter of the answers suggest that the respondents did not know how their client fared subsequent to being referred on. The types of agencies or services identified for referrals in the typical cases are listed in Table 8.

Table 7: Main outcomes of interventions*

<table>
<thead>
<tr>
<th>Main outcomes</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objectives achieved</td>
<td>35.7</td>
</tr>
<tr>
<td>On-going support established</td>
<td>32.1</td>
</tr>
<tr>
<td>Client coping better/some improvement</td>
<td>28.6</td>
</tr>
<tr>
<td>Little change/unsatisfactory/not known</td>
<td>21.4</td>
</tr>
<tr>
<td>Information and resources supplied</td>
<td>18.8</td>
</tr>
<tr>
<td>Therapy, intervention with client begun</td>
<td>11.6</td>
</tr>
<tr>
<td>Referred on</td>
<td>9.8</td>
</tr>
<tr>
<td>Income stabilised</td>
<td>7.1</td>
</tr>
<tr>
<td>Other</td>
<td>4.5</td>
</tr>
</tbody>
</table>

* More than one outcome allowed per case.
Table 8: Referrals on to other agencies*

<table>
<thead>
<tr>
<th>Referrals made to:</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital and health services</td>
<td>31.0</td>
</tr>
<tr>
<td>Refugee services/lawyers</td>
<td>23.5</td>
</tr>
<tr>
<td>Community support services</td>
<td>21.0</td>
</tr>
<tr>
<td>Counselling</td>
<td>18.5</td>
</tr>
<tr>
<td>Women’s refuge or Shakti</td>
<td>16.0</td>
</tr>
<tr>
<td>WINZ or housing</td>
<td>13.6</td>
</tr>
</tbody>
</table>

* More than one referral on allowed per case.

Among those social workers who had referred their typical client on, only 35 per cent indicated that difficulties had been experienced with the referral. These difficulties included: long waiting times for service or difficulty in gaining access to a service; a poor service offered by the agency referred to; the agency receiving the referral was either reluctant to take it on or showed a lack of culturally appropriate skills; and the lack or unavailability of professional interpreters.

In answer to a question about whether they had personally experienced any difficulties working with the individual or family comprising the typical case identified, two thirds of the respondents answered in the affirmative. The kinds of difficulty encountered were clearly dominated by those of language and communication but issues of culture, different values, trauma and gender were also noted (Table 9).

Table 9: Difficulties with client*

<table>
<thead>
<tr>
<th>Difficulties</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language and communication</td>
<td>60.5</td>
</tr>
<tr>
<td>Cultural issues</td>
<td>45.7</td>
</tr>
<tr>
<td>Different values</td>
<td>25.9</td>
</tr>
<tr>
<td>Client too traumatised</td>
<td>22.2</td>
</tr>
<tr>
<td>Client’s lack of understanding about life in NZ</td>
<td>12.3</td>
</tr>
<tr>
<td>Gender issues</td>
<td>12.3</td>
</tr>
<tr>
<td>Client suffering from fear and shame</td>
<td>8.6</td>
</tr>
<tr>
<td>Other</td>
<td>23.5</td>
</tr>
</tbody>
</table>

* More than one difficulty allowed per case.
Referral routes, problems, needs and issues

Before looking at examples of the typical case studies, it is interesting also to consider the replies given by respondents to general questions about their work with immigrants, refugees and asylum seekers. Their answers give us an idea of how typical the case studies actually were. The three questions concerned were:

(28) *In general, what are the three most common referral routes for immigrants, refugees and asylum seekers coming to you?*

(29) *In general, what are the most common presenting problems of these clients?*

(30) *In general, what do you think are the three most common underlying clinical needs which these clients have?*

In effect, the questions attempt to gather more general information about the respondents' assessment practices and their comprehension of their clients' difficulties. Table 10 shows the most common referral routes identified, in descending order of mention. The results have been added together, showing the percentage rate of mention for the referral route when 120 respondents completed the question, and 117 gave examples. Overall, the pattern that emerges is consistent with that found in the typical case study referral routes (see Table 3). It shows a diverse, but predictable, spread of referral routes for this client group, the majority of which come from the health-related sectors.

<table>
<thead>
<tr>
<th>Most common referral routes</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies working with client (CYF, ESOL, WINZ, Churches)</td>
<td>43.6</td>
</tr>
<tr>
<td>Health-related services (hospital, midwives, nurses)</td>
<td>41.0</td>
</tr>
<tr>
<td>GP</td>
<td>40.2</td>
</tr>
<tr>
<td>Self</td>
<td>30.8</td>
</tr>
<tr>
<td>Word of mouth, family members, neighbours</td>
<td>16.2</td>
</tr>
<tr>
<td>School</td>
<td>16.2</td>
</tr>
<tr>
<td>Courts/police</td>
<td>12.0</td>
</tr>
<tr>
<td>Refugee centre/legal, immigration services</td>
<td>11.1</td>
</tr>
<tr>
<td>Other (including Members of Parliament)</td>
<td>9.4</td>
</tr>
</tbody>
</table>

Table 10: Most common referral routes identified
The most common presenting problems identified were, in the light of the previous table, predictable and interesting. Once again, the results from each of the three sets of common presenting problems named have been added together, showing the percentage rate of mention for each presenting problem (Table 11) when 120 respondents completed the question, and 119 gave examples. This table is discussed together with Table 12 regarding underlying clinical needs, completed by 115 respondents of whom 109 provided examples.

Table 11: Most common presenting problems

<table>
<thead>
<tr>
<th>Common presenting problems</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Settlement and adjustment issues</td>
<td>59.7</td>
</tr>
<tr>
<td>Health problems</td>
<td>49.6</td>
</tr>
<tr>
<td>Family and reunification issues, child welfare, divorce</td>
<td>18.5</td>
</tr>
<tr>
<td>Difficulty gaining access to services</td>
<td>15.1</td>
</tr>
<tr>
<td>Offending behaviour</td>
<td>13.4</td>
</tr>
<tr>
<td>Immigration status</td>
<td>7.5</td>
</tr>
<tr>
<td>Disability</td>
<td>7.5</td>
</tr>
<tr>
<td>Other (e.g. policies, accommodation)</td>
<td>12.6</td>
</tr>
</tbody>
</table>

Table 12: Underlying clinical needs

<table>
<thead>
<tr>
<th>Underlying clinical needs</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health and grief issues, trauma and depression</td>
<td>47.7</td>
</tr>
<tr>
<td>Integration into New Zealand society, isolation, desire to be reunited with family members</td>
<td>38.5</td>
</tr>
<tr>
<td>Practical settlement issues</td>
<td>25.5</td>
</tr>
<tr>
<td>Anxiety/shame</td>
<td>18.3</td>
</tr>
<tr>
<td>Cultural support, trust, communication support required</td>
<td>16.5</td>
</tr>
<tr>
<td>Resolution of immigration status, safety</td>
<td>9.2</td>
</tr>
<tr>
<td>Second generation issues</td>
<td>7.3</td>
</tr>
<tr>
<td>Behavioural problems</td>
<td>4.6</td>
</tr>
<tr>
<td>Other (insufficient medical care, disability needs)</td>
<td>18.3</td>
</tr>
</tbody>
</table>
Taken together, Tables 11 and 12 indicate that: (a) the clients were presenting with settlement and adjustment issues, together with health-related problems; and (b) that their social workers’ clinical assessment was that they were experiencing mental health and grief issues, trauma and depression as well as grappling with issues relating to integration in New Zealand society, isolation and a desire to be reunited with family members. Additional comments by the respondents serve to illuminate some of the problems and clinical needs involved. For example, one respondent noted that: "Immigration policies are very restrictive and many families are unsuccessful in achieving family unification goals – with significant implications for [the] mental health of individuals and families". Making a similar point, another commented that: "Mental health needs are paramount. Family reunification is the single most important factor in successful resettlement. I cannot stress that enough". Cultural issues, such as definitions of "family" and the morality of entering a "lottery" (a reference to the annual random draw which allocates places for family members under the family reunification scheme), were also mentioned by respondents.

Two further tables serve to reinforce the complexity of working with clients who come from other countries and often have quite different experiences and assumptions about the world they live in. Table 13 provides information pertaining to cultural issues that 113 respondents reported they were aware of in working with immigrants, refugees and asylum seekers. Obviously, gender issues were highly significant, often referring to women’s issues when patriarchal values suddenly encounter a more egalitarian civic state, but so were issues concerning attitudes (e.g. fatalism), religious beliefs, values, language and interpreting. Finally, Table 14 provides information pertaining to spiritual issues, which 91 of the respondents reported they were aware of when working with this client group. The observations made about spiritual issues encountered suggest that the importance of this aspect of the lives of immigrants, refugees and asylum seekers was recognised. Some respondents indicated that they made efforts to develop a shared understanding about their client’s religion and different interpretations of life events, despite the fact that at times they held conflicting religious beliefs. The need for spiritual support was given weight by the fact that alienation in a new environment, loss of status and abandonment were rated as significant in the context of spiritual issues. One can see, studying Tables 13 and 14, that religious, spiritual and cultural factors sometimes overlap.

In general, the information presented in Tables 10-14 is more or less what one would expect in a survey of this kind. It indicates that many social workers are encountering and responding to the apparent needs of their clients with appropriate clinical understanding. Against this background, and the previous
summary of typical cases, a fuller and more concrete understanding of the experiences of social workers may be gained by looking at a selection of the typical case studies that the respondents chose to present.

Table 13: Cultural issues encountered

<table>
<thead>
<tr>
<th>Cultural issues encountered</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender issues</td>
<td>35.4</td>
</tr>
<tr>
<td>Cultural and family systems different</td>
<td>33.6</td>
</tr>
<tr>
<td>(e.g. deference, fatalism)</td>
<td></td>
</tr>
<tr>
<td>Language and interpreter issues</td>
<td>21.2</td>
</tr>
<tr>
<td>Religious beliefs and value differences</td>
<td>17.7</td>
</tr>
<tr>
<td>Different interpretations of diversity</td>
<td>13.3</td>
</tr>
<tr>
<td>Professionals who were ignorant re client culture and needs, and stereotyping of clients</td>
<td>11.5</td>
</tr>
<tr>
<td>Attitudes to children</td>
<td>3.5</td>
</tr>
<tr>
<td>Other (lack of family support systems, inflexibility)</td>
<td>13.3</td>
</tr>
</tbody>
</table>

Table 14: Spiritual issues encountered

<table>
<thead>
<tr>
<th>Spiritual issues encountered</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religion and belief systems important, holistic approach</td>
<td>38.5</td>
</tr>
<tr>
<td>Establishing a shared understanding of client’s religion</td>
<td>16.5</td>
</tr>
<tr>
<td>Client alienation in new environment, loss of status, abandonment</td>
<td>16.5</td>
</tr>
<tr>
<td>Religious customs (fasting, diet, dress, festivals)</td>
<td>13.2</td>
</tr>
<tr>
<td>Adapting spiritual identity in a new cultural environment</td>
<td>12.1</td>
</tr>
<tr>
<td>Hunger for spiritual fulfillment/lack of spiritual support</td>
<td>11.0</td>
</tr>
<tr>
<td>Conflicting religious beliefs</td>
<td>6.6</td>
</tr>
<tr>
<td>Different perceptions of mental health and health care role</td>
<td>6.6</td>
</tr>
<tr>
<td>Other (traumatisation, self-esteem)</td>
<td>12.0</td>
</tr>
</tbody>
</table>
A Selection of Typical Examples

The four typical examples of social work with an immigrant, refugee or asylum seeker included here provide a series of qualitative vignettes in this otherwise quantitative report. They are presented as they were written, with some minor alterations to preserve confidentiality/anonymity, in order to enhance our understanding and appreciation of the nature and difficulties of social work practice with this client group.

Typical example 1

Client status
Immigrant.

Source of referral
General practitioner (GP).

Social worker’s role with client
Key worker.

Main issues involved
Post-partum depression complicated by financial concerns, loneliness, cultural concerns, inability of husband to get work due to unrealistic information given by Department of Internal Affairs [sic., New Zealand Immigration Service?].

Assessment of client needs
Multiple needs. There was little I could do on a practical level except provide support, and medical cover. To relax the stringent conditions imposed by the Medical Council to enable [a member of the] family to practice, would have solved this situation.

Interventions
A major difficulty in working with this family was the intense sense of shame they felt – both at their living conditions (unemployment benefit) and the wife’s depression. The cultural associations with the stigma of mental health meant they had to “keep face” with other people of their culture and hide their difficulties from them. ... Therefore any help had to be done very sensitively and I was unable to access other resources which I felt would have been helpful i.e. Psych Day Hospital.
Outcome(s) of interventions
Needs assessment to arrange childcare and home-help. Prevailing upon a sympathetic consultant who was prepared to do a home visit on a weekly basis. Providing food parcels, support on an almost daily basis, mental state assessments. Interventions with the school in relation to the oldest child. My client returned to her home country with the ... youngest children, and her husband ... sold his house and left.

Did you use any assistance from specialist services?
Yes.

Specialist assistance used
Psychiatrist prepared to do a home visit. The psychiatrist, believing she was being helpful, introduced my client to a [same ethnicity] registrar thinking they would have something in common. My client was mortified!

Have you any further comments?
The cultural worries of shame at mental illness and the need to keep it hidden particularly from others of the same culture and from ... colleagues. The loss of face by being on a benefit after coming from a high-class social situation where they were affluent and had servants.

This would have been one of the saddest cases I have ever worked with.

This example, presented by a respondent who deemed it typical, involves a client from one of the three main referral routes, namely a general practitioner in the health sector. Like many of the respondents who completed this section of the questionnaire, the social worker here is a key worker who calls on specialist assistance. This example depicts the stresses a family faces when trying to settle into a new society and culture whilst encountering formidable barriers to their socio-economic participation and integration. The social worker drew on her wide-ranging cultural knowledge and performed liaison and networking functions, while at the same time meeting her clients’ more practical needs.

Her knowledge involved a holistic (macro through meso to micro) analysis of her clients’ circumstances (Bronfenbrenner, 1979). The case describes the many needs of the family that she worked with. It illustrates the complex interplay of health, culture and isolation, and circumstances where many factors beyond an individual’s control (e.g. statutory or professional regulations and prejudice) may prevent people from operating at levels commensurate with their strengths, qualifications and customary financial expectations. It was notable that in this case
the respondent, like a number of the others, commented on the sadness of the client’s situation. This is hardly surprising when so many of them reported that their clients were struggling with issues of mental health, grief, trauma and depression, and referred to such underlying clinical needs as the desire to be employed, reunited with family and integrated into New Zealand society.

Mental health issues including post-traumatic stress, depression and suicidal feelings came up time and again in the survey. Both Briggs (2001) and Chapman (2002) refer to the fact that refugees and immigrants often come from societies which stigmatise mental illness. As a result its diagnosis can be regarded as a threat to one’s reputation, as possibly leading to deportation, bringing shame within one’s community or rendering unmarried members of the family undesirable as potential marital partners.

Briggs and Chapman indicate that social workers are required to monitor risk or safety, medication, arrange benefits, provide support, and organise trauma therapy. In relation to the provision of mental health services for this client category, Briggs (2001: 90) observes that:

*Apart from the New Zealand Immigration Service and voluntary organisations such as Refugee and Migrant Services, there is a distinct lack of services available specifically to meet the longer-term ongoing needs of refugees and migrants.*

Unfortunately, clients with mental health conditions may perceive the interventions available to be extremely threatening, often because of the cultural or political environment from which they have escaped. This makes it extremely difficult to assist them, as one respondent sadly pointed out:

*Everything we did to help made things worse from his point of view e.g. this man was psychotic but was being forced into mental hospital - used politically in his culture. This was a frustrating, sad experience.*

**Typical example 2**

**Client status**
Immigrant.

**Source of referral**
Midwife.
Social worker’s role with client
Intake worker/supervising social worker.

Main issues involved
Communication, housing, domestic violence, income, access and custody, food grant and overcrowding.

Assessment of client needs
Advocacy, support, education and linking.

Interventions
Linking/advocacy with WINZ, linking with lawyer, interpreter, Ethnic Council and client’s own ethnic community and support. English language classes, and counselling.

Outcome(s) of interventions
Family has food and benefit, both parents have lawyers, the father is increasing his knowledge of English.

Specialist assistance used
Interpreter.

Difficulties experienced with the referral(s) you made
There were no local interpreters so had to do this by phone.

Difficulties experienced working with client
Language, parenting practices and culture.

Have you any further comments?
Often it is difficult rationalising another’s culture into what is deemed acceptable by New Zealand culture.

This case involved practical settlement issues calling for a whole range of interventions necessitating both practical skills and theoretical knowledge. Many respondents mentioned work with families involving child welfare concerns and relationship difficulties. Like the respondent in this example they were aware of the need to be non-judgmental and respectful of other cultures and traditions, yet they also recognised the paramount rights of the child to health and safety. The difficulties mentioned when working with the client in this case included language, parenting practice and cultural difference. Such difficulties were typical of those identified in other cases. Trauma, fear and shame as already mentioned
were very significant factors which social workers noted in their responses. Some social workers may not be familiar with codes of conduct for interpreting and this could be an area for further training. It is the need for this kind of specialist knowledge which makes social work in this area more identifiable as a specific field of practice.

Typical example 3

Client status
Asylum seeker.

Source of referral
Hospital Emergency Department.

Social worker’s role with client
Front line trauma counseling, resourcing and information giving.

Main issues involved
Attempted self-harm, isolation, depression, possible post-natal depression, separation from family.

Assessment of client needs
Needed family of origin or effective substitute for older female relatives, and long-term trauma counselling.

Interventions
Assessment and front-line counselling. Referral to maternal mental health and Home and Family Society and acute medical (not psychiatric) hospitalisation.

Outcome(s) of interventions
Unknown.

Specialist assistance used
Interpreter, mental health assessment.

Difficulties experienced with the referral(s) you made
No difficulties experienced.

Difficulties experienced working with client
Inappropriate interview facilities. Service focus on patient when husband was clearly very distressed and traumatised. Lack of knowledge and skill re culture from mental health assessor.
Have you any further comments?
Inappropriate common knowledge among health and mental health professionals are problems for these patients e.g. hospital insists on a psychiatric assessment done by a nurse for people taking overdoses, but has no idea that this may label and stigmatise a female in her family in a highly detrimental way. If she was in the first instance seen by a "doctor" who was also a psychiatrist, she may be safer.

In this case, the social worker saw herself in a counsellor role and the client, an asylum seeker, was referred to her through the health sector. When referred on, the respondent reported that there were no difficulties with the referral. It was not uncommon, however, for social workers who referred clients on not to have been informed of the final outcome or to indicate that there was little change in their clients’ situations, or unsatisfactory or unknown outcomes. Fortunately, positive outcomes were more common, with social workers reporting objectives achieved, the establishment of on-going support for their clients, and some improvement in their situation.

The respondent in example 3 also expressed frustration regarding institutional regulations and their implications for people of diverse cultures. More specifically, institutional regulations can have serious implications for client safety if they fail to take into account the stigma associated with psychiatric conditions faced by some clients. Women’s health difficulties, which featured often in the typical cases, involved issues around communication, culture and gender-related matters which made it more difficult to work with clients if they had psychiatric problems.

The final example describes a successful intervention. Over a six month period, the social worker and her client achieved some of the practical and emotional goals involved in settlement work with this client group.

**Typical example 4**

**Client status**
Immigrant.

**Source of referral**
Community nurse practitioner.

**Social worker’s role with client**
Key worker.
Main issues involved
Isolation, grief. Language, customs relating to illness ... unfamiliar health system, financial, relationship issues.

Assessment of client needs
Interpreter, support (practical/emotional information about New Zealand health system, other systems). Advocacy assistance [for] husband with finding employment. Counselling. Support during treatment over 6 months.

Interventions
Arranged interpreter, attended hospital appoints as support. Attempted to find other culturally appropriate support. (Not much luck there). Negotiated benefits. Mapped usual ways of explaining how systems work. Counselling support re: grief, loss, illness issues – relationship issues. Information re: possible employment for husband.

Outcome(s) of interventions

Specialist assistance used
Translator. Shakti Women’s Centre.
[No mention of any difficulties experienced with the referral(s) made].

Difficulties experienced working with client
Language, lack of knowledge of cultural/religious considerations relating to grief, loss, gender, illness etc. etc.

Have you any further comments?
This would be a typical example.

Social Workers Reflect on their Practice and Supervision

Section two of the survey ended by asking the respondents to reflect on their practice and on the supervision that was available to them in carrying out their work with this specialist client group. They made a variety of comments on their work with clients. Like most New Zealanders and unlike refugees, for example, they have had little or no direct experience of war zones and the consequent traumas associated with them. Several respondents also mentioned that exposure
to Islamic and other religious or cultural traditions often meant a steep learning curve for them. By way of illustration, comments made in reply to open-ended questions indicate that there are times when they are confronted with instances of female genital mutilation (FGM) and its on-going consequences. While not typical of the cases provided by respondents in this survey, this specialist area is challenging for social workers and other professionals who have to abide by the law of the land, while attempting to reconcile their obligation to be culturally competent and true to their own value system. A recent study which explored the emotional reactions of midwives working with infibulated African women in Sweden (Widmark, Tishelman and Ahlberg, 2002) highlighted the ethical and legal dilemmas associated with work in this area, some of which have parallels for social workers and other professionals in New Zealand (see Denholm, 1998; Kambar, 2000). It also explored the strong emotions experienced by the midwives, such as stress, and overwhelming sorrow, which echoes in some part what some of the social workers in this survey said they felt about the people with whom they were working.

Advocacy and assistance in obtaining health services, benefits and employment was another prominent area of social work intervention that featured in the data. Respondents who focused on the practical side of their work with this client group indicated that their employers needed to acknowledge how time consuming they can be. For example, outside the main centres, several respondents drew attention to a lack of information regarding services for refugees and asylum seekers. Added to this, the availability of and appropriate selection of interpreters was clearly problematic. The red tape and formalities were mentioned over and over again, as illustrated by one respondent who emphasised the frustration she felt as she encountered the following difficulties:

*Trying to work through red-tape and speed up process when the client’s life is endangered. Nobody wanted to take responsibility. Client was seen as a potential burden on New Zealand. Hospital manager responsible for foreign patients was rigid and caused client and family great distress. Frustration at the systems. Horror at the lack of humanitarian principles. Embarrassment at the attitudes of some staff in the institution I work in.*

Her passionate concern for social justice and her compassion comes across in the terse use of language. Another social worker commented that in her experience, immigrants, refugees and asylum seekers as a group were not only: "Treated by WINZ with extreme level of judgement and misconception about the family system" but also "experienced ongoing punitive judgement from manager downwards", a situation that caused "extreme poverty". Concern about Work and
Income New Zealand (WINZ) was a common theme, partially recognised in a report to WINZ on the employment difficulties experienced by skilled, professional immigrants (Oliver, 2000). It should be noted, however, that the present survey was conducted in 2001, and that since then new initiatives such as the Auckland Regional Chamber of Commerce/Work and Income migrant work experience initiative have been devised. Finally, several examples showed how busy social work can often be, while others indicated the confusions that some practitioners have to work through when supporting this client group on a one-off basis, which means that they have to learn the systems as they go.

We asked social workers to rate their own level of competency in this new field of practice with immigrants, refugees and asylum seekers on a five point scale where 1 = “Low” and 5 = “High”. While 25.2 per cent of the practitioners with experience in this field reported that they felt competent or highly competent (points 4 and 5 on the scale), 32.7 per cent rated themselves as low (5 per cent) or below average (27.7 per cent), leaving 42 per cent at the middle or average point for competency in this area. On the basis of these competency ratings, the respondents were asked to identify the knowledge and skills (if any) they each believed they would need for further professional development in this field of practice. Of the 107 who completed this question, better cultural understanding was mentioned by half of them, while 27 per cent wanted more information about services for refugees and asylum seekers, and 19.5 per cent identified a need for ongoing experience and higher level skills.

We also asked respondents to comment on whether they felt their supervisors had the necessary knowledge and skills to supervise their work with immigrants, refugees and asylum seekers. Of the 115 who answered this question, only 34 (29.5 per cent) felt their supervisor did have the necessary knowledge and skills, while 45 (39.1 per cent) said the supervisor did not have the necessary knowledge and skills and 36 (31.3 per cent) replied that they didn’t know whether the supervisor had the necessary knowledge/skills or not. Some of the respondents were supervisors themselves. When a comparison was made to examine the relationship between perceived supervisor competency and self-reported competency, it was found that 23 out of 24 respondents who rated themselves as below average in competency perceived their supervisor as lacking in knowledge and skills as compared with 8 out of 21 who rated themselves as above average.
One respondent (a supervisor) commented that:

As a statutory social worker and supervisor we need more training and assistance to understand their [i.e. immigrant, refugee and asylum seeker] cultural values, post-traumatic stress syndrome (particularly due to ... war) and issues around stripping of status (particularly important because of the statutory power in our role).

The desire to learn more about cross-cultural practice, and how to work with refugees and asylum seekers trying to cope with post-traumatic stress disorder, grief and loss, was frequently mentioned. While issues of grief, loss and cultural sensitivity are an integral part of the social work curriculum in New Zealand, social workers clearly feel the need for more information and guided experience when working in a multicultural as opposed to a bicultural context.

Social Workers Born Overseas

The third section of the survey was designed to collect information about social workers born overseas. Of the 283 original respondents who returned a completed questionnaire for the survey, 71 (25.1 per cent) were born overseas. By the time the filters had been applied, however, just over half of this group was no longer involved in the survey. This left 34 overseas-born respondents, most (but not all of whom) completed all nine questions in section three (numbers completing questions in this section varied from 21 to 32).

Attention was focused on the social workers’ experiences in finding employment and on their professional practice in New Zealand. When asked whether they had experienced difficulty in getting employment as a social worker in New Zealand, 24 (70.6 per cent) answered “No”, 7 (20.6 per cent) replied “Yes” and 3 offered no response to the question. Among the difficulties experienced were: cultural difficulties (mentioned four times), recognition of prior work experience (mentioned twice), English language ability (mentioned twice) and recognition of professional qualifications (mentioned once). Other difficulties identified related to a lack of knowledge about biculturalism and working with tangata whenua. In one instance, a respondent observed that there were insufficient clients of her own ethnic group for the employer to give her a job, although this respondent clearly felt prepared to work with other cultural groups. Overall, the difficulties they experienced are similar to those identified by other immigrant professionals seeking employment in New Zealand (see Department of Internal Affairs, 1996).
To overcome the difficulties experienced in finding a job, the respondents typically employed strategies such as gaining New Zealand qualifications and/or work experience in a voluntary organisation. Improved English language ability and personal contacts were also considered important. It appears that these strategies or measures were effective, for in reply to a question about how they had got their present main job, 16 out of 34 replied that they had successfully applied for an advertised position while most of the others had either been invited to apply for the position or had found the job through personal contacts.

Did they feel that their ethnic background and/or language ability was an advantage to them in their present position? Twenty-three out of 34 (67.6 per cent) answered in the affirmative, while 9 thought not and 2 offered no reply. In most cases the advantage lay in a greater understanding of clients and of different cultures but there was also an element of personal empathy involved which was hinted at by two respondents who felt that English-speaking Europeans do not face discrimination as other migrants do. Most of these overseas-born respondents felt that their ethnic background and/or language ability was recognised as valuable by the agency in which they were employed, though this was not matched by extra pay. That said, it should be noted that only half the respondents indicated that their ethnic background and/or language ability was actually made use of in their main job, typically in the areas of direct practice, consultancy work, policy development, and to some degree in staff training and work with other immigrant staff. Clearly their cultural knowledge and skills were under-utilised (for the group as a whole), a pattern that has been identified with respect to recent immigrants in both central and local government organisations (Watts and Trlin, 2000) as well as those employed in companies engaged in international business and trade (Watts and Trlin, 1999).

The final question in this section of the survey invited overseas-born respondents to rate their level of satisfaction with their current (main) job. Respondents indicated high levels of satisfaction (68.7 per cent) which suggests that here we have a group of practitioners who are doing work that they value and to which they are committed. Nevertheless, it should be obvious from the results presented above that more widespread use could and should be made of the specific attributes of staff with overseas ethnic backgrounds and/or language abilities, particularly in direct practice with immigrants, refugees and asylum seekers.

The Institutional Setting

The focus in the fourth section of the survey was on the institutional setting in which the social workers practiced.
A key point to note at the outset is that the majority of the respondents (86.7 per cent) reported that immigrants, refugees and asylum seekers accounted for less than 25 per cent of the client intake of the agency for which they currently worked. Only 4 (3.3 per cent) were working in an agency where such clients accounted for more than 74 per cent of the client intake (Table 15). It is hardly surprising, therefore, that only one-third reported that their agency had a specific policy or policies regarding its work with immigrants, refugees and/or asylum seekers. Four main themes or topics emerged from our analysis of the information provided on these policies: (a) the use of interpreters; (b) culturally appropriate practice; (c) access to health care; and (d) resettlement.

### Table 15: Immigrants, refugees and asylum seekers as percentage of total intake of clients for agency in which respondents worked

<table>
<thead>
<tr>
<th>% of client intake</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-24</td>
<td>105</td>
<td>86.8</td>
</tr>
<tr>
<td>25-49</td>
<td>10</td>
<td>8.3</td>
</tr>
<tr>
<td>50-74</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>75 and over</td>
<td>4</td>
<td>3.3</td>
</tr>
<tr>
<td>No response</td>
<td>2</td>
<td>1.6</td>
</tr>
<tr>
<td>Total</td>
<td>121</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**Agency policies**

**The use of interpreters**

Fifteen of the policies identified related to the use of interpreters. Some responses were perfunctory, referring simply to “Access to interpreter services” or “Use of interpreters and cultural advisors”. However, others gave a great deal more detail and demonstrated a good agency understanding of the need to use interpreters appropriately and how to do so. For example, one Health Board Interpreter Service Policy read as follows:

*Rationale: Information relayed in a patient’s/client’s own language assists in protecting the patient’s/client’s rights, accurate diagnosis, appropriate*

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3 This is an in-house document and therefore, for reasons of confidentiality, the Health Board concerned cannot be identified.
treatment and patient/client compliance, leading to attainment of optimum health.

**Standard:** Where necessary and reasonably practicable, a competent interpreter will be provided to enable open, honest, effective communication between the patient/client and [Health Board]

**Method:** 1. Each [Health Board] hospital will have a reference list of Interpreter Services available locally. This will be updated at least annually and is the responsibility of Area Coordinators. 2. Interpreter lists will be available to: Area Coordinators; Group Managers; Head of Departments; Clinical Coordinators; Nursing Coordinators. Access to interpreters will be via any of these staff. 3. The Interpreter Service is provided in a voluntary capacity. [Health Board] policies pertaining to volunteers and voluntary agencies apply to interpreters. 4. All designated interpreters will be offered training in theory and ethics of interpreting, and health care terminology.

The use of an interpreter service was frequently connected to the need for informed consent for hospital treatment, and often mentioned in conjunction with policies about the importance of providing a culturally appropriate service for clients. Sometimes the policies indicated that interpreter services must be free (e.g. "provided in a voluntary capacity" as in the case above), and one social worker mentioned that she could access such a service for her client under ACC regulations.

**Culturally appropriate practice**

There were nine mentions of policy dealing with cultural practice. Again, it was social workers in the health sector who provided examples of good policy. One of these was a policy referred to as the "Protocol for the care of people from all other ethnic groups and religious backgrounds". For reasons of confidentiality, it is quoted here slightly adapted and not referenced.

**Rationale:** The Community Assessment and Rehabilitation Service is committed to undertake service provision in a way that is culturally safe for people from all ethnic and religious backgrounds.

**Standard:** The Community Assessment and Rehabilitation team will ensure that the needs of ethnic and religious groups are met to the best of our ability throughout their contact with this service.

**Method:** People from all ethnic and religious groups will be encouraged to have people present who are appropriate to them for any intervention by this service.
A list of translators/interpreters will be held and updated regularly by the Community Assessment and Rehabilitation Service. All Community Assessment and Rehabilitation staff will be encouraged to be aware of the impact of their own culture in the contacts they have with other people. Staff will have a respect for other people's religious beliefs. Refer also to [Health Board] Treaty of Waitangi Policy and Cultural Safety Policy.

Other policies related to this theme encouraged such things as co-working with another social worker and contracting cultural supervisors for specific issues. The use of cultural advisors was recommended in one agency policy. Another policy recommended culturally appropriate services (i.e. provision of a service provider of same culture as client) wherever possible. One respondent indicated that it was agency policy that one should always use an interpreter, while another noted the importance given to acknowledgement of cultural difference and making the service accessible (e.g. going into clients' homes).

Access to health care

Five respondents identified policies with this theme. One indicated that the agency operated an access to health care policy (a confidential internal document). Others observed that there were policies concerning who could access free health care and who could not, depending on their citizenship status. Two examples of such policies illustrate the type of issues that agencies have to address.

Asylum seekers are entitled to free health care in New Zealand provided they can produce evidence of seeking refugee status.

A female client who is not eligible for free health care (under New Zealand law and [named health provider] policy) must pay for her abortion.

(Re)settlement

Three policies relating to (re)settlement were included in answers to this question. They concerned the empowerment of people going through the (re)settlement process to live independently in New Zealand society, the provision of an integral model of care from arrival to readiness for employment, that immigrants should have the right to free pre-school education and English language education, and that they should be treated sensitively and respected for their ethnic derivation. These are sound principles on which to base social work interventions with this diverse client group. They reflect an ecological approach to practice, an awareness of the continuum model of resettlement (George and Fuller-Thompson, 1998) and
recognition of some of the basic humanitarian needs of immigrants, refugees and asylum seekers. They are also consistent with the ANZASW Code of Ethics (1993) and Practice Standards (1993).

**Other topics or themes**

There was only one mention of a policy about consultation, which was that consultation or liaison with RAS (Refugees As Survivors service) should be carried out if required – and it should be seen as desirable but not compulsory. Other policies mentioned referred to the existence of an "operations manual for Asian unit"; a "school policy"; and "various policy procedures and manuals defining expectations of the work that staff carry out with immigrants, refugees and/or asylum seekers". There was one agency where a policy was currently being developed.

The policy themes or topics outlined above provide useful information about some of the principles and operating guidelines available to social workers, particularly when they are employed in the health sector. There was, however, little mention of policies which would support a community development approach, or indeed a self-help approach. This is not surprising, given that the respondent sample was not targeted at community development workers as such. Nevertheless, according to research findings already referred to (e.g. George, 2002; Valtonen, 2001, 2002) community development and self-help policies are known to be effective in the pursuit of successful (re)settlement. Such research supports the introduction of policies which enable immigrants, refugees and asylum seekers, once they have become integrated into their new communities, to work with newcomers going through what they have experienced already.

**Agency programmes or services**

A total of 32 respondents reported that their agency provided programmes or services specifically for immigrants, refugees and asylum seekers. The majority of these were interpreter (16), counselling (7) and Asian support services (5). Other programmes or services available included:

- Specialist cultural services (4)
- Education programmes for the community (3)
- Development of Pacific Island support services (3)
- Health checks (2)
- School holiday outings and programmes (2)
- Mental health services (2)
• Women’s classes, including English and sewing (1)
• A hotline (1)
• Brochures outlining patient rights (1)
• An emergency shelter (1).

The number and range of services and programmes provided was commendable but notably concentrated in the main urban centres where the majority of immigrants, refugees and asylum seekers are living. In this respect, the results highlight the difficulty of catering for the small numbers of immigrants, refugees and asylum seekers scattered elsewhere throughout New Zealand.

Having listed the programmes or services provided specifically for immigrants, refugees and asylum seekers, respondents were asked to rate the general level of appropriateness of these programmes or services. On a five point scale where 1 = “Low” and 5 = “High”, 59.8 per cent opted for level 4 or 5, while a further 23.5 per cent nominated level 3. Only 16.7 per cent chose level 2. This result indicates, therefore, that where specific programmes or services were provided, the majority of the respondents felt they were appropriate to the clients concerned. 4

Programme and service improvement

Two questions provided respondents with an opportunity to contribute their ideas for improving services and programmes to this client group. The first question, for those working in agencies that did provide programmes or services specifically for immigrants, refugees and asylum seekers, asked respondents to identify three key areas (if any) where they would like to see improvements made. The answers supplied are of interest. Only 32 respondents answered this question because only a small proportion of the sample worked in the agencies concerned. Their responses are clustered into four main areas as follows:

• Additional practical resources required: funding, time, on-site support. 42.0%
• Education and training are required for social workers regarding client needs. 38.7%
• Interpreters need to be provided at WINZ, and access is needed to a register of interpreters. 19.4%
• Greater sensitivity to spiritual as well as cultural needs is required. 12.9%

4. The service users themselves, however, may well have a different view on the programmes and services concerned. To date, remarkably little attention has been given to the experiences, attitudes and perceptions of immigrants, refugees and/or asylum seekers with respect to the programmes and services available. The topic must therefore be ranked high on the list of research required.
Other improvements mentioned included post-hospital support, easier access to health services, as well as assistance in finding employment and in settlement generally. Some of these useful and practical suggestions are already being put into practice, as in the case of the Auckland Regional Chamber of Commerce/WINZ migrant work experience initiative (Fisk, 2003) and other government (re)settlement initiatives and pilots for immigrants and refugees (Lockhart, 2002).

Interpreting services, and knowing how to use them, are important for best social work practice. As we have seen, however, our survey respondents have indicated that in some agencies there were good policies in place for ensuring that clients had the right to such services, but in others there was a lack of interpreters and possibly of skills in how to work appropriately with an interpreter. We recognise of course that interpreters, if paid according to their recognised pay scale, are costly and that access to interpreter services is not compulsory under the Health and Disability Commissioner’s Code of Rights. This probably explains why access to interpreters varies around the country and between agencies. Nevertheless, Cotton (2000) has drawn attention to the link between lack of access to an interpreting service and poor health. A recent initiative with regard to interpreting was the launch (in April 2003) of the Language Line, a free national telephone interpreting service. Available to service users in six participating government agencies (unfortunately neither the Child, Youth and Family Service, nor the Health Sector were included) as a one year pilot programme, it was coordinated by the Office of Ethnic Affairs, employed qualified interpreters in 30 languages and was available on week days. The pilot was successful and the New Zealand government has now committed itself to the continuation and expansion of this service.

Those social workers whose agency did not provide programmes and services specifically for immigrants, refugees and/or asylum seekers, were also invited to indicate three key areas where they would like to see improvements made for the benefit of such clients, in the current programmes or services provided. This question was answered by 68 respondents and the three main areas for improvement were:

- Improved cultural services 32.4%
- Staff training 26.5%
- Interpreter services 23.5%

A number of other suggestions were also made (by less than ten respondents in each case) and are listed below in descending order of times mentioned.
• Better provision of information for clients
• Appropriate counselling services
• Networking between agencies
• Education programmes for clients
• More practical resources
• Accessible services
• Advocacy services
• Appropriate services for offenders
• Social work programmes

Again, the suggestions are useful and indicate the kind of gaps which may occur in agency provision, and where staff and clients may be given extra support to offer and use services more effectively. Many of these suggested improvements involve proactive service provision, particularly brokering for services and advocacy. In raising these issues, the respondents, as professional social workers and members of the ANZASW, demonstrated their awareness of the need to offer a comprehensive range of services across the social change, community development, social work spectrum. Overall, these recommendations indicate awareness on the part of respondents of the need to further develop practice knowledge and skills in what Russell and White (2002: 639) refer to as a “multifaceted perception of self and other”. Their Canadian-based research identified several key ways of forging the client-worker relationship across cultures that are reflected in the findings from our survey and discussed below.

It is appropriate at this point to note that the improvements suggested by both groups of respondents were in some respects similar to service groups identified by Zwart (2000) in a survey of key informants and NGOs involved in the provision of social services to refugees. In particular, Zwart (2000: 50) found that 95 per cent of the NGO respondents (N=42) identified a gap in ESOL services, while somewhat lower percentages identified gaps in the provision of primary and mental health care (83 per cent), advice and information that aids integration (81 per cent), suitable housing (67 per cent) and income support (55 per cent). Respondents who believed that there was a gap in a particular type of service were invited to rate the size of the gap on a scale of 1 (low) to 5 (high). On this basis, the most acute gap was perceived to exist for ESOL services (average of 4.6) followed by advice and information (average of 3.7) and income support (3.3). Such findings highlight the need for social workers with the knowledge and skills required to provide effective liaison, advocacy, brokering and counselling for their clients at the interface with government agencies.
Other comments

A final, open-ended question invited respondents to comment on any other areas relating to their work with this client group that they felt had not been covered in the questionnaire. While possibly repetitious, this information serves to emphasise in the respondents’ own words, topics and themes which they considered to be of particular importance. Thirty respondents made comments in this section, and the main themes, including service delivery gaps, are listed below in order of times mentioned.

- Language/interpreters
- Access to medical services
- Community development
- Training
- Family and women’s issues /female circumcision
- Cultural difference
- Policy development
- Criticism about grouping immigrants, refugees and asylum seekers together.

The gaps in social service delivery referred in particular to a shortage in some parts of the country of trained and available interpreters. Two typical recommendations or observations were:

*Have a central, multicultural, well publicised Citizen Advisory Bureau with an 0800 number, that people can ring if they do not know where to go for a service.*

*Once immigrants [sic. refugees] leave Mangere there is little if any help to adjust to a new society. Language barriers and cultural isolation restrict access to employment and training etc.*

These comments highlight the broker and advocacy roles that the respondents were carrying out and for which they clearly felt the need for more support. Other gaps mentioned related to access to medical services. One respondent criticised the government health policy for fee paying pregnant women, which she argued either needed to be changed or else immigrants should be required to have medical insurance prior to entry to New Zealand to cover possible pregnancy, medical, surgery and dentistry needs. Another observed that clients could only make limited use of GPs because of language barriers. Transport
difficulties and hence access to hospital services also gained a mention, while one person suggested that:

_Surprisingly, social workers themselves are still quite ignorant about the needs of this group and don’t see the need for improved services. Not enough is being done in understanding immigrants’ emotional needs._

This remark supports the earlier comments by respondents in relation to their own competency levels and their desire to learn more about cultural diversity and its implications for practice. A direct consequence of changes to New Zealand’s immigration policies since the mid 1980s is that social workers are now encountering a diversity of family and cultural values in their work with immigrants as well as refugees and asylum seekers. One person observed that “complex family issues arise” when some family members are left in the country of origin and “there is pressure to advocate for [the] rest of [the] family to come”. This was a recurring theme in which mental health needs were often seen as paramount and family reunification was identified as the single most important factor in successful (re)settlement.

Two social workers were concerned with issues around female genital mutilation (FMG) (the term recommended for use by Amnesty International) or female circumcision (a term preferred by some) with reference to Somali women. How best to support these young women with the associated cultural and health matters was a problem for them. Research into this issue by Kambaran (2000) indicates that professionals working with Somali women need to be well-informed about FMG. Her research, based on focus group discussions with Somali women about their health-related experiences in New Zealand, and the relationship between FMG and their identity as Somali women, shows how ignorance of the complex meanings associated with the practice of FMG can cause a great deal of embarrassment and cultural distress.

Other more general concerns about working with cultural difference were made, but added little new to the information already gathered from this survey. More interesting were two comments about the value of those agencies such as Refugees as Survivors and the Refugee and Migrant Service, which work hard to advise the government on policy matters affecting refugees and immigrants. It was stressed that the government needs to plan provisions for resettling people and to ensure that the ad-hoc methods of past governments are not repeated. In this context, the work and recent publications by Cotton (1999, 2002) are examples of the high standard of work being done by NGOs.

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Some criticism referred to the grouping together of immigrants, refugees and asylum seekers. Two respondents commented that the inclusion of all three groups in the same survey was problematic, as each group of people has different issues to deal with. There is no doubt that they are a diverse group and in some ways they have different needs. At the same time, they also have much in common, particularly when they have to present themselves to social workers who are not specifically engaged in working for immigrants, refugees or asylum seekers, but rather for the general population of New Zealand.

Finally, one social worker made a plea for understanding (from managers) that this client group can be more time consuming than others and that decisions cannot be rushed. Although raised explicitly only once, this is an important point which echoes findings in other recent research (Russell and White, 2002; Cropley, 2002). It has implications for training social workers and volunteers in this area to enable them to monitor their expectations and professional boundaries in this filed of practice at every level, be it in the front line of service delivery or at supervisory or management levels.

**Summary of Survey Findings**

The findings indicate that for the majority of respondents contact with immigrants, refugees and/or asylum seekers was likely to be very limited or sporadic in nature. Respondents living in the main urban areas were more likely to have more contact with them, particularly in Auckland. Fisk (2003: 1), for example, notes that immigrants and refugees are disproportionately represented in Auckland Regional Work and Income benefit statistics.

The three main sources of referral for immigrant, refugee and/or asylum seeker clients were from health-related services, then other agencies working with these client groups and finally from self, family or friends. The physical and mental health needs of these groups often necessitate referral to social services and therefore respondents in the health and mental health sectors were more likely to have such clients. Settlement and adjustment issues, health concerns and family needs, including difficulties in gaining access to social services, were the most common client needs identified. Social work tasks ranged from the most practical, such as providing food parcels, transport and clothing, to assistance with housing, child and family support, probation and counselling and clinical therapeutic services, culminating in advocacy, legal assistance and community development work.
The majority of respondents rated themselves as competent or better than competent in this field of practice. At the same time, many of those who rated themselves below the halfway mark for competency, indicated that they felt their supervisors might not know as much in this area either. On the whole, however, the respondents felt they had achieved improvements in the circumstances of the majority of their clients. Some, however, felt they could do little for their clients, given cultural, economic and other obstacles to (re)settlement and family reunification.

A small number of respondents answered the section for social workers born overseas. On the whole their experience of hunting for work was positive, which was hardly surprising given that the majority of them were from the UK, Ireland and Australia. In general, they were very satisfied with their employment experience.

Respondents wanted further training in cross-cultural social work and they wanted more staff training and better support services available, such as readily accessible information relating to accessing and working with interpreters and skilled cultural advisors. They wanted to see better community services available and thought that New Zealanders were in need of education about cultural diversity and the value of people from different cultural backgrounds.
DISCUSSION

Using George's (2002) two broad categories of settlement service delivery, one can see elements of both theory-based and practice-based models from the findings in this study. The first category features cultural competence and client empowerment and ecological models as well as empowerment or strength-based approaches as key elements. Intervention occurs at the international, political, community and family level. The social workers in our study were concerned that they should enhance their cultural competence; in fact, concern in this area was a constant theme. They also used an ecological perspective, intervening at the international, political, community and family levels for their clients. Client empowerment is one of the principles informing the ANZASW code of ethics, and one can see from the social workers' interventions and reflections on outcomes that they felt they were doing what they could to empower their clients.

Also included in George's theory-based model is the continuum model which considers the processes and stages by which migrants and refugees progress from pre-movement, to acclimatisation, followed by adaptation towards integration. If one considers that the Mangere Reception Centre caters for the acclimatisation end of the continuum, then New Zealand social workers involved with refugees could hope to be assisting them through adaptation and towards integration into local communities. Immigrants and asylum seekers, however, could be (and sometimes were) encountered at the earlier acclimatisation end of the spectrum as well.

George (2002) characterises practice-based approaches by their ethnic-centred and grass-roots ethos and origins or, if they are mainstream agencies, by their focus on providing culturally appropriate and well-informed services. Valtonen (2001, 2002) and George (2002) emphasise the importance of self-help and established ethnic groups for assisting new settlers to adapt and integrate into their new communities.

Where our respondents worked in self-help settings, they were very keen to answer and return the survey. Comments about community development agreed with the observation made by one respondent, that:

_There are not adequate resources available to strengthen these communities of people and support for them to develop and run programmes etc. Immigration policies are very restrictive and many families are_
unsuccessful in achieving family unification goals – with significant implications for [the] mental health of individuals and families.

Mention was also made of insufficient funding for NGO service provision and there were references to parallel services being developed by these immigrant and refugee ethnic groups themselves.

These are significant points and indicate that some of the more established immigrants and refugees have become sufficiently settled into their communities to be able to begin assisting people from similar backgrounds in the resettlement process. On the one hand this is encouraging, but on the other it would be very unfortunate if, as a result, government resources became less available to those working in this field of practice.

Some respondents stressed the need to prepare the receiving communities of New Zealanders to accept immigrants, refugees and asylum seekers. New Zealanders need to be educated through publicity campaigns and integration projects to assist the (re)settlement process, and children also need to know more about children from different ethnic backgrounds.  

Implications for Social Work Education

The research literature advocating the recognition of (re)settlement work with immigrants, refugees and asylum seekers as a new field of practice for social work has been steadily growing as evidenced by the work of Burgess and Reynolds (1995) in the UK, Valtonen (2001, 2002) in Finland, George (2002) in Canada, Chapman (2001) in New Zealand and Potocky-Tripodi (2002) in the USA. This is a useful and innovative way of revisioning this work in a holistic manner which fits comfortably into the understanding of social work as functioning across the macro, meso to micro spectrum.

A new field of practice requires new content in the curriculum. In response to changing demographics and increased cultural diversity resulting from migration, Canadian researchers Russell and White (2002) carried out qualitative research

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5 Good contemporary examples of such campaigns from the NGO sector are the Caritas Aotearoa New Zealand social justice series. See Atkin and May (2002) and Beech (2003).
into the experiences of social work practitioners and their immigrant and refugee clients in order to establish more clearly the training and educational needs of social workers in this field of practice. They discovered considerable overlap and shared insights between the two groups.

In their data analysis, Russell and White found the central elements in social work with immigrants had two overarching themes. The first, “Multifaceted Perception of Self and Others”, they described as “an internal dialectic process of worker and client relating to their own and the other’s culture in forming an effective working relationship” (Russell and White, 2002: 638). This theme incorporated three sub-themes: “Connection pathways”, involving ways by which the social worker and clients found common ground across the cultural divide by looking for commonalities instead of focussing on difference; “Levels of cultural incorporation” involved being sensitive to the desired level expressed by the client for their integration into the new culture of the host society (the discussion around multiple levels of cultural incorporation recognised that culture is too complex to be covered in the anti-discrimination, anti-oppression curriculum); and finally, “Communication avenues” looked at overcoming language and other barriers to communication, using interpreters, body-language, learning elements of new languages etc.

Social workers responding to our survey also wanted to see more training for professionals in this new field, including social workers themselves. For example, one respondent suggested that there should be:

*Training for the whole range of staff in health settings dealing with these clients and their families about values, cultural identity, world view of all people including self. My experience is that social work training uses this more than most professions I work with (some don’t get any training!!)*

This is an area where many of our respondents indicated they struggled to be effective, raising issues very similar to those discussed by Russell and White (2002), and recommended that the social work curriculum could introduce clearer guidelines for cultural competence. For example, these would include increased cultural self-awareness, placing an emphasis on practitioners taking the time to clarify meaning when there are language and cultural differences, and ensuring that good understandings have been achieved by both worker and client. Some practice principles developed in New Zealand for social workers working with refugees who have HIV reinforce this recommendation (Ackroyd, 2002: 12), calling for practice that is inclusive, that honours difference and supports
diversity and cultural strengths, and that is well informed about the medical, cultural and sociological circumstances of the client group.

The second overarching theme identified by Russell and White (2002: 638) was “Proactive Service Delivery” which they described as “an active external process in relating to the social context that characterised the distinctive nature of immigrant services.” Again, this theme was broken into three sub-themes. “Cultural bridging”, the first sub-theme, involved explicitly informing and explaining the nature of social work and counselling services to people for whom such concepts were alien. Our findings indicate agreement about the need to explain what social services are about, particularly where clients have unrealistic expectations, and the respondents recognised that cultural factors formed a barrier between themselves, the client and the service. Consistent with our findings, Russell and White mention shame and the importance of confidentiality as key issues for this client group and note how their interviewees managed to find common cultural ground where they shared similar attitudes (for example, to the extended family) despite coming from quite different cultural backgrounds. Russell and White also encourage social work educators to widen the concept of anti-oppressive and anti-racist practice to include a more sophisticated analysis incorporating more aspects of culture than just race (i.e. gender, family networks, religion, education and place of origin such as rural or urban). A similar approach has been explored and recommended by O’Hagan (2001). Finally, Russell and White (2000: 640) found that a client who identifies exclusively with her or his own culture will relate more easily to a social worker with "lived experience" of that culture than with an outsider, no matter how culturally self-aware or knowledgeable they may be. Although social workers in New Zealand are aware of this, they clearly felt they needed more training in this area. Obviously, they could make good use of cultural bridging knowledge and skills as part of their curriculum to assist them in their work.

The second and third sub-themes, “Brokering for services” and “Advocacy for system sensitivity,” were both areas mentioned frequently by our respondents in their typical cases and elsewhere in the survey. These two sub-themes represent familiar social work roles, but in this field of practice each requires a good working knowledge of systems, legislation and agency policies. All these matters could usefully be promoted in social work education.
CONCLUSION

Overall, the findings presented in this report indicate that social workers in New Zealand are being exposed to clients with increasingly diverse cultural backgrounds and citizenship status. Social workers are not all equally confident in their abilities to meet the challenges this brings to their work. It seems reasonable to consider that social work with this client group represents a new and specialised field of practice and many of our respondents made it clear that they recognised the need for specific training in this area. Implications for meeting those education and training needs have been discussed in the light of research by Russell and White (2002).

Judging from details provided in their typical case examples, social workers were putting their broad-based skills of advocacy, counselling and networking to good use. They signaled a need for better resources, such as readily accessible interpreters, information, more staff and culturally informed practitioners or advisers. They were also concerned about government and agency policies relating to family reunification, citizenship status, access to social services (especially the health services), and obstacles to settlement such as language barriers and finding employment.

Internationally there is a growing recognition that (re)settlement work with immigrants, refugees and asylum seekers, if it is going to succeed, is a two-way process, as George (2002: 468) found in her Canadian research. It involves both newcomers and the host society learning to adapt to one another, and to recognise and make constructive use of each other’s strengths. Through their responses, many of the respondents we surveyed showed that they were aware of this emerging field of practice and its specific challenges and opportunities in the New Zealand context.

Research Recommendations

Two areas related to this study call for further research.

- The first is to explore the service users’ experiences of social work practice, in health settings, in other government agencies such as WINZ, Community Probation and Child, Youth and Family Service, and in the NGO sector.
• The second area concerns the education and training for social workers and social work students, particularly in: the availability and use of interpreters; developing best practice skills and knowledge in cross-cultural social work; and in mental health work with refugees and asylum seekers.

We believe that the findings of research in these two areas should be employed to facilitate both the review and further development of the curriculum and training for social workers in New Zealand in order to more effectively meet the demands and challenges of a new, specialised field of practice with immigrants, refugees and asylum seekers.
REFERENCES


Beech, L. 2003: Born to Us: Children in New Zealand, Social Justice Series No. 8, Caritas Aotearoa New Zealand, Wellington.


Appendix A: A Survey of Social Worker with Immigrants, Refugees and Asylum Seekers in New Zealand

NEW SETTLERS PROGRAMME
SCHOOL OF SOCIOLOGY, SOCIAL POLICY AND SOCIAL WORK
MASSEY UNIVERSITY
2001

A Survey of Social Work with Immigrants, Refugees and Asylum Seekers in New Zealand

Please see INFORMATION SHEET on the next page

Contact: Dr Mary Nash
Principal Researcher
Social Work and Immigrants Survey
School of Sociology, Social Policy and Social Work
Massey University
Palmerston North
A Survey of Social Work with Immigrants, Refugees and Asylum Seekers in New Zealand

This project is part of the New Settlers Programme which explores the experiences of immigrants in New Zealand. The Programme Leader is Associate Professor Andrew Trlin and the Programme is funded by the Foundation for Research, Science and Technology. For further details see our website: http://newsettlers.massey.ac.nz

The aim of this survey is to explore aspects of the provision of services by social workers to immigrants, refugees and asylum seekers in New Zealand. This is the first time that a New Zealand national survey of this type has been conducted. We expect that the results will facilitate a greater understanding of the services provided by social workers and provide an insight into some of the difficulties and needs experienced or identified in their work with immigrants, refugees and asylum seekers. Such information will be of value to a wide range of end users, including immigrant communities and analysts involved in government policy development.

Your name and address has been provided to us with the cooperation of the Aotearoa New Zealand Association of Social Workers, and we would be very pleased if you would participate in this survey. The questionnaire should take no more than 40 minutes. Your response is confidential and will not be traced to you as an individual. The code number on the first page of the questionnaire is simply to assist us with the administration of the survey and with any follow-up, if necessary. The raw data will be seen only by the researchers and staff engaged in computer data entry. Survey findings will be reported in aggregated form only and will be published in both a technical report and articles in professional journals. Filling out the questionnaire implies your consent to participate.

All participants providing a completed questionnaire will be entered in a draw for a travel voucher to the value of $500.

The principal researcher for this survey is Dr Mary Nash who may be contacted at:
School of Sociology, Social Policy and Social Work
Massey University
Palmerston North

Telephone: (06) 350 5799 extension 2827 E-mail: M.Nash@massey.ac.nz

Associate Professor Andrew Trlin (New Settlers Programme Leader) will be assisting Dr Nash as her co-researcher at all stages of this survey.

Please return the questionnaire by 12th April in the Freepost envelope provided, whether or not it has been fully completed.
First we would like some information about yourself as a practicing social worker.

1. What is your gender?
   
   Male ☐
   Female ☐

2. What is your age group?
   
   Under 20 years ☐
   20 - 29 years ☐
   30 - 39 years ☐
   40 - 49 years ☐
   50 - 59 years ☐
   60 and over ☐

3. What ethnic group do you belong to?  
   (Please specify, e.g. Chinese, Dutch, Samoan, Welsh, etc)
   ..............................................................

4. In which country were you born?
   
   New Zealand ☐ →(Please go to Question 6) ☐
   Other country (Please specify) ............... →(Please go to Question 5)

5. (If overseas-born) How long have you lived in New Zealand?
   
   Less than one year ☐
   1 - 4 years ☐
   5 - 9 years ☐
   More than 9 years ☐
6. Is English your mother tongue/first language?
   Yes ☐ ☐
   No ☐

7. In how many languages/dialects apart from English can you communicate fluently?
   None ☐ →(Please go to Question 9)
   One ☐ →(Please go to Question 8)
   Two ☐ →(Please go to Question 8)
   Three or more ☐ →(Please go to Question 8)

8. Please list the languages/dialects other than English in which you can communicate fluently?
   ............................................................................................
   ............................................................................................
   ............................................................................................

9. Please indicate the **highest** formal educational qualification that you have completed.
   Secondary school ☐
   Certificate/Diploma (Please specify)................................. ☐
   Bachelors degree (Please specify).................................
   Postgraduate degree/Diploma (Please specify)..........................
   Other (Please specify)........................................

10. Where was your highest educational qualification gained?
    Name of institution ....................................................... ☐
    Country ................................................................. ☐ 20
    Date awarded .............................................................
11. Do you have a professional qualification for practicing social work?

Yes  

→ (Please go to Question 12)

No  

→ (Please go to Question 13)

12. (If yes) Please name your professional qualification(s) for practicing social work.

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Institution</th>
<th>Country</th>
<th>Date awarded</th>
</tr>
</thead>
<tbody>
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</table>

13. Have you ever lived overseas?

Yes  

→ (Please go to Question 14)

No  

→ (Please go to Question 16)

14. (If yes) Have you previously worked overseas as a social worker?

Yes  

→ (Please go to Question 15)

No  

→ (Please go to Question 16)

15. (If yes) In which countries have you previously worked as a social worker and for how long?

<table>
<thead>
<tr>
<th>Country in which worked as social worker</th>
<th>Duration of employment (years)</th>
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</tbody>
</table>

65
16. Please list the professional associations (including ANZASW) to which you currently belong and indicate the duration of membership.

<table>
<thead>
<tr>
<th>Professional Association</th>
<th>Duration membership</th>
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<tbody>
<tr>
<td>ANZASW</td>
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</tbody>
</table>

17. Are you a member of any immigrant or refugee organisation(s) in New Zealand?
   Yes  □  →(Please go to Question 18)  □
   No   □  →(Please go to Question 19)  □

18. (If yes) Please list the immigrant or refugee organisation(s) to which you belong.

........................................................................................................

........................................................................................................

19. Are you a member of any voluntary organisations (e.g. Amnesty International, Red Cross, Women’s Refuge, St. Vincent de Paul, etc) in New Zealand?
   Yes  □  →(Please go to Question 20)  □
   No   □  →(Please go to Question 21a) □

20. (If yes) Please list the voluntary organisations to which you belong.

........................................................................................................

........................................................................................................

........................................................................................................
Now we would like to ask you some questions about your experiences as a social worker providing services to immigrants, refugees and/or asylum seekers in New Zealand.

21(a) Are you currently in paid employment as a social worker?

   Yes  □  →(Please go to Question 21b)
   No   □  →(Please go to Question 22)

21(b) In what agency or agencies are you currently employed (paid) as a social worker and what are your main fields of practice (e.g. care and protection, schools, health, mental health, etc)?

   If you work for more than one agency, please list first the main agency for which you work.

   Agency/agencies   Field(s) of Practice   Duration of  
   1.                 ________________________  ________________________
   2.                 ________________________  ________________________
   3.                 ________________________  ________________________

   →(Please go to Question 23 after completing Question 21b)

22. (If not currently in paid employment as a social worker)

   Are you currently engaged as a voluntary (unpaid) social worker?

   Yes  □  →(Please go to Question 23)
   No   □  →(Do not proceed, please return questionnaire as is in the envelope provided)
23. In what agencies in New Zealand have you previously worked (paid or unpaid) as a social worker and what were your main fields of practice (e.g. care and protection, youth justice, schools, health, mental health, etc)?

If NIL, please tick box → □ and go to next question.

Agency/agencies | Field(s) of Practice | Duration of

________________________ | ______________________ | ______________________
________________________ | ______________________ | ______________________
________________________ | ______________________ | ______________________
________________________ | ______________________ | ______________________
________________________ | ______________________ | ______________________

24. Have you provided a service as a practicing social worker to immigrants, refugees and/or asylum seekers in New Zealand at any time within the last five years?

Yes, immigrants only □ → (Please go to Question 25)

Yes, refugees and/or asylum seekers only □ → (Please go to Question 25)

Yes, immigrants, refugees and/or asylum seekers □ → (Please go to Question 25)

No □ → (Do not proceed, please return questionnaire in envelope provided)

25. (If yes) What are the main services that you have provided to immigrants, refugees and/or asylum seekers in New Zealand at any time during the last five years?
(Please specify, e.g. advocacy, negotiating benefits, care and protection work, housing, mental health, etc)

.......................................................................................................................... □ □
.......................................................................................................................... □ □
.......................................................................................................................... □ □
26. How much of your current workload as a social worker would you estimate to be spent on immigrants, refugees and/or asylum seekers?

Nil □ → (Do not proceed, please return questionnaire in envelope provided)
1 - 24% □ → (Please go to Question 27)
25 - 49% □ → (Please go to Question 27)
50 - 74% □ → (Please go to Question 27)
75% and above □ → (Please go to Question 27)

27. Please select a recent typical example of your social work with an immigrant, refugee or asylum seeker client (individual or family) and provide a brief outline of what it involved in relation to the headings and questions that follow.

27(a) Please specify to which one of the following categories this client belonged.

Immigrant □
Refugee □
Asylum seeker □

27(b) Source of referral: ........................................... □ □

27(c) Please specify your role with this client (e.g. in-take worker, key worker, supervising social worker, etc)?

.................................................................

27(d) Main issues involved: ................................. □ □ □

.................................................................

27(e) Assessment of client needs: ............................ □ □ □

.................................................................
27(f) Interventions: ........................................
..........................................................
..........................................................
..........................................................
..........................................................

27(g) Outcome(s) of interventions: ......................
..........................................................
..........................................................
..........................................................
..........................................................

27(h) Did you use, for the purposes of assessment and/or intervention with this client, any assistance from specialist services (e.g. interpreter, cultural advisor, mental health assessment, etc)?

Yes  □ →(Please go to Question 27i)

No  □ →(Please go to Question 27j)

27(i) (If yes) Please specify the specialist assistance used.
..........................................................
..........................................................

27(j) Did you refer this client on to other agencies/programmes?

Yes  □ →(Please go to Question 27k)

No  □ →(Please go to Question 27n)

27(k) (If yes) Please specify the agencies/programmes to which the client was referred.
..........................................................
..........................................................
27(l) Did you experience any difficulty with the referral(s) you made?

Yes □ → (Please go to Question 27(m))

No □ → (Please go to Question 27(n))

27(m) (If yes) Briefly indicate the nature of the referral difficulty experienced.

..............................................................

..............................................................

27(n) Did you experience any difficulties working with this individual or family (e.g. language, culture, value systems, trauma, nature of problem, etc)?

Yes □ → (Please go to Question 27(o))

No □ → (Please go to Question 27(p))

27(o) (If yes) Please indicate the working difficulties you experienced.

..............................................................

..............................................................

..............................................................

27(p) Have you any further comments you would like to make about this typical example of your work with immigrants, refugees or asylum seekers?

..............................................................

..............................................................
Now we would like to ask you some general questions about your work with immigrants, refugees and/or asylum seekers.

28. In general, what are the three (3) most common referral routes for immigrants, refugees and asylum seekers coming to you?

   (1) ..............................................................

   (2) ..............................................................

   (3) ..............................................................

29. In general, what are the most common presenting problems of these clients?

   ........................................................................

   ........................................................................

   ........................................................................

30. In general, what do you think are the most common underlying clinical needs and issues which these clients have?

   ........................................................................

   ........................................................................

   ........................................................................

31. In general, what cultural issues have you been aware of in working with these clients?

   ........................................................................

   ........................................................................

32. In general, what spiritual issues have you been aware of in working with these clients?

   ........................................................................

   ........................................................................

33. On the rating scale below, how would you rate your
own level of competency for working with immigrants, refugees and/or asylum seekers in New Zealand?

Competency scale
1 = Low  2   3   4   5 = High

34. On the basis of your own competency rating, what knowledge and skills (if any) do you believe that you need for further professional development to work with these clients?

..............................................................

..............................................................

..............................................................

35. In your opinion, does your social work supervisor have the necessary knowledge and skills for working with this client group?

Yes  □

No  □

Don’t know □

PLEASE NOTE: If you are New Zealand-born, please go to Question 46

If you are overseas-born, please go to Question 36
This section (Questions 36-45) is only for people born overseas.

If you are New Zealand-born please go to Question 46

Now we would like to ask you some questions about your experiences in finding employment as a social worker and your social work practice in New Zealand.

36. Have you experienced any difficulties getting employment as a social worker in New Zealand?

   Yes ☐  → (Please go to Question 37)

   No ☐  → (Please go to Question 39)

37. (If yes) Please specify which, if any, of the following difficulties you experienced
(Tick all that apply)

   Recognition of professional qualifications ☐ ☐

   Recognition of prior work experience ☐ ☐

   English language ability ☐ ☐

   Cultural differences ☐ ☐

   Other ☐
      (Please specify) ............................................

   ........................................................................

38. How did you overcome these difficulties with respect to finding employment as a social worker?
(Tick all that apply).

   Gained a New Zealand qualification ☐ ☐

   Gained work experience with voluntary organisation ☐ ☐

   Improved English language ability ☐ ☐

   Used personal contacts available ☐ ☐

   Other (Please specify) .................................

   .................................................................
39. Please explain how you got your present (main) job? (Tick all that apply)

- Applied for advertised position
- Was invited to apply/‘head hunted’
- Job developed out of voluntary work
- Personal contacts
- Other (please specify)

........................................................................

40. In your opinion, are your ethnic background and/or language ability an advantage in your present (main) job?

- Yes □ → (Please go to Question 41)
- No □ → (Please go to Question 42a)

Not applicable (please explain)

.................................................................

→ (Please go to Question 42a)

41. (If yes) Please explain in what way(s) you believe your ethnic background and/or language ability are an advantage.

........................................................................

........................................................................

........................................................................

42a. Are your ethnic background and/or language ability recognised as being valuable by the (main) agency for which you work?

- Yes □ → (Please go to Question 42b)
- No □ → (Please go to Question 43)
- Don’t know □ → (Please go to Question 43)
42b. (If yes) Is the value of your ethnic background and/or language ability recognised by:

- Extra pay □
- Other means □
- No extra pay or other means □

43. Are your ethnic background and/or language ability made use of in the (main) agency for which you work?

   Yes □ →(Please go to Question 44)
   No □ →(Please go to Question 45)

44. (If yes) Please indicate in which way(s) your ethnic background and/or language ability are made use of.

   (Tick all that apply)

   - In direct practice □
   - In consultancy work □
   - As an interpreter □
   - In staff training □
   - In work with other immigrant staff □
   - In policy development □
   - Other (Please specify) □

45. On the following scale, how would you rate your level of satisfaction with your current (main) job?

   Job satisfaction scale
   1 =Low  2  3  4  5=High □
Now we would like to ask you some questions about the institutional setting in which you work

46. With reference to the (main) agency for which you currently work, what percentage of its client in-take would you estimate to consist of immigrants, refugees and/or asylum seekers?

- 1-24% □
- 25 - 49% □
- 50 - 74% □
- 75% and above □

47. Does the (main) agency for which you work have a specific policy or policies regarding its work with immigrants, refugees and/or asylum seekers?

- Yes □ → (Please go to Question 48)
- No □ → (Please go to Question 49)
- Don’t know □ → (Please go to Question 49)

48. (If yes) Please outline the policy OR if possible attach a copy of the policy to this page of the questionnaire.

........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

49. Does the (main) agency for which you work provide any programmes or services specifically for immigrants, refugees and/or asylum seekers?

- Yes □ → (Please go to Question 50)
- No □ → (Please go to Question 53)
50. (If yes) Please name the three (3) main programmes or services provided.

..............................................................................................................................
..............................................................................................................................
..............................................................................................................................

51. With regard to these programmes or services that are provided specifically for immigrants, refugees and/or asylum seekers, in general how appropriate do you consider them to be?

Please rate level of appropriateness on the following scale.

1 =Low 2 3 4 5=High

52. Briefly indicate up to three (3) key areas (if any) where you would like to see improvements made in the programmes or services provided specifically for immigrants, refugees and/or asylum seekers by the (main) agency for which you work?

A..........................................................................................................................

B..........................................................................................................................

C..........................................................................................................................

→(Please go to Question 54)

53. (If main agency for which you work does not provide programmes or services specifically for immigrants, refugees and/or asylum seekers) Briefly indicate up to three (3) key areas (if any) where you would like to see (for the benefit of immigrants, refugees and/or asylum seekers) improvements made in the current programmes or services provided by the (main) agency for which you work.

A ..........................................................................................................................

B ..........................................................................................................................

C ..........................................................................................................................
Now we would like you to answer some final questions.

54. Are there any other areas relating to your experience of social work with immigrants, refugees and/or asylum seekers, not covered in this questionnaire, that you wish to comment on?

   Yes □  →(Please go to Question 55)

   No □  →(Please go to Question 56)

55. (If yes) Please write your comments below.

   ..................................................................................

   ..................................................................................

   ..................................................................................

   ..................................................................................

56. On the basis of this survey, we expect to identify some of the key issues and best practice features of contemporary social work practice with immigrants, refugees and/or asylum seekers in New Zealand. **Would you be willing to do a possible follow up interview to discuss further aspects of your experience?**

   Yes □

   No □

   (If yes) Please provide your contact details below.

   Name: ..............................................................

   Address: ..........................................................

   .............................................................................

   .............................................................................

   Telephone: .......................  E-mail: .......................
AUTHORS

Mary Nash


Andrew Trlin

The Programme Leader for the New Settlers Programme, Andrew is a Research Fellow in the School of Sociology, Social Policy and Social Work, College of Humanities and Social Sciences, Massey University, Palmerston North. His main research interests are in the broad areas of social demography, social policy and programme evaluation in contemporary New Zealand, but he is best known for his work on immigration policy and immigrant settlement. Andrew’s publications on aspects of international migration include: (as author) Now Respected, Once Despised: Yugoslavs in New Zealand (Dunmore Press, 1979); and (as co-editor) the series New Zealand and International Migration: A Digest and Bibliography (Department of Sociology, Massey University 1986, 1992, 1997). A council member for (and past President of) the New Zealand Population Association, Andrew also served on the Ministerial Committee that produced the report Drawing on the Evidence: Social Science Research and Government Policy (Ministry of Research, Science and Technology, 1996).
SELECTED NEW SETTLERS PROGRAMME PUBLICATIONS
(TO APRIL 2004)


Watts, N., White, C. and Trlin, A. 2001: English Language Provision for Adults and/or Refugees from Non-English Speaking Backgrounds in Educational Institutions and Training Establishments in New Zealand, New Settlers Programme Occasional Publication No. 4, New Settlers Programme, Massey University, Palmerston North.


