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Realising values: The place of social justice in health social work practice in Aotearoa New Zealand

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Abstract:
Values are numerous, interrelated and hard to discern in professional practice. This article reports on key findings from research into locating professional values within health social work practice in Aotearoa New Zealand. The research explores how 15 health social workers experience and negotiate value demands when working with newborn infants. A staged methodology underpinned by constructivist grounded theory was utilised to generate theoretical knowledge through two phases of semi-structured individual interviews. The research firmly located health social workers practice in the middle ground of a complex, tension-ridden practice environment with health social workers courageously striving to balance competing requirements. Within a health model influenced by neoliberal policy, key tensions related to challenges faced due to professionals oversimplifying social circumstances in risk-laden situations. This resulted in issues of judgements, bias and racism being a central concern for the participants' social work practice. Despite these tensions, the place of social justice as a primary organising value was affirmed by the research. A stronger focus on the profession's values would strengthen the collective voice of health social workers and their identity, in order to better address the systemic drivers of health inequities.

Keywords: Values; Value demands; Social justice; Risk, Racism; Constructivist grounded theory; Health social work; Bi-cultural; Aotearoa New Zealand

Locating values in social work practice

This article reports on doctoral research conducted to examine the place of values within health social work practice in Aotearoa New Zealand (Glubb-Smith, 2020). This inquiry into social work values was guided by an on-going curiosity about how professional

values propel contemporary practice. In this research, the term *social work values* relates to the beliefs and principles that social workers as professionals accept as essential in order to achieve a healthy society; as well as being desirable individual characteristics in professional practice (Banks, 2012). Value demands in social work practice are often located in situations where there is conflict between values, duties and obligations (Reamer, 2014). The research was designed to explore the situations and circumstances in which social workers are conscious of their values in order to examine how value demands are negotiated in situations of complex decision-making.

Values are perceived to be the fundamental and cohesive ingredient in social work practice internationally. It is widely recognised that the value base of social work represents the aspirations of the profession (Levy, 1973; Reamer, 2013). Social work values have long been touted by the profession to be the point of difference between social work and other helping professions (Abbott, 2003; Banks, 2012; Bisman, 2004; Hartman, 1994; Marsh, 2005; Reamer, 1993; Stewart, 2013). Despite the prominence given to social work values, the profession's values are numerous, interrelated and contradictory.

A central reference point for social work action is social justice, and this is explained in the next section of this article. To provide context to this research, some background information about health social work and bicultural practice in Aotearoa New Zealand is covered before detailing the research methodology. The key findings are presented in relationship to the participants being located within a middle ground of a complex practice environment in which they are navigating issues relating to professions oversimplifying risk-laden situations. These findings are then discussed to illustrate how the profession's fundamental social justice values can strengthen and sustain professional identity in challenging practice environments.

Social justice as an organising principle

Values tacitly inform decision-making within the industry of practice, they are hard to classify and, due to their abstract qualities, can be problematic to locate. A solution to issues of value classification has been to establish social justice as an organising principle within social work practice (Glubb-Smith, 2020; Marsh, 2005; Postan-Aizik et al., 2020; Stewart, 2013). The International Federation of Social Work (IFSW) policy statement on health states that health social work is framed by two central social work values: human rights and social justice (IFSW, 2008). Within social work narratives, human rights is often focused on assisting people to realise their 'full humanity' (Ife, 2016). Human rights action involves ensuring that the dignity and worth of people is recognised, and freedoms are upheld. Attention to human rights is therefore instrumental to achieving social justice initiatives.

Social justice is essentially a contested concept, making the construct open to varying interpretations (Gallie, 1955). Social justice as an organising principle for social work action is demonstrated in the IFSW (2014) global definition of social work that presents a vision of professional practice that aspires to accomplish social justice and achieve human rights. The commentary notes that underpin the IFSW (2014) definition illustrate the profession's core mandates, principles, and knowledge about what is central to achieving social justice. As an organising principle social justice provides social workers with an overarching ethical framework from which to pursue a wide array of socio-economic objectives centred on meeting basic needs, reducing inequalities, and equality of outcomes (Craig, 2018). Social justice orientated practice objectives relate primarily to recognising diversity and achieving outcomes that are fair, equitable and enable everyone to participate regardless of life chances. Addressing social justice issues across the individual–macro-level

continuum is an ongoing challenge in social work practice (Austin et al., 2016; Dotolo et al., 2018; Lavalette, 2019; McBeath, 2016; O'Brien, 2011).

Health social work in Aotearoa New Zealand

Health social work with newborn infants in District Health Boards (DHBs) was used within the research as the specific context for considering values in practice. DHBs are responsible for funding and providing health services within their specific geographic region. Health social work in Aotearoa New Zealand is located in a national healthcare system that is universal and publicly funded. The national health strategy has a keen focus on prevention of ill-health and a drive to integrate health services across the social service sector in order to reduce inequities and support those most in need (Minister of Health, 2016; Ministry of Health, 2014, 2018). Social workers play an important role in the delivery of healthcare services in Aotearoa New Zealand. Since the 1940s, health social work has been a significant aspect of social work practice, with most of the health social workers functioning within multi-disciplinary teams (Beddoe & Deeney, 2012). DHBs are the largest employers of social workers within Aotearoa New Zealand – in 2019, DHBs employed 38% of the social work workforce (Social Workers Registration Board, 2019). Traditionally, health social workers in Aotearoa New Zealand have worked in hospitals; however, health social workers are present within preventive, primary, secondary, tertiary and research settings within health (Döbl et al., 2017).

Health social work with newborn infants, primarily takes place in a maternity ward, and supporting the transition home when the woman and infant is ready to be discharged. The health social worker’s role is generally to help women and their families navigate their way through maternity services. Health social workers are well positioned to do this as their

practice context enables a clear understanding of both the medical and social issues that pertain to maternity services and neonatal care. Health social workers in these roles provide confidential support and counselling services. They assist with accessing practical supports and provide information on relevant support groups, community services, and welfare entitlements. Alongside this, they also respond to crisis situations such as issues relating to child protection, intimate partner or family violence, drug and alcohol addictions, grief and loss, mental health and general health issues, and stress and change management. The assessment and management of risk to newborn infants takes priority over other work, but relationship-based practice is essential to support the mother and family in their care of the child (Haultain et al., 2016).

Prior to the Covid-19 pandemic, it was widely recognised by hospital specialists that Aotearoa New Zealand's beleaguered national health care system was in strife (Association of Salaried Medical Specialists, 2019). The systemic problems lay in issues relating to underfunding, workforce shortages, and staff under ever-increasing pressure in a resource-poor environment (Health and Disability System Review, 2020). Within this universal health care system, Māori are disproportionately burdened throughout their life course in ill-health statistics, and in the wider determinants that lead to ill-health (Health Quality & Safety Commission, 2019). These inequities are a legacy of colonisation, with culturally incongruent healthcare provisions putting the indigenous population at greater risk of mortality than other ethnicities (Pihama et al., 2017; Waitangi Tribunal, 2019).

Bicultural ideological context

Within Aotearoa New Zealand, social work values are specifically formulated for the profession's bicultural ideological context that honours the partnership established in 1840

between Māori and the British Crown by Te Tiriti o Waitangi (The Treaty of Waitangi). Te Tiriti o Waitangi establishes a governance relationship with Māori as the Indigenous people and the British Crown representing all immigrant people on the other side of the bicultural partnership. Te Tiriti o Waitangi acknowledged Māori sovereignty and assured the protection of the health and well-being of Māori (Came et al., 2020). In a Crown Commission of Inquiry into the health outcomes of Māori, the persistent health inequities have been found to be a clear indication of an ongoing breach of Te Tiriti o Waitangi (Waitangi Tribunal, 2019).

The Aotearoa New Zealand Association of Social Workers (ANZASW) is the professional body that upholds the profession's bicultural Code of Ethics. ANZASW's Constitution clearly identifies Te Tiriti o Waitangi as its foundation for governance (ANZASW, 2019). The Social Workers Registration Board (SWRB) is the regulatory authority responsible for the registration of social workers within Aotearoa New Zealand. An SWRB (2015) core competency for social work practice involves demonstrating a social justice commitment to addressing the ongoing colonisation process and widespread inequities that Māori withstand. This commitment to addressing the impact of colonisation is an enduring social justice challenge and a vital responsibility for the profession.

Social justice action involves tackling the foundational links between private troubles and public problems – structural change to health care systems is needed to ensure more equal outcomes. The ANZASW (2019) Code of Ethics was revised because of the changes brought about through the introduction of the Social Workers Registration Legislation Act 2019, which established mandatory registration for social work practice. The legislative changes facilitated a movement to a less prescriptive code of ethics, centred on values rather than rules. With the shift to mandatory registration, the SWRB's role of monitoring

social work practice has been strengthened and mandatory registration enables social workers to achieve professional status, alongside other regulated health professionals.

Values based Code of Ethics

Membership of ANZASW is voluntary and not all social workers belong to the professional association. With the advent of mandatory registration all social workers are now subject to the standards contained in the SWRB (2016) Code of Conduct. This has allowed ANZASW (2019) to devise a new formulation of their code of ethics that is centred on value-based aspirations for practice, rather than regulations for assessing possible misconduct by non-registered social workers. The prominence of the profession's values in Aotearoa New Zealand is illustrated in the revised Code of Ethics, which is now predicated upon seven core value statements which are summarised in the table below (ANZASW, 2019, pp. 10-14).

Rangatiratanga	Social workers value diversity and cultural identity. We use our practice to advocate for and support self-determination and empowerment of others.
Manaakitanga	Social workers recognise and support the mana (authority, spiritual power, freedom) of others. We act towards others with respect, kindness and compassion. We practise empathic solidarity, ensure safe space, acknowledge boundaries and meet obligations.
Whanaungatanga	Social workers work to strengthen reciprocal mana-enhancing relationships, connectedness and to foster a sense of belonging and inclusion.
Aroha	Social workers acknowledge our mutual responsibility for wellbeing. We recognise our common humanity with people who use our services and hold people to account, using professional judgement without being judgemental. We focus on people's strengths and finding solutions.
Kotahitanga	Social workers work to build a sense of community, solidarity and collective action for social change. We challenge injustice and oppression in all its forms, including exploitation, marginalisation, powerlessness, cultural imperialism and violence.

Mātātoa	Social workers act with moral courage in situations that are uncomfortable, challenging and uncertain. We use critical reflection and questioning to work through contradictions and complexity.
Wairuatanga	Social workers attend to the wellbeing – spiritual, emotional, psychological and physical – of self and others. We acknowledge the significance of whakapapa, self-awareness and self-care.

These seven core value statements represent the profession's national identity and aspirations (ANZASW, 2019). The modified ANZASW (2019) Code of Ethics strengthens practice principles founded on the profession's values to support ethical decision making. Researching values within this unique bicultural context provided valuable insights into how value-based decisions inform the utilisation of knowledge to validate social work action in the pursuit of social justice.

Research methodology

This research sought to generate knowledge about how health social workers understand and negotiate professional and contextual value demands when working with newborn infants. The participant's qualitative responses were analysed using a constructivist grounded theory design (Charmaz, 2014). The methodological strategies of constructivist grounded theory were adopted to develop theoretical concepts through iteratively refining codes into conceptual categories, while conducting memo writing and theoretical sampling (Charmaz, 2014). Attention was also given to considering the research relationship, alongside the researcher's subjective understandings and social locations when analysing the data (Charmaz, 2014). In keeping with constructivist research, it is important to declare who I am as a researcher. I identify as a New Zealand born woman of European heritage, employed as a social work lecturer, who has practice experience in health social

work with newborn infants. As a method of critical inquiry, constructivist grounded theory involves nascent construction in which the researchers subjectivity is embedded and recognised (Charmaz, 2020).

The research utilised the personal constructs of 15 health social workers. A non-probability purposive and snowball sampling method (Patton, 2002) was employed to enable insights into how values are specifically experienced in the field of practice studied. The participants were all New Zealand registered social workers who were recruited because they had a minimum two years' experience in health social work with newborn infants. The research was given ethical approval by the University of Auckland Human Participants Ethics Committee (approval number 013036). Written informed consent to participate in the research was gained and pseudonyms were used. There were two phases of participant interviews that took place between 2014 and 2016. The participants were all women, 11 of the participants identified as New Zealand European, two of the participants were immigrants to New Zealand, one of the participants was Māori, and one with Pacific Island heritage.

There were two phases of data collection with the participants, both involving individual, face-to-face, semi-structured interviews. Prior to both phases of interviews, pilot interviews were conducted to trial data collection processes. Data from both research phases was coded in small batches utilising gerunds and memo writing in an iterative process via Nvivo. Line-by-line coding was also done on the first four phase one interviews to support the movement from initial to focused codes (Bazeley & Jackson, 2013). Phase two data was coded in accordance with the identified phase one conceptual categories. In both phases of research data analysis was also supported via iteratively mapping analytical

codes and categories on a large white board to further test and refine categories away from the Nvivo platform.

Distinct research questions were developed for two separate research phases. The phase one interviews were designed to focus on practice situations in which the participants negotiated value demands. The phase two interviews scaffolded this information by concentrating on how the participants understand value demands. In the phase one interviews the participants were asked to share a concrete description of practice, utilising the critical incident technique (Flanagan, 1954; Fook & Gardner, 2007). The phase one critical incident interviews involved the participants explaining a recent practice experience that was meaningful to them. The critical incident technique provided descriptions of experiences of value demands embedded in practice, and helped reveal information about the beliefs, thoughts and feelings contained within the context of the critical incident event (Fook, 2016).

The second phase of interviewing utilised cue cards to delve further into the analytical categories derived from the collective critical incident narratives about how value demands are negotiated in practice. Salient quotes that represented the analytical categories from the participants' critical incidents were presented back to them on laminated cue cards. These cue cards served as visual stimuli for reflective discussion about how values are experienced in practice and to further consider what the categorised quotes meant to them in relationship to their values, identity, and feelings of success in practice.

Findings and Discussion

The principle analytic categories generated from the research were 'contextual complexity' and 'controlling the middle ground'. These categories represent the main

arguments contained within the findings, and were originally drawn out of the participants interview data and explored further through literature. The findings and discussion are presented here in relationship to locating values in practice to address complex risk situations, being caught in the middle of competing dynamics, and the importance of a strong social work identity. These findings are discussed to illustrate how the profession's fundamental social justice values can strengthen and sustain professional identity in challenging practice environments.

Values as an object of research

This research was designed to analytically question the 'what, when, how and why' of values in relation to supporting social work practice (Charmaz, 2014). The research findings position social justice as an organising principle and as a primary impetus for social work action. Adopting a social justice stance is a consistent characteristic of social work practice internationally (O'Brien, 2011). Social justice action within professional practice is often situated within a series of crisis events, whether it be due to a social worker responding to a personal predicament or a wider community issue. Within an unfolding crisis situation, the participants often needed to conduct swift decision-making, and professional values may not be a prominent or a conscious part of the fast-paced decision-making. Values, however, frame practice interventions and shape the approach to practice in a given situation.

> Social justice and empowerment are still the foundations of social work practice and for me it is about things being fair. (Mabel)

Values are an abstract concept that are hard to determine in practice, and a cursory examination of social work practice could result in professional values being seen as imperceptible. In social work practice, conflicting values become apparent through social

workers struggling to stay congruent to their own practice ideals while juggling multiple, competing, value-based demands (Glubb-Smith, 2020). A standard example of a value demand that the participants remarked on was in relationship to managing risk of harm, as values relating to self-determination or privacy may need to be momentarily superseded while working to ensure safety. Value-based tension can be discerned in this quote from Sandra where she appears cognisant of her value preference in a situation containing competing rights and needs

> … if it's heavy care and protection concerns, my focus is that baby. It hasn't got a voice. I need to be that voice. I'll also give the mum support to enable her to do the best that she can while she's here, but that baby's my client. (Sandra)

Value demands are considered within the research with regard to their perceived influence on day-to-day behaviour and management of role, as well as the participants' perceptions of self-efficacy and professional identity. When devising the research project, the focus was on situations in which the participants identified that they felt discomfort in due to conflicting value demands. When there is a clash of core values a decision needs to be made about value preference (Reamer, 2006). The participants were most aware of their values in practice when there was a clear value conflict that required them to make a choice. Values are, therefore, likely to be more obvious in practice when they are breached (Craig, 2018).

Understanding complexity

Hospital social workers assist people throughout their hospital stay, and work to ease their transition out of hospital. This involves advocating for access to services across complex and interconnecting healthcare and social service systems, providing information, ensuring the availability of required services and assistance, and working to improve overall service effectiveness. The participants conveyed a strong sense of having to wrestle with

shaping practice to the fast ‘conveyor belt’ nature of the hospital admissions and discharge cycles. The participants endeavoured to find time to work towards achieving equality of social conditions to support wellness, while dealing with the more immediate psychosocial consequences of illness.

> [Health] social work is about recognising that I have a very short time with clients…. it’s about recognising that level of support [needed] to guide, to advocate, to empower on some level, to link people with supports…. guiding them through a difficult period with resources, supports and counselling. (Alice)

The holistic focus held by the participants supports understandings of complexity, interconnectedness and multiple interpretations of need. For instance:

> …while the baby is our client we’re kind of looking at a wider ecological perspective, so we might have a bit more context to the situation, so that we can educate maybe not to jump to conclusions and maybe advocate for parents. (Sarah)

The health of individuals and communities is determined by wide-ranging factors, stemming from genetics and behaviour, to broader socio-economic, cultural and environmental factors. The participants appeared to have a critical understanding of these factors, which demonstrates comprehension of complexity and systemic interactions as these impact upon patients and their families.

> …the problem is you throw in the complexity of women that have huge addiction issues, huge family violence issues, huge property issues that you can’t address in nine months. Then you’re fighting for babies to get uplifted, you’re fighting for them to stay with their mother. (Jo)

This comment illustrates the social justice lens from which the participants often viewed practice situations and structural issues, and the struggles the participants faced when

working to ensure that rights are upheld. When social justice is an overriding practice value the personal is perceived as political and vice-versa.

> …we are working now in environments that are hugely impacted by a growing poverty cycle where people feel helpless, hopeless, lack resources, and lack resilience. We are working in environments that are cut back past the belt buckle in terms of their budgets and so everything gets slimmed down; social workers are part of the workforce that gets slimmed down. (Mabel)

There was a sense of growing criticism and frustration by the participants across the two interview phases that the social and economic environment characterised by rising inequality was making it increasingly difficult for them to adhere to their humanitarian principles. It was immediately apparent from the critical incident interviews that the participants had a strong sense of social justice and were motivated to enact societal reform at a political level, but were finding it difficult to maintain their social activist function in a society infused with growing inequality (Boston, 2014; Rashbrooke, 2014; St John & So, 2017).

Controlling the middle ground

The participants' narratives demonstrated a strong sense of "being caught in the middle" within complex systems and working hard to find a compromise between polarised factions. This sense of being caught in the middle of competing demands is summed up well in this statement, "I would say being a social worker in an MDT [Multi-disciplinary team] is like being married to ten different husbands" (Mabel). For some of the participants, this sense of being caught in the middle also left them feeling as if they did not belong or were not able to feel fully associated with the DHB environment. Often the fractious parties involved were medical professionals, statutory child protection social workers, and/or patients; with the participants intervening between them to find a just compromise. For

instance, Kate stated that one of the biggest challenges as a health social worker was managing other professionals' perceptions of risk and client behaviour:

> Let me think of an example – say someone is not attending appointments, that could be to do with poverty issues, but to other professionals that could be that they are not engaging, so we [social workers] are able to step back and look at the bigger picture, whereas that can kind of be deemed as being non-compliant.

The participant's narratives illustrated multiple instances of the negative impact of professionals distrusting them or issues relating to different opinions about risk. For some of the participants trust related issues were also evident in their interactions with other social workers, but for many of the participants their social work colleagues were a source of strength.

> The social workers were my team, they were my allies, they were the ones who would support me. You had more trust that they wouldn't throw you under the bus. (Joan)

In risk situations with newborn infants, value-based decisions about the primacy of the infant become paramount. Risk management links into the need for professionals to be accountable in their decision-making. Accountability in a neoliberal environment involves attention to organisational rules, which in turn can promote defensive risk-averse practice that abrogates the impact of structural inequities (Calder & Archer, 2016; Fenton, 2016). Within a neoliberal context a preoccupation with risk management, as opposed to need, can promote risk-averse proceduralised practice (Featherstone et al., 2014). The participants demonstrated courage, working to adhere to what they felt was right within a given situation, even though their perception of what was needed may have put them out of alignment with those around them. Zenda stated that she uses "the principles of justice to make decisions." Hayln spoke about not having a choice and finding that she had to speak

up to advance women's rights, even if that meant speaking out about DHB management practices.

Decision-making based on values alone is precarious due to risks relating to individual and organisational bias, assumptions, privilege and power. The participants felt that they often challenged labels, stereotypes, assumptions, bias and racism when working to support patients. The participants appeared to be alert to the dangers of value-based decision making in an environment where they felt like they were sometimes the 'conscience of the ward' in relationship to the need to 'fight' or 'go into battle' to advocate for patients. Mary believed that her social justice action put her at risk professionally. She reflected on her tendency to challenge organisational norms and processes as "stupidity", stating that "you take a lot of personal risk in social work, and the risk is losing your job, your reputation, your profession".

Risk assessment and management in health social work can involve moral courage, and veracity is needed. Tania spoke about being in the centre of competing forces, stating that she "tried to work in a way that would keep the peace and also support my colleagues, as well as advocate for patients". Balancing competing requirements meant also balancing competing values. The participants demonstrated that they were mindful of maintaining professional values and standards when finding themselves in the centre of competing obligations. Within the DHB organisational context, the participants expressed feelings of powerlessness that left them questioning if social justice could be delivered for patients. It is important to note that being caught in the middle of competing systems and priorities was not always a negative thing for the participants, it was also perceived as a strength of the profession. The participants felt that they were well positioned to provide support and

advice to medical colleagues who were managing risky social situations in practice, as well as being able to generate space for patient voice to be heard.

By Māori for Māori

Value-based decisions are illustrated in the choices made daily in social work practice. There were many examples given by the participants of instances in which they felt compelled to take social justice action through challenging negative labels that they assigned to patients, particularly Māori patients. Myrtle felt that this type of social justice action came at a personal cost, as she herself was then labelled a 'bleeding heart'. It was clearly evident from the outset of this research that the participants devoted considerable time to making health services more hospitable for Māori. Striving to assist Māori with navigating their way through the systemic difficulties they encountered within western health systems.

The participants noted that Māori women were more likely to receive negative attention from ward staff and linked this injustice to the impact of colonisation and negative Māori health statistics. Sally stated that judgements are overarching and are "universally applied until proven wrong", and stated that the "culture of middle to upper class hospital workers" perpetuates this racism.

> We do have a lot of Māori whānau [family/extended family] come through. As part of my social values I really value biculturalism and the Treaty [Tiriti o Waitangi] and like to learn te reo [Māori language]. I want to be really appropriate in my work with Māori whānau, and I think for me at the end of the day, I'm still not Māori…although I can do the best that I can within that situation. (Sally)

The participants talked about the need to move beyond platitudes and tokenism, and how, as an organisation, the social work service needs to be by Māori for Māori. These types of assertions link to social justice narratives that focus on the rights of indigenous people to

have equity of treatment and health outcomes in order to realise their full potential. A foundational value of the ANZASW (2019) Code of Ethics is 'rangatiratanga' [self-determination], petitions for services that are 'by Māori for Māori' is in alignment with this core value.

The participants fully appreciated that the existing health service does not equitably provide for Māori and that issues of racism, bias, and cultural incongruence were preventing Māori from receiving equity in health service delivery. The need for systemic change so that Māori have real authority over their own health service delivery is being increasingly recognised within Aotearoa New Zealand but, as yet, there is no consensus on the extent to which it should be done (Health and Disability System Review, 2020). Central to a Māori health outcome plan by the Ministry of Health (2020) is ensuring that racism and discrimination against Māori is eliminated, in order to achieve more equitable health outcomes for Māori. For many of the participants, managing issues of bias, judgement, and oversimplyifying complex personal situations was a central focus of their work. Often this work directly correlated to reacting to issues of personal and institutional racism to protect patients and their families.

The importance of a strong social work identity

The IFSW (2008) policy statement on health states that health social work is framed by two central social work values: human rights and social justice. Health social workers work collaboratively in multidisciplinary settings, alongside a wide range of other health professionals. The values that underpin social work practice are not unique to the profession; many other vocations also prescribe and adhere to them. However, social work values are distinctive due to the way in which they are combined, in the profession's direct connection to social welfare provisions, and the pre-eminence given to working holistically

alongside the vulnerable to empower them (Giles, 2016; Hepworth et al., 2010). Attention to conditions that oppress is central to a social work worldview and the professions' values were evident in the way that the participants were alert to behaviour and conditions that required advocacy to ensure that the dignity and worth of patients was upheld.

The holistic focus held by social workers supports systemic understandings of complexity, interconnectedness and multiple interpretations of need. In health social work, the values of members of the healthcare team may be the same, but differences lie in the hierarchy that is assigned to these values, both within the team and by the organisation as well (O'Donnell et al., 2008). Value-laden problems are encountered every day in health social work practice, and the participants often functioned as the *conscience of institutions* (Suppes & Cressy Wells, 2013). Social work values were evident in the way in which the participants advocated for patients and challenged unfounded judgements and predjudice, on both personal and institutional levels.

Many of the participants spoke about managing high workloads and working in stressful, crisis-ridden circumstances with very complex cases. The participants acknowledged the impact of the heavy caseloads on their ability to be resilient and provide a holistic service. Within this negative working environment, the participants felt that they also had to work hard to be trusted by other staff members within their multi-disciplinary team and, at times, this left them feeling demotivated and devalued. Many of the participants expressed concerns over being dominated and felt worn down due to the need to "fight" to make change – at times the participants' narratives reflected those of someone going into battle:

> I have to go put my boxing gloves on and go fight; fight surgeons, fight health professionals, fight for transport for her – nothing was easy. (HG)

This sense of disillusionment and having to fight to be recognised is in keeping with Clark's (2000) assertion that social work is the "most contentious" of all the helping professions, and that practice is located over the "fault lines of controversy of social values" (p. 2). This ambivalence may be, in part, due to the way in which the media create a distorted depiction of the social work profession (Beddoe et al., 2017; Lonne & Parton, 2014; Warner, 2013). These factors combined can lead to a sense of misunderstanding or ambiguity about the nature of social work practice, making it necessary for social workers to have a clear understanding of their professional mandate founded on the profession's values.

Moving Forward

Radical policy change is needed for health social work practice with vulnerable infants to shift from a narrow emphasis on risk management to one that directly addresses the root causes of vulnerability: discrimination, structural injustice and deprivation (Hyslop, 2016, 2020). Child focused policy frameworks can result in the personalising of issues related to vulnerability rather than employing an inequalities perspective that recognises the structural and socio-cultural changes needed for children to thrive (Keddell, 2020; Stanley & de Froideville, 2020).

Currently, legislative change is being drafted to consolidate the 20 existing DHBs into a single health entity titled, 'Health NZ'. It is envisaged that Health NZ will have an increased emphasis on primary and community care, in order to provide a more cohesive, equitable, and accessible system of health services across the country (Health and Disability Review Transition Unit, 2021). However, social work practice in Aotearoa New Zealand is still embedded in a climate of neoliberal ideology which means that the values described within

the ANZASW (2019) Code of Ethics, alongside the commitment to biculturalism is problematic to achieve.

Māori are striving to gain back the political authority to develop their own health policy initiatives and services, in order to remedy some of the existing health inequities. A Māori Health Authority is currently being established as a new statutory entity that will work in partnership with Health NZ and the Ministry of Health. The Māori Health Authority will work to ensure that the health system is more responsive to Māori health needs, and strengthen the ability of Māori healthcare providers to develop better health outcomes for Māori. In a bicultural country meaningful attention to a Māori worldview is a beginning step to resolving the structural injustices and racism that underpins health inequities for Māori. Ongoing systemic research into social work values is warranted to critically consider how values support and inform practice as it evolves to respond to changes in service delivery.

What is true in one moment of time will not likely endure. This assertion is a key limitation of this research, which was conducted prior to the rapid societal changes that are still unravelling since the onset of the Covid-19 pandemic. Social work values represent our deep-seated beliefs about bi-cultural practice in Aotearoa New Zealand, but the culture of social work is not static and change occurs over time, and with it so do our beliefs about social justice (Craig, 2018). This research obtained data that was rich and full of detail about the realities of health social work practice; however, it was gathered from a relatively small cohort of health social workers at a specific point of time. While the group had some elements of ethnic diversity, they predominantly represented a New Zealand European female workforce, which is reflective of the nature of the current health social work workforce.

Attention to wellbeing and equity of outcomes is central to social work practice, and the difficulty in achieving these was evident in the participants' narratives. The profession's ability to critique power structures enables health social workers to reveal unjust policies and norms as they play out in everyday practice. They are then well placed to dislodge deficit perspectives that are a barrier to equitable health outcomes for Māori and other non-dominant groups. Due to the bicultural nature of health social work in Aotearoa New Zealand, these findings cannot be extrapolated seamlessly to health social work internationally. However, the findings do have relevance with respect to the need for the profession to utilise its knowledge base to address the structural inequities impacting perinatal health (Deichen Hansen, 2022).

Social justice was identified within this research as a principal organising value for the participants, and the value of social justice was central to their professional identity (Stewart, 2013). Social work values represent the profession's fundamental beliefs about what is important, and they serve to guide actions and practice perspectives. It was evident from the research that the professional values underpinning social work practice actively inform the profession's function, purpose and role. Social work practice was found to be more meaningful and satisfying if decisions made in practice are congruent with the value base of the profession (Glubb-Smith, 2020). The research findings suggest health social workers who work with newborn infants have a unique skillset and body of knowledge that is suited to managing complexity and juggling competing demands. In the midst of risk-laden situations a strength of the profession is generating space for patients voices to be heard, and this strength needs to be applauded and valued by the profession itself. The

participants' perceived their role to be focused on empowerment and advocacy, which is a central tenet of social justice action.

Conclusion

The participants felt that their role and expertise as health social workers was often misunderstood and under-recognised. Strengthening health social workers' collective voice and identity through a focus on the profession's values would allow them to have a stronger influence on future policy directions that directly address health inequities. Value conflict brought about through competing demands occurs when health social workers experience a gap between an individual's practice vision, work expectations and their practice experiences. The theoretical knowledge developed from this research is that health social workers endeavour to control the middle ground of a very complex practice environment riven with competing value demands. Within this practice context, the participants felt that their role was often misunderstood and under-recognised. Health social workers' unique professional perspective situates them within the middle ground, between medical professionals and patients, and attending to issues of social need and challenging issues of racism or bias. They work predominantly within the meso-system to generate space and voice to enhance the way that patients and their families navigate the health system, courageously working to ensure that rights and obligations are upheld, and that voices are heard. The place of social justice as the primary organising value that underpins social work practice is affirmed by this research.

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References

Abbott, A. A. (2003). A confirmatory factor analysis of the professional opinion scale: A values assessment instrument. *Research on Social Work Practice, 13*(5), 641–666. https://doi.org/10.1177/1049731503253646

Aotearoa New Zealand Association of Social Workers. (2019). *Code of ethics*. https://anzasw.nz/anzasw-publications-2/

Association of Salaried Medical Specialists. (2019). *Hospitals on Edge: A report by the Association of Salaried Medical Specialists on the precarious state of New Zealand's public hospital services and recommended actions*. https://www.asms.org.nz/wp-content/uploads/2019/11/12671-Hospitals-on-the-Edge-WEB.pdf

Austin, M. J., Anthony, E. K., Knee, R. T., & Mathias, J. (2016). Revisiting the relationship between micro and macro social work practice. *Families in Society, 97*(4), 270–277. https://doi.org/10.1606/1044-3894.2016.97.33

Banks, S. (2012). *Ethics and values in social work* (4th ed.). Palgrave Macmillan.

Bazeley, P., & Jackson, K. (2013). *Qualitative data analysis with NVIVO*. Sage.

Beddoe, L., & Deeney, C. (2012). Discovering health social work in New Zealand in its published work: Implications for the profession. *Aotearoa New Zealand Social Work, 24*(1), 41–55. http://search.informit.com.au.ezproxy.waikato.ac.nz/documentSummary;dn=664664959956262;res=IELHSS>

Beddoe, L., Staniforth, B. L., & Fouché, C. B. (2017). "Proud of what I do but often … I would be happier to say I drive trucks": Ambiguity in social workers' self-perception. *Qualitative Social Work, 18*(3), 530–546. https://doi.org/10.1177/1473325017725801

Bisman, C. (2004). Social work values: The moral core of the profession. *British Journal of Social Work, 34*(1), 109–123. https://doi.org/10.1093/bjsw/bch008

Boston, J. (2014). Child Poverty in New Zealand: Why it matters and how it can be reduced. *Educational Philosophy and Theory, 46*(9), 962–988. https://doi.org/10.1080/00131857.2014.931002

Calder, M. C., & Archer, J. (2016). *Risk in child protection: Assessment challenges and frameworks for practice*. Jessica Kingsley Publishers.

Came, H., O'Sullivan, D., Kidd, J., & McCreanor, T. (2020). The Waitangi Tribunal's WAI 2575 Report: Implications for decolonizing health systems. *Health and Human Rights, 22*(1), 209-220. https://www.hhrjournal.org/2020/06/the-waitangi-tribunals-wai-2575-report-implications-for-decolonizing-health-systems/

Charmaz, K. (2005). Grounded theory in the 21st century: Applications for advancing social justice studies. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (3rd ed., pp. 507–535). Sage.

Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). Sage.

Charmaz, K. (2020). "With constructivist grounded theory you can't hide": Social justice research and critical inquiry in the public sphere. *Qualitative Inquiry, 26*(2), 165-176. https://doi.org/10.1177/1077800419879081

Clark, C. (2000). *Social work ethics: Politics, principles and practice.* Macmillan.

Craig, G. (2018). Introduction to the handbook on global social justice. In G. Craig (Ed.), *Handbook on global social justice* (pp. 1–16). Edward Elgar Publishing.

Deichen Hansen, M. E. (2022). Reinvigorating social work's focus on perinatal health. *International Journal of Social Work Values and Ethics, 19*(1), 102-120. https://doi.org/10.55521/10-019-111

Döbl, S., Beddoe, L., & Huggard, P. (2017). Primary health care social work in Aotearoa New Zealand: An exploratory investigation. *Aotearoa New Zealand Social Work, 29*(2), 119–130. https://doi.org/10.11157/anzswj-vol29iss2id285

Dotolo, D., Lindhorst, T., Kemp, S. P., & Engelberg, R. A. (2018). Expanding conceptualizations of social justice across all levels of social work practice: Recognition theory and its contributions. *Social Service Review, 92*(2), 143–170. https://doi.org/10.1086/698111

Featherstone, B., White, S., & Morris, K. (2014). *Re-imagining child protection: Towards humane social work with families*. Policy Press.

Fenton, J. (2016). *Values in social work: Reconnecting with social justice*. Palgrave.

Fook, J. (2016). *Social work: A critical approach to practice* (3rd ed.). Sage.

Gallie, W. (1955). Essentially contested concepts. *Proceedings of the Aristotelian Society, 56*, 167–198. http://www.jstor.org.ezproxy.waikato.ac.nz/stable/4544562

Giles, R. (2016). Social workers' perceptions of multi-disciplinary team work: A case study of health social workers at a major regional hospital in New Zealand. *Aotearoa New Zealand Social Work 28*(1), 25–33. https://doi.org/10.11157/anzswj-vol28iss1id113

Glubb-Smith, K. J. (2020). *Realising values: Experiencing and negotiating value demands in health social work practice* [Doctoral thesis, University of Auckland]. University of Auckland. http://hdl.handle.net/2292/52512

Hartman, A. (1994). Social work practice. In F. G. Reamer (Ed.), *The foundations of social work knowledge* (pp. 13–50). Columbia University Press.

Haultain, L., Fouché, C., Frost, H., & Moodley, S. (2016). Walking the tight rope : Women's health social workers' role with vulnerable families in the maternity context. *Aotearoa New Zealand Social Work, 28*(2), 64–74. https://doi.org/10.11157/anzswj-vol28iss2id225

Health and Disability Review Transition Unit. (2021). *Health Reform: White Paper Summary*. https://dpmc.govt.nz/publications/health-reform-white-paper-summary

Health and Disability System Review. (2020). *Final report - Pūronga Whakamutunga.* https://www.systemreview.health.govt.nz/final-report

Health Quality & Safety Commission. (2019). *He matapihi ki te kounga o ngā manaakitanga ā-hauora o Aotearoa 2019: A window on the quality of Aotearoa New Zealand's Health Care 2019*. https://www.hqsc.govt.nz/assets/Health-Quality-Evaluation/PR/Window_2019_web_final.pdf

Hepworth, D. H., Rooney, R. H., Rooney, G. D., Strom-Gottfried, K., & Larsen, J. (2010). *Direct social work practice: Theory and skills* (8th ed.). Brooks/Cole.

Hyslop, I. (2016). Where to social work in a brave new neoliberal Aotearoa. *Aotearoa New Zealand Social Work, 28*(1), 5–12. https://doi.org/10.11157/anzswj-vol28iss1id111

Hyslop, I. (2020). Child protection, capitalism and the settler state: rethinking the social contract. *Policy Quarterly, 16*(1), 34–36. https://ojs.victoria.ac.nz/pq/issue/view/697/PQ16-1

Ife, J. (2016). Human Rights and Social Work: Beyond Conservative Law. *Journal of Human Rights and Social Work, 1*(1), 3-8. https://doi.org/10.1007/s41134-016-0001-4

International Federation of Social Workers. (2008). *International Policy on Health*. http://ifsw.org/policies/health/

Keddell, E. (2020). The case for an inequalities perspective in child protection. *Policy Quarterly, 16*(1), 36–38. https://ojs.victoria.ac.nz/pq/article/view/6455/5604

Lavalette, M. (2019). Introduction: What is the future of social work? In M. Lavalette (Ed.), *What is the future of social work? A handbook for positive action* (pp. 1–2). Policy Press.

Levy, C. S. (1973). The value base of social work. *Journal of Education for Social Work, 9*(1), 34–42. https://doi.org/10.1080/00220612.1973.10671941

Lonne, B., & Parton, N. (2014). Portrayals of child abuse scandals in the media in Australia and England: Impacts on practice, policy, and systems: Most media coverage distorts the public understandings of the nature of child maltreatment. *Child Abuse & Neglect, 38*(5), 822–836. https://doi.org/10.1016/j.chiabu.2014.04.020

Marsh, J. C. (2005). Social justice: Social work's organizing value. *Social Work, 50*(4), 293–294. https://doi.org/https://doi.org/10.1093/sw/50.4.293

McBeath, B. (2016). Re-envisioning macro social work practice. *Families in Society, 97*(1), 5–14. https://doi.org/10.1606/1044-3894.2016.97.9

Minister of Health. (2016). *New Zealand health strategy: Future direction*. https://www.health.govt.nz/publication/new-zealand-health-strategy-2016

Ministry of Health. (2014). *Briefing to the incoming Minister of Health 2014*. https://www.health.govt.nz/publication/briefing-incoming-minister-health-2014

Ministry of Health. (2018). *Achieving Equity in Health Outcomes: Highlights of important national and international papers*. https://www.health.govt.nz/publication/achieving-equity-health-outcomes-highlights-selected-papers

Ministry of Health. (2020). *Whakamaua: Māori Health Action Plan 2020-2025*. https://www.health.govt.nz/publication/whakamaua-maori-health-action-plan-2020-2025

O'Brien, M. (2011). Social justice: Alive and well (partly) in social work practice? *International Social Work, 54*(2), 174–190. https://doi.org/10.1177/0020872810382682

O'Donnell, P., Farrar, A., Brintzenhofeszoc, K., Conrad, A. P., Danis, M., Grady, C., Taylor, C., & Ulrich, C. M. (2008). Predictors of ethical stress, moral action and job satisfaction in health care social workers. *Social Work in Health Care, 46*(3), 29–51. https://doi.org/10.1300/J010v46n03_02

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Sage.

Pihama, L., Smith, L. T., Te Nana, R., Cameron, N., Mataki, T., Skipper, H., Kohu, H., & Southey, K. (2017). Investigating Māori approaches to trauma-informed care. *Journal of Indigenous wellbeing, 2*(3), 18–31. http://manage.journalindigenouswellbeing.com/index.php/joiw/article/viewFile/84/81

Postan-Aizik, D., Shdaimah, C. S., & Strier, R. (2020). Positioning Social Justice: Reclaiming Social Work's Organising Value. *The British Journal of Social Work, 50*(6), 1652–1668. https://doi.org/10.1093/bjsw/bcz111

Rashbrooke, M. (2014). *The inequality debate: An introduction*. Bridget Williams Books.

Reamer, F. G. (1993). *The philosophical foundations of social work.* Columbia University Press.

Reamer, F. G. (2006). *Social work values and ethics.* (3rd ed.). Columbia University Press.

Reamer, F. G. (2013). *Social work values and ethics* (4th ed.). Columbia University Press.

Reamer, F. G. (2014). The evolution of social work ethics: Bearing witness. *Advances in Social Work 15*(1), 163-181.

Social Workers Registration Board. (2015). *Core competence standards*. https://swrb.govt.nz/for-social-workers/core-competence-standards/

Social Workers Registration Board. (2016). *Code of conduct*. Author. http://www.swrb.govt.nz/complaints/code-of-conduct

Social Workers Registration Board. (2019). *Annual SWRB workforce survey: 2019 summary report*. https://swrb.govt.nz/about-us/news-and-publications/publications/

Social Workers Registration Legislation Act 2019, N.Z. http://www.legislation.govt.nz/act/public/2019/0003/22.0/DLM7396614.html

St John, S., & So, Y. (2017). *Children and the living wage*. https://www.cpag.org.nz/assets/170227%20CPAG%20Children%20and%20the%20living%20wage.pdf

Stanley, E., & de Froideville, S. M. (2020). From vulnerability to risk: Consolidating state interventions towards Māori children and young people in New Zealand. *Critical Social Policy*. https://doi.org/10.1177/0261018319895203

Stewart, C. (2013). Resolving social work value conflict: Social justice as the primary organizing value for social work. *Journal of Religion & Spirituality in Social Work: Social Thought, 32*(2), 160–176. https://doi.org/10.1080/15426432.2013.779184

Suppes, M. A., & Cressy Wells, C. (2013). *The social work experience: An introduction to social work and social welfare* (6th ed.). Pearson Education.

Waitangi Tribunal. (2019). *Hauora: Report on stage one of the health services and outcomes kaupapa Inquiry (Waitangi Tribunal Report no. 2575)*. https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_152801817/Hauora%20W.pdf

Warner, J. (2013). “Heads must roll”? Emotional politics, the press and the death of Baby P. *The British Journal of Social Work, 44*(6), 1637–1653. https://doi.org/10.1093/bjsw/bct039