

AUSTRALIAN JOURNAL OF COMMUNITY WORK

PEER REVIEWED
ARTICLES

FROM THE FIELD

FROM THE
SECTOR

ACWA UPDATES

BOOK REVIEW

ACWA RESEARCH
AGENDA



2022

VOLUME 2



ACWA

AUSTRALIAN COMMUNITY
WORKERS ASSOCIATION

Acknowledgement of Country

The Australian Journal of Community Work acknowledges the Traditional Custodians and Native Title Holders on Country, recognising Aboriginal peoples' ancient and contemporary knowledge and wisdom, and their enduring relationship to the land and waters. We thank them for protecting earth's ecosystems since time immemorial and pay our respects to Elders past, present, and emerging - and extend that respect to all First Nation peoples across Australia.

AUSTRALIAN JOURNAL OF COMMUNITY WORK

The Australian Institute of Welfare Officers, now the Australian Community Workers Association Inc. (ACWA) first published community sector articles in its journal *Welfare in Australia* from the early 70's through to the 90's. In 2006 the organisation resumed publication through its renamed journal, *Practice Reflexions*. This continued until 2015, when publication was put on hold while the journal was evaluated.

ACWA has now revitalised the journal, renaming it the Australian Journal of Community Work (AJCW), with the 2019/20, Vol. 1. edition being produced during the early stages of Covid-19. Now this 2022, Vol. 2. edition continues many years of valuable work contributed by previous and current volunteers and authors.

This Journal includes double blind peer-reviewed papers by generous referees and is listed with the Australian Research Council's (ARC) - Excellence in Research for Australia (ERA). Once reviewed and accepted papers will appear on our website - <https://www.acwa.org.au/ajcw/> - prior to the journal being fully collated annually, and then downloadable on the website at no cost.

EDITORIAL BOARD

Editor: Dr Anne Jennings, University of Notre Dame Australia - with generous support and encouragement from the Editorial Advisory Board and ACWA staff.

Editorial Advisory Board:

Professor Anne Poelina, (Special Editor – Indigenous),
University of Notre Dame Australia

Dr Hossein Adibi, Edith Cowan University

Professor Margaret Alston, University of Newcastle
and Emeritus Professor at Monash University

Assoc Professor Vicki Banham, Edith Cowan University

Assoc Professor Janet Hunt, Australian National University

Dr Dyann Ross, University of the Sunshine Coast

Assoc Professor Harry Savelsberg,
University of South Australia

Assoc Professor Deidre Tedmanson,
University of South Australia

Dr Sandra Woodbridge, Griffith University

All correspondence should be emailed to:

ajcw@acwa.org.au

AUSTRALIAN JOURNAL OF COMMUNITY WORK

c/- Australian Community Workers
Association Inc,
PO Box 42, Flinders Lane,
Victoria, 8009, Australia.

<https://www.acwa.org.au/ajcw/>

ISSN 2652-3094



ACWA

AUSTRALIAN COMMUNITY
WORKERS ASSOCIATION

CONTENTS

4

EDITORIAL

Anne Jennings

PEER REVIEWED ARTICLES

5

A New Way of Working: How place-based sector collaboration improves transition to school.

Edwards, K., Gardiner, R., Craven, S., D'Astoli, M., Ha, A., Woolfenden, S., Harris-Roxas, B., Burt, K., Webster, A., Parker, J., Zeini, R., & Rimes, T.

24

Coronavirus Crisis: Need for a compassion focused whole community approach to build resilience and prevent burnout of health workers and people in general.

Khan, A.

38

Community Development: Pathways towards socio-ecological change.

Jennings, A.

FROM THE FIELD

50

Missing Children and Child Exploitation.

Townson, C.

55

Reflections on the transition from cities to remote regions.

King, A.

FROM THE SECTOR

60

The workforce in the child protection system needs urgent reform.

Russ, E., Lonne, B., Higgins, D., Morley, L., Harries, M., & Drive, M.

64

First-year student achievement, attendance, and demography at NorthTec's Bachelor of Applied Social Work Programme.

Dang, A.

84

In tradition language, there is no work for disability.

Griffis, D.

86

International view of the social and community service workforce.

88

ACWA UPDATES

International Community Development Conference in Darwin 2023.

Australian Community Workers Foundation.

Diploma of Community Services Update.

90

BOOK REVIEW

Burnout: A guide to identifying burnout and pathways to recovery.

Sha Cordingley

92

ADDITIONAL INFORMATION

New Community Journal

ACWA Research Agenda



EDITORIAL

Anne Jennings

Welcome to the second issue of the Australian Journal of Community Work (AJCW). The response to our first edition has been encouraging, welcomed, and supported – a sincere thank you to everyone involved.

The editorial in the last edition pointed out that it is nearly fifty years since the Australian Community Work Association (ACWA) published its first journal articles, noting the profession has changed beyond recognition in that time. Yes, the profession continually moves forward transforming the sector, thanks to the remarkable people involved in the full range of community work activity in our country. Unfortunately this cannot be said for journals. New research¹ has found that at least 140 Australian journals have ceased publication over the past decade, with 75% of them being from the arts, social science, and humanities disciplines. This will have considerable implications for local scholarship, and we are working hard to ensure some of those disciplines live on through this Australian Journal of Community Work.

This current situation adds further motivation to build our journal into one that strongly supports the community work profession, nurturing enquiry and rigorous research leading to scholarly articles, opinion pieces, and practitioner reports and stories. As an added incentive, and of particular relevance to our academic authors, the Australian Research Council (ARC) has included AJCW on their Excellence in Research (ERA) journal listing.

In common with community work generally this edition contains a broad range of subject matter. Articles covered include collaboration between

¹ Jamali, Abbasi & Wakeling. (2022). Australia has lost 140 journals in a decade. That's damaging for local research and education. The Conversation. <https://theconversation.com/australia-has-lost-140-journals-in-a-decade-thats-damaging-for-local-research-and-education-177807>

services supporting disadvantaged children's transition to schools; the need for compassion to build resilience in communities due to Covid19; exploration of ways community workers can engage community development processes in their practice; experiences of life for community-based practitioners working in remote Australia; the link between missing children and child exploration; First Peoples with disabilities, and student academic success pathways.

New sections in this edition include From the Sector, which provides previously published articles relevant to the community services sector. We have also added ACWA Updates to further inform the community services sector of current activity. Another new section, From the Study Desk, will commence in the next edition, covering students' stories, experiences, and visions for their careers within community services.

As Sha Cordingley (when CEO of ACWA) noted in the last editorial, we invite and encourage practitioners, academics, and researchers alike to contribute to this Journal believing, as we do, that the AJCW will provide a rounded and influential publication that will stand the profession in good stead for years to come.



Anne Jennings
Editor

We are now calling for peer-reviewed academic papers, practitioners and students experiences for the 'From the Field' and 'From the Study Desk' sections, as well as book reviews and other related articles, for the 2022/23 edition of AJCW by April 2023.

**PLEASE CONTACT US ON
ajcw@acwa.org.au for further details.**



A NEW WAY OF WORKING

How place-based sector collaboration improves transition to school.

Karen Edwards, Renee Gardiner, Shani Craven, Mark D’Astoli, Amy Ha, Sue Woolfenden, Ben Harris-Roxas, Amanda Webster, Jennifer Parker, Riham Zeini, Karen Burt, and Tania Rimes.

- PLACE BASED
- EARLY CHILDHOOD
- CHILD DEVELOPMENT
- TRANSITION TO SCHOOL
- HUB
- COLLECTIVE IMPACT

ABSTRACT

A poor transition to school for children already experiencing developmental stress or delays can negatively affect their progress through their school years and throughout their adult life. Getting ready for school starts in early childhood and is shaped by a complex mix of factors.

Transition to school is not just the business of the family and school, but rather involves a network of family, community, school, and non-government (NGO) and government players. This paper describes the outcomes of an evaluation of the establishment of a place-based collective impact collaboration of local services, called the “Rockdale Children and Families Hub” (the Hub). The Hub has the expressed intent to support local children to have the best possible entry into their school life. Enablers included a common goal across partner agencies, senior level leadership involvement in the implementation and maintenance of the Hub and a strong “backbone” agency in the early stages. Challenges included the variation in data systems and datasets, which impeded consistent data collection to measure performance, ongoing funding for a “backbone” role, and maintaining a high profile within busy organisations. The overall conclusion of the evaluation was that the Hub was a potentially scalable initiative, suitably adapted for local context.



Corresponding author:

KAREN EDWARDS

Counterpoint Consulting

AUTHORS:

KAREN EDWARDS

(Corresponding Author) Counterpoint Consulting

RENEE GARDINER

Integricare

SHANI CRAVEN

Lifestart

MARK D’ASTOLI

Department of Communities and Justice

AMY HA

Rockdale Public School

SUE WOOLFENDEN

Community Paediatrics and Sydney Institute Women, Children and their Families, Sydney Local Health District

Discipline of Paediatrics, UNSW Medicine & Health, UNSW Sydney

BEN HARRIS-ROXAS

Centre for Primary Health Care and Equity (CPHCE), UNSW Sydney

Population and Community Health, South Eastern Sydney Local Health District, NSW Health

KAREN BURT

Department of Education and Training

AMANDA WEBSTER

Population and Community Health, South Eastern Sydney Local Health District, NSW Health

JENNIFER PARKER

Population and Community Health, South Eastern Sydney Local Health District, NSW Health

RIHAM ZEINI

Better Connected Community Services

TANIA RIMES

Population and Community Health, South Eastern Sydney Local Health District, NSW Health

Funding

This work was supported through funding from Hub partners: Better Connected, Integricare and Department of Community Child Health, Sydney Children’s Hospital Network.

INTRODUCTION

Children’s development is shaped by a complex mix of immediate (proximal) and less immediate (distal) environmental factors, which dynamically interact with their biology. This interaction, known as the bioecological model was initially described by Urie Bronfenbrenner in recognition of this interacting role on human development (Bronfenbrenner, 1979). Proximal factors include parents and family, schools and community, and distal factors include social determinants of health, policy, culture and social structure. The NSW Health “First 2000 Days Framework” is based on this model, recognising that the first 2000 days of a child’s life, from conception to 5 years old, are critical to long term development and have a lifelong impact. The framework also recognises that some groups face greater risks in their first 5 years of life, including families experiencing financial and housing insecurity, families from migrant or refugee backgrounds, those lacking family support and those with low health literacy (“The First 2000 Days Framework,” 2019). It provides guidance to NSW Health, including the importance of taking an interagency partnership approach to early childhood development.

The Australian Early Development Census (AEDC) is a nationwide data collection of early childhood development at school entry. Teachers complete the Australian version of the Early Development Instrument, with data relating to five domains: physical health and well-being, social competence; emotional maturity; language and cognitive skills

(school-based); and communication skills and general knowledge. Children from families that speak a language other than English at home, and who are not proficient in English at school entry are more likely to have developmental vulnerabilities identified across the five domains of the AEDC (Goldfeld et al., 2014) and are less likely to have had those developmental vulnerabilities identified early. This is due to a mix of factors that include lack of familiarity with the Australian child health system, cultural beliefs regarding child development; and lack of service provider cultural competence (Garg et al., 2017) resulting in poorer access to universal early childhood development surveillance.

Those families who experience higher levels of socioeconomic disadvantage and/or are from a culturally and linguistically diverse (CALD) background may also have the least access to services (Eapen et al., 2017). This includes accessing timely assessment, diagnosis and early intervention services prior to school entry, particularly if these services are traditional clinic-based services (Woolfenden et al., 2015a).

Transition to school involves a network of family, community, school, and non-government (NGO) and government players. A poor transition to school for children already experiencing developmental stress or delays can negatively affect their progress through their school years and throughout their adult life (Farrell et al., 2004; Woolfenden et al., 2015b). For example, children with emerging health and developmental vulnerabilities, identified by teachers in their first year of school, score lower on literacy and numeracy tests in Year 3, indicating a poor start that continues through school years (O’Connor et al., 2020).

In NSW, children are encouraged to attend preschool prior to starting school, but not all children do so. In Rockdale in 2018, the AEDC reported 88.2% of children attended preschool in the year before entering school (Australian Early Development Census, 2018). However, research indicates that children experiencing socioeconomic disadvantage are even less likely to attend preschool (Warren et al., 2018). Engagement with preschool can improve children's developmental outcomes (Goldfeld et al., 2016) This is particularly the case for children from disadvantaged backgrounds, including children living in areas of locational disadvantage (Australian Institute of Health and Welfare, 2015). In addition, children who enter the school system having experienced adverse events are already at a disadvantage compared to their peers. Adverse childhood experiences (ACE) can include exposure to domestic and family violence and trauma, parental neglect, maternal depression and other negative experiences that trigger repeated stress in children. Socioeconomic disadvantage, and other social determinants of health such as difficulties with housing, transport and food security can have a further negative impact on children's development (Shonkoff et al., 2012).

In the south eastern area of Sydney, Australia, there are pockets of socioeconomic disadvantage and a population mix that includes a significant proportion of families from CALD backgrounds, made up mostly of migrants and a small number of refugees (South Eastern Sydney Local Health District, 2018). In the suburb of Rockdale, 69% of the population were born overseas (Australian Bureau of Statistics (ABS), 2016). In 2018, the AEDC reported that 23.8% of children in the former LGA of Rockdale (now part of Bayside LGA) were classified as developmentally vulnerable on one or more domains.

In NSW early developmental surveillance is universally available for children from birth to school-age and is facilitated through regular developmental checks against age-appropriate milestones undertaken by Child and Family Nurses (CFHN) at no cost, or through private providers such as general practitioners. However, in a qualitative study of parents and health /early childhood professionals undertaken by Woolfenden et al (2014) in south eastern Sydney, the children described above were not being identified or receiving early intervention prior to starting school, through the usual stand-alone health, early childhood education and NGO services. In addition, in 2018, 12% of children in Rockdale were identified by teachers as requiring further assessment in their first year of school (Australian Early Development Census, 2018).

In response to this situation, a model of early childhood developmental surveillance to address accessing early intervention, embedded in a network of child and family services, was designed and implemented in Rockdale. The model increased access to early childhood developmental assessment for children from culturally and linguistically diverse backgrounds. This was achieved through a partnership with NGO early childhood services such as supported playgroups, family workers and early childhood education centres to provide outreach health services. This initiative ('Happy, Healthy, Ready') has previously been described and published (Edwards et al., 2020).

The purpose of this paper is to describe the evaluation of the establishment of a place-based collective impact collaboration of local services, the Rockdale Children and Families Hub (the Hub), which grew out of the 'Happy, Healthy, Ready' initiative, to address the abovementioned factors



and support local children to have the best possible start to their school life.

THE ROCKDALE CHILDREN AND FAMILIES HUB

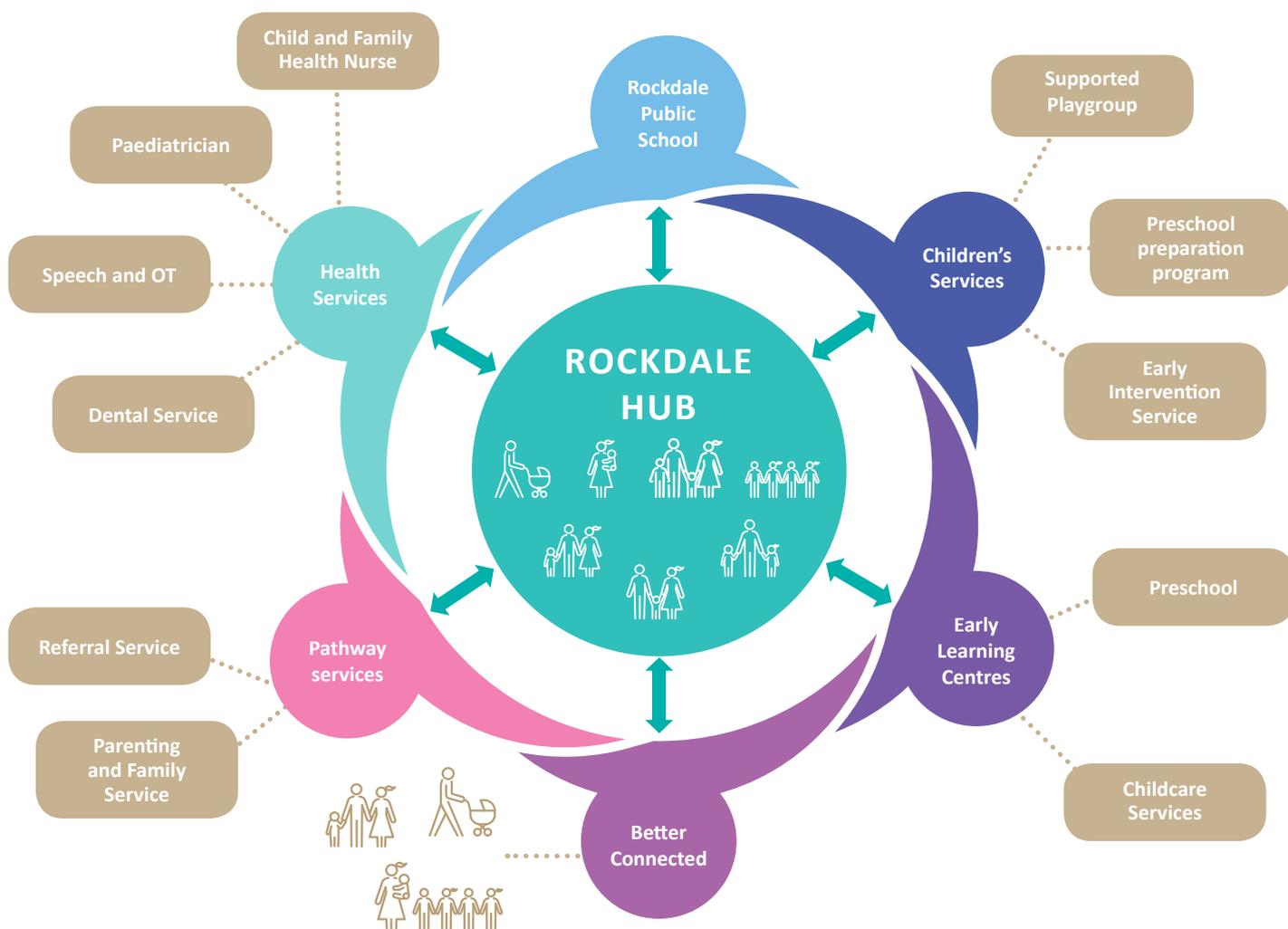
The Rockdale Children and Families Hub (the Hub) is a collaboration of local service providers and government agencies aiming to enable the best start to school for children from vulnerable families. The vision of the Hub is to make sure that all children living in Rockdale get the best start to school and are supported by a connected community.

The Hub was developed based on the principles of a place-based collective impact approach (PBCI). PBCI is a framework for facilitating and achieving large scale social change through bringing cross-sector organisations together to focus on a collective approach to so-called ‘wicked problems’ at location or community level. It has been applied in disadvantaged communities to specifically address disadvantage in early childhood (Moore et al., 2016). The key enabling elements of collective

impact are:

- A common agenda for change, a shared understanding of the problem and a joint approach to solving it.
- Collecting data and measuring results consistently across all the participants for alignment and accountability.
- A plan of action that outlines and coordinates mutually reinforcing activities.
- Open and continuous communication to build trust, assure mutual objectives, and create
- A backbone organisation(s) with staff who have a specific set of skills to serve the entire initiative and coordinate participating organisations and agencies (Kania and Kramer, 2011).

The Hub is a virtual integrated service across the range of partner agencies. Hub partners include the local public school, NGO community-based early childhood and family support services (supported playgroups, family workers, family support), preschools, local public community health services, the regional Primary Health Network (PHN), local government and NSW Departments of Education and Communities and Justice.



Children and families are at the centre of the Hub.
 Families can enter the Hub through *any partner service*.
 Better Connected provides a pathway into the Hub and to individual services for families who have *no contact* with Hub partner services.

Figure 1: Hub Access Pathway for Children and Families
 (adapted from diagram provided by Better Connected Community Services)

THE NETWORK OF SERVICES

The diagram below (Fig.1) describes the network of services involved in the Hub and their interrelationship, with the child and family at the centre.

Rockdale Public School provides education for children from Kindergarten to Year 6 who reside in the Rockdale and Banksia areas. In 2019, the

school anecdotally reported 88.2% of students were children from families speaking a language other than English. Rockdale receives children from a number of local long day care centres and preschools.

Children's services include supported playgroups, which are playgroups run by a paid facilitator that provide a structured and positive play-based environment and aim to support families with

particular vulnerabilities or needs. They also include early childhood services to support entry of children into Preschool, including those with identified disability or early developmental needs.

Early childhood learning centres include long day-care, and preschools, run by predominantly community-based and private providers.

Better Connected Community Services, is an NGO with a key role in the Hub to assist families to navigate the service system and to connect families to local services. The role includes seeking out families who have no existing connection to any Hub partner services and introducing them into the Hub.

Pathways services provide case management and/or support to families experiencing adversity and disadvantage, helping to address issues that might have an impact on the health and wellbeing of children and facilitating access to other child and family support, disability, and education services.

Child and family health nurses (CFHN) provide a universal 'soft' entry point into the health system supporting access to early intervention. As part of the Rockdale Hub, South Eastern Sydney Local Health District (SESLHD) CFHN service is co-located with one of the NGO partners, Integricare. Other child health services provided through the Hub include outreach programs or clinics covering oral health, speech pathology, occupational therapy and physiotherapy, and a community paediatric developmental assessment service for children with suspected developmental delays or disabilities.

This first stage of the Hub involved strengthening existing partnerships and building new partnerships with participating organisations.

These partnerships are integral to a collaborative approach to the complex issue of improving the proportion of children achieving developmental milestones and entering school ready to learn, with necessary support in place. A simple governance structure was created, with a Leadership Group, representative of the senior managers of participating government and NGO agencies, and a Working Group comprised of frontline workers in participating agencies. Time limited sub-working groups were formed as required to address specific issues.

EVALUATION METHODOLOGY

An independent evaluation of the Rockdale Children and Families Hub was undertaken across 2019 and early 2020. For the purposes of this article, we focus on the processes and interactions involved in establishing the Hub and the experiences of those organisations involved in the Hub. Therefore, this article reports primarily on the results of qualitative data collection. Qualitative data collection processes are reported using the COREQ, criteria for reporting qualitative research (Tong et al., 2007). The criteria require reporting of processes against three domains - the research team and reflexivity, study design, and data analysis and reporting.

Research team: Interviews and focus groups were introduced and conducted by a single independent evaluator. Some participants were familiar with the evaluator from previous activities and projects.

Study design: The evaluation drew on a critical realist theoretical framework. Critical realism asks

“What works, for whom, in what respects, to what extent, in what contexts, and how?” (Pawson and Tilley, 1997; Jagosh, 2019).

The specific propositions posed for the evaluation were:

1. That the Hub has improved effective transition to school, including increasing early identification and provision of early intervention supports for children with developmental vulnerabilities, prior to enrolment.
2. That the Hub model and processes are scalable and replicable in other early childhood health and education contexts.
3. That the place-based collaborative impact approach is effective, appropriate, and applicable as a model of care for linked early childhood developmental surveillance and response across agencies.

Two focus groups were held in 2019, one with the Hub Leadership Group (n=7) and the other with the Hub Working Group (n=3). In addition, individual interviews were held with representatives from:

- Integricare (n=2)
- South Eastern Sydney Local Health District (n=4)
- Rockdale Public School (n=2).

This group was chosen because of their direct involvement in the establishment of the Hub. Participants were selected for interviews using purposive sampling. Convenience sampling was used for the two focus groups, which were undertaken during scheduled routine meetings and involved only those attendees on that day.

Data collection: Interviews of up to one hour were audio recorded (with consent) and transcribed using a secure data transcription service.

Interviews and focus groups were conducted using a semi-structured interview template, based on the key evaluation questions, and adapted for the groups and individuals involved. The headline questions are described below.

HEADLINE QUESTIONS

Related to collaborative working:

- What changes have you made in your initial contact with parents and in your processes to support transition to school as a result of the Rockdale Hub?
- Have you made changes to your policy and processes as a result of the Rockdale Hub?
- How many of your changes to ways of working have been because of the focus on a specific place-based shared solution?
- What do you think have been the critical success factors that should be repeated anywhere his type of program is set up?
- What have been the enablers and challenges in implementing Rockdale Hub?

Related to parent and children

- How do parents respond to this way of working?
- Have you seen a change in the number of children requiring additional support being identified before school?
- Have you seen a change in the proportion of children requiring additional support who have this support in place for their school commencement date?
- Do you think the Rockdale Hub is supporting more effective transition to school?
- Do you think the Rockdale Hub has increased access for families to required supports and increased acceptance of offered supports?

RELATED TO REPLICABILITY AND SCALABILITY

What are the core components of the Rockdale Hub that should remain if this model was set up elsewhere, and which elements are context-dependent in a place-based model?

Figure 2: Evaluation headline questions

Data analysis:

Qualitative data were analysed using the qualitative analysis software NVivo 12. Based on recent work analysing new ways of working during the CoVID-19 pandemic (Ní Shé et al., 2020), we considered the Hub implementation under four domains described below.

- New or changed roles for individuals and organisations.
- New or improved communications.
- Environmental and practice changes.
- Enablers to implementation and sustainability.

Coding was initially based on these domains, then cross-referenced to evaluation questions and the domains for PBCI. Emergent themes were identified.

Ethics:

Ethics approval was gained from SESLHD Human Research Ethics Committee (HREC Reference 18/277). Access to de-identified aggregated school-held data was made available by the Rockdale Public School without ethics approval required.

RESULTS

New or changed roles

PBCI, by its very nature, relies on individuals and organisations changing and adapting their ways of working, to enable mutual collaboration and to achieve agreed and shared outcomes. Short term funding was made available to employ a part-time co-ordinator for the Hub through a health services grant, to support the key establishment and implementation activities including establishment of governance structures, development of referral guidelines between services, managing meetings and follow-up, marketing, development of resources and community engagement.

For most organisations, changes in roles were seen in the extent to which engagement with other services increased or were formalised. For example, representatives from participating agencies dedicated a component of staff time to attending the Leadership Group or the Working Group. With the potential for overlap in roles across multiple organisations and professional groups, partners identified the importance of boundaries, noting that it was critical that the different roles, responsibilities and scope of practice of Hub members were recognised and utilised in an integrated service delivery approach.

“...no one’s working outside their scope of practice. I think everyone needs to be clear about people’s roles and responsibilities and what they can and can’t do...” (CFHN)

Several stakeholders noted the importance of recognising the individual identities of Hub partners, noting that Hub business might be part of but not all of their business, and that they would have been delivering some services now badged

as Hub services regardless of their membership of the Hub. These stakeholders pointed out the value was in the integrated and collaborative approach, which defined the Hub. For example, Integricare Supported Playgroup and Family Worker staff have always aimed to increase access to developmental surveillance for families who attended Integricare but were not attending local early childhood health services for either initial surveillance or for recommended follow up. However, they reported an increased focus on transition to school and particularly emotional and social readiness.

NEW OR IMPROVED COMMUNICATIONS

The two main vehicles for communication between Hub participants were the Leadership Group for senior managers, and the Working Group for front line service providers. These processes were embedded in the governance structure for the Hub and were critical to maintaining a shared agenda and collective approach. Hub members noted an additional internal communication task of reminding their organisations of the Hub and its purpose to keep it front of mind in busy environments with competing priorities. The existence of the Hub increased informal direct communication between providers in relation to specific families. There was a high degree of trust expressed by those partners who participated in the evaluation and at the Leadership and Working Group meetings attended. The Hub structure improved existing communication processes or embedded new ones for participating agencies. These included the development of referral guidelines, a services newsletter, and formal and informal information sharing between services at Working Group and Leadership Group meetings.

A number of networking activities were described by interviewees as having been initiated as the Hub developed, including the following:

- Development of a Hub webpage and Facebook page.
- A launch with community and family events running simultaneously to a formal event.
- Parents involved in developing a video promoting the Hub.
- Information stalls in the community.
- Consultation with families and school P&C committee.
- Community Reference Group – protracted establishment due to COVID.

Parents were involved in developing a video promoting the Hub (available at <https://www.youtube.com/watch?v=wixWxQCCJ7s>) and families assisted in developing the artwork for the branding. There was a perception by Hub members that parents and children were being supported better by the increased communication and collaboration through the Hub network of services.

“... transition to school is really important, and so being able to identify special needs for example, and having a really incredible network, not just of schools but also health professionals all coming together that you can go, oh, I’ll just ask so-and-so. So that’s very, very important.” (Hub Working Group member)

Although there was agreement on shared measures for the Hub, there was no shared information system that enabled a cohesive view of families and children for all participating agencies, nor was this likely in the short term due to the range of agencies involved, the plethora of agency-specific data systems in place and policy barriers. A spreadsheet was developed to capture data for evaluation purposes, and was adapted by

the participating agencies to suit their business practices, so data consistency was low. Manual completion of the spreadsheet was an additional task for already busy staff, who may or may not have had an electronic client management system in place, from which data might be extracted.

ENVIRONMENTAL AND PRACTICE CHANGES

As the Hub is a virtual mechanism whereby families and children have access to a network of services that will support children's transition to school, individual agencies still operate within their existing service models according to their strategic plans. The overarching Hub logic model of change brought these individual service models and agency roles into a cohesive model with shared outcomes.

Practice change was supported by targeted workforce development activities. In the initial phases of the Rockdale Hub, as part of the Happy, Healthy, Ready initiative, training was provided to staff working in participating non-government early childhood/family support services. The content of the training included: early childhood development; developmental milestones; training on the "Blue Book", the parent held NSW personal health record for infants and children up to age five; administration of the Parents Evaluation of Developmental Status (PEDS), a universal developmental surveillance tool (no longer used and replaced by "Learn the Signs, Act Early"); and child protection. The training was designed for childcare workers, family support workers and supported playgroup staff.

In the period since the initial training, workforce development activities have continued. Online training for the "Learn the signs, Act early", which

replaces the PEDS, has been provided. Informal knowledge sharing has continued between child and family health nurses and participating agencies, who provide feedback on client needs and how to approach and focus on individual and community engagement to better promote sustainable health care. A workshop has been provided on how different agencies respond to the impacts of trauma in children. Hub leaders are considering introducing case presentations as part of working party meetings to strengthen referral pathways and promote understanding of agency services, particularly for new partners.

Most of the Hub partners are members of the Child and Family Interagency, which offers a range of free training for the local service sector facilitated by a Hub partner agency and based on identified needs such as holding difficult conversations, accidental counselling, childhood anxiety, mindfulness, and cultural responsiveness. Rockdale Public School also conducted a workshop, as part of a grant project, for early learning centres and supported playgroups to strengthen communication and promote a shared understanding in supporting children and families' transition to school successfully, within the context of their work.

Underpinning the Hub has been a readiness for organisations to adapt their practices in response to the identified challenges for children and families in the Rockdale area. This included strengthened connected referrals, through Better Connected Community Services, an NGO with a key role in the Hub to assist families to navigate the service system and to connect families to local services. Two typical scenarios, courtesy of Better Connected Community Services are described in Figures 3 and 4.

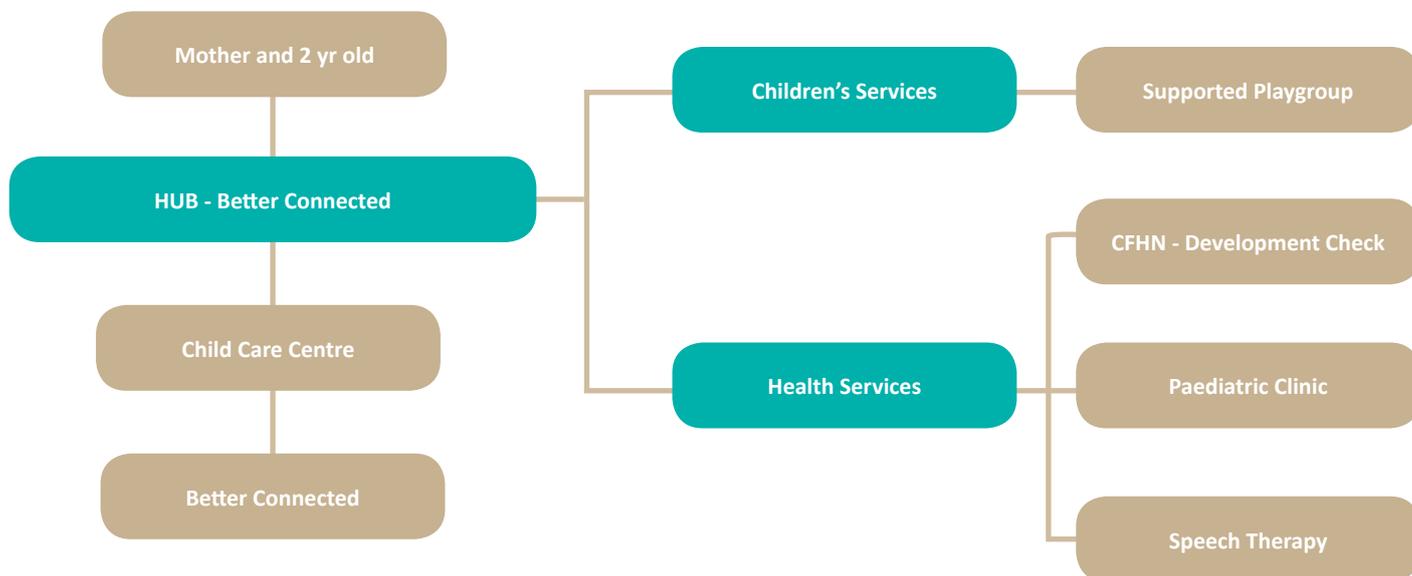


Figure 3: Scenario 1 – Mother and 2 year-old child (Source: Better Connected Community Services)

A mother contacts the Rockdale Children and Families Hub through Better Connected Community Services. She has been trying for several months to enrol her child into childcare or preschool but has been placed on waiting lists. After contacting partnering centres of the Hub, Better Connected finds a placement and the child is able to start childcare within a month. Better Connected identifies parental concerns about developmental issues and the child is booked in to see the CFHN for a development check, and possible referral to a Paediatric and/or speech assessment through SESLHD community health services. The mother is also referred to supported playgroups for community connection and engagement.



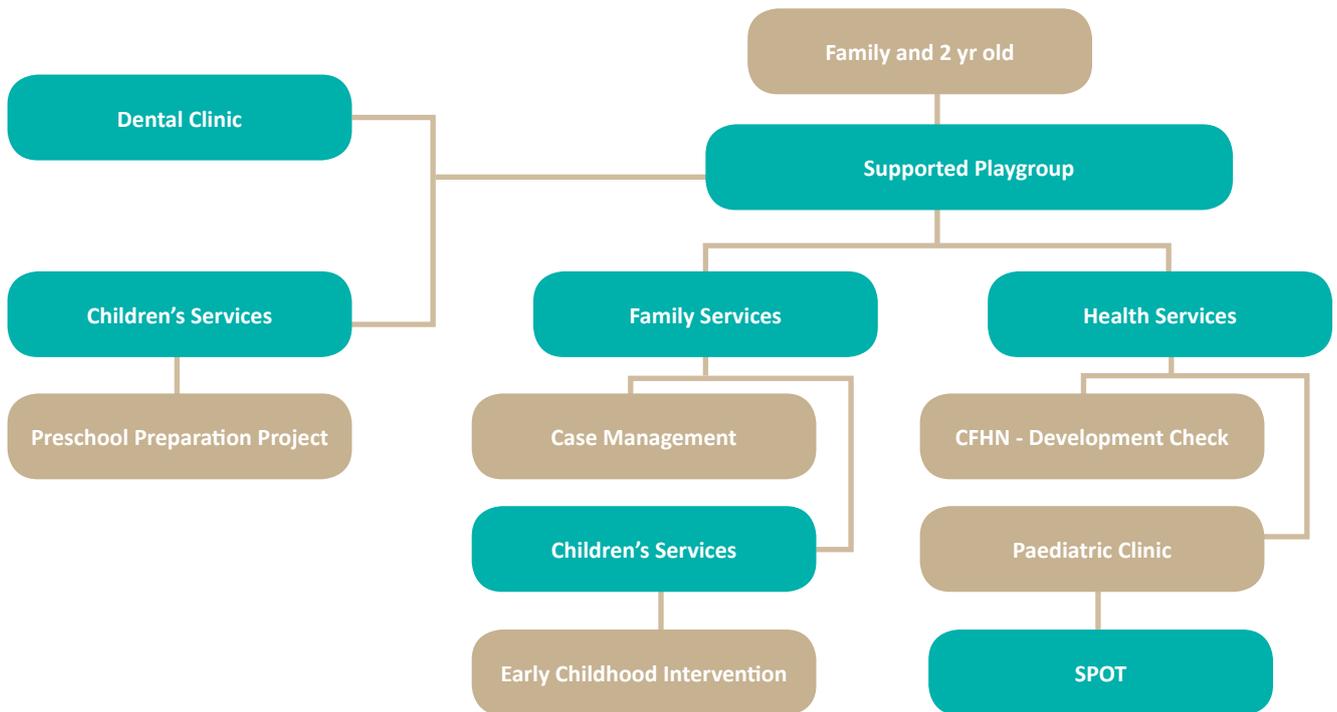


Figure 4: Scenario 2 – Family with multiple needs (source: Better Connected Community Services)

A family attends supported playgroup for the first time, where staff notice the child is struggling to reach basic milestones for their age (a conversation takes place). An appointment is made to see the CFHN. The CFHN undertakes a developmental check and refers the child to the Speech Physiotherapy Occupational Therapy (SPOT) playgroup for therapy and support while the child’s name is placed on the waitlist for therapy. Through the Hub, the Community Paediatrician Clinic assesses the child, who is diagnosed with significant developmental delay. As the mother comes from a CALD background, the supported playgroup team refer the family to case management for further support during the diagnosis period. The family support services refer

the child to an Early Childhood Early Intervention (ECEI) playgroup where the mother and child will have access to professionals who can inform and support them. As the child is of pre-school age, supported playgroup is able to refer the child to a preschool preparation program where the child will be supported by therapists until a suitable preschool placement is found. A referral is also made to the dental clinic to investigate other factors that could be impacting speech development. The child thrives and the parents find they can better communicate and understand each other .

Hub members now also have strengthened pathways to advising the school (with parental consent) of child development issues prior to school entry. There is reportedly increased collaboration in preparing parents and children for school and having the difficult conversations about school readiness if necessary. Participating organisations are now recording referrals to transition to school or referrals that are driven by concerns for children planning to start school soon.

“It’s having a look at that pathway, where the supports are, before they start school and what resources are out there to support families and the students.” (School staff)

Other examples include the introduction of a ‘Getting Ready for Kindergarten’ program by one of the NGO partners and the reorientation of funds to enable the employment of a community engagement officer by another NGO.

Rockdale Public School introduced a new procedure of Principal “meet and greet” interviews with all parents prior to enrolment. In 2020, 96% of families attended a Principal interview prior to enrolment. These interviews enabled individual assessment by the Principal of the child’s school readiness and identification of any likely challenges for the child on entering school. It promoted communication between families and the school. The Principal reported encouraging local preschools to hold conversations with parents about readiness for school and to openly discuss developmental challenges for children whose parents were considering enrolling them in the following school year. The expressed intention of the school was to have a network of partner preschools with consistent transition communication,

and the capability to address readiness for school issue and identify pathways for individual student learning needs.

ENABLERS TO IMPLEMENTATION AND SUSTAINABILITY

Hub members who contributed to the evaluation agreed that their main rationale for continued involvement in the Hub was its relevance to their purpose and priorities. There was recognition that with this shared purpose, agencies should and could adapt to work in a place-based collaborative way.

“...everyone’s in the business of supporting families and supporting good transition into the school in context and we know that if we intervene early and intervene well, we’re going to get better outcomes, lifelong.” (Hub Leadership Group member)

Generally, Hub members felt that the Hub had matured as a collaborative place-based project and was well-established at the leadership level and at the front line, with Working Groups providing an essential link for frontline staff.

“...a name to a face to what services they’re providing has made a huge difference ... to us working with the healthcare services that have been provided to families, which we were unaware of.” (School staff)

The appointment of a co-coordinator for the Hub establishment and implementation was considered by partner agencies as critical to the initial success of the model. However, the funding for this was temporary and at the time of evaluation it was not clear if alternate funding could be found between the participating agencies. This was an active topic at Leadership Group meetings and there was commitment for this funding to be provided.

“That role is very much about advocating on behalf of not only the families but the services who are involved now. It’s a big position but that’s a position that really hinges on the success...” (CFHN)

Interviewees noted the importance of the coordination role being senior enough within the host organisation to be able to make decisions, resolve issues and lead within their own organisation. Equally important was choosing an individual with good problem-solving skills, readiness to address issues openly and to maintain positive relationships across a range of agencies and individuals.

Having ongoing interest and involvement from senior managers was identified as essential for Hub sustainability; this was managed through the Leadership Group which met regularly and addressed strategic integration issues, as well as keeping senior executives within their own organisations informed.

“You can’t chop and change, the relationships are paramount, and I think the other important factor is executive buy-in; you’ve got to have support from the top which I think we – all our entities have got complete support from the top.” (Hub Leadership Group member)

Hub partners generally believed the Hub model was replicable.

“I think this model is actually something that could easily be duplicated in other areas as well.” (CFHN)

But there are prerequisite relationships and a shared perception of need that must be in place. It takes time to establish the prerequisites.

“...you don’t even know the relationships; you’ve got someone that actually has to spend the first six months bringing those people together...” (Hub Leadership Group member)

Interviewees reported the Hub experienced increased membership during 2019, in part due to increasing awareness of the model and recognition by agencies that they shared a priority population and priority goals. Hub members commented that the shape that the Hub might take in another location would be dependent on local variables, including demographics, the local service system, local priorities and existing relationships with services and community.

DISCUSSION

This article has described the evaluation of the early progress of the Rockdale Hub, which is being built on the principles of place-based collective impact. The conditions of collective impact have been well described in the literature (Kania and Kramer, 2013; Smart, 2017) and are described earlier in this article. Some, but not all, of the conditions for successful collective impact have been met at this early stage in the Hub development but others are still developing and might need ongoing attention as the Hub develops further.

A common agenda for change was certainly in place at the time of evaluation. Ironically, one of the burgeoning issues for the Hub is its attraction for other services in the locality. Inclusion of stakeholders from government, non-government, private and community enables collective impact (Kania et al., 2014), however there is a risk that new partners might not share the agreed purpose of the Hub, or the priorities of the Hub might not align with the priorities of new partners. The implementation of the Hub has required organisations to adapt and take on new roles and ways of engaging with each other and with families. The orientation of new agencies will need to be monitored, with support to make the

necessary changes integrated into the co-ordinator role, if this is maintained as part of the 'backbone' function of the Hub.

Previous experience with place-based collective impact initiatives suggests that there is a need for not only effective operational partnerships, but also for a shared understanding of monitoring and impact measures if these initiatives are to be successful (Kemp et al., 2008; Smart, 2017). While communication between partners is facilitated through the governance structure of the Hub, an ongoing challenge has been consistent and reliable data collection. This has been identified as an issue in other Australian collaboration and integration efforts, particularly where large government agencies are involved (Demant and Lawrence, 2018). It remains a barrier to the delivery of integrated care and to ongoing evaluation. While the effort involved to establish data sharing protocols and agreements is intense, it is possible, and has been achieved in a regional project in the NSW Hunter region (McGuirk et al., 2015). Mutually reinforcing activities facilitate best use of available resources and support partner organisations in their role, by recognising the individual contribution each organisation makes to the collective impact, while working towards an agreed plan of action (Kania and Kramer, 2011). Although one element of the Hub is the co-location of CFHN at an NGO, the Hub itself is a virtual entity, built on a system of networking and referral rather than physical co-location of all services. This is not necessarily a barrier to success, as co-location of itself has not been shown to be sufficient to achieve collaboration across services (Bulling and Berg, 2018). The model is built on a system of co-location of some services, with regular communication between agencies and provision on-site services at the school or Integricare buildings, where co-location is not possible.

Each partner in the Hub has a clear role that is recognised and respected as a contributor to the achievement of the overall objective (Refer Fig.1).

Kania and Kramer (2011) describe the importance of continuous communication helping partners to build trust and maintain a shared understanding of the objectives of a collective impact initiative. Weaver (2014) points out that communication is essential to keep partners engaged and to help partners identify and build on strategies that are having the greatest impact and to maintain community interest and buy-in. The Hub has produced regular communications and hosted events to inform the local community and engage with children and families. The Hub Leadership group provides a vehicle for continuous communication and for addressing issues, including the strategic direction of the initiative. The value of the Leadership Group meetings is evidenced in an ongoing discussion about the continuation of the co-ordinating backbone role for the Hub. Backbone organisations are a key enabler for collective impact, and for best results should be a permanent and dedicated resource, with a role that potentially changes as the initiative matures (Klempin, 2016; Salignac et al., 2018). The Hub is built on the premise that a positive transition to school is shaped by a range of familial, community and school factors and that collaboratively addressing these will improve transitions school for children and families experiencing disadvantage or adversity. This premise is supported by well-established models of childhood development (Bronfenbrenner, 1979) and by a recent Australian study identifying the critical role of child, family, school and community in supporting school readiness (Christensen et al., 2020).

CONCLUSION

The evaluation focused on the processes and interactions involved in establishing the Hub and the experiences of those organisations involved in the Hub. The evaluation results reported here were gained from analysis of the results of qualitative data collection. The evaluation found the Rockdale Hub was established in response to an identified local need. Partners were seeking a collaborative and connected system of early identification and intervention for families with children at risk of a poor transition to school. Partners include government and NGO service providers across the areas of community child and family support, education and health in recognition of the complex mix of social and health-related factors impacting on a transition to school that has children and families ready to enjoy learning to the best of their ability.

The foundational work for the PBCI approach was in place at the time of the formative evaluation, with partner agencies expressing commitment to continuation of the Hub, underpinned by a shared vision and acknowledgement of the difference the Hub has made to families. The ongoing challenges for the Hub will include maintaining the structures put in place for governance and collective action over time, establishing a less onerous reliable system of data collection to support decision making and evaluation, managing the involvement of new partners, and managing the inevitable tensions inherent in a collaborative cross-agency approach. ■

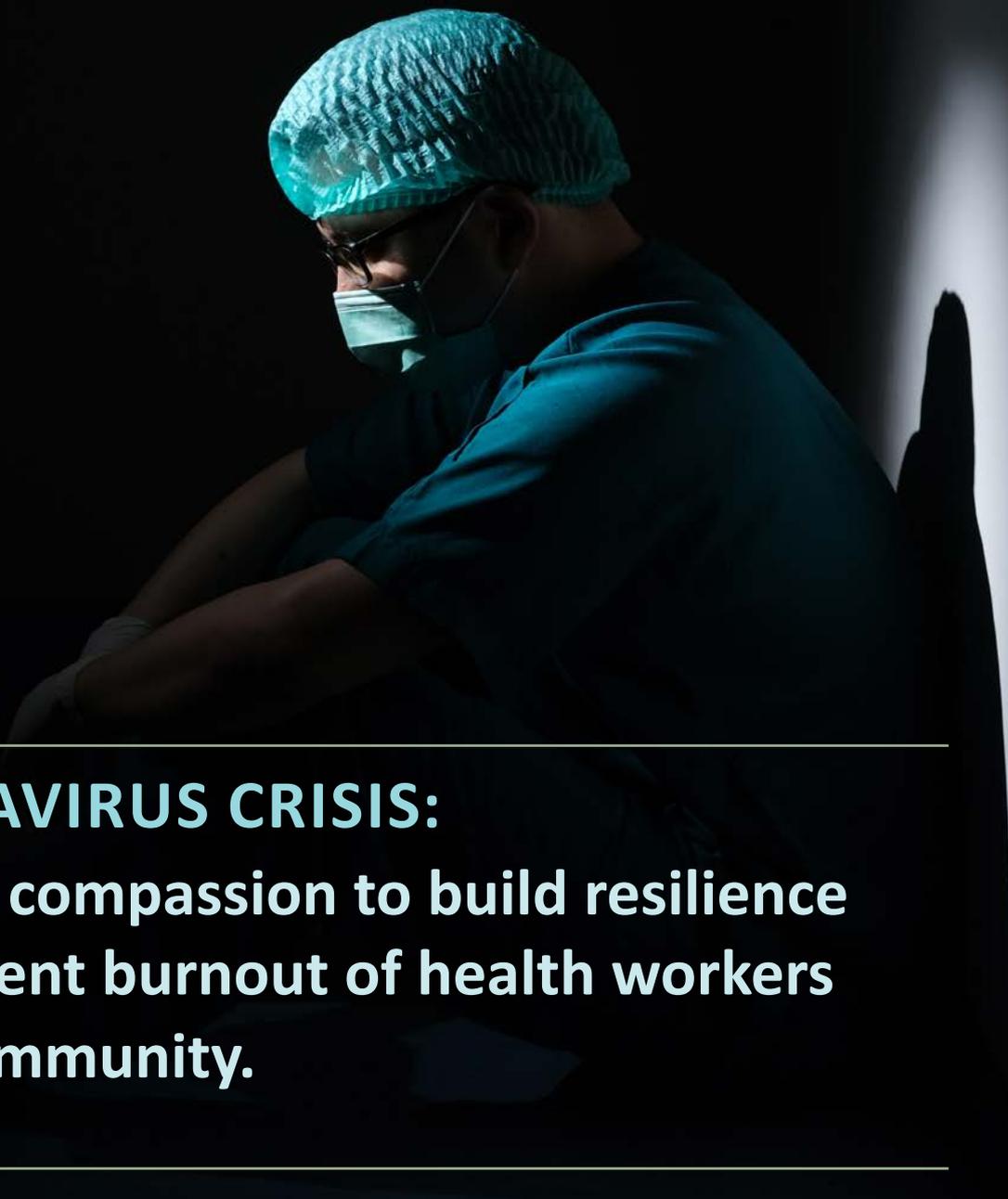


REFERENCES

- Australian Bureau of Statistics (ABS), 2016. 2016 Census QuickStats: Rockdale.
- Australian Early Development Census, 2018. AEDC Community Profile, Rockdale NSW.
- Australian Institute of Health and Welfare, 2015. Literature review of the impact of early childhood education and care on learning and development: working paper. Australian Institute of Health and Welfare, Canberra, ACT.
- Bronfenbrenner, U., 1979. *The Ecology of Human Development: Experiments by Nature and Design*. Harvard University Press.
- Bulling, I.S., Berg, B., 2018. "It's our children!" Exploring intersectoral collaboration in family centres. *Child & Family Social Work* 23, 726–734. <https://doi.org/10.1111/cfs.12469>
- Christensen, D., Taylor, C.L., Hancock, K.J., Zubrick, S.R., 2020. School readiness is more than the child: a latent class analysis of child, family, school and community aspects of school readiness. *Australian Journal of Social Issues* 1. <https://doi.org/10.1002/ajs4.138>
- Demant, L., Lawrence, J., 2018. Back on Track: The challenges of implementing a small place-based Collective Impact initiative. *Health Promotion Journal of Australia* 29, 360–362. <https://doi.org/10.1002/hpja.36>
- Eapen, V., Walter, A., Guan, J., Descallar, J., Axelsson, E., Einfeld, S., Eastwood, J., Murphy, E., Beasley, D., Silove, N., Dissanayake, C., Woolfenden, S., Williams, K., Jalaludin, B., The "Watch Me Grow" Study Group, null, 2017. Maternal help-seeking for child developmental concerns: Associations with socio-demographic factors. *J Paediatr Child Health* 53, 963–969. <https://doi.org/10.1111/jpc.13607>
- Edwards, K., Eapen, V., Perkins, D., Sarkozy, V., Son, J., Smith, R., Stephenson, L., Rimes, T., Fernandez, R., Woolfenden, S., 2020. Happy, Healthy, Ready – working with early childhood non-government organisations for developmental surveillance for vulnerable children. *Aust J Adv Nurs* 37. <https://doi.org/10.37464/2020.374.277>
- Farrell, B., Elliott, I., Ison, E., 2004. Partnership with parents and disabled children. HIA of the All-Inclusive Wraparound Project for children with a disability. *Environmental Impact Assessment Review* 24, 245–254. <https://doi.org/10.1016/j.eiar.2003.10.014>
- Garg, P., Ha, M.T., Eastwood, J., Harvey, S., Woolfenden, S., Murphy, E., Dissanayake, C., Jalaludin, B., Williams, K., McKenzie, A., Einfeld, S., Silove, N., Short, K., Eapen, V., 2017. Explaining culturally and linguistically diverse (CALD) parents' access of healthcare services for developmental surveillance and anticipatory guidance: qualitative findings from the 'Watch Me Grow' study. *BMC Health Services Research* 17, 228. <https://doi.org/10.1186/s12913-017-2143-1>
- Goldfeld, S., O'Connor, E., O'Connor, M., Sayers, M., Moore, T., Kvalsvig, A., Brinkman, S., 2016. The role of preschool in promoting children's healthy development: Evidence from an Australian population cohort. *Early Childhood Research Quarterly, International research utilizing the Early Development Instrument (EDI) as a measure of early child development* 35, 40–48. <https://doi.org/10.1016/j.ecresq.2015.11.001>
- Goldfeld, S., O'Connor, M., Mithen, J., Sayers, M., Brinkman, S., 2014. Early development of emerging and English-proficient bilingual children at school entry in an Australian population cohort. *International Journal of Behavioral Development* 38, 42–51. <https://doi.org/10.1177/0165025413505945>
- Jagosh, J., 2019. Realist Synthesis for Public Health: Building an Ontologically Deep Understanding of How Programs Work, For Whom, and In Which Contexts. *Annu. Rev. Public Health* 40, 361–372. <https://doi.org/10.1146/annurev-publhealth-031816-044451>
- Kania, J., Hanleybrown, F., Spansky Juster, J., 2014. Essential Mindset Shifts for Collective Impact. *Stanford Social Innovation Review*.
- Kania, J., Kramer, M., 2013. Embracing Emergence: How Collective Impact Addresses Complexity. *Stanford Social Innovation Review*.
- Kania, J., Kramer, M., 2011. Collective Impact. *Stanford Social Innovation Review* 9, 36–41.

REFERENCES

- Kemp, L., Chavez, R., Harris-Roxas, B., Burton, N., 2008. What's in the box? Issues in evaluating interventions to develop strong and open communities. *Community Development Journal* 43, 459–469. <https://doi.org/10.1093/cdj/bsm014>
- Klempin, S.C., 2016. Establishing the Backbone: An Underexplored Facet of Collective Impact Efforts. <https://doi.org/10.7916/D8W095RF>
- McGuirk, P.M., O'Neill, P.M., Mee, K.J., 2015. Effective Practices for Interagency Data Sharing: Insights from Collaborative Research in a Regional Intervention. *Australian Journal of Public Administration* 74, 199–211. <https://doi.org/10.1111/1467-8500.12098>
- Moore, T., McHugh-Dillon, H., Bull, K., Fry, R., Laidlaw, B., West, S., 2016. The evidence: what we know about place-based approaches to support children's wellbeing.
- Ní Shé, É., O'Donnell, D., O'Shea, M., Stokes, D., 2020. New Ways of Working? A Rapid Exploration of Emerging Evidence Regarding the Care of Older People during COVID19. *Int J Environ Res Public Health* 17. <https://doi.org/10.3390/ijerph17186442>
- O'Connor, M., Chong, S., Quach, J., Goldfeld, S., 2020. Learning outcomes of children with teacher-identified emerging health and developmental needs. *Child: Care, Health and Development* 46, 223–231. <https://doi.org/10.1111/cch.12737>
- Pawson, R., Tilley, N., 1997. *Realistic Evaluation*. Sage, Thousand Oaks.
- Salignac, F., Wilcox, T., Marjolin, A., Adams, S., 2018. Understanding Collective Impact in Australia: A new approach to interorganizational collaboration. *Australian Journal of Management* 43, 91–110. <https://doi.org/10.1177/0312896217705178>
- Shonkoff, J.P., Garner, A.S., Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care, Section on Developmental and Behavioral Pediatrics, 2012. The lifelong effects of early childhood adversity and toxic stress. *Pediatrics* 129, e232–246. <https://doi.org/10.1542/peds.2011-2663>
- Smart, J., 2017. *Collective impact: Evidence and implications for practice*. Child Family Community Australia.
- South Eastern Sydney Local Health District, 2018. *Vulnerable and priority populations in South Eastern Sydney Local Health District: Analysis of ABS Census 2016*. SESLHD.
- The First 2000 Days Framework [WWW Document], 2019. URL <https://www.health.nsw.gov.au/kidsfamilies/programs/Pages/first-2000-days.aspx> (accessed 2.14.21).
- Tong, A., Sainsbury, P., Craig, J., 2007. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care* 19, 349–357. <https://doi.org/10.1093/intqhc/mzm042>
- Warren, D., Daraganova, G., O'Connor, M., 2018. *LSAC Annual Statistical Report 2017 — Chapter 8 (Text No. Volume 8)*.
- Woolfenden, S., Posada, N., Krchnakova, R., Crawford, J., Gilbert, J., Jursik, B., Sarkozy, V., Perkins, D., Kemp, L., 2015a. Equitable access to developmental surveillance and early intervention – understanding the barriers for children from culturally and linguistically diverse (CALD) backgrounds. *Health Expectations* 18, 3286–3301. <https://doi.org/10.1111/hex.12318>
- Woolfenden, S., Williams, K., Eapen, V., Mensah, F., Hayen, A., Siddiqi, A., Kemp, L., 2015b. Developmental vulnerability – don't investigate without a model in mind. *Child: Care, Health and Development* 41, 337–345. <https://doi.org/10.1111/cch.12181>



CORONAVIRUS CRISIS: Need for compassion to build resilience and prevent burnout of health workers in the community.

Dr Abul Khan

ABSTRACT

The World Health Organisation (WHO) declared Coronavirus turned Covid 19, as a pandemic in March 2020. Since then, the changing state of responses have been noted in the community. The immediate mass panic reactions enmeshed with anxiety and panic buying, hoarding, and

- CORONAVIRUS
- COMMUNITY
- PSYCHOSOCIAL IMPACTS
- HEALTH WORKERS
- MORAL INJURY
- COMPASSION
- SOCIAL COHESION

stigmatising community and healthcare workers has turned into the phase of anger and frustrations. This is amid evolving mental health problems and significant social alienation amongst many other hardships. People appear more focused on ending lockdown and returning to 'normalcy' in spite of risks of increasing infections and death. We now have some vaccinations, but the virus is also constantly changing its colours (i.e., mutating to different variants), continuing its negative impact. In this uncertain time there is utmost urgency in protecting our precious frontline community workers and clinical health personnel from burnout amid mental health concerns, mass quarantine, and keeping hope alive in the community regarding the availability of services. It is imperative that human society finds alternative ways compassionate values like care, empathy, patience and tolerance in attitude and behaviour can facilitate a sense of mutual connection, accountability and hope, given increasing pressure on limited public funds.

This paper explores the psycho-social impact of the pandemic and offers some broader perspectives for emotional resilience building in the general population, within a compassion focused united community approach.

Corresponding author:

DR ABUL KHAN

Child and Family Interventions & Research Centre

Adjunct Senior Lecturer

Faculty of Medicine, Nursing and Health Sciences

Monash University, Melbourne, Victoria.





SETTING THE SCENE

It is still in the early days to make provisional impression of the damage inflicted by the Covid 19 pandemic, given the degree of threat and disruption inflicted through social disparities, emotional, cultural, economic, and political upheavals and the sense of danger, disorder, and dislocation produced (Levine, 2021; Guardian, 2021; Lynch, 2020; Miolene, 2020). The pandemic has changed the process of our socialisation via separation and isolation. A recent longitudinal study has identified social disconnectedness increases the risks of perceived isolation amidst increasing risks to higher amounts of anxiety and depression, suggesting public health initiatives should promote community based social networking integration and participation as a prevention to mental disorder (Levine, 2021). People are now trying to find new ways of reaching out to each other and demonstrate their sense of connectedness and fellowship. Here is a story of compassion that was widely circulated via media (BBC, 2020):

In an act of compassion, Mr Papa (name anonymised) an elderly resident of small town in a northern state of India, was in for a pleasant surprise when the police came knocking at his door. The gentleman can be seen striding towards the gate, saying, “I am……., I live alone, and I am a senior citizen.” But what happens next leaves him stumped. “Happy birthday to you!” As the police officers (from a local police station) sing, Mr Papa doubles over in surprise, asking them how they know. He says his children are away and he starts to tear up. The police tell him there is no need to feel lonely because they are like his family too, before producing a birthday hat and a cake, which Mr Papa then cuts while the officers resume singing.

It is now over two years since the pandemic started, however different variants and waves are still impacting the world (Lopez-Leon et al., 2021). The outbreak of new delta variant fiercely rippling through communities with case numbers rapidly increasing, intensive care unit (ICU) beds

are quickly filling up and most discerningly more children are admitted to hospital (Corey, 2021). The risk of further waves and infection are high (Lopez-Leon et al., 2021), with some people struggling to deal with emotional ordeals (Dobson et al., 2020), while others embark on violent protest marches impulsively attacking health workers, reflecting the new low of tolerance amid emotional vulnerability (Guardian, 2021; BBC, 2020).

In Australia, the Victorian Department of Health and Human Services has referred to the frontline community health workers as the “last line of defence” in the fight against COVID-19 (State of Victoria, 2020). The state government has pledged several measures to protect the caring workforce, emphasising preventing infection and reducing exposure, with limited focus on protecting the mental health needs and work-related stress and burnout of frontline workers. There is clear evidence of a high prevalence of mental health needs and burnout among frontline workers in the current Covid 19 scenario internationally (Dobson et al., 2020; Jha et al., 2020; Barello, Palamenghi & Graffign, 2020 etc.). Jha et al. (2020) reported on their research (n=100) in the USA as follows: 98% of physician practices were affected by COVID and 91% of physicians felt it had a significant financial impact; 67% percent of the physicians responded that domestic financial hardships were responsible for their increased level of burnout, and 73% responded that electronic medical records (EMRs) were one of the causes. Overall, 78% were very concerned about their wellbeing and future health. The researchers further articulated that the COVID-19 pandemic has put interventional pain relief practices throughout the United States under considerable financial and psychological stress (Jha et al., 2020).

In another research study in Italy, Barello et al. (2020) found more than 1 out of 3 health workers (n=1153) showed high scores of emotional exhaustions and 1 out of 4 reported high levels of depersonalisation, while only around 15% reported low levels of personal gratification. Australia has not avoided these challenges. Dobson et al. (2020) completed a study on a cohort (n=320) of medical and allied health professionals in a hospital setting in Australia. They found professionals are struggling with burnout (29.5%); moderate to severe symptoms of depression (21%); anxiety (20%); PTSD (29%) and suicidal ideation (8.1%) during the two weeks’ study period (Dobson et al., 2020).

Additionally, the experience of social disconnection and community isolation has been seen as a risk to not only mental health but also to interpersonal relationships and social cohesion and harmony in the general population. Santini et al. (2020) and Cacioppo & Hawkley (2009) have postulated that a perceived sense of social isolation and need for social connectedness, important areas covered by the community and health services sector, is deeply linked to biological mechanisms (i.e., neural, hormonal, and genetic) directly associated with the need for bonding; companionship and herd behaviour as crucial means for survival and reproduction. When these significant needs are constrained or not met and people experiencing overwhelming feelings of isolation and loss of social relationships, they carry the risk of declining in cognition; mood; and increased sensitivity to threatening situations (Cacioppo & Hawkley, 2009). Social disconnection as well as perceived social isolation can have biological consequences, with the building up of cortisol concentration, worsening immune functioning, sleep disturbances as well as increased body weight (Cacioppo, Hawkley & Crawford, 2002).

There is a real sense that Covid has inflicted significant psychosocial pain and sufferings in our communities. This article offers discussion on broader implications of the pandemic and potential ways forward for our global communities in the spirit of care and compassion for each other.

BROADER CONTEXTS

The coronavirus pandemic has not only brought the world on the same page in terms of risks and fear of risks but exerted unimaginable pressure on community health, wellbeing and finances. Recent Australian research suggests the rate of mental illness in the general population has increased to at least twice the prevalence of non-pandemic circumstances (Fisher et al., 2020). The researchers have called for a national public health response focusing on universal as well as targeted approaches. In Australia, the pressure on public finances is reflected in the (previous) federal governments' increasing reduction plan in the Job Keeper and Job Seeker allowances to financially support the people affected by the pandemic (The Treasury Office, 2021).

According to Galvin and Kaltner (2020) impacts have been felt in a broad spectrum of essential services, including public child protection and out of home care services, with a reduced capacity for risk management, placement instability due to the reduced ability to monitor child protection risk, carer illness, reduced community based support service accessibility, reduced family contact and delays in court assessment. The rapidly evolving situation amid reduced capacity of essential services, compounded by social isolation and high stress home environments, have led to potential domino effects such as sex offenders' online activity, family violence and child abuse and likely presentation to forensic/police and healthcare

services (Miolene, 2020). Research findings advance our understanding of the recent 25-33% increase in mental health issues and almost 40% increase in family violence related to urgent applications in the Family court of Australia (Black Dog Institute, 2020; Lynch, 2020). Clearly this data underpins the value of integrating these into policy decision and community conversation.

In the health care area, the crisis has overshadowed many other important health care priorities like cancer treatment, elective surgeries and so on, while health care professionals have been compelled to make difficult decisions without real time for planning and preparation. These difficult decisions include the allocation of scant resources to needy patients; and balancing physical and mental healthcare needs of workers with those of patients, while being mindful of their desire to be safe, and their duty to care for their family and friends. Keeping services going during any incident (e.g. temporary shutdown of services for quarantine purposes); and managing long term psychosocial consequences of the crisis on communities and their care workers (Geenberg et al., 2020). Global Data suggests 95% of health care workers are concerned about the impact of the Covid 19 on their wellbeing and on services. Further, there are reports noting an alarming rate of infections among healthcare workers (International Council of Nurse, 2019; Guardian, 2020; Lopez-Leon et al., 2021). In Victoria 2692 health workers have been infected (State of Victoria, 2020). The Victorian government has responded proactively with the establishment of a Healthcare Infection Prevention and Wellbeing Taskforce. This task force has pledged to objectively address the broader need of the workers by gathering data and providing guidance based on emerging evidence (State of Victoria, 2020). The key question remains, how and when this taskforce

will integrate into the findings from research on the high-level risks of mental health needs of the frontline health care workers.

Greenberg, Docherty, Gnanapragasam and Wessel (2020) describe the emotional impact on the health care workers in the form of moral injury. Moral injury refers to sense of negative self-thoughts like shame, guilt or disgust amid burnout, which do not relate directly to any conventional diagnostic category for mental illness but may contribute to future mental health problems. Greenberg et al. (2020) further elaborates that the moral hurt syndrome in the context of limited resources may lead to triaging increased referral as well as risk of very high levels of tolerance resulting in service refusal to many otherwise needy clients. The Australian Commonwealth Government's \$74 million stimulus package in March 2020 and later measures to boost mental health are welcome recognitions of the issue. However, there is no clarity whether the mental health needs of the care workers are accommodated in the package.

By contrast, these psychosocial aspects seem well acknowledged in other countries. We can see very clear and concerted approaches adopted in Singapore and China to address the mental health needs of the health workers (Lim, Seet & Rahman, 2020). The challenge is maintaining reasonable normalcy in services now and beyond while managing the health and wellbeing of the workers. In Australia, healthcare staff may have felt that in the wake of non-availability of full treatment (i.e., 100% prevention and recovery), health services did not give the most vulnerable patients the greatest chance of recovery. In spite of their great efforts the staff likely encountered situations where they cannot provide grieving family members the moral reassurance that they did their best but "could not help", alongside constant awareness of carrying risk

to self and their own family members (Greenberg et al., 2020). The features of dilemma and guilt are further reinforced by the mounting demand for doing extra shifts to cover the shortages of health care workers (Greenberg et al., 2020). The inner distresses are likely to continue beyond the relaxation of lockdown, and perhaps beyond further discovery of vaccinations for Covid 19 until people accept its 'real validity' and overcome their fear and dilemma. The perceptions and dilemmas are the 'seed' of moral injury, and while not all workers will be affected by these emotional distresses, some workers may be impacted, perhaps for a long time, unless appropriate support is organised. Lim et al. (2020) has articulated a common structure of 'psychological preparedness tool kit' (Text Box A) to support the health workers in such situations. The psychosocial tool kit focuses on building awareness on self-protection while removing anxiety, stigma and fostering tolerance and empathy for others (Lim, et al., 2020).

How Singapore and China approached supporting its health care workers (Lim et al., 2020; Kang et al, 2019)

IMPLICIT MESSAGE IN HOSPITAL SETTINGS: SINGAPORE

- Acknowledge anxiety and accepting change
- Building trust
- Addressing presentism and civic responsibility
- Active ownership of emotional wellbeing
- Benevolent care and meaning making in the difficult situation

IMPLICIT MESSAGE IN HOSPITAL SETTINGS: (WUHAN, CHINA)

- Psychological response team in action to support health care workers

- Psychological instrument for risk assessment and management: Technical support team will formulate psychological intervention materials and rules, and provide technical guidance and supervision for psychological intervention to medical team, who are mainly psychiatrists,
- Engage in clinical psychological intervention for health-care workers and patients.
- The psychological assistance hotline teams (composed of volunteers who have received psychological assistance training in dealing with the 2019-nCoV epidemic provide telephone guidance to help deal with mental health problems.

Reportedly hundreds of medical workers are receiving these interventions, with good response, and their provision is expanding to more people and hospitals (Lim et al., 2020; Kang et al, 2020).

Text Box: A

The structured support programmes (Lim, et al., 2020) highlight significant value in addressing the various social and emotional wellbeing needs of the health workers. However, these reports do not indicate whether patients/clients and their family, as well as the broader community services sector and general community, were included in the psychosocial support network - questioning if separate processes were adopted to support the wider community to deal with their isolation, anxiety, anger amid intolerance leading to potential disharmony in interpersonal and broader social relationships and communication (Miolene, 2020). These issues have been noted in other countries and also faced during the 1920s Great Influenza Pandemic leading to a geopolitical conflict as noted by some scholars (Barro et al., 2020).

LESSONS CAN BE LEARNT FROM GREAT INFLUENZA PANDEMIC

Barro, Ursua & Weng (2020) offer some insightful understanding regarding potential learning from the Great Influenza Pandemic (GIP) in the 1920s. The GIP death rate was 2% of the world population. The pandemic existed for 2 years via 4 different waves of outbreak (Barro et al., 2020). In the current scenario, we have noted so far 3 different waves and finding ways to manage it is still ongoing which does not exclude potential future outbreaks. In spite of the changing scenarios in pandemic we are noticing a lack of patience and compassion amid an increasing community outcry and protests against public restrictive measures. The scenario is posing serious questions about how the world will react in future waves, if any. Barro et al. (2020) note the major economic fallout of the outbreak and then links this to global politics which could have contributed to the second world war since the Versailles Treaty in 1919 which imposed 'harsh terms' on Germany. The recent geopolitical volatility and tension regarding the origin of the virus and the ongoing bilateral trade tension between America, Australia, Europe and China and most recently war between Russia and Ukraine are similarly matters of grave concern (CSIS, 2022). In the current world, the increasing popularity of nationalistic politics amid right wing nationalism, and the drive towards megalomaniac political leadership amid rising conflict in Southeast Asia, provides further concern in addition to Covid 19 (The Observer, 2020; CSIS, 2022).

WAYS FORWARD

Eghigian (2020, p. 1) states, "when it comes to mental health, the historical record shows that the pandemic, like the war, took a toll on the emotional resilience of those not (or not yet) in harm's way".

We are encountering an uncertain world with a rapidly evolving socio-economic-political climate (CSIS, 2022). Communities are facing increasing risks of social isolation plus financial and emotional challenges on multiple levels due to the impacts of COVID 19 and related government policies. These critical dynamics will likely adversely affect public mental health by reducing resiliency qualities such as patience and tolerance while escalating anxiety driven communication leading to social polarisation, divisive and persecutory mindsets (Barro et al., 2020; Cacioppo and Hawkey, 2009).

FOSTERING COMPASSION STARTING WITH SELF AND INNER WORK

In this complex time of history, where humankind seems to have reduced choices when relying on external supports, the time has come to focus on identifying and nurturing individual inner resources aimed at securing a calmer life with peace, in harmony with others. The process of self-empowerment requires understanding the individual's inner self-dynamics in context of mind, body and soul that comprises of Nafs or psychophysiological impulses and Kalb or Soul as articulated in Islamic literature on the composition of inner parts of the heart (Mughrohi, 2021). This knowledge is similar to Freudian psychoanalytic theory of Id and Superego (Khan, 2014). The Nafs part comprises innate instinctive impulses, which under misguidance can drive to corrupt and immoral actions, which is harmful to self and not only health workers but community members and community service workers. These actions can accumulate baggage of negative consequences that can continue to facilitate and generate negative energy to continue to spin the (wheel of) negative mind. However, Kalb is the pure part of the heart that is only nurtured by positive energy generated through positive active actions, which

are just and fair and driven by the value of care and compassion. The process is reliant on people's choices. If one expands the Nafs part of the heart, then Kalb will result in less or progressively lesser impactful and vice versa (Maghraoui, 2021). This analogy perhaps explains how people committing most heinous activities find reason to justify their behaviour and action.

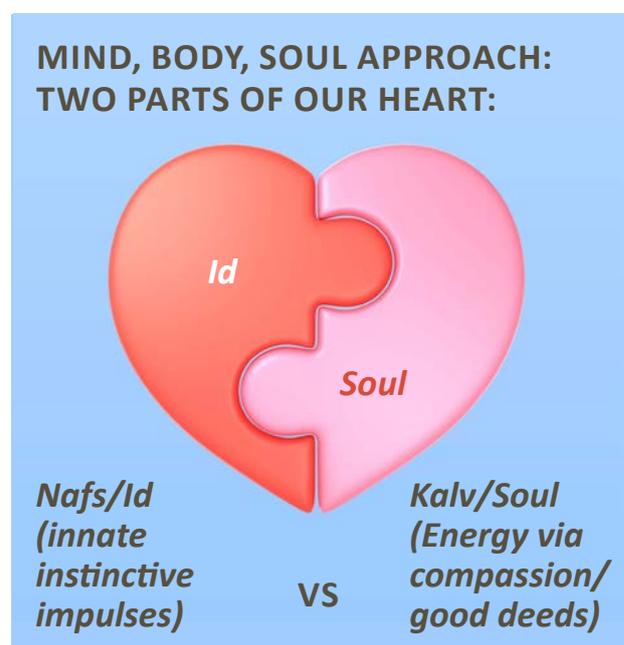


Figure 1: Mind, Body and Soul Components (Mughrohi, 2021)

Self-empowerment is about focusing on building inner resources, like Kalb, via practising activities driven by a sense of care and compassion rather than letting innate impulses to control and drive behaviour. Tazkiyatun Nafs or Heart Purifications, a concept articulated in the classical and modern Islamic literature, supports inner reflections and reconnecting with the creator, God, through serving humanity with one's lives and wealth (Dwijayanti, 2015). French philosopher Emmanuel Kant inspired the world with moral philosophy principles for coping with the challenges and dilemmas of our day-to-day life. Kant proposed one's action should be predisposed by reasons not consequences (Habermas, 1986). This means



adhering to public rules (e.g., traffic) and professing social values of being kind to each-other can both be predisposed by reasons, rather than legal consequences.

It is also time to turn to our own common inner resources like compassion and patience for self-protection against impulses driven by negative and persecutory mindsets of the world. In our view, the meaning of the term compassion should go beyond 'showing' sympathy and sorrow to others' predicament, to 'doing the right things' and be righteous in actions. Compassion is about complete devotion to care for self and others, which is unconditional and driven by a sense of duties and accountabilities within social relationships played through our day-to-day life. Compassionate values provide us a natural safeguard via broadening our minds against the impact of interpersonal relational challenges amid complex emotions like fear, anxiety, anger, jealousy, hatred etc. For example, in a community mental health setting, and during a child psychosocial therapy session when a child was physically aggressive to the counsellor, a safety process was planned immediately, and this did not distract the case worker but made him/her more determined to build the care and healing process (Please see Text Box B).

Case example from the author's private psychotherapy practice

Maya is a 43-year-old female living with her partner and two younger children, was referred for psychotherapy due to significant social anxiety, fear of managing mask protocol, sleep issue, relational tensions, and difficulty to return to work in the background of prolonged isolation due to Covid driven working from home. In the early course of therapy, she was even experiencing low self-worth and suicidal ideation.

However, over a course of supportive individual therapy amid couple therapy, Maya improved. She made the bold decision of resigning from her job of many years while gradually ceased her anti-depressant medication. She noted her sleep improved, relationship with partner went back to premorbid state and eventually Maya secured a part time job. Apart from risk management, perception changing amidst building support network, Maya was intensively engaged in nurturing her sense of self through practising compassion in self and interpersonal relationship to deal with bitterness, interpersonal relational tension, and moral injury (i.e., guilt, dilemma, shame) in day to day social life. The fairly smooth recovery process can be attributed to her reasonably stable premorbid emotional health, reconnecting support networks and her effort of practising compassion that seemed shielded her from day-to-day emotional challenges.

Text Box: B

Professing and practising compassion requires inner strength in facilitating constant reasoning in our mind to reach out to self and others, regardless of certain attitude and behaviour. Gandhi inspired the world towards peace and harmony when he said “You must not lose faith in humanity. Humanity is an ocean, if a few drops of the ocean are dirt, the ocean does not become dirty” (Homer, 2005). In a compassion approach, the ‘dirt’ can be seen as providing opportunities to reinforce energy and determination for more support without being affected or distracted by the ‘dirt’ factors. Compassion is beyond empathy; it is not just emotionally with the person but practically involved and being there. Compassion has the potential to lift the person above the complex human emotions we may face.

The dynamics of mutually beneficial approach of compassion articulates that through compassion practitioners’ experiences of positive sense of energy will self-affirm whether her/his action generated any positive energy (positive sense of comfort amid impact) in the receiver. The principles of compassion are preached in the Abrahamic holy scriptures, like the Quran, and the Bible, as well as in the scripture of the The Maha Upanasada as guidance to humankind for harmonious and peaceful life.

Contemporary social science is trying to make sense of its position before offering any pragmatic knowledge perspectives regarding the predicament. Oxford University Professor Greenhalgh (2020) notes that the pandemic and its aftershocks have shaken the pillars of modern science and changed the world. She calls for scientific communities to be more self-reflective, developing a heightened awareness of our own identities, values, and ethical commitments while working for human care and wellbeing. Greenhalgh

(2020) seeks modern science to review the reality that the process of collecting, processing, and reporting the empirical knowledge produced, asking when/if value laden assumptions are relevant. Further she critiques the role of science in ameliorating the post-pandemic tense socio-political climate of the world, in ways which impact on social and emotional life including the risks to geopolitical conflict in the world (Greenhalgh, 2020; Barro et al., 2020).

Individuals may have no control on the pandemic that has been erratically evolving (i.e., periodic improvement and then waves of deterioration), and the post-pandemic state is also unknown to us. But what individuals change is their attitude and behaviour regarding the predicament, find new ways to work together as community that can help them to be self-reliant to deal with the impact in the longer term. Clearly, this thinking around the compassionate approaches should to be promoted among people in general via political leaderships, civic and community organisations, and media in various social domains, reinforcing those values.

While extensive disease control conversations are going on via the terminology of ‘Covid Safe’, ‘Covid Normal’ and receiving vaccinations, it is time to encourage compassion and care. Public/community health approaches (i.e., social distancing etc.) are important in terms of disease control but in order to prevent the risks of major psychosocial consequences (i.e., mental ill health, family violence, lack of tolerance and social disharmony), there is a need to promote the value of compassion and patience in peoples’ day-to-day social lives. But surprisingly the medico-political leadership involved in the crucial disease control campaign has placed limited or no thrust on promoting compassion or similar values to reconnecting people with each other for

mutual support. Nevertheless, community and health workers are seen utilising a compassionate approach to sensitise our communities, suggesting you stay at home for us, we stay at work for you, and encouraging people to take vaccination (Shapiro, 2020). These compassionate practice values and wisdoms of care workers continue to impact and influence the communities. Scholarly literature suggests compassion facilitates a “warm glow of pro-sociality”, which is emotionally supportive to both the provider and the receiver (Pogosyan, 2018; Dore et. al., 2017).

COMPASSIONATE PRACTICE: VISIBLE AND SELF-EMPOWERING PROCESS

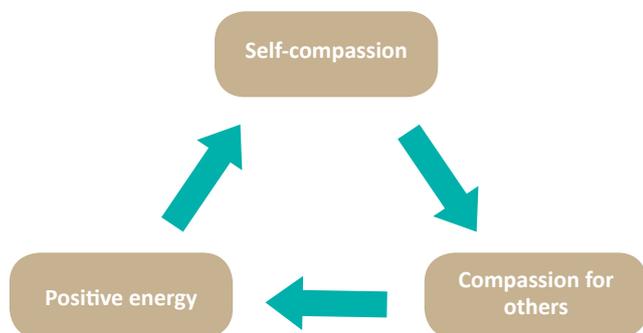


Figure 2: Compassion is mutually beneficial

Lack of knowledge and clarity as well as uncertainty regarding future hold, however, can drive us to turn to inner resources in gaining self-awareness, having faith in righteous deeds, and integrating these into day to day life to connect with the world. This discussion encourages improving our insight and attitude for preventing burnout in the frontline workforce under a whole of community approach. It would reassure health and community care workers to practice compassion at home and community to care for us better”. It is about supporting our workers, which can’t be undertaken in isolation, rather empowering and integrating the whole community so that all become part of the solution. In the face of catastrophe when people are united, they can achieve better results, particularly in responding to the potential long drawn-out and uncertain future. In the world of uncertainty, we need to accept the uncertainty with compassion and a sense of accountability. Compassion in the day-to-day life of relationships will support us respectfully greeting and sharing the stress and strains of daily life. We also need to acknowledge and accept that a relapse of the outbreak after a period of containment is part of the recovery journey, which we are now seeing in the name of ‘new waves’. Experiences of the 1920s great pandemic have already taught the uncanny nature of pandemic. National leaders also need to be calm, controlled, measured and proportional in managing the situations, whether addressing the social and emotional wellbeing of people with medical elements or approaching geo-political communications. Let compassionate values guide us in all matters.

Principles that can guide to practice compassion approach

When for some reasons, life becomes Rock Bottom, it only emphasises solid rock foundation, which can't go any further down rather an indication to go upwards i.e., getting better. This hope approach regards life experiences (developmental and ecological) as therapeutic resources and humanistic values of compassion as tools for one to gain awareness of self in relation to others (i.e., wider selves).

Principles to practice compassion in day today life:

- Constant awareness and acceptance of the uncertainty of life and mortality factors while integrating with the social role-relationships, accountabilities, and opportunities of life.
- Strive for empowering inner shelf via moral hygiene with complete abstinence from dishonest and corrupt behaviour that can harm self and others. Engage with people with respect and dignity as one likes to be treated.
- Acceptance of self while working towards discovering real self.
- Inner self-reflections and building congruence in thinking, feelings, and action.
- Faith in self and humanity and let righteousness drive our behaviour.
- Gratitude to self and others and environment. Be positive. Acknowledge what we have hope rather than complaining disproportionately about life.
- Compassion to self and others.

(NB: These compassionate principles can be drawn in building intensive professional development workshops/master class for the frontline practitioners in health and human services sectors as well as in community-based awareness generation).

Text Box: C

CONCLUSION

While we do not know how long this pandemic will continue and what the future service challenges will look like (i.e., long term impact on mental health as well as various socio-economic issues like global geopolitical challenges), we need to act now to acknowledge and address the psycho-social damage aspects, which are no less challenging than the medical/clinical element.

This predicament can also be seen as a test to our community spirit amid togetherness as the human race, and the opportunity to transform us as a caring, compassionate, and self-reliant society, which can adapt with the changes and accumulate maximum energy to deal with the unprecedented challenge.

It can be imagined that the measures of this 'compassionate world' may be realised in drastic reductions of psycho-social challenges, people will be kind and caring to each other and peace, respect and prosperity should rule the geo-political communications and relationships. Achieving these broader objectives reaffirms the relevance of a strong global community amidst the wellbeing of the health and community care workers, considered 'the last line of defence', who play the crucial primary role in caring for, and empowering, our communities (State of Victoria, 2020; Global Data, 2020). ■

REFERENCES

- Baker, R. (March, 2020). *200 police staff in quarantine as union urges state-of-disaster declaration*. The Age. Retrieved from: <https://www.theage.com.au/politics/victoria/police-want-a-state-of-disaster-declared-to-give-them-more-power-20200325-p54dtq.html>
- Barello, S. Palamenghi, L. & Graffign, G. (2020). Burnout and somatic symptoms among frontline healthcare professionals at the peak of the Italian COVID-19 pandemic. *Psychiatry Research*. Retrieved from: <https://doi.org/10.1016/j.psychres.2020.113129>
- Barro, R. J., Ursúa, J. F. & Weng J. (2020). *The Coronavirus and the Great Influenza Pandemic. Lessons from the Spanish Flu for the Coronavirus's Potential Effects on Mortality and Economic Activity*. NBER working paper 26866.
- BBC News (July, 2020). *Coronavirus: How lockdown is being lifted across Europe*. Retrieved from: <https://www.bbc.com/news/explainers-52575313>
- BBC News. (May, 2020). *Coronavirus: Three acts of kindness that won hearts in India*. Retrieved from: <https://www.bbc.com/news/world-asia-india-52499283>
- Black Dog Institute. (2020). *Mental health ramifications of COVID-19: The Australian context*. Retrieved from: <http://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/20200319-covid19-evidence-and-recommendations.pdf>
- Cacioppo J.T., Hawkley L.C., & Crawford, L.E. (2002). Loneliness and health: potential mechanisms. *Psychosomatic Medicine*, Vol. 3(64): 407–17. Retrieved from: [OvidUI_04.16.00.106, SourceID_55159f2165326506ce02d94d2614fe5df1](https://doi.org/10.1093/psom/kmg016)
- Cacioppo, J.T., & Hawkley, L.C. (2009). Perceived social isolation and cognition. *Trends in Cognitive Science*. Vol.13(10): 447–54.
- Corey, L. (2021). *Vaccination and the Delta Variant: Four steps Forwards, Two Steps Back*. Johns Hopkins Coronavirus Resource Centre. Accessed from: <https://coronavirus.jhu.edu/vaccines/blog/vaccination-and-the-delta-variant-four-steps-forward-two-steps-back>
- CSIS (Centre for Strategic and International Studies). (2022). *The War in Ukraine: Geopolitical Implications for Eurasia*. Retrieved from: <https://www.csis.org/events/war-ukraine-geopolitical-implications-eurasia>.
- Doré, B. P., Morris, R. R., Burr, D. A., Picard, R. W., & Ochsner, K. N. (2017). Helping others regulate emotion predicts increased regulation of one's own emotions and decreased symptoms of depression. *Personality and Social Psychology Bulletin*, 43(5), 729-739.
- Dobson, H., Malpas, C.B., Burrell, A., Gurchich, C., Chen, L., Kulkarni, J., & Winton-Brown, T. (2020). Burnout and psychological distress amongst Australian healthcare workers during the COVID-19 pandemic. *Australian Psychiatry*. Vol. 1 (5). Retrieved from DOI: [10.1177/1039856220965045](https://doi.org/10.1177/1039856220965045)
- Dwijayanti, B. (2015). TAZKIYATUN NAFS IN CLASSICAL AND MODERN ISLAMIC TRADITION Qur'anic Worldview. *Indonesian Journal of Islamic Mysticism*, Vol 4 (2). Retrieved from: <http://dx.doi.org/10.21580/tos.v4i2.1718>
- Eghigian, G. (2020). *The Spanish Flu Pandemic and Mental Health: A Historical Perspective*. Retrieved from: <https://www.psychiatristimes.com/view/spanish-flu-pandemic-and-mental-health-historical-perspective>
- Fisher, J.R.W., Tran, T.D., Hammargerg, K., Sastry, J., Nguyen, H., Rowe, H., Popplestone, S., Stocker, R., Stubber, C. & Kirkman, M. (2020). Mental health of people in Australia in the first month of COVID-19 restrictions: a national survey. *Medical Journal of Australia*. Retrieved from: <https://www.mja.com.au/journal/2020/mental-health-people-australia-first-month-covid-19-restrictions-national-survey>
- Galvin, M., & Kaltner, M. (2020). *Understanding the Impact of COVID-19 on Out-of-Home Care in Australia*. EY
- Gorczyea, R, Filip, R & Walczak, E. (2013). *Psychological Aspects of Pain*. Retrieved from: <http://www.aem.pl/pdf-72041-9268?filename=Psychological%20Aspects%20of.pdf>
- Global Data. (2020). *95% of healthcare professionals concerned about coronavirus impact on their companies, says Global Data*. Retrieved from: <https://www.globaldata.com/95-of-healthcare-professionals-concerned-about-coronavirus-impact-on-their-companies-says-globaldata/>
- Greenberg, N., Docherty, M., Gnanapragasam, S. & Wessely, S. (2020). Managing mental health challenges faced by healthcare workers during covid-19 pandemic. *The British Medical Journal*. Retrieved from: [BMJ 2020;368:m1211 doi: 10.1136/bmj.m1211](https://doi.org/10.1136/bmj.m1211)
- Greenhalgh, T. (December 10th, 2020). *Annual Lecture via Webinar presentation. How can social science help us survive the post-truth pandemic?* Professor of Primary Care Health Sciences and Fellow of Green Templeton College at the University of Oxford. Organised by SAGE.
- Guardian. (April, 2020). *Coronavirus is killing far more US health workers than official data suggests*. *The Guardian News*. Retrieved from: <https://www.theguardian.com/us-news/2020/apr/15/coronavirus-us-health-care-worker-death-toll-higher-official-data-suggests>

REFERENCES

- Guardian. (August, 2021). Police say Melbourne anti-lockdown protest 'most violent in nearly 20 years. *The Guardian News*. Accessed from: <https://www.theguardian.com/australia-news/2021/aug/22/police-say-melbourne-anti-lockdown-protest-most-violent-in-nearly-20-years>
- Habermas, J. (1986). Critical Theory and Frankfurt University. (Interviewed by Verlag, S.). In Dews, P. (Eds), In, *Autonomy And Solidarity*. British Library, London
- Homer A. J. (2005). *The Wit and Wisdom of Gandhi*, p.30, Courier Corporation
- ICN (International Council of Nurse). (2019). ICN COVID-2019 Update: Data on infected healthcare workers and access to protective equipment vital in prevention of the virus. Retrieved from: <https://www.icn.ch/news/icn-covid-2019-update-data-infected-healthcare-workers-and-access-protective-equipment-vital>
- Jha, S., Shah, S., Calderon, M., Soim, A., & Manchikanti, L. (2020). The Effect of COVID-19 on Interventional Pain Management Practices: A Physician Burnout Survey. *Pain Physician*. Vol. 23(4)271-282: S271-S282ISSN 2150-1149. Retrieved from: <https://www.painphysicianjournal.com/current/>
- Khan, A. (2014). Engaging children with mental health issues: review of approaches to practice. In: Francis, Abraham P., (ed.) *Social Work in Mental Health: areas of practice, challenges and way forward*. SAGE Publications, New Delhi, India, pp. 9-34.
- Levine, H. (2021). The COVID Crisis in Psychoanalysis and Society: Preliminary Thoughts. *Psychoanalytic Psychology*, Vol. 38 (2), 123-124. <https://doi.org/10.1037/pap0000358>
- Lim, W. P., Seet, X. Y., & Rahman, H. (2020). Designing a psychological preparedness toolkit for healthcare workers in the wake of COVID-19: A Singapore perspective. *Asian Journal of Psychiatry*, Vol 53. Retrieved from: [doi: 10.1016/j.aip.2020.102204](https://doi.org/10.1016/j.aip.2020.102204)
- Lopez-Leon, S, Wegman-Ostrosky, T, Perelman, C, Sepulveda, R, Rebolledo, P.A, Cuapio, A. & Villapol, S. (2021). More than 50 long-term effects of COVID-19: a systematic review and meta-analysis. *Nature*. Retrieved from: <https://www.nature.com/articles/s41598-021-95565-8.pdf>
- Lynch, A. (2020). *COVID-19 and its impact on the family violence legal and service system*. Australian Institute of Health and Family Welfare. Retrieved from: <https://aifs.gov.au/events/families-focus-webinar-series/covid-19-and-its-impact-family-violence-legal-and-service-system>
- Miolen, E. (2020). *Violence & Covid 19: Resources and Information*. End Violence Against Children. Retrieved from: <https://www.end-violence.org/articles/violence-covid-19-resources-and-information>
- Maghraoui, S., M., M. (2021). *The Nafs & Freedom of Choice*. Retrieved from: <https://www.youtube.com/watch?v=shHNQBOXPzM>
- Pogosyan, M. (2018). *In Helping Others, You Help Yourself: The benefits of social regulation of emotion*. Retrieved from: <https://www.psychologytoday.com/au/blog/between-cultures/201805/in-helping-others-you-help-yourself>
- Santini, Z. I., Jose, P. E, Cornwell, E. Y., Koyanagi, A., Nielsen, L., Hinrichsen, C., Charlotte Meilstrup, C., Madsen, K R., & Koushede, V. (2020). *Social disconnectedness, perceived isolation, and symptoms of depression and anxiety among older Americans (NSHAP): A longitudinal mediation analysis*. *Lancet*. Retrieved from: <https://www.thelancet.com/action/df?pii=S2468-2667%2819%2930230-0>
- Shapiro, N. (2020). *Opinion: We came to work for you. Please stay at home for us*. Retrieved from: <https://www.washingtonpost.com/opinions/2020/03/21/we-came-work-you-please-stay-home-us/>
- State of Victoria (2020). *Protecting our Health Care Workers*. Retrieved from: https://www.dhhs.vic.gov.au/sites/default/files/documents/202008/2001628_COVID-19%20Protecting%20our%20healthcare%20workers_v9.pdf
- The Treasury. (2021). *Job Keeper Payment*. The Government of Australia. Retrieved from: <https://treasury.gov.au/coronavirus/jobkeeper>
- World Health Organisation (WHO). (2020). About pandemic phases. Retrieved from: <https://www.euro.who.int/en/health-topics/communicable-diseases/influenza/data-and-statistics/pandemic-influenza/about-pandemic-phases>



COMMUNITY DEVELOPMENT: Pathways towards socio-ecological change.

Anne Jennings

- COMMUNITY DEVELOPMENT
- SOCIAL AND ECOLOGICAL JUSTICE
- GRASSROOTS PROJECTS

ABSTRACT

This article explores community development, one element of community services work that is supported by the Australian Community Workers Association. It has been prepared acknowledging that many community work professionals are asked to include components of community development work in their employment. Such workers include those working with children and youth, people with disabilities, and families experiencing domestic

violence. Some people, however, have not had the opportunity to experience and/or train in this type of activity, in their professional training and/or their workplace.

This article commences by considering community development history, covering pre-colonisation, post world-war II, and current times. Explorations of other themes that adopt community development theory and practice are also offered, including ecological economics, asset-based community development, rural renewal, and community-led initiatives. These highlight robust community inclusion and involvement in locally generated grassroots projects. From this base the article moves on to consider community development shifting from anthropocentric to eco-centric theory and practice that can involve Indigenous knowledges, climate change and ecological justice, along with social and community advancement. This approach involves community people from diverse backgrounds and/or workers (paid and voluntary) collaborating to generate socio-ecological change for their community and planet.

To generate or add to current understandings professional community workers are invited to examine the following points as they relate to the broad field of community development work.

Corresponding author:



ANNE JENNINGS

*Research Fellow,
Nulungu Research Institute*

*The University of Notre Dame
Australia, Broome Campus*

anne.jennings@bigpond.com

*I acknowledge the Yawuru
traditional custodians of the
land on which I live and work.*



PRE-COLONISATION

As the ancestral home of Aboriginal¹ peoples Australia continues to be a colonising nation. In Northern Australia for example Aboriginal people have continuously occupied the area for at least 65,000 years (Clarkson et al., 2017). In contrast when considering community development it is recognised that its foundations are in western ideology, with the term ‘development’ strongly linked to industrialisation, and more recently to neoliberalism (Bessarab; Forrest 2017). In *Anggaba jina nimoonggoon*²: *Whose knowledge is that? Aboriginal perspectives on community development*, Bessarab and Forrest (2017) researched storylines

to determine links between the concept of community in pre-colonial and contemporary Aboriginal society. They concluded commonalities relate to “groups of people linked through their identity of sharing a common language, small societies living in specific geographical locations, and strong spiritual and ceremonial activities linking people to the land feature in current understandings of community” (2017, p. 5). They also noted shared aims with western views of community, including:

- common people, as distinguished from those of rank or authority
- a relatively small society
- the quality of holding something in common [and]
- a sense of common identity and characteristics.

(Bessarab; & Forrest, 2017, p. 5).

While there are similarities, there are also significant cultural differences with western views of community, such as those covering law and governance. Local Aboriginal people’s understandings come from millennia of spirituality, culture, knowledge, and science relating to Country. Poelina, Taylor and Perdrisat (2019) recorded Traditional Custodian’s perspectives based on First Law, the Aboriginal system of governance and law that places the health and well-being of the land, water, and biosphere with human interests. Country is understood as a sacred living ancestral being, with First Law emphasising its important role in maintaining the Earth’s balance. This approach calls for holistic approaches to earthly stewardship, framed within values and ethics of co-management and co-existence. These continue to facilitate inter-generational relationships through combined ancient and contemporary practices (Poelina et al., 2019).

Post-World War II

After World War II Dickie worked with communities in Greece and Italy, supporting them re-establishing their families, lifestyles, and economy - approaches that evolved into early community development practice, particularly in his home country of Scotland (Dickie, 1968). In recognition of those rejuvenation efforts Dickie is remembered as the ‘Father of Community Development. The United Nations (UN) also contributed to the creation of community development theory and practice. As a component of their post-war programs the United Nations Educational, Scientific and Cultural Organization (UNESCO) established an Educational Clearing House, regularly publishing reports

1 In Western Australia Indigenous people prefer to be called Aboriginal people – if citing people from eastern states or overseas I use the term Indigenous.

2 Anggaba jina nimoongoon translates to “Whose knowledge is that?” in the Bardi language, spoken in the Kimberley region of Western Australia.

including *Education for Community Development: A Selected Bibliography* (UN, 1954). The importance placed on community development by the UN was evidenced in this publication being the fourth in the series of special subjects prepared annually since 1950. In the bibliography UNESCO defined its understanding of community development as being:

[A] generic term covering the various processes by which local communities can raise their standards of living. This process may include, separately or together, the organization or establishment of services for social welfare, health protection, education, improvement of agriculture, development of small-scale industries, housing, local government, co-operatives etc. (UNESCO, 1954, p. 1).

This approach also incorporated all-inclusive programs for social change based on local self-help, often supported by external workers and professionals, but resolutely based on the existing and emerging needs expressed by local constituencies. According to UNESCO, the place of fundamental education in community development is obvious. The term ‘fundamental education’ was seen as ways to assist people “to understand the problems of their immediate environment and their rights and duties as citizens and individuals, and to participate more effectively in the economic and social progress of their community” (1954, p. 1). It was recognised, however, that “after this ‘fundamental’ educational purpose of awakening minds, fostering habits, and imparting basic

knowledge has been attained, there will still be much educational work to be done” (1954, p. 2).

The 1950s definition of community development is basically similar today, with the added emphasis on later identified and emerging issues, including socio-ecological change, diversity and inclusiveness (Ife, 2013), although current needs could also be read into those early descriptions.

CURRENT TIMES

More recently community development practice is characterised by a range of approaches and processes, including capacity building, self-help, community building, leadership development, revitalisation projects, building social capital and showcasing successful initiatives (Jennings, 2005).

Ife (2013) recognises community development processes are uneasily placed within modernity, in characteristics that include certainty, uniformity, predictability, and hierarchical organisation. He maintains processes are “more compatible with postmodern understanding, which not only accept difference, chaos and unpredictability but also welcome and encourage them”, and “is also very compatible with the emphasis ... on wisdom and change from below” (Ife, 2013, p. 47). Applying this to First Nations peoples, Kelly, Kickett; & Bessarab explain that “[u]nder postmodernism, different views are not only acceptable but are encouraged, enabling and affirming Aboriginal people’s multiple ways of knowing, being and doing” (2017, p. 94).



Approaches to supporting and/or instigating change, however, can mean many things to many people. The International Association for Community Development (IACD), for example, defines the process as follows:

Community development is a practice-based profession and an academic discipline that promotes participative democracy, sustainable development, rights, economic opportunity, equality, and social justice, through the organisation, education, and empowerment of people within their communities, whether these be of locality, identity, or interest, in urban and rural settings (International Association of Community Development, n.d.).

This definition also refers to the ‘place’ where community development is applied. The practice (or delivery) can be “community of interest (motive

or purpose), community of identity (self or group definition) and community of practice (habits or systems)”, as well as the more broadly defined community of location, that is “geography (spatial scale)” (Lachapelle; & Albrecht, 2019, p. 1).

Others provide additional insights, emphasising different aspects of theory and on-ground practice. including identifying “community development as a method for empowering communities to take collective control and responsibility for their own development” (Kenny, 2016, p. 8). Muia (2019) enhances this debate by emphasising the importance of placing community development collectively with people at the community level who adopt participatory frameworks to drive local agendas aimed at delivering transformational outcomes. Ingamells expands definitions by acknowledging “[c]ommunity development is embedded in many disciplines of practice from agriculture and environment through to nursing, rehabilitation, engineering and planning, education, sports, recreation and the arts” (2010, p. 1). This position is not dissimilar to the UN definition in 1954.

Westoby, Palmer and Lathouras' 2020 research, *40 Critical Thinkers in Community Development*, offers alternative positions, pointing out there are hundreds of descriptions of community development, with "many [being] contestable, representing diverse values, models, and traditions" (2020, p. 4). They proffer 'community' as "something that emerges, as a felt experience, or a social phenomenon, when people create it together: when they are in relationship with one another drawn together by a shared concern ... and make commitments to act together" (2020, p. 5).

A further assessment points out the value of community lies in its ability to brake systems down into smaller components that "enable people to participate and direct parts of their public lives that otherwise they would be powerless to exercise" (Kelly; & Westoby, 2018, p. 10).

Kenny (2019) does, however, point out there are a range of contradictions and dilemmas facing practitioners in the field, and challenges the IACD definition on the issue of narrowing previous definitions down to a professional occupation and academic discipline. These understandings are not necessarily 'new'. Chodorkoff (1990), for example, appraised the community development views of social ecology philosopher Murray Bookchin (1921-2006), and found Bookchin concluded practices should not be grounded in external professionals delivering services. Jennings (2021) argues excessive use of outside expertise and resources can cultivate dependence, hindering local leadership, participation, and self-reliance. It should be an integrative process that involves social, artistic, ethical, and spiritual dimensions with other aspects of community living.

Kelly and Westoby (2018) add further caution when they imply not everything relating to communities is positive and productive, with Ledwith (2020)

questioning how community development is currently being operationalised when compared to the radical, transformative practices during the 1970s. Her research reveals recent examples where neoliberalism has led to the misuse of community development processes in the interests of top-down managerialism and calls for alternatives that involve cooperating for the common good, connecting for change that includes adopting new economics and being open to other knowledges, including participatory democracy.

Collectively many practitioners and academics embrace the theory and practice of community development within the principles outlined by Shevellar and Westoby (2018):

- Ideological principles: such as working in holistic, sustainable ways that embrace diversity and balance;
- Social justice principles: such as working towards betterment, emancipation and empowerment, equity, social justice, self-determination and the reallocation of resources to the greatest social benefit;
- Principles that value the location: including valuing local knowledge, culture, resources, skills and processes;
- Process principles: linking the immediate goal to long-term vision, raising consciousness, maximising participation, inclusion, working for cooperative structures and moving the private concern to political action;
- Global to local principles: understanding globalisation and its impact, practising locally, and linking to global agendas for change; and
- A relational approach to social change.

(Shevellar and Westoby, 2018, p. 5).

A key to this approach is recognising that local people are not recipients of knowledge and visions generated elsewhere but are engaged as

contributors of knowledge generation, as well as beneficiaries of the outcomes they generate – thus co-creators of knowledge (Jennings, 2020b).

EXPANDING COMMUNITY DEVELOPMENT

Other interconnected support programs and pathways closely aligned with community development can be added to the discussion so far. Kretzmann and McKnight (1993) and others contribute further understanding by championing the approach of ‘Asset Based Community Development’ (ABCD). This has resulted in a greater recognition, understanding and inclusion of resources available to communities by firstly mapping ‘assets’ that include local people and their knowledge, skills and lived experiences, infrastructure, networks, natural environment and more – long before looking for ‘deficits’ that may be present. In a similar vein is Kenyon’s (2020) *Community Development and Rural Renewal*, locally based self-help approach.

Ledwith and Springett (2010) add to this discussion by calling for engagement in transformative practice which commences by changing the self, and highlights we are part of the process and cannot place ourselves outside change activity. Thus “engaging in participatory practice is engaging in our own transformation” (Ledwith; & Springett, 2010 p. 201). This supports the view of “a world [that is] built on values such as cooperation, equality, diversity and human dignity” (2010, p. 189).

Another closely associated approach is ‘community-led initiatives’ (CLIs), describing communities that initiate effective solutions to the pressures of climate and ecological breakdowns (Esteves, 2020), such as activities identified by the European Network for *Community-led Initiatives on Climate Change and Sustainability*

(ECOLISE). This can involve a range of alternatives including permaculture, slow food, the transitions movement, and the solidarity economy involving cooperatives and social enterprises (ECOLISE, 2019).

Ife points out “[c]ommunity development represents a vision of how things might be organised differently, so that genuine ecological sustainability and social justice, which seem unachievable at global or national levels, can be realised in the experience of human community (2013, p. 2). This implies “change from below, valuing the wisdom, expertise and skills of the community ... and the importance of community control” (Ife, 2013, p. 4). Ife also advises against single purpose actions, given they are one-dimensional and unlikely to create significant change.

A broad range of community projects developed under the ecological economics banner are also included in this analysis. Like community development, ecological economics has a range of definitions, with Faber (2008) noting it is defined by its focus on nature and justice and includes intergenerational equity and ecological uncertainty. Grassroots driven actions can result in local peoples’ contribution to the non-monetary and ethical monetary ‘wealth’ of their communities economically, ecologically, and socially. Their activities not only highlight practitioners’ (paid and voluntary) high levels of creativity - they also exhibit interdependence within and between projects and community. This activity strengthens the value of cooperation and interconnectedness (Jennings, 2020a). Associated outcomes include social enterprises, community gardens, local markets, mutual aid, and community currency, to name just a few.

Indigenous researchers contribute their knowledge when they highlight:

... the importance of Elders, families and communities working together to share knowledge, empowering and inspiring the next generation to hold onto notions of culture, kin, country and community. Finding the vision for Aboriginal community development relies upon a grassroots, yet flexible approach that is governed and controlled by the community itself, and not the top-down approach so readily practised by many government departments for over more than two centuries (Kickett-Tucker, et al., 2017).

To assist clarity of steps towards community development a table developed by Mutch (2018), with her content shown in Phase 1 to 4 on Table 1 (below) is provided. It illustrates the levels of engagement western communities generally strive to attain. Mutch’s table has been developed further with Phase 5 being added to include Aboriginal knowledge to the appraisal (Jennings, 2021). A study of Australian communities undertaken by Wheeler et al. (2018) concluded new community development paradigms may be required to address the economic, social, and environmental challenges faced today. Integral ecology (interconnectedness), a union of ecological philosophy and social ecology, has been offered by Mickey, Kelly and Robbert (2017) as one method that could form a new paradigm. Allied with integral ecology, community development could also allow spiritual qualities to be integrated within generic community actions.

Table 1. Continuum of Engagement with Communities

[Based on Mutch, (2018, p. 243). Note: ‘Projects’ and ‘Phase 5’ added by Jennings (2021)]

Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Research/ Projects for communities	Research/ Projects on or about communities	Research/ Projects with communities	Research/ Projects by communities	Research/ Projects inclusive of living cultures and living country
Community- related research/ projects	Community- focused research/ projects	Community- centred or - guided research/ projects	Community- driven research/ projects	Community- affinity with non- human living systems



Theory and practice of community development demonstrated in the projects and activities covered here include collaboration; connectivity; reciprocity; mutuality; participation; social justice; economic and ecological justice; equity, and human rights. Importantly Indigenous inclusion further expands cultural diversity and spirituality. These components can be integrated in a holistic fusion of big ideas and local through to global activities, enabling these approaches to become new community-of-practice methodologies.

Overall, the global to local contrast is acknowledged by international organisations including the UN in *Transforming our world: The 2030 Agenda for sustainable development* (United Nations, 2015), which includes the 17 Sustainable Development Goals.

Activists, including Klein (2019), call for national and international policy and structural changes, while at the same time recognising “[t]his is not to belittle local activism. Local is critical. Local organizing is winning big fights” (Klein, 2019, p. 134). Further, Klein expounds, “It’s not that one sphere is more important than the other. It’s that we must do both: the local and the global. The resistance and the alternatives” (2019, p. 135).

WHERE TO NEXT?

So far this review of community development has mostly been anthropocentric, with some suggestions pointing to the need for more comprehensive socio-ecological approaches to instigate change for people and planet. Challenges being faced by all inhabitants of earth today, humans, other-than-humans³, and nature, are immense, ranging from climate change, disasters, and pandemics through to greater need for social inclusion and ethical justice. Indigenous and non-Indigenous researchers are seeking new ways forward to address the challenges, starting by confronting and accepting humanity’s key role in crises’ being faced today.

An extensive literature review of publications classified as “environmental social work” practice was undertaken by Ramsay and Boddy (2017). While most literature suggests different ways work should operate in the future, nearly all (99%) recognised the importance of having the theoretical focus of social/community work change to include the importance of the natural environment. Being interconnected, forming alliances with cultural leaders, activists, community leaders, other professionals and spiritual advisors was likewise recommended in 85% of publications reviewed.

Overall the analysis recognised the need for new insights, knowledge, and skills to incorporate social with environmental change. Examples of actions include recognising the importance of working with and for other-than-human inhabitants, while humans increased engagement in “community

³ Animals, birds, plants, rivers, landscapes etc are considered co-existing partners with and by Indigenous peoples. (Poelina, 2020).

initiatives such as food cooperatives, combined purchase power for fuel or new technologies, co-housing, permaculture and local production” (Ramsay; & Boddy, 2017, p. 76), considered progressive community development initiatives (Jennings, 2020a).

Ross et al. (2020) seeks to re-orientate person-centered approaches to community work practice to include recognition of animals, eco-systems, and planet Earth as beings of equal intrinsic worth and in equal relationship with people. Suggestions for this theoretical reorientation are presented in *Eco-activism and Social Work: New Directions in Leadership and Group Work* (Ross, et al., 2020). It opens with the paper *First Law is the Natural Law of the Land* (Poelina, 2020, p. viii-xii). As Poelina explains:

Indigenous people are generous in sharing our rich lived experiences which comes from our deep intergenerational relationships with nature. When we are born, we are given a jarriny (totem) to give us a place in the universe from where we learn the ethics of care, we learn to have empathy for all other living things: people, animals, plants, river and landscape.

Importantly, we learn to co-exist with nature and not to own, dominate or exploit it (Poelina, 2020, viii).

Poelina also calls for social/community workers to adopt Indigenous people’s ideas and knowledges and incorporate them into their professional practices and personal lives as citizens on this planet. In the same publication Brueckner and Ross (2020) propose eco-social work should include:

- Anti-oppressive and community development skills and processes
- Sustainability and de-growth
- Embracing the interconnectedness of humans and the natural world
- Learning from First Nations Peoples’ knowledge and ways
- Relational and collective approaches to wellbeing.

Calls to reposition social/community work with ecological justice are growing, seeking collaborative partnerships and creative pathways involving people, animals, and the environment, to encourage working towards ecological harmony (Ross, et al., 2020). During these times of necessity for sustainable social, cultural, economic, and environmental change can we, as community workers/practitioners, paid and volunteers, become co-instigators and partners in socio-ecological change? This is a call for us to work together cooperatively, becoming change-makers at the local level with a view to progressive flow-on to regional, national, and global change.

As anthropologist Margaret Mead (n.d.) clearly articulated:

Never doubt that a small group of thoughtful, committed citizens can change the world: indeed, it’s the only thing that ever has. ■

Note: This paper is authored by the current AJCW editor. Our previous Editor, Dr. Annette Maher, kindly acted as Special Editor for this article. Our thanks go to Annette for overseeing the process, including organising the blind peer-reviewed process.

REFERENCES

- Bessarab, D., & Forrest, S. (2017). Anaggaba jina nimoongoon: Whose knowledge is that? Aboriginal perspectives of community development. In C. Kickett-Tucker, D. Bessarab, J. Coffin, & M. Wright (Eds.), *Mia Mia Aboriginal Community Development: Fostering cultural security* (pp.1-16). Cambridge University Press.
- Brueckner, M., & Ross, D. (2020). Eco-activism and social work: In the public interest. In D. Ross, M. Brueckner, M. Palmer, & W. Eaglehawk., (Eds.), *Eco-activism and social work: New directions in leadership*. (pp. 3-25). Retrieved from Ebook Library.
- Clarkson, C. et al. (2017). New evidence for the human colonisation of northern Australia about 65,000 years ago. *Nature*, 547(7663), 303-310.
- Chodorkoff, D. (1990). Social Ecology and Community Development. In *Renewing the Earth: A celebration of the work of Murray Bookchin*. (pp. 68-79). Green Press.
- Dickie, M. A. M. (1968). Community Development in Scotland. *Community Development Journal*, 3(4), 175-185.
- ECOLISE. (2019). *Local, Community-led: A New Future Unfolding*. https://www.ecolise.eu/wp-content/uploads/2018/09/ECOLISE_BOOKLET_2018_LR.pdf
- Esteves, A. (2020). Reshaping the Future: How local communities are catalysing social, economic + ecological transformation in Europe. *New Community*, 71(3), 55-56.
- Faber, M. (2008). How to be an ecological economist. *Ecological Economics*, 66(1), pp. 1-7.
- Ife, J. (2013). *Community Development in an Uncertain World: Vision, analysis and practice*. Cambridge University Press.
- Ingamells, A. (2010). *Community development practice stories: method and meaning*. Altona, Vic.: Common Ground.
- International Association of Community Development. (n.d.). *IACD Strategic Plan*. Retrieved from <https://www.iacdglobal.org/about/18-2/>
- Jennings, A. (2005). Community Development: Analysing our practice and processes. *New Community Quarterly*, 3(4), 3-6.
- Jennings, A. (2020a). Transitions stories in ecological economics from the Australian 'bush'. In H. Washington (Ed.), *Ecological Economics: Solutions for the Future*. Self published via Amazon.
- Jennings, A. (2020b). World Cafe qualitative research informing local pathways towards transformative change. *New Community*, 18 & 19(67), 7-12.
- Jennings, A. (2021). Advancing local social and ecological transition through community development. In J. Boulet & L. Hawkins (Eds.), *Practical and Political approaches to Recontextualising Social Work*. (pp. 209-227). IGI Global.
- Kelly, L., Kickett., & Bessarab, D. (2017). Ways in which postmodernism can inform Aboriginal Community Development. In D. C. Kickett-Tucker, Bessarab, J. Coffin, & M. Wright (Ed.), *Mia Mia Aboriginal Community Development: Fostering cultural security* (pp. 91-106). Cambridge University Press.
- Kelly, A., & Westoby, P. (2018). *Participatory Development Practice: Using traditional and contemporary frameworks*. Warwickshire, Practical Action Publishing.
- Kenny, S. (2002). Tensions and dilemmas in community development: new discourse, new Trojans? *Community Development Journal*, 37(4), 284-299.
- Kenny, S. (2016). *Developing Communities for the Future* (5 E`d.). Cengage Learning Australia.
- Kenny, S. (2019). Framing community development. 'Reflections'. *Community Development Journal*, 54(1), 152-157. doi:10.1093/cdj/bsy034
- Kenyon, P. (2020). *Community Development and Rural Renewal*. Retrieved from <https://bankofideas.com.au>
- Kickett-Tucker, C., Ugle, K., Moore, N., Ugle, A., & Knapp, J. (2017). Benang yeyi: Tomorrow today for Aboriginal Community Development. In D. C. Kickett-Tucker, Bessarab, J. Coffin, & M. Wright (Ed.), *Mia Mia Aboriginal Community Development: Fostering cultural security* (pp. 217-227). Cambridge University Press.
- Klein, N. (2019). *On Fire: The Burning Case for a Green New Deal*. Allen Lane
- Kretzmann, J., & McKnight, J. (1993). *Building Communities from the Inside Out: A path towards finding and mobilizing a community's assets*. ACTA Publications.
- Lachapelle, P., & Albrecht, D. (2019). Community Approaches to Climate Change: Challenges and Opportunities in the 21st Century. In P. 179 Lachapelle & D. Albrecht (Eds.), *Addressing Climate Change at the Community Level in the United States*, (pp. 1-11). Routledge.
- Ledwith, M. (2020). *Community Development: A Critical and Radical Approach* (3 ed.). Bristol, UK: Policy Press.
- Ledwith, M., & Springett, J. (2010). *Participatory practice: Community-based action for transformative change*. Policy Press.
- Mead, M. (n.d.). Quote taken from https://www.brainyquote.com/quote/margaret_mead_1200502
- Mickey, S., Kelly, S., & Robbert, A. (Eds.). (2017). *The variety of integral ecologies: Nature, culture and knowledge in the planetary era*. New York: SUNY Press.
- Muia, D. (2019). Entrenching people-driven community development practice through devolved governance in Kenya [Presentation]. World Community Development Conference, Dundee, Scotland.



REFERENCES

- Mutch, C. (2018). The place of schools in building community cohesion and resilience: lessons from a disaster context. In Westoby, P. (Ed.), *The Routledge Handbook of Community Development Research*, (pp. 239- 252). Routledge.
- Poelina, A., Wooltorton, S., Harben, S., Collard, L., Horwitz, P., & Palmer, D. (2020). Feeling and hearing Country. *PAN: Philosophy Activism Nature*, 15, 6-15. <http://panjournal.net/issues/15>
- Poelina, A., Taylor, K. S., & Perdrisat, I. (2019). Martuwarra Fitzroy River Council: an Indigenous cultural approach to collaborative water governance. *Australasian journal of environmental management*, 26(3), 236-254. doi:10.1080/14486563.2019.1651226
- Ramsay, S., & Boddy, J. (2017). *Environmental Social Work: A concept analysis. British Journal of Social Work*, 4, 68–86.
- Ross, D., Brueckner, M., Palmer, M., & Eaglehawk, W. (Eds.). (2020). *Eco-activism and social work: New directions in leadership*. Routledge.
- Shevellar, L., & Westoby, P. (2018). Wicked Problems and Community Development: an introductory essay. In L. Shevellar & P. Westoby (Eds.), *The Routledge Handbook of Community Development Research*, (pp. 3- 20). Routledge.
- UNESCO. (1954). *Education for community development: A selected bibliography*. Retrieved from <http://unesdoc.org/images/0006/000611/061170eo.pdf>
- United Nations. (2015). *Transforming our world: The 2030 Agenda for sustainable development*. Retrieved from <http://sustainabledevelopment.un.org/post2015/transformingourworld>
- Wheeler, S., Haensch, J., Edwards, J., Schirmer, J., & Zuo, A.,. (2018). Quantifying an Integral Ecology Framework: A Case Study of the Riverina, Australia. *Earth's Future*, 6, 192-212. doi:<https://doi.org/10.1002/2-17EF000760>



FROM THE FIELD

MISSING CHILDREN AND CHILD EXPLOITATION



Corresponding author:

CONRAD TOWNSON

*Integrated Family and Youth Services
(IFYS)*



In June 2021 the Victorian Commission for Children and Young People released the findings of its inquiry into children and young people missing from care in a report - ***Out of sight***.¹ The report draws attention to the strong correlation between significant numbers of children and young people going missing from care and harm they suffer through sexual and criminal exploitation. The report highlighted that the most significant causal factors for children going missing from care are a lack of perceived safety and positive human connection. The result of this is young people often seeking connection elsewhere, frequently leading to relationships that sexually or criminally exploit them.

This builds on an earlier report released in 2015 by the then Victorian Children’s Commissioner that determined approximately 40% of children reported as absent or missing from care experienced sexual exploitation.²

The findings are not unique to Victoria. A scoping study undertaken in 2019 by IFYS on the Sunshine Coast in Queensland found a similar correlation.³ The study looked at data collected in relation to a cohort of young people between the ages of 11 and 19 living at home with family or in out of home care. It involved a total of 35 young people considered to be at risk of sexual exploitation

CHILD SEXUAL EXPLOITATION IS DEFINED AS:

“THE ABUSE OF A CHILD WHERE SOME FORM OF REMUNERATION IS INVOLVED WHEREBY THE PERPETRATORS BENEFIT – MONETARILY, SOCIALLY, POLITICALLY, ETC. EXPLOITATION CONSTITUTES A FORM OF COERCION AND VIOLENCE, DETRIMENTAL TO THE CHILD’S PHYSICAL AND MENTAL HEALTH, DEVELOPMENT, AND EDUCATION.”

(United Nations, 2001)

within a community context (not online) across a three month period. 21 of the young people were found to be either at significant risk of, or actually involved in sexual exploitation, all of whom had a regular history of being reported missing to police.

The link between going missing and child sexual and criminal exploitation is not a new phenomenon. Research in the UK has long recognised that young people who go missing are often vulnerable to exploitation as a result of their own traumatic circumstances – history of abuse, emotional and physical neglect, breakdown in family or home relationships, domestic and family violence, etc. ⁴ Research also highlights that children in out of home care tend to be overrepresented in data due to the additional vulnerabilities found to be present in their situations – attachment deficit, lack of consistent care, etc - and the fact that authorities tend to be slow to act due to inconsistencies in how in absence or missing episode might be classified. ⁵

The added vulnerability factors for children in residential care mean that this particular demographic are often targeted and groomed by perpetrators, both gang based and individual, because they are seen as an easy target. ⁶ The perpetrators will work to pull the young person away from any protective people in their life, often under the guise of being an understanding ‘boyfriend/girlfriend’ or adult. In gang related exploitation, it is not unusual for the young person to initially see a gang as a place of belonging. ⁷ Once control and dominance is established by the perpetrators, the young person may then be forced or manipulated into having sex with ‘friends’ of the perpetrators and/or will be used to carry out street related crimes, such as drug dealing or petty theft. ⁸

For those agencies focused on addressing the issue of missing children and child exploitation the most



widely accepted approach is to use a model known as ‘assertive outreach’. ⁹ This model takes a position of persistence where, after an episode of missing, practitioners from NGO’s will initially conduct a return home interview followed by consistent and regular attempts to engage and intervene with the young person. It relies on professionals making themselves readily available and accessible to the young person and frequently utilises multi-agency partnerships with police and statutory child protection agencies as a means of responding rapidly to the needs of the young person.

Once effective engagement has been established practitioners will seek to maintain regular contact with the young person through modes of communication accessible to the young person – text, phone, internet, etc. Practitioners will meet

with the young person in their own environment or in locations where the young person feels most comfortable. The core aim of any work undertaken is to provide necessary support to encourage change and build resilience, to the extent that the young person is able to experience a sense of agency, leading to a greater feeling of self-worth and belonging. This particular practice model has seen agencies report a significant increase in safety and well-being in children and a reduction in episodes of missing by up to 41%.¹⁰

One of the most critical aspects to ensuring positive outcomes for young people who go missing is capacity building for frontline professionals through programmes of education and awareness. Case studies demonstrate that when professionals lack adequate training relating to community based child sexual and criminal exploitation, victims are less likely to receive the support they need which can have dire consequences for their long term well-being.¹¹ ■

CHILD CRIMINAL EXPLOITATION OCCURS:

“WHERE AN INDIVIDUAL OR GROUP TAKES ADVANTAGE OF AN IMBALANCE OF POWER TO COERCE, CONTROL, MANIPULATE OR DECEIVE A CHILD OR YOUNG PERSON UNDER THE AGE OF 18 INTO ANY CRIMINAL ACTIVITY:

- IN EXCHANGE FOR SOMETHING THE VICTIM NEEDS
- FOR THE FINANCIAL OR OTHER ADVANTAGE OF THE PERPETRATOR OR FACILITATOR
- THROUGH VIOLENCE OR THREAT OF VIOLENCE”

(UK Home Office, 2019)



REFERENCES

- 1 Commission for Children & Young People, (2021). *Out of sight: systemic inquiry into children and young people who are absent or missing from residential care*. Melbourne: Commission for Children and Young People.
- 2 Commission for Children and Young People, (2015) "...as a good parent would...": *Inquiry into the adequacy of the provision of residential care services to Victorian children and young people who have been subject to sexual abuse or sexual exploitation whilst residing in residential care*. Melbourne: Commission for Children and Young People.
- 3 IFYS, (2019). *The Child Next Door: A scoping study into the prevalence of child sexual exploitation within the sunshine coast region*. Red Sneaker Publishing, Maroochydore, Queensland.
- 4 Barnardo's, (2007). *Sexual Exploitation Risk Assessment Framework: A pilot study*. Barnardo's, UK.
- 5 NWG Network, (2015). *Bedfordshire Review: Response to CSE in Bedfordshire in the Three Boroughs*, UK.
- 6 Hughes, C., & Thomas, M., (2016). 'You can trust me...': *Young people going missing and at risk of, or abused through, child sexual exploitation in North Wales*. Barnardo's, UK.
- 7 Shepherd, W. & Lewis, B., (2017). *Working with children who are victims or at risk of sexual exploitation: Barnardo's model of practice*. Barnardo's UK.
- 8 UK Government – Home Office, (2019). *Child Exploitation Disruption Toolkit – Disruption Tactics*. Produced by United Kingdom Government, London, UK.
- 9 Shepherd, W. & Lewis, B., (2017). *Working with children who are victims or at risk of sexual exploitation: Barnardo's model of practice*. Barnardo's UK.
- 10 Catch 22, (2016). Young People and Families Overview. [Online] Accessed at: <https://cdn.catch-22.org.uk/wp-content/uploads/2016/04/Catch22-Young-People-and-Families-Overview.pdf>
- 11 IFYS, (2019). *The Child Next Door: A scoping study into the prevalence of child sexual exploitation within the sunshine coast region*. Red Sneaker Publishing, Maroochydore, Queensland.

Note: This paper was originally prepared for the office of the South Australian Children's Commissioner to provide an understanding of the nexus between young people who are reported missing from home or care and their increased vulnerability to child sexual exploitation in community-based settings.



REFLECTIONS ON THE TRANSITION FROM CITIES TO REMOTE REGIONS

Adam King

PREAMBLE

I am a young non-Aboriginal person who moved to a remote community in 2020 to pursue a career in counselling with a social and emotional wellbeing NGO. I admit I was not prepared for the differences between working in city /urban settings and working in a rural and remote towns or communities. This paper outlines aspects of working in remote places that I believe should be considered based on my personal experiences and those of team members I work with.



Corresponding author:

ADAM KING

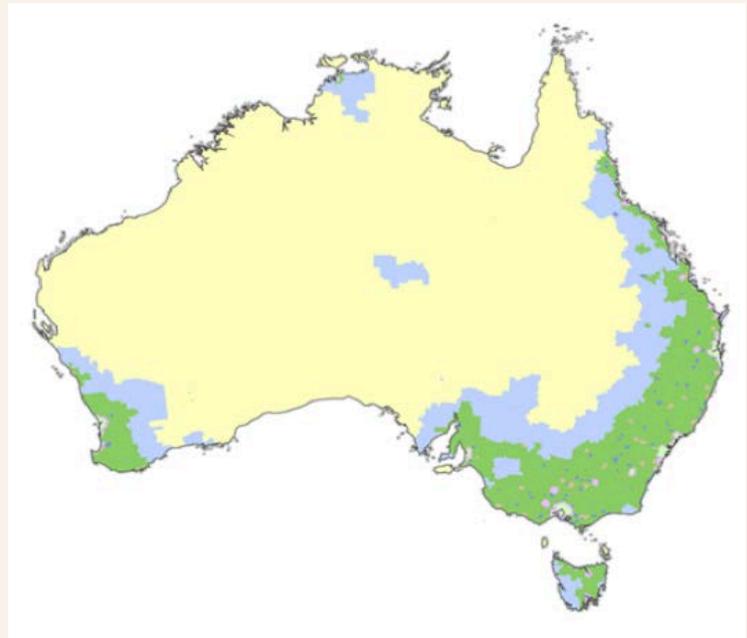
BSc, GradDipCouns

Murdoch University

REFLECTIONS ON THE TRANSITION FROM CITIES TO REMOTE REGIONS

For many years rural and remote towns have struggled to recruit and maintain a critical mass of community based mental health professionals¹ and other community service workers. This is particularly poignant considering the dire need for services in remote places². There are benefits, however, when deciding to work in remote places. These regions in Australia are defined in healthcare by the Modified Monash Model, a seven-point model based on population size, with MM 2 to MM 7 classified as rural or remote³.

Going rural/remote can diversify your current skill set. Skills can be acquired from working with a more culturally and linguistically diverse client group or perhaps from having greater autonomy in your role. Regardless of the potential for skill attainment in remote places, those considering this move should be aware of some critical differences compared to working in city/urban settings.



MM1	Metropolitan
MM2	Regional centres
MM3	Large rural towns
MM4	Medium rural towns
MM5	Small rural towns
MM6	Remote communities
MM7	Very remote communities



Photograph by Adam King.

TRAVEL

There are sizeable spatial access disparities for community service workers in remote regions of Australia⁵. Consequently, some must make the long-distance commutes to provide the high-quality intervention needed in those regions.

For example, the remote Kimberley region comprises 424,517 square kilometres, almost double the size of Victoria⁶. Consequently some positions may expect you to travel distances, ranging from 100km to 1000km, in terrains sometimes only accessible by 4-wheel-drive vehicles.

Travelling long distances requires sustained focus, especially in less than favourable conditions such as monsoonal rains or ungraded roads. Furthermore, a significant deal of planning needs to be undertaken, including the availability of a satellite phone, additional provisions of food and drinkable water, as well as road recovery tools.

Clearly remote long-distance commuting looks different to the typical traffic jams experienced in inner cities. However, sustaining long-distance commutes is your passport to remote towns and communities; journeys you may come to enjoy.

ADAPTABILITY

Travelling long distances and working out of motels in satellite towns requires a fair degree of adaptability. Adaptability is defined by a capacity to change⁷, with demand for employees who can positively handle change and adapt quickly to dynamic environments on the rise⁸. Flexibility is essential when working in remote regions, especially when seeking and maintaining contact with clients.

To put it in perspective, there is significantly poorer internet access in remote areas compared to cities⁹, with some 450 mobile blackspots in Western Australia alone¹⁰. Furthermore, it is estimated only 43% of Aboriginal and Torres Strait Islander people living in remote populations own a mobile phone¹¹. This means that if your client has internet, a phone and mobile reception there is some likelihood that you can organise an appointment with a relative degree of success. However, it may be more challenging to plan a fixed schedule around clients who live outside of mobile reception or do not own a mobile phone.

Consequently it is crucial to continually adapt and update schedules by prioritising communication with clients when the opportunity presents itself, rather than operating on a fixed schedule. Failure to adapt in these situations may cost workers opportunities to connect with those who may not be contactable again for months. However, working and living remotely may be the perfect chance to develop and/or increase your ability to adapt to novel situations in the workplace.

PEER SUPPORT

The transition from city to remote regions can be immensely rewarding in terms of rich experience. It is also essential to consider the toll of extensive travelling, adapting, and overall adjustment in remote locations. Working in those settings places you at increased risk of experiencing burnout when compared to community professionals working in the city¹².

Supervision is critical to reducing burnout and is often required of us in our worker roles but may not always be available. Peer support is a great supplement to be used alongside supervision and self-care. This allows workers to learn outside of the mould of professional hierarchies and capitalise on the experiences of peers, whilst seeking answers to complex problems specific to remote areas¹³.

OPENNESS

Whilst adaptability and peer support can help workers prepare for most novel situations in the transition from city to remote, it is also essential to have a high degree of openness in relation to diversity in culture and language in remote regions. Openness is the capacity for self-reflection and the degree to which you seek new experiences¹⁴.



Photograph by Adam King.

Openness is fundamental when working with and alongside Aboriginal and Torres Strait Islander people. For instance, what is culturally appropriate in one place may not necessarily be in the next given Australia comprises hundreds of different cultural groups with their languages, traditions,

and culture¹⁵. Thus some of the knowledge acquired in urban areas may not be transferrable to remote locations. Fortunately there is a strong likelihood that you will have the opportunity to learn what is culturally appropriate, given that Aboriginal and Torres Strait Islander people make up roughly 49% of the population in very remote

locations compared to the 1% of the population they represent in metropolitan areas¹⁶. This means that workers are likely to have clients who may be open to dialogue about what is culturally appropriate and respectful in a community and therapeutic space.

Approaching remote areas with an open mindset provides the opportunity to create continuing dialogue and learn about what is culturally appropriate and respectful in external workplace locations; learnings that community workers may not otherwise attain. ■

REFERENCES

1. Moore, T., Sutton, K., & Maybery, D. (2010). Rural mental health workforce difficulties: A management perspective. *Rural and Remote Health*, 10(4), 85–94. <https://search.informit.org/doi/10.3316/informit.396416482144657>
2. Australian Institute of Health and Welfare. (2019). *Rural & remote health, Access to health care - Australian Institute of Health and Welfare*. Accessed June 11, 2022 from <https://www.aihw.gov.au/reports/rural-remote-australians/rural-remote-health/contents/access-to-health-care>.
3. Australian Government Department of Health. (2020). *Modified Monash Model*. <https://www.health.gov.au/health-topics/health-workforce/health-workforce-classifications/modified-monash-model#what-is-the-mmm-used-for>. Accessed June 11, 2022
4. Australian Government Department of Health. (2020). *Modified Monash Model - fact sheet*. <https://www.health.gov.au/resources/publications/modified-monash-model-fact-sheet>. Accessed June 11, 2022.
5. McGrail, M., & Humphreys, J. (2015). *Spatial access disparities to primary health care in rural and remote Australia*. *Geospatial Health*, 10(2). <https://doi.org/10.4081/gh.2015.358>
6. Department of Primary Industries and Regional Development. (2022). *Kimberley*. <http://www.drd.wa.gov.au/regions/Pages/Kimberley.aspx>. Retrieved 11 June 2022.
7. F. Bocciardi, A. Caputo, C. Fregonese, V. Langher, R. (2017). Sartori Career adaptability as a strategic competence for career development: an exploratory study of its key predictors. *European Journal of Training and Development*, 41 (1) pp. 67-82.
8. Managerial meta-knowledge and adaptation: governance choice when firms don't know their capabilities. (2019). *Strat. Organ.*, 17 (2), pp. 153-176.
9. Regional Telecommunications Independent Review Committee. (2015). *2015 Regional telecommunications review: Unlocking the potential in regional Australia*.
10. *Western Australia regional digital enhancement*. Australian Government. (2022). <https://www.infrastructureaustralia.gov.au/map/western-australia-regional-digital-enhancement>. Retrieved 12 June 2022.
11. MIR. (2014). Media usage amongst Aboriginal and Torres Strait Islander people.
12. Sprang, G., Clark, J. J., & Whitt-woosley, A. (2007). Compassion fatigue, compassion satisfaction, and burnout: factors impacting a professional's quality of life. *Journal of Loss and Trauma*, 12, 259–280. <https://doi.org/10.1080/15325020701238093>.
13. Barlow, C.A., & Phelan, A.M. (2007). Peer Collaboration: A Model to Support Counsellor Self-Care. *Canadian Journal of Counselling and Psychotherapy*, 41, 3-15.
14. McRae, Tobert R. (2004). "Openness to Experience". *Encyclopedia of Applied Psychology*. Vol. 2. Elsevier.
15. Australian Institute of Health and Welfare (AIHW). (2015). *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples: 2015*. Cat. no. IHW 147. Canberra: AIHW.
16. Baxter, J., Hayes, A., & Gray, M. (2011). *Families in regional, rural and remote Australia* (Facts Sheet). Melbourne: Australian Institute of Family Studies.



FROM THE SECTOR

Photo by Zoe, Unsplash

THE WORKFORCE IN THE **CHILD PROTECTION SYSTEM** **NEEDS URGENT REFORM**

ERICA RUSS, BOB LONNE, DARYL HIGGINS, LOUISE MORLEY,
ARIA HARRIES, MARK DRIVER

The crisis in child welfare in Australia has, for too long, resulted in too many children taken into care, with many not receiving the timely assistance and care they and their families need.

Aboriginal and Torres Strait Islander children are 11 times more likely to be taken into care. Children from culturally diverse families, and children and parents with disability are also over-represented in the system. Children often enter child protection systems for many reasons, including neglect because of poverty. Families need support to care for their children safely, rather than having their children removed.

Our national study, published by the Institute of Child Protection Studies, found this problem is made worse by poor workforce planning. The need for child welfare services has gone up but the current workforce is ill-equipped and unable to respond.

Reform is urgently needed to reshape the system and its workforce towards more services that prevent problems emerging in the first place, rather than a system geared towards removal. Such reform would support children to remain safely with their families.

Note The Editors of 'The Conversation' are sincerely thanked for the opportunity to republish this article from The Conversation, 20/4/2022, <https://theconversation.com/the-workforce-in-the-child-protection-system-needs-urgent-reform-180950>

Corresponding authors:

ERICA RUSS

Senior Lecturer, Southern Cross University

BOB LONNE

Adjunct Professor, Queensland University of Technology

DARYL HIGGINS

Professor & Director, Institute of Child Protection Studies, Australian Catholic University

LOUISE MORLEY

Lecturer, University of New England

MARIA HARRIES

Senior Honorary Research Fellow, The University of Western Australia

MARK DRIVER

Research Assistant, University of New England

A prevention approach

Our study examined broad-ranging, publicly available data to investigate emerging trends, issues and needs in the child welfare workforce and the educational profile of the workforce.

We approached this research from a public health perspective, where the priority is prevention and early intervention.

We wanted to evaluate how ready this workforce is to implement principles outlined in the National Framework for Protecting Australia's Children 2009-2020, a guiding policy document agreed upon by state and federal governments at the 2009 Council of Australian Governments (COAG) meeting.

These principles envision a system where services and key stakeholders – such as teachers, health workers and community service workers – are funded to work together with children and families to reduce vulnerability and prevent child abuse and neglect.

Research has also identified ways we can invest in supporting parents to address early issues that might otherwise become a child protection concern.

If early intervention approaches prove to be not enough, more intensive services exist to support more vulnerable families to reduce the risk of child abuse and neglect. Then, the formal state child protection response (sometimes known as the “tertiary tier” of the broader child welfare system) should only kick in if the supportive services are not able to manage or reduce the risk of child maltreatment.

Even when someone notifies a state child protection authority about a child's safety, they and their family don't always get the help they need. Safety concerns keep on being raised. Removal of children may be necessary in some instances. But removal often does not ensure the safety and well-being of children.

We need early, specialist support that is actually helpful for children and families, culturally appropriate, and meaningful. This is by far the most effective way to deal with child abuse and neglect and promote child safety and well-being, while minimising removals.

To achieve this goal, workforce reform is needed.

A question of resourcing

The workforce for the preventative and supportive services in the child protection system is poorly defined and resourced.

Many of these workers – teachers, early childhood educators, nurses, GPs – do not have the qualifications or skills needed to recognise and assess risk of harm and provide needed support.

These problems inherent with prevention and support increases the pressure on the child protection systems.

Most of the funding and resources are aimed towards the more severe end of the child protection systems, yet high levels of staff turnover continue, which negatively affect the quality and consistency of service.

Key findings	
Trends and needs in the Australian child welfare workforce	
	Demand for support in primary, secondary and tertiary child welfare services is high and growing.
	Tertiary level child protection statutory services have seen particularly high growth in the size of workforces.
	Staff in primary prevention services – early childhood education, schools and health – need more support.
	Workforce casualisation has a negative impact on overall workforce development, service quality and consistency.
	Most resources are narrowly focused on statutory agencies within the tertiary tier.
	Many staff are underqualified to recognise and assess the risk of harm of child abuse and neglect.
	Workers do not have opportunities to develop skills to provide consistent high-quality professional support.
	High levels of staff turnover diminish the quality and consistency of prevention and support services.
	Number of graduates of social work and psychology too low to meet the needs of child welfare sector.
	Indigenous children, children with disability, and children of parents with disability are over-represented.
	Workers who are Indigenous, are from culturally diverse backgrounds, or have disability are in lower skilled jobs.
	Older experienced workers leaving jobs means that the needs of child welfare services are harder to meet.

Key findings from our report. Trends and needs in the Australian child welfare workforce: An exploratory study.

Diversifying the workforce

Our analysis highlighted that workers in child protection systems are overloaded yet still must deal with complex situations. They often lack the training or skills and have limited experience to draw on.

The number of Aboriginal and Torres Strait Islander workers, culturally diverse workers, and workers with disability does not align with the disproportionate representation of these groups within child protection systems.

Those that are in the child protection system tend not to be in leadership roles, and less likely to be making decisions.

Educational programs key to child welfare – such as social work, psychology and human services – are not meeting the increased demand for workers.

What would make a difference?

Investment priorities must shift. Funding needs to be aimed at preventative and supportive services for vulnerable children and their families, rather than at the part of the system that deals with removals. We must respond to people's needs early and decrease the pressure on child protection systems.

The preventative child welfare workforce (including teachers, early childhood educators, nurses, GPs and other community service workers) needs to be better resourced and supported. These stakeholders must be able to develop the skills and knowledge necessary to identify and respond to the risk factors.

Better professional development for all workers in the child welfare sector is urgently needed.

The numbers of Aboriginal and Torres Strait Islander workers, in support and child protection services needs to be increased in a way that recognises their knowledge, expertise and value in keeping children safe. More government funding and support for First-Nations led organisations like SNAICC (Secretariat of National Aboriginal and Islander Child Care) could potentially assist with this.

There is also a need for more culturally diverse workers and those with a disability.

Higher education providers and child welfare sectors must work together to plan for the continuing demand and future needs in child welfare services. ■



First-year student achievement, attendance, and demography at NorthTec's Bachelor of Applied Social Work Programme: A QUANTITATIVE INQUIRY

Angie Dang



Corresponding author:

ANGIE DANG

First-year student achievement, attendance, and demography at NorthTec's Bachelor of Applied Social Work Programme: A quantitative inquiry

ABSTRACT

This paper reports on a quantitative inquiry into student achievement, attendance and demography and their correlations in the first year of an undergraduate social work degree at NorthTec, Whangārei, New Zealand.

Data on student achievement, attendance and demography across year one papers from 2016 to 2019 were used for trend and correlation analysis to address the research aim. The study found correlations between attendance and achievement are significant and consistent while correlations between demographic factors and achievement are not. The research supports existing literature documenting the relationship between attendance and achievement.

It calls for changes in programme delivery, particularly attendance requirements and student support, at NorthTec to engage students better in the programme.

INTRODUCTION

Academic achievement is the attainment of knowledge and skills set by the educational institution to its students (Tian & Sun, 2018; Wallace, 2015) and is measured mainly by grades and scores to assessments (Tian & Sun, 2018), course completion and graduation (Wikaire et al., 2017). Academic achievement forms the main tenet for the claims of societal relevance of the tertiary sector, including quality of learning and instruction, research and development, democracy, economic development and social mobility (Pineiro et al., 2015). Academic achievement enhances the wellbeing of individuals, communities and society, as students and graduates acquire competence and use this capital for income generation, career development, and assurance of good health and other benefits (Schneider & Preckel, 2017). Students and graduates develop conscience, critical transformation and actions to deal with oppression, liberate themselves and their communities, and help to solve community problems (Freire, 1970; Mapolisa, 2012).

Student academic achievement depends on a variety of factors, of which attendance and demography are essential (Çiftçi & Cin, 2017; Roch & Kieszczyńska, 2010; Mahoney, 2015; Schneider & Preckel, 2017; Trussel & Burke-Smalley, 2018). Attendance positively correlates with achievement because with attendance, students can benefit from engaging and effective face-to-face instruction and learning, and the support from the learning community of other students and teachers (Credé, et al., 2010; Schneider & Preckel, 2017). Attendance and achievement are linked to demographic factors such as gender, ethnicity and socioeconomic status (Çiftçi & Cin, 2017; Trussel & Burke-Smalley, 2018) given the disparities in terms of learning resources, commitment and



expectations among these groups (Huettl, 2016; Gibbs et al., 2008).

This study of student records in the Bachelor of Applied Social Work programme at NorthTec from 2016 to 2019 explores the linkages among student achievement, attendance and demography for effective programme design and delivery, and associated support. It aims to find answers to the following questions:

1. How have student achievement, attendance and demography correlated?
2. What are the implications of significant correlations, if any, for NorthTec in terms of programme design and delivery, and student support?

This paper first provides an overview of the literature on student attendance, demography and achievement. It then presents the study methods and main findings from data analysis. This is followed by a discussion of the findings and their implications. The conclusion will briefly summarise key points presented and areas that need further inquiry.

Academic attendance, achievement and demographic factors

Academic achievement (also known as academic performance, or academic success) is commonly defined as the attainment of academic goals or learning outcomes, usually in terms of knowledge and skills, which are set by an educational institution to its students (Tian & Sun, 2018; Wallace, 2019).

Academic achievement is judged mainly by grades and scores for tests, exams, assignments and other types of assessment events (Tian & Sun, 2018).

Grades for individual papers or subjects, or grade point average (GPA), for example, are often used. There are other measures such as yearly results, completion and graduation (Wikaire et al., 2017).

Attendance has been found “a better predictor of college grades than any other known predictor of academic performance” and strongly correlates with both GPA and class grades (Credé et al., 2010, p. 272). In addition, class attendance has the greatest effect on students’ strategies and approaches to learning that contribute to achievement, and Schneider and Preckel (2017) add that attendance frequency has a unique, long-lasting learning outcome.

The effect of class attendance on academic achievement can be explained by many factors that the class environment is able to provide.

Firstly, the more students attend class, the more they are exposed to extra materials and content, and the more continual accumulation of knowledge and skills they can achieve; these factors in turn ensure longer-lasting learning effects (Credé et al., 2010). Secondly, teachers’ facilitation of discussion and open-ended questions, and their availability and assistance, can encourage and enable students’ critical and in-depth learning. Thirdly, stimulating and meaningful learning, assessment with constructive feedback, presentation, use of technology for blended learning and extracurricular training for academic skills or self-motivation can benefit students in different aspects.

For instance, these factors help to engage students better and assist them to make connections to their prior knowledge and skills, set clear goals, plans and strategies, and improve learning skills and motivation (Schneider & Preckel, 2017).

Academic attendance and achievement can be

influenced by demographic factors (Oldfield et al., 2017; Trussel & Burke-Smalley, 2018). For example, high socioeconomic groups tend to attend and perform better than low socioeconomic ones (Huettl, 2016; Ministry of Education, 2018; Oldfield et al., 2017; Trussel & Burke-Smalley, 2018). Possible underlying reasons for low attendance and performance by students experiencing poverty include limited resources and supports, lower expectations of achievement, the lack of positive role models, and poorer health, among others (Huettl, 2016).

Financial issues, in particular, are found to have a direct relationship with these students' absenteeism and their decisions to drop out, as they have to work while studying (Bernardo et al., 2016; Oldfield et al., 2017). Findings of employment impacts on academic performance, however, vary across studies and range from negative to neutral and positive (Baert et al., 2017; Hughes et al., 2017; Tani et al.; Yanbarisova, 2015).

Mainstream ethnic groups tend to perform better than ethnic minorities (Ministry of Education, 2018; Trussel & Burke-Smalley, 2018). Gender has significant correlations with academic success, with women studying better than men in most OECD countries (Autor et al., 2016). Part of this can be explained by male students' classroom behaviours such as inattention and distraction, which negatively impact learning (Gibbs et al., 2008).

The influence of demographic factors on academic achievement varies across individual programmes or institutions. Hughes et al.'s study (2017), for example, found no correlation between demographic factors and academic performance, while Tani et al. (2019) found gender, age and ethnicity to have no significant correlation with the GPAs in their studied population.

In summary, the literature demonstrates a strong correlation between attendance and achievement. It also shows gender, ethnicity, socioeconomic and other disparities in academic achievement in higher education to a varying degree. This highlights the need for a detailed analysis of how these factors operate at each of these levels for effective programme design, delivery and student support.

Research methodology

The study was quantitative and explorative. It examined student attendance, demography and achievement in Year 1 papers of the Bachelor of Applied Social Work programme at NorthTec from 2016 to 2019 to identify possible correlations between these areas, and implications for NorthTec. This involved retrieval and secondary analysis of official statistics collected by NorthTec.

This process was non-obtrusive and did not involve any direct or indirect interactions with the studied population (Denzin, 1970 as cited in Bryman, 2012). It was also cost and time effective given that data collection was not required (Bryman, 2012). However, the researcher had no control over what and how data were collected (Bryman, 2012). For example, results of the last two papers in 2019 had not been finalised at the time of data retrieval and therefore had to be excluded from the analysis. The grading scale included from 0 to 100, Did Not Complete, Withdraw, Credit Transfer, Recognition of Prior Learning. The non-numeric grades had to be excluded in correlation analysis that involved grades.

Firstly, student enrolment and performance records of the Bachelor of Applied Social Work programme at NorthTec from 2016 to 2019 were retrieved from the student registry services. Student enrolment

data included the year of enrolment, ethnicity (first, second and third), age at the commencement of study, previous activity, full-time or part-time study, gender, highest secondary qualification, type of funding, citizenship, disability and home postcode.

Student performance data included the papers they enrolled in and their grade (including from 0 to 100, Did Not Complete, Withdraw, Credit Transfer, Recognition of Prior Learning) across provided papers. Student attendance was recorded with the number of absent sessions and attended sessions. This analysis, therefore, used the absent sessions as indications of attendance.

To ensure anonymity, all personal, identifiable details such as student name and identification number were excluded. The student identification numbers (ID) were, however, recoded into different numbers to allow an analysis of individual grade per paper per student .

Secondly, all the student data were input into SPSS Statistics v.16.0, followed by a process of data cleaning where errors, missing values and outliers were identified and corrected if possible or excluded. As NorthTec did not collect socioeconomic status data, this measure had to be generated from the postcode details and data of school deciles that were taken from other studies and official statistics. In particular, home postcode was used to identify the geographical areas where the students were residing at the time of their enrolment, using the New Zealand Postal Code Directory. The areas were matched up with their deprivation levels based on the New Zealand school decile rating. In the case that school deciles varied greatly within a postcode area, the cases were identified as outliers and were excluded in the analysis. Overseas postcode or unidentified postcode area were coded as missing. As a result, part of the population was excluded in the analysis



of performance and socioeconomic status. To ease analysis, the socioeconomic status data were grouped into the following socioeconomic categories: low (1–3) (poor), low medium (4–5), high medium (6–7) and well off (8–10).

Using SPSS, explorative statistics analysis was used to discover major demographic trends in the student population. Grade means were compared across demographic groups using means comparison. Cross-tabulation, one-way ANOVA analysis and t-test were conducted to find out if attendance, years, first ethnicity, age at the start of the study, previous activity, full-time or part-time study, gender, highest secondary qualification, type of funding, citizenship, disability and socioeconomic status have significant correlations to grade score.

Findings

STUDENT DEMOGRAPHIC PATTERNS AND TRENDS

There were 119 students enrolled for first-year papers, but with declining numbers between 2016 and 2019. Female students were the absolute majority across the study years (84% to 96.7%) with an average percentage of 88.2%. Students aged 18 to 25 accounted for 36.1% while other older groups had smaller percentages.

TABLE 1. STUDENT AGE GROUP PER YEAR.

Māori and New Zealand European were majorities in first registered ethnicity, accounting for 39.5% and 46.2% respectively. Minority groups included other European, Asian, African, Pacific and others, totalling 14.3%. Most students were domestic students who received Student Achievement Component (SAC) funding and there was only one student who paid international fees in this period.

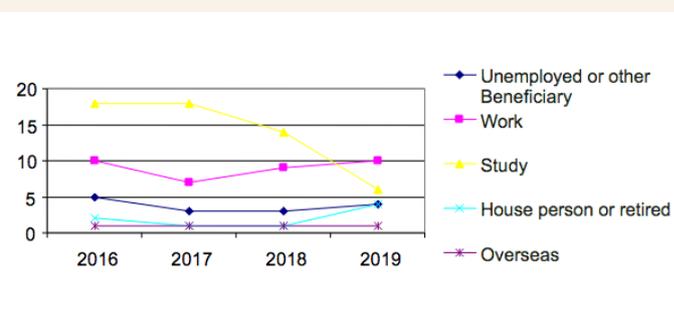
<i>Student Age Group\Year</i>	<i>2016</i>	<i>2017</i>	<i>2018</i>	<i>2019</i>
18–25	12	11	11	9
25.1–32	7	6	7	6
32.1–40	8	7	5	5
40.1–47	8	4	3	5
47.1–55	1	1	2	0
55.1–65	0	1	0	0

TABLE 2. STUDENT ETHNICITY PER YEAR.

Student Ethnicity\Year	2016	2017	2018	2019
European	1	0	2	3
New Zealand European	13	19	8	7
New Zealand Māori	19	11	13	12
Other	2	0	1	1
Pacific	1	0	4	2

Students with no formal secondary school qualification accounted for 31.1% of the overall population in the study, but varied between 27.8% and 39.3% across the years with no clear trends shown. The proportion of this type of student was higher among European (33.3%) and New Zealand European (31.9%), and lower among New Zealand Māori (30.9%), Pacific (28.6%) and other ethnic groups (25%). Student age groups 25.1–32 and 32.1–40 also had the highest percentages having no formal secondary qualification, 34.6% and 36% respectively. Before enrolment, most students had either studied (47.1%) or worked (30.3%). Students who were unemployed or on benefits accounted for 12.6% and students who did housework or were retired accounted for 6.7%. Of the total students, 10.9% were enrolled part time and students with identified disabilities accounted for 11.8% of the overall student population in the study.

FIGURE 1. STUDENTS' PRIOR ACTIVITIES BEFORE ENROLMENT.



Among the sample with known socioeconomic area status (69.7% of the overall student population in the study), 83.1% came from poor socioeconomic areas. The proportions of this type of student were higher among Pacific and Māori groups (83.3% and 86.9% respectively).

TABLE 3. NUMBER OF STUDENTS BY SOCIOECONOMIC AREA STATUS PER YEAR.

Socioeco Areas\Year	2016	2017	2018	2019
Low socioeconomic areas	23	17	18	11
Low medium socioeconomic areas	2	0	3	1
High medium socioeconomic areas	1	5	0	1
Well-off socioeconomic areas	0	0	0	1
Unknown	10	8	7	11

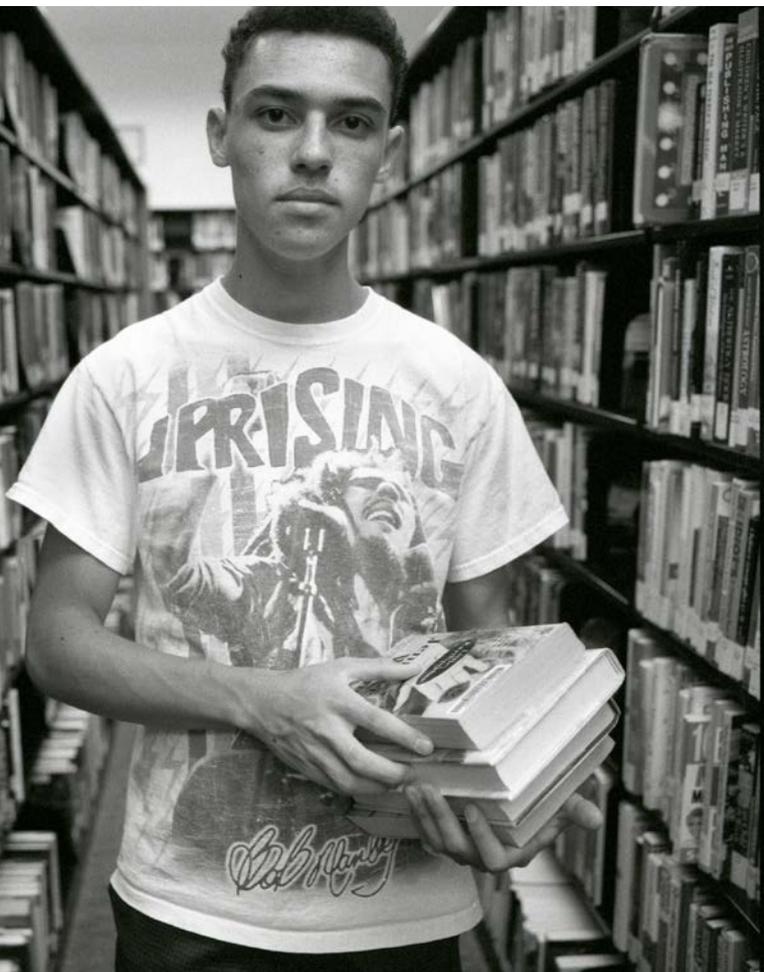
ACADEMIC PROGRAMME AND ACHIEVEMENTS

The Bachelor of Applied Social Work is a four-year, 480-credit degree programme. There are eight papers, 15 credits each, in Year 1: Indigenous Voices, Aotearoa New Zealand Society, Social Work Theoretical Framework, Te Ao Māori, Professional Social Work Practice, Social Work Practice Skills, Academic and Digital Literacy, and Human Development and Social Work.

Grading patterns varied across the papers, with the percentage of students whose overall mark was under 50% varying between 2.6% in Te Ao Māori and 22.2% in Academic and Digital Literacy, while that of students whose mark was 75% and above was between 29.6% in Academic and Digital Literacy and 92.3% in Te Ao Māori. Table 4 below presents the percentages of grade groups per paper.

TABLE 4. PERCENTAGE OF STUDENTS WITH GRADE BELOW 50% AND GRADE FROM 75% AND ABOVE.

<i>Paper\Grade group</i>	<i>Below 50%</i>	<i>75% and above</i>
Indigenous Voices	19.3%	33.6%
Aotearoa New Zealand Society	15.0%	24.3%
Social Work Theoretical Framework	15.1%	36.6%
Te Ao Māori	3.0%	94.0%
Professional Social Work Practice	5.3%	69.7%
Social Work Practice Skills	2.7%	51.4%
Academic and Digital Literacy	22.2%	29.6%
Human Development and Social Work	13.3%	40.0%



MEANS COMPARISON

Analysis results show that groups of students being unemployed or receiving benefits, being Māori, without formal secondary school qualification, or being from low socioeconomic areas had lower grade means than the overall student population in this study, across most of the papers. The differences are mostly minor, i.e., below five points per 100 points. The group of students who were unemployed or received state benefits before enrolment, however, had grade means between five and 18 points lower than the overall population in the study in all but Social Work Practice Skills. Other exceptions were the groups of students having no formal secondary qualification, in Indigenous Voices, Aotearoa New Zealand Society, Te Ao Māori and Social Work Practice Skills; the group of students from low socioeconomic areas, in Te Ao Māori; and Māori students in Te Ao Māori. All of these had slightly higher grade means than the overall population in the study, i.e., below three points higher.

TABLE 5. GRADE MEANS ACROSS SELECTED SUB-GROUPS OF THE STUDY POPULATION PER FIRST-YEAR PAPER.

Paper		Unempl/on benefit	Māori	No second. school qual.	Low socioec	Total
Academic and Digital Literacy	Mean	45.4286	56.8571	57.9722	58.3385	58.5926
	N (student)	14	49	36	65	108
	Std. Deviation	31.43422	25.02082	23.70713	22.78450	24.54218
Human Development and Social Work	Mean	55.7778	62.7907	65.7500	66.0000	68.6444
	N (student)	9	43	32	56	90
	Std. Deviation	18.51201	20.48874	17.13702	19.53365	18.37580
Indigenous Voices	Mean	53.2857	63.7347	66.4286	64.1515	64.3364
	N (student)	14	49	35	66	107
	Std. Deviation	28.73333	22.40050	15.83794	18.45930	20.77142
Aotearoa New Zealand Society	Mean	48.9286	62.1200	63.7778	62.5758	62.4766
	N (student)	14	50	36	66	107
	Std. Deviation	23.40107	18.99478	14.74761	16.42799	18.67768
Social Work Theoretical Framework	Mean	47.9000	61.0000	65.7576	65.7895	66.5054
	N (student)	10	44	33	57	93
	Std. Deviation	27.97002	26.73209	24.82568	23.83705	23.10074
Te Ao Māori	Mean	78.9167	92.9048	90.6471	92.8070	90.5800
	N (student)	12	42	34	57	100
	Std. Deviation	28.85531	9.34908	18.12395	14.22452	17.89768
Professional Social Work Practice	Mean	69.3333	74.4118	74.0741	75.4468	76.6184
	N (student)	6	34	27	47	76
	Std. Deviation	9.52190	18.28912	17.56072	16.56845	17.07784
Social Work Practice Skills	Mean	76.8333	76.2188	75.1481	74.0652	73.0541
	N (student)	6	32	27	46	74
	Std. Deviation	11.95687	18.06393	18.78155	17.35691	17.72228

CROSS TABULATION

Analysis results show that the number of absence sessions significantly and negatively correlates with grades across all papers except Professional Social Work Practice and Social Work Practice Skills. The correlations are weak to moderate with Pearson's correlation (r) between $-.257$ and $-.413$ in most of the papers, except for Aotearoa New Zealand Society and Te Ao Māori where r is respectively $-.567$ and $-.764$, which are moderate to strong, as shown in Table 6 below.

TABLE 6. PEARSON'S CORRELATION (r) AND SIGNIFICANCE BETWEEN ATTENDANCE AND GRADE ACROSS YEAR 1 BASW PAPERS.

<i>Paper</i>	<i>N</i>	<i>Pearson's r</i>	<i>Approx. Sig.</i>
Academic and Digital Literacy	108	-.299	.002 ^c
Human Development and Social Work	90	-.413	.000 ^c
Indigenous Voices	107	-.369	.000 ^c
Aotearoa New Zealand Society	107	-.567	.000 ^c
Social Work Theoretical Framework	93	-.257	.013 ^c
Te Ao Māori	100	-.764	.000 ^c
Professional Social Work Practice	76	-.091	.436 ^c
Social Work Practice Skills	74	.057	.629 ^c

^c. Based on normal approximation.

Other demographic factors that have significant correlations with achievement are age in Te Ao Māori; full-time or part-time study in Academic and Digital Literacy; and having a disability or not in Human Development and Social Work and Professional Social Work Practice. The correlations observed are weak, with the Pearson's correlation (r) between $-.230$ and $.204$. No significant correlation was found between gender and achievement across the eight papers.

TABLE 7. PEARSON CORRELATION (r) AND SIGNIFICANCE BETWEEN GRADE AND AGE, FULL-TIME OR PART-TIME STUDY AND HAVING A DISABILITY OR NOT, ACROSS YEAR 1 BASW PAPERS.

<i>Paper</i>	<i>Independent variable</i>	<i>N</i>	<i>Pearson's r</i>	<i>Approx. Sig.</i>
Academic and Digital Literacy	Full-time/part-time study	108	.204	.034 ^ε
Human Development and Social Work	Disability or not	90	-.230	.029 ^ε
Te Ao Māori	Age	100	.227	.023 ^ε
Professional Social Work Practice	Disability or not	76	-.229	.046 ^ε

^ε. Based on normal approximation.

ONE-WAY ANOVA ANALYSIS/T-TEST

Results of one-way ANOVA analysis/t-test show that differences in grade means among groups of students by previous activities, prior highest qualifications, or ethnicity are not significant in most papers. Factors having significant correlations with achievement include previous activities and ethnicity in Social Work Theoretical Framework, prior qualifications in Indigenous Voices, and ethnicity in Human Development and Social Work.

There were significant differences in grade means across years of study for Indigenous Voices, Aotearoa New Zealand Society, Social Work Theoretical Framework and Social Work Practice Skills. The differences demonstrate similar trends, with grade means increasing between 2016 and 2018 and decreasing in 2019 in Indigenous Voices, Aotearoa New Zealand Society and Social Work Practice Skills. For Social Work Theoretical Framework, grade means decreased in 2017 and 2019 compared to 2016 and 2018 respectively.

Tables 8 and 9 below present these results in detail.



TABLE 8. GRADE MEANS BY YEAR IN INDIGENOUS VOICES, AOTEAROA NEW ZEALAND SOCIETY, SOCIAL WORK THEORETICAL FRAMEWORK AND SOCIAL WORK PRACTICE SKILLS.

<i>Paper</i>	<i>Year</i>	<i>N</i>	<i>Mean</i>	<i>Std. Deviation</i>
Indigenous Voices	2016	31	56.6129	21.02170
	2017	31	64.7742	17.17500
	2018	28	74.3214	20.32159
	2019	17	61.1765	21.88103
Aotearoa New Zealand Society	2016	32	52.5938	19.02436
	2017	31	62.8710	14.43085
	2018	27	74.3704	16.15109
	2019	17	61.4706	18.97735
Social Work Theoretical Framework	2016	28	68.2143	17.72915
	2017	28	62.5714	19.69852
	2018	23	80.8696	24.30171
	2019	14	47.3571	22.77856
Social Work Practice Skills	2016	24	67.7500	12.38600
	2017	27	70.8148	24.28047
	2018	23	81.2174	8.86236

TABLE 9. ONE-WAY ANOVA ANALYSIS/T-TEST FOR SIGNIFICANT MEAN DIFFERENCES OF GRADES.

<i>Paper</i>	<i>Independent variables</i>	<i>F/t</i>	<i>p-value</i>
Human Development and Social Work	Ethnicity	F(4, 85)=2.719	.035
Indigenous Voices	Prior qualifications	F(7, 99)=2.217	.039
	Year of study	F(3, 103)=4.042	.009
Aotearoa New Zealand Society	Year of study	F(3, 103)=7.970	.000
Social Work Theoretical Framework	Previous activities	F(7, 85)=3.293	.004
	Ethnicity (Māori & NZ European)	t(72.724)= -2.291	.025
	Year of study	F(3, 89)=7.967	.000
Social Work Practice Skills	Year of study	F(2, 71)=4.041	.022

DISCUSSION

The significant correlation between attendance and academic achievement in six out of eight Year 1 papers in the NorthTec Bachelor of Applied Social Work programme between 2016 and 2019 supports the literature on this relationship. The insignificant correlations among demographic factors and academic achievement in most of the papers confirm the identified varying disparities among demographic student groups in higher education. The yearly variation in grades could be due to different student cohorts and the complexity in the process of marking and assessment (Ylonen et al., 2018), which is beyond the scope of this discussion.

NorthTec has a mission to develop Northland and its people through tertiary education, is committed to guaranteeing achievement and success for all, and claims that NorthTec graduates possess the

skills and knowledge for the economy (NorthTec, n.d.; NorthTec, 2018). Attendance issues, however, pose major challenges to these goals and necessitate actions.

Attendance and achievement depend not only on the academic environment, in which teachers play an essential role, but also on the students and their socioeconomic settings that dictate their resources, commitment, and expectations to study and achievement (Credé et al., 2010; Huettl, 2016; Gibbs et al., 2008; Schneider & Preckel, 2017). Interventions, therefore, should target not only the students themselves but also the higher-education organisation and the environment surrounding it.

Institutionally, the literature suggests a range of interventions. Attendance expectation is an effective measure (Schneider & Preckel, 2017; Subramaniam et al., 2013). Currently, attendance in the Bachelor of Applied Social Work programme

at NorthTec is not compulsory, which leaves much leeway for students to be absent from lecture and tutorial sessions. Making attendance compulsory would potentially improve the attendance records of these students.

Incentives to motivate students to attend class and improve their learning outcomes have been offered at institutional level, and include recognition, prizes and rewards, and extra-curricular activities, with minimal evidence of effectiveness. To use incentives effectively, a systematic approach is proposed with four steps, including identifying the underlying causes for absenteeism; choosing suitable types of incentives for behaviour changes; implementation planning; evaluation and revision (Balu & Ehrlich, 2017). NorthTec could consider further inquiries into students' reasons for poor attendance. Based on the findings of these inquiries, suitable incentives could be devised to encourage students' attendance, along with appropriate strategies for implementation and evaluation.

Another set of effective measures involves student-centred pedagogical strategies that promote the students' agency and abilities as learners to shape their learning pathways in co-operation with the education institutions; that is, the students contribute to the creation, design and regulation of their programme and papers, and the overall organisational policies and strategies (Kelly et al., 2017; Klemenčič, 2017). The literature on community participation suggests that motivation, capacities and accountabilities are required to ensure effective participation (Marston et al., 2016), and this necessitates actions such as recruitment of motivated student representatives, provision of training on required skills and knowledge for individual and group participation in higher education, clear

designation of responsibilities for participants and responsiveness to student inputs. NorthTec regularly collects students' opinions and feedback via surveys and consultation meetings, and uses them as inputs to paper, programme, policy and strategy development. A review of current student participation practices in terms of selection, training and accountabilities, to identify areas for improvement and robust measures if necessary, would benefit NorthTec in this aspect.

Tutors engaging and facilitating instructional strategies, such as encouraging students to attend class frequently, ask questions and engage in discussion, have been found to improve students' participation in everyday class contacts (see more details in Schneider & Preckel, 2017). NorthTec could, therefore, provide regular training to teaching staff on effective instructional strategies and skills, and encourage and support their application in course delivery.

Students' study strategies are identified as the key leverage for achievement compared to their personality or demography (Schneider & Preckel, 2017). NorthTec has currently adopted a case-management model, in which students of high needs and high risks are identified and tracked, and support is offered if needed. The institution has also run academic skills workshops as needed, in terms of content and time, for student groups (H. Bruce-Iri, personal communication, July 29, 2020). NorthTec could consider enhancing this support and its access using online platforms, for example recording lectures and workshops on effective learning strategies and time and resource management, making them available on the NorthTec website, and including these contents in student orientation.

Tailored services for disadvantaged student groups, such as language support, extra tutorial and supervision, and peer support platforms, are pro-success (Zorlu, 2013). Successful Māori and Pacific students, for example, found a friendly, enabling learning environment in their ethnic-specific equity programmes (Mayeda et al., 2014). Besides in-campus services, outreach support for students and families, such as enrolment, finance and transition support, is important (Trussel & Burke-Smalley, 2018), as this helps to ensure that students are well resourced for success (Hughes et al., 2017).

Promotion of academic excellence by and with families and communities of students could help raise expectations and create a pro-learning environment for students in their communities (Mayeda et al., 2014; Whaley & Noël, 2012). Positive problem and conflict resolution, and involvement of families and communities, are required to deal with potential conflicts and problems that could hinder study (McMahon et al., 2011). NorthTec has recorded success with whānau engagement in certain programmes, such as nursing.

For example, pōwhiri and whānau days are organised to engage, educate and encourage support from whānau as students start their study. When students complete their study and graduate, whakawātea are organised with whānau to acknowledge their efforts and contributions (H. Bruce-Iri, personal communication, July 29, 2020). The BASW programme holds regular Local Advisory Committee meetings with key stakeholders such as local experts and agencies, to engage with and seek support and contribution from them for programme development. NorthTec could consider enhancing and replicating such activities for other programmes.

In summary, the above discussion suggests actions that could be implemented to promote academic achievement of students at NorthTec's Bachelor of Applied Social Work programme in particular, and the overall institution in general. These are:

1. Raising attendance expectation, possibility by making attendance compulsory, or providing incentives using a systematic approach that starts with further inquiries into students' reasons for poor attendance, developing suitable incentives along with appropriate strategies for implementation and evaluation.
2. Improving student participation in and contribution to NorthTec's development via a review of current student participation practices to identify areas for improvement and robust measures for application if necessary.
3. Training teaching staff on effective instructional strategies and skills, and encouraging and supporting their application in course delivery.
4. Supporting students to improve their study strategies, particularly for better attendance, effective learning, and time and resource management for learning.
5. Enhancing and improving both in-campus and outreach support for students and families.
6. Improving work with families and communities to encourage their involvement, and promote academic excellence, study support, and positive problem and conflict solutions.

CONCLUSION

This study of student records in the Bachelor of Applied Social Work programme at NorthTec from 2016 to 2019 confirms the significantly positive correlation between student achievement and attendance, and the varying influence of demographic factors on student achievement. It also looks at possible effective interventions at the institutional, student, family and community levels that the literature suggests could improve attendance and promote student achievement. It is recommended that NorthTec implement, evaluate and revise these interventions, if needed, for effective programme design and delivery, and associated support.

Ongoing monitoring of success factors for further analysis is recommended, given the varying influence of demographic factors on student achievement, and possible changes in the related areas and the yearly variation of grades. This monitoring would provide evidence for timely interventions to support students and their achievement.

This study has been conducted using secondary, official data without any student participation. In the future it would be beneficial to engage students, given the opportunities for them to understand factors that influence their academic achievement and take actions to improve their learning outcomes, as part of NorthTec's

intervention strategies. This could start with informing students of the study findings via consultation meetings and/or institutional surveys, and collecting their feedback in terms of the relationship between attendance, achievement and other influencing factors. Next, students could be assisted to identify and prioritise possible actions, resources and support to improve attendance and achievement. Based on this, an action plan to implement, monitor and evaluate the actions could be developed, agreed upon and followed up. Training and support would be provided throughout this process so that the students were sufficiently equipped with relevant skills and knowledge, and were well motivated and willing to effectively participate and contribute to the process. ■

Angie Dang is a Lecturer in Social Work at NorthTec, Whangārei, New Zealand. She has a Bachelor of International Relations, a Master of Applied Social Work, a PhD in Education and a Graduate Certificate in Health Science – Addiction. She has an academic background in education, social sciences, addiction studies and social work; and a practice background in community development, community corrections, education, health social work, social research and victim support.

NOTE: NorthTec is now Pukenga, located in Whangarei, NZ.

Special thanks to Whanake: The Pacific Journal of Community Development [6(1), 7-23] for permission to reproduce this interesting paper.

REFERENCES

- Autor, D., Figlio, D., Karbownik, K., Roth, J., & Wasserman, M. (2016). School quality and the gender gap in educational achievement. *American Economic Review*, 106(5), 289-95. <http://dx.doi.org/10.1257/aer.p20161074>
- Baert, S., Marx, I., Neyt, B., Van Belle, E., & Van Casteren, J. (2018). Student employment and academic performance: An empirical exploration of the primary orientation theory. *Applied Economics Letters*, 25(8), 547-52. <https://doi.org/10.1080/13504851.2017.1343443>
- Balu, R., & Ehrlich, S. B. (2018). Making sense out of incentives: A framework for considering the design, use, and implementation of incentives to improve attendance. *Journal of Education for Students Placed at Risk (JESPAR)*, 23(1-2), 93-106. <https://doi.org/10.1080/10824669.2018.1438898>
- Bernardo, A., Esteban, M., Fernández, E., Cervero, A., Tuero, E., & Solano, P. (2016). Comparison of personal, social and academic variables related to university drop-out and persistence. *Frontiers in Psychology*, 7(1610). <https://doi.org/10.3389/fpsyg.2016.01610>
- Bryman, A. (2012). *Social research methods* (4th ed.). Oxford University Press.
- Çiftçi, Ş. K., & Cin, F. M. (2017). The effect of socioeconomic status on students' achievement. In E. Karadag (Ed.), *The factors effecting student achievement. Meta-analysis of empirical studies* (pp. 171-82). Springer. <https://doi.org/10.1007/978-3-319-56083-0>
- Credé, M., Roch, S. G., & Kieszczynka, U. M. (2010). Class attendance in college: A meta-analytic review of the relationship of class attendance with grades and student characteristics. *Review of Educational Research*, 80(2), 272-95.
- Freire, P. (1970). *Pedagogy of the oppressed*. Seabury Press.
- Gibbs, J. S., Fergusson, D. M., & Horwood, J. L. (2008). Gender differences in educational achievement to age 25. *Australian Journal of Education*, 52(1), 63-80.
- Huetl, K. (2016). *The relationship between poverty and student achievement*. [Master's thesis]. Culminating Projects in Teacher Development. St. Cloud State University.
- Hughes, C., Gremillion, H., Bridgman, G., Ashley, P., & McNabb, D. (2017). Student selection process effectiveness: Correlations between task performance and undergraduate success. *Aotearoa New Zealand Social Work*, 29 (4), 32-48.
- Kelly, P., Fair, N., & Evans, C. (2017). The engaged student ideal in UK higher education policy. *Higher Education Policy*, 30, 105-22.
- Klemenčič, M. (2017). From student engagement to student agency: Conceptual considerations of European policies on student-centered learning in higher education. *Higher Education Policy*, 30, 69-85.
- Mahoney, J. (2015). Daily, monthly, yearly attendance data charts: Improved attendance equals improved achievement scores. *Children & Schools*, 37 (2), 125-28. <https://doi.org/10.1093/cs/cdv002>
- Mapolisa, T. (2012). The efficacy of education in community development: The Zimbabwean experience. *International Research Journal of Library, Information and Archival Studies*, 2(2), 27-31. https://www.researchgate.net/profile/Tichaona_Mapolisa/publication/267225580_The_efficacy_of_education_in_community_development_The_Zimbabwean_experience/links/5720cd1708aefa6488a04bdc.pdf
- Marston, C., Hinton, R., Kean, S., Baral, S., Ahuja, A., Costello, A., & Portela, A. (2016). Community participation for transformative action on women's, children's and adolescents' health. *Bulletin of the World Health Organization*, 94, 376-82. <http://dx.doi.org/10.2471/BLT.15.168492>
- Mayeda, D. T., Keil, M., Dutto, H. D., & 'Ofamo'oni, I. (2014). "You've gotta set precedent" Māori and Pacific voices on student success in higher education. *Alternative*, 10(2), 165-79.
- McMahon, S., Keys, C., Berardi, L., & Crouch, R. (2011). The ecology of achievement among students diverse in ethnicity and ability. *Journal of Community Psychology*, 39 (6), 645-62.
- Ministry of Education. (2018). *Annual report 2018*. Author.
- NorthTec. (2018). *Policy. Tikanga Māori*. Author.
- NorthTec. (n.d.). *About us*. <https://www.northtec.ac.nz/about-us#:~:text=NorthTec%20is%20the%20only%20Northland,training%20that%20meets%20Northland's%20needs>
- NorthTec. (n.d.). *Self-service*. <https://www.northtec.ac.nz/mynorthtec>
- Oldfield, J., Rodwell, J., Curry, L., & Gillian, M. (2017). Psychological and demographic predictors of undergraduate non-attendance at university lectures and seminars. *Journal of Further and Higher Education*, 42(4), 509-23.
- Pinheiro, R., Wangenge-Ouma, G., Balbachevsky, E., & Cai, Y. (2015). The role of higher education in society and the changing institutionalized features in higher education. In J. Huisman, H. de Boer, D. D. Dill, M. Souto-Otero (Eds.), *The Palgrave international handbook of higher education policy and governance* (pp. 225-42). Palgrave Macmillan. https://doi.org/10.1007/978-1-137-45617-5_13
- Schneider, M., & Preckel, F. (2017). Variables associated with achievement in higher education: A systematic review of meta-analyses. *Psychological Bulletin*. Advance online publication. <http://dx.doi.org/10.1037/bul0000098>

REFERENCES

- Subramaniam, B. S., Hande, S., & Komattil, R. (2013). Attendance and achievement in medicine: Investigating the impact of attendance policies on academic performance of medical students. *Annals of Medical and Health Science Research*, 3(2), 202-205.
- Tani, K., Dalzell, E., Ehambaranathan, N., Murugasu, S., & Steele, A. (2019). Evaluation of factors affecting students' performance in tertiary education. *Journal of Pedagogical Research*, 3(2), 1-10. <http://dx.doi.org/10.33902/JPR.2019252504>
- Tian, H., & Sun, Z. (2018). *Academic achievement assessment: Principles and methodology*. Springer and Educational Science Publishing House.
- Trussel, J., & Burke-Smalley, L. (2018). Demography and student success: Early warning tools to drive intervention. *Journal of Education for Business*, 93(8), 363-72. <https://doi.org/10.1080/08832323.2018.1496893>
- Wallace, S. (2015). *A dictionary of education* (2nd ed.). Oxford University Press.
- Whaley, A. L., & Noël, L. T. (2012). Sociocultural theories, academic achievement, and African American adolescents in a multicultural context: A review of the cultural compatibility perspective. *The Journal of Negro Education*, 81(1), 25-38.
- Wikaire, E., Curtis, E., Cormack, D., Jiang, Y., McMillan, L., Loto, R., & Reid, P. (2017). Predictors of academic success for Māori, Pacific and non-Māori non-Pacific students in health professional education: A quantitative analysis. *Advance in Health Science Education*, 22, 299-326. <https://doi.org/10.1007/s10459-017-9763-4>
- Yanbarisova, D. M. (2015). The effects of student employment on academic performance in Tatarstan higher education institutions. *Russian Education & Society*, 57(6), 459-82.
- Ylonen, A., Gillespie, H., & Green, A. (2018). Disciplinary differences and other variations in assessment cultures in higher education: Exploring variability and inconsistencies in one university in England. *Assessment & Evaluation in Higher Education*, 43(6), 1009-17.
- Zorlu, A. (2013). Ethnic disparities in higher education. *IZA Journal of Migration*, 2, 1-21

IN TRADITIONAL LANGUAGE, THERE IS NO WORD FOR DISABILITY

Griffis, D.



WE HAVE ALWAYS BEEN 'COME AS YOU ARE'. THE DISABILITY SYSTEM IN AUSTRALIA IS UPSIDE DOWN IN MANY WAYS

By any measure, Australia's First Peoples with disabilities are among some of the most disadvantaged people in Australia today. This is because they often face discrimination based on their Aboriginality and/or disability. Meeting the needs of First Peoples with disabilities is one of the most urgent and critical social justice issues in Australia today.

Corresponding author:

DAMIAN GRIFFIS

Damian is a descendant of the Worimi people of the Manning Valley in NSW). He is CEO of the First Peoples Disability Network. In 2014, he won the Tony Fitzgerald (Community Individual) Memorial Award at the Australian Human Rights Awards).

Yet despite the many unmet needs, the situation for the vast majority of First Peoples with disability remains largely unknown to the wider community. In the experience of the First Peoples Disability Network, we say that the majority of First Peoples with disabilities live in poverty. They also lack access to disability appropriate housing. Many young Aboriginal people with disability cannot attend school or can only participate in a very limited way because their local school can't accommodate their disability. And we have the extraordinary ongoing situation of the indefinite detention of First Peoples with disabilities in Australian prisons, particularly in the Northern Territory. The human rights situation and the violations experienced by many First Peoples with disabilities are often deeply disturbing.

The disability Royal Commission is likely to expose, often for the very first time, the serious abuse and neglect of First Peoples with disability. ■

Note: The AJCW sincerely thanks the New Community journal for permission to republish Damian Griffis' article.



A MESSAGE TO AJCW SUPPORTERS BY ACWA PRESIDENT

I'm writing on behalf of ACWA's Board to inform you about a leadership transition with Sha Cordingley retiring as ACWA CEO, having made a tremendous contribution to our organisation.

Many of you know Sha, who started with ACWA in 2011 and has very ably led the organisation as CEO since 2013. Over the last 9 years she has stabilised, consolidated, and grown our organisation. As a result ACWA has a very clear focus on our members, an excellent reputation, a professional and skilled staff team, a clear governance framework, robust succession planning, and is in a strong financial position. Added to those accomplishments Sha has also made significant contributions setting up the Australian Community Workers Foundation initiative to support aspiring community work students experiencing disadvantage; and reviving ACWA's renamed journal, the Australian Journal of Community Work, which nurtures shared practice insights and rigorous academic research.

We're delighted to announce that, following a rigorous selection process, Jesu Jacob has been appointed by the Board as ACWA's new CEO. Jesu has worked closely with Sha over the last 11 years, most recently as ACWA Deputy CEO. We look forward to working with Jesu, whose knowledge and experience in community services is widely respected.

Nick Toonen OAM

President



FROM THE SECTOR

Photo by Wes Warren on Unsplash. Flooded house at Windsor, Western Sydney, NSW, Australia. July 5, 2022

INTERNATIONAL VIEW OF THE **SOCIAL AND COMMUNITY SERVICE WORKFORCE.**

The State of the social service workforce report 2022: The vital role of the social service workforce in humanitarian contexts, prepared by the Global Social Service Workforce Alliance, has recently been released. It covers the critical role of the social/community service workforce across the emergency management cycle and highlights the importance of their access to education and training that relates to involvement in emergency response activity.

It reports on international research that found escalating and protracted conflicts, natural disasters and extreme weather events often exacerbated by climate change, and major health emergencies, such as COVID-19, has resulted in rapid increases in the numbers of people and communities in need of emergency social assistance and support. These crises often compound existing problems of poverty, inequality, and social injustice - which disproportionately impacts women and children and increases hardships for those already predisposed to vulnerability.

Social/community service workers play a crucial role in helping individuals, families and communities respond to and recover from humanitarian emergencies. They also help individuals, families and communities build their resilience to withstand future emergencies. However, despite their critical role at the frontlines, they largely remain unrecognised and undervalued

Drawing from a review of global reports and case studies, as well as from information sourced from Global Social Service Workforce Alliance members, this report explores the critical role of the social

workforce in different humanitarian contexts—including those related to natural disasters and widespread disease outbreaks—and across the emergency management cycle. Informed by those findings, the report makes key recommendations

to ensure the social/community service workforce is better able to support communities and individuals in humanitarian situations.

Those key recommendations relate to:

- Expanding the evidence base, focusing on social and community workers at all levels including paraprofessionals and community volunteers
- The need to incorporate the social/community service workforce in multisectoral response mechanisms
- Focussing on bottom-up approaches that incorporate local actors and resources
- Recognition of the essential role of the social/community workers in all phases of emergency management
- Investment in training and education for social and community workers as emergency responders, and
- Ensuring the safety and well-being of all social and community workers. ■

THE FULL REPORT:

State of the Social Service Workforce Report 2022: The Vital Role of the Social Service Workforce in Humanitarian Contexts.

IS AVAILABLE BY CLICKING [HERE](#) TO REVIEW REPORT

ACWA UPDATES



2023 World Community Development Conference 'From the Edge'

Darwin will host the 2023 World Community Development Conference that brings together hundreds of community development professionals from across the globe. Organised by the International Association for Community Development (IACD), in 2023 the conference will be delivered in partnership with local host – the Australian Community Workers Association (ACWA).

The 2023 World Community Development Conference 'From the Edge' is expected to attract 500-600 community development workers from over 20 countries to Australia. This annual event provides a unique opportunity for practitioners, participants, academics, policy makers, funders, and other stakeholders to share perspectives on

current contexts and challenges for community work. The conference will offer high-profile keynote presentations, panel debates and dozens of workshops, plus field visits to community development projects in the region. In 2023, the Conference themes of "Community, Connection, Culture" will focus on the Indigenous practices of working with communities, the enablement of local participation, the importance of places and intersections of theory and practice in community development work

The previous in-person World Community Development Conference in Dundee, Scotland in 2019 attracted over 500 participants, while IACD's first ever fully virtual global conference, held in 2021 was attended by 270 participants. Conference organisers are looking forward to welcoming international community development workers who would want to connect face-to-face with their peers from across the globe, exchange the collective knowledge of the sector and its evolution influenced by the global pandemic. The conference will be held from June 20-22, 2023, at the Darwin Convention Centre. Information regarding program, accommodation, site visits and travel will be available on the conference website <https://www.wcdc2023fromtheedge.org.au>

Please save the date – updated details about the conference will be available through the website (above) and the Australian Community Workers Association's website (acwa@acw.org.au) and monthly e-news.

Australian Community Workers Foundation

In 2019 ACWA celebrated its 50th birthday by launching the Australian Community Workers Foundation, a scholarship fund that will eventually provide support to aspiring young community workers who are prevented, through disadvantage, from accessing the education they desire. The fund will offer support by way of bursary, scholarship, or the purchase of texts.

The goal of the Australian Community Workers Foundation (ACWF) is to:

1. Provide financial support to potential students experiencing disadvantage because they:
 - live with disability
 - have Aboriginal or Torres Strait Islander heritage
 - are refugees
 - have a background of economic or social disadvantage, or
 - live in a remote area that limits their access to education.
2. Provide an academic achievement student prize to promote the notion of excellence or determination in community work practice.
3. Promote the community benefit of a well-educated, ethical community work labour force.
4. Conduct, publish, facilitate, or participate in, research that contributes to the better understanding and recognition of a well-educated professional community work practitioner.

So far, ACWA has contributed \$60,000 to the Foundation, as well as securing deductible gift recipient (DGR) status through the ATO, but we can't grow the fund on our own. We are now calling on members, stakeholders, and friends to join us in contributing to the funding pool. This year, to help us reach our goal of supporting disadvantaged young people achieve their goal of becoming a community worker quicker, we will donate a dollar (up to \$40,000) for every dollar donated by members and friends. For details on how to donate please go to: <https://www.acwa.org.au/acwf/>

Diploma of Community Services Update

ACWA has been involved in the review of Vocational Education and Training courses relating to the community services sector. The case for change for the Diploma of Community Services and several other related qualifications (as part of the Community Sector and Development Training Package Project) was approved by the Australian Industry Skills Committee (AISC) in February and has now received ministerial approval. The changes have now been published on www.training.gov.au so everyone can access details relating to the new Diploma.

You can learn more here: <https://www.skillsiq.com.au/NewsandEvents/LatestNews/TrainingPackageProductsUpdate>

ACWA will now release updated course accredited guidelines to support current or prospective students of the new Diploma of Community Services.



BOOK REVIEW

BURNOUT: A GUIDE TO IDENTIFYING BURNOUT AND PATHWAYS TO RECOVERY.

Parker, G., Tavella, G., & Evers, K. (2021)
Burnout: a guide to identifying burnout
and pathways to recovery. Sydney:
Allen & Unwin.

ISBN 978 1 76087 706 1

Burnout is one of the most insidious conditions to beset human services workers. Without a doubt the past three years of the COVID-19 pandemic have increased the likelihood that frontline workers will experience burnout then, once the crisis is over, abandon their professions for work less demanding but paradoxically less rewarding.

So, what is burnout, how is it prevented and how do you get over it? Well, Professor Gordon Parker, Professor of Psychiatry, and publisher of 20 books, Gabriela Tavella, Research Officer and PhD candidate, and Kerrie Evers, Psychologist,

and writer, may just have the answer you need. Their recently published book *Burnout: A guide to identifying burnout and pathways to recovery* (2021) is essential reading for both employees and employers.

The book is divided into five sections: Introduction; What is burnout; Causes of burnout: the seed and the soil; Overcoming burnout and rekindling the flame; and Appendices. Each section is divided into chapters with tools and resources housed in the appendices. It is best read cover to cover and the way in which the chapters are organised and the personal stories, quotations and 'lists' dotted throughout make for easy reading without compromising the logical flow of information. Many community workers will identify with the stories and recognise the triggers that bring on the feelings and experience of burnout.

Interestingly, community and social workers are identified as being in the high-risk group for burnout while also among the group of professionals who help those also experiencing burnout.

Burnout, as a descriptor for the set of symptoms affecting people detrimentally affected by workplace or life experiences, was first used in the 1970's by Herbert Freudenberger, an American psychologist. The current dominant measuring instrument for burnout - the Maslach Burnout Inventory (MBI) - was developed in the 80's by Christina Maslach, initially for people working in the human services sector. The premise of this book is that the MBI is deficient in several areas, and that the findings of recent research conducted by the authors and named The Sydney Studies, has resulted in a new measuring instrument - the Sydney Burnout Measure. This instrument is designed to improve the recognition and diagnosis of burnout.

The Sydney Studies recruited over one thousand adults who believed they were suffering from burnout. Their self-identified symptoms were grouped under twelve recognisable headings: exhaustion, anxiety, indifference, depression, irritability and anger, sleep disturbance, lack of motivation or passion, cognitive problems, impaired performance, becoming asocial, physical symptoms and emotional lability (fragile emotions and increased sensitivity).

Workplace factors were also identified as causes or at least contributors to burnout; many of which resonate in our pandemic-influenced world. These include lack of workplace autonomy, fear of job loss and downsizing, no stress buffer, bullying and gaslighting, absence of or minimal rewards in an organisation's appraisal and reward system, and lengthy work hours and time pressure - to name but a few.

For those who suspect they are experiencing burnout the questionnaire in the back of the book is most helpful and although it is tempting to skip ahead and fill it in, identifying burnout correctly and understanding its causes - described in the body of the book - is imperative.

Currently, burnout is positioned as an occupational phenomenon and not a medical condition, although its effects can be life changing. The book provides hope and help to workers and carers who need to bring themselves back from the brink. I found the book easy to read, insightful and engaging and well worth getting hold of a copy. ■



Sha Cordingley

***Chief Executive Officer
Australian Community
Workers Association.***

ADDITIONAL INFORMATION

AJCW WORKS COLLABORATIVELY WITH AUSTRALIA'S NEW COMMUNITY JOURNAL, SEE INFORMATION BELOW:

NEW COMMUNITY

(Australia's community development journal) publishes articles relating to community development theory and practice. The Journal supports practitioners to become more effective in promoting the social wellbeing of their community.

Each quarterly issue of the **New Community** journal contains **four main sections**:

The first section of each issue is devoted to a theme relevant to contemporary community development. A second section is dedicated to more academic contributions not dealing with the theme of the issue; it is dedicated to refereed work. The third section is an open forum for local, regional, and interest-specific networks. Finally, a fourth section includes news from everywhere, from websites, book reviews, letters from readers and debates.

We are happy to invite and include papers from conferences and the last issue of every year is concerned with community development in remote, rural and regional Australia and elsewhere.



JACQUES BOULET

*Editor of New Community and Director
of Borderlands Co-operative Ltd.*

Write an article and subscribe. Do get in touch.

**NEW
COMMUNITY** 

30A Pickett Street
Footscray Vic. 3011,
Australia

+61(3) 9819 3239
ncq@borderlands.org.au
www.nc.org.au

ACWA RESEARCH AGENDA

The Australian Community Workers Association (ACWA) is the professional association for community workers within the community services sector in this country. Those professionals comprise a wide variety of occupational titles, disciplines, and educational backgrounds.

ACWA recognises while this diversity is the very strength of community work, it can create fragmentation that undermines the ability of the sector to present itself as a coherent profession able to claim recognition, career development, appropriate pay, and good employment conditions. Further, the Association has found current research into this vital workforce is ad hoc and underpinned by misconceptions regarding the professional standing of community work professionals.

Consequently ACWA has developed a research agenda designed to encourage researchers, governments, the community sector, and educational institutions to identify areas of enquiry that will lead to improved understanding of this profession. Broad consultation with members and stakeholders has identified three relevant areas for research and the AJCW encourages academic and practitioner papers relating to the following:

Minimum qualification requirements

Most professions require a body of theory and knowledge which ensures that practitioners are sufficiently competent to practice. ACWA is interested in the level, length, mode of delivery and practical fieldwork components of community

and human services qualifications, and how well they align with community expectations.

The workplace

Usually people who graduate from community services seek a career in the sector. The type and quality of the qualification has a direct bearing on their career trajectory including how long they stay in the sector and how much they enjoy their work. ACWA is particularly interested in comparing Vocational Education and Training (VET) and higher education graduates (University).

Public policy and legislative framework.

Policy decisions by governments have a direct effect on community work practice, whether through funding cuts or increases; imposing conditions on welfare recipients; adjusting sentencing laws; expanding mandatory reporting or even strengthening or relaxing regulations in childcare. ACWA is interested to learn how organisations future-proof themselves against changes in legislation and policy that impact the sector's work.

Research into these areas is essential to inform new or existing bodies of knowledge relevant to the community work sector. The revitalisation of the Australian Journal of Community Work is one method adopted to support the achievement of this aim.



ACWA

AUSTRALIAN COMMUNITY
WORKERS ASSOCIATION

AUSTRALIAN JOURNAL

OF COMMUNITY WORK

THE AUSTRALIAN JOURNAL OF
COMMUNITY WORK STIMULATES
DISCUSSION, DEBATE, AND
RESEARCH ON ALL ASPECTS
OF COMMUNITY WORK.

AJCW is published annually by the Australian Community
Workers Association. Articles are posted on the ACWA
website once they are reviewed and accepted.

www.acwa.org.au/ajcw

All correspondence should
be emailed to:
ajcw@acwa.org.au

Views expressed in this Journal
are not necessarily endorsed by
the Australian Community Work
Association. No responsibility
is accepted by the editor or the
editorial advisory board for the
accuracy of the information,
or for errors or omissions.

ISSN 2652-3094

This Journal is copyright.
Apart from any fair dealing
for the purposes of private
study, research, training within
a particular agency, criticism,
or review, as permitted under
the Copyright Act 1968, no
part may be reproduced by any
process without prior written
permission of the publisher.

Cover image: Daniel Barreto



ACWA

AUSTRALIAN COMMUNITY
WORKERS ASSOCIATION