

Robertson, Fiona (1999)

Social work in rural communities

## UNITIES

1/ Market forces have had significant impacts on the well-being of individuals and their communities in rural areas

2/ Social capital measures have been ignored and in real terms this reflects there has been significant “fracturing” of individual and community well-being, particularly in rural areas

3/ Social work can assist in reclaiming the social balance in partnership with rural communities

4/ Rural social work is not just a matter of using the urban model.

5/ Social work needs to develop its own rural social work model, from which the practice of rural social work is defined

# **Social Work in Rural Communities**

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## **SOCIAL WORK IN RURAL COMMUNITIES**

Market Forces have made changes to the social fabric of rural society. These can be seen most markedly in the changes in the demographic picture of low income rural populations and the changing economic profile of rural women. However under the present economic model investment in rural communities is seen only in terms of financial capital, whereas social capital is also a valid investment for rural communities.

This paper will discuss the changes to rural communities and define social capital as a concept for rural investment. It will then explore the placement of social workers in rural communities to support investment in social capital, thereby assisting individual health needs and helping to improve the health status of rural communities.

## **WHAT IS RURAL NEW ZEALAND ?**

Rural areas make up 93% of New Zealand's land mass.

The rural population of New Zealand is made up of rural centres with population 300 to 1000 people and countryside.

15% of the New Zealand population and 18% of the Maori population live rurally

14% of Women in New Zealand are rural and 85% are non-Maori (Statistics New Zealand 1997).

The total overall rural population has been stable in the last 20 years. Population losses in areas relying on pastoral agriculture and forestry have been balanced against the population increases in other rural areas, such as where there is development of tourist and leisure based activities, rural towns attracting a retirement population and areas close to large urban areas which rely on the ability of the individual to have employment in the urban area (Statistics New Zealand 1997).

## **MARKET FORCES AND CHANGES TO RURAL COMMUNITIES**

Since 1984, successive governments have taken a market-orientated approach to managing the economy. Combined in the ideology is the belief that access to paid work will ensure the well-being of society, and that there is a need to move "from welfare to well-being". The following list provide examples of this:-

- Deregulated economy
- Sale of state assets
- A new right ideology (with emphasis on individual rather than collective responsibility)
- Reduced government expenditure,
- Removal of tariffs
- Removal of protection for local industry
- Targeting of state benefits

So what does this ideology mean for rural communities?

The rural market driven economy has been subjected to rapid change, especially since 1984. The changes impacted firstly on rural areas with the removal of farm subsidies; on the farm job losses; other job losses within the rural community, for example, through closure of the areas sole meat processing works or local clothing factory and forestry layoffs; reduction in the already limited local amenities such as medical services, banks and post offices.

Stress has been a major rural response. Restrictive finances have resulted in less casual employment on farms, thus owners and/or managers are doing more physically demanding work with increasing work loads. This results in stress felt by them and their families. Casual labourers in rural communities have found work opportunities virtually non-existent, causing financial difficulties for their families and increasing stress. The downturn in cash flow affects local shops, rural industry service providers, and general town based rural industries causing stress and anxiety for the owners, their families and their employees. Following the trends noted in the USA Farm Crisis and the author's recent experience through her involvement and work in the Rural Mental Health Team is that depression and mental distress is more prevalent as a result of the economic changes in the rural sector.

The impact of this market force ideology will now be further explored for affects on the population changes in rural areas. Linked to the economic changes have been a variety of demographic changes. These are the loss of rural population dependent on traditional farming, and the continual loss of young adults with the most education. Thus leaving behind an older and poorer population.

As noted above, in some areas population loss has been offset with in-migration, which include the affluent retirees, rural living but urban employed people who are well-educated professionals and self employed people. There are also the people with less education and minimal job skills and Maori returning to their tribal areas. These two groups are predominately reliant on welfare. The redundancies in the Government Departments covering Forestry, Railways and Post Office gave access to people to buy into cheaper housing in rural areas but not the access to employment. No matter what the non-Maori economic level or niche the newcomers are often held at bay by the labels of "outsider" and "city people" and in the case of those with low income by pejorative stereotypes and thinly veiled antagonism.

For rural in-migration, lack of social inclusion reduces the benefits that attracted people to the rural areas and can leave them isolated and unconnected. For the established community, the failure to integrate and draw on new people represents a missed opportunity for social renewal. Community development in its broader sense is needed to help new populations turn diversity into community vigor. Investment in social capital is a key part to this community development.

Economic and demographic changes acting together are significantly contributing to rural low income (poverty rates). There are four streams to this: -

- (1) Rural residents who were already poor and have little chance to move beyond this economic level
- (2) Rural residents who have fallen into low income levels as a result of lack of employment, business failure including farmers who have lost their property through mortgage foreclosure
- (3) In some areas redundant and low-income people who left urban areas seeking cheaper housing costs and a hope for a better life for their children.
- (4) Maori who have returned to reconnect with their tribal land.

Vulnerability to poverty is highest in the single parent families with non-existent employment opportunities; usually families headed by women. Among the non-Maori rural poor, residential mobility is high with families and parts of families moving frequently and suddenly among a series of rented residencies within an area. Each move disrupts schooling, agency contacts and social networks and further reduces the likelihood of establishing effective ties in the new location. The frequency of the moves undermines the individuals and communities, and impedes effective mental health for both.

In looking specifically at the issues of housing that basic necessity to a person's well being, it is identified variable rural resource. The ideology that the market will provide housing is non-existent to a large number of rural areas and the provision of adequate low cost housing in rural areas is a major concern. "There are Maori families with children living in atrocious housing conditions – tents, caravans, and makeshift sheds. There is no rental housing available; they cannot afford to buy; and they can't afford to build". (Else 1998 p220). Rural areas of Northland and the East Coast of the North Island are the worst affected. Housing New

Zealand have set up a low deposit scheme in these areas which is open to both Maori and non-Maori. According to Else (1998) only 180 families of the 2,041 families who have been through the pre-programme have built or purchased a house. The problem is that income has to be adequate to pay the mortgage at the market rate. Where there are housing shortages the rural market rental rate is higher than the urban market rate for a property of a similar type. There are major health consequences of inadequate housing as limited access to the basic necessities of food, water and warmth are indicators of poor health status.

## **POSITION OF RURAL WOMEN**

Within the market-driven economy what has happened to rural women? They have become and continue to be, the economic unit which has been integral to keeping many family farms financially viable (Martin 1996, Rivers et al 1997, Ministry of Women's Affairs 1998, Statistics New Zealand 1997). In Ponter's (1996) study of 1600 rural women, 30% of women involved in off farm paid employment stated their income was essential to cover the operating costs and 12% said their income was essential for farm development

Farm women operate in a number of different roles – domestic work, unpaid caring, community involvement, working on the farm (both physical work and farm management), or running their own business or taking off farm-employment. The employment solutions usually require them to commute to jobs. This is all combined with the gender role of being responsible for the psychological support and well being of their family. It is the opinion of the author that even as the children grow into adulthood, mothers assist in the interpersonal relationship issues between father and sons where the different ideas of each generation cause problems in the family and on the farm. Low family incomes and multi roles for women are having implications for the mental health of women.

## **WOMEN AND UNPAID WORK**

Rural women undertake a higher level of unpaid voluntary activities than do women living in urban areas.(Statistics New Zealand 1997). There are traditional helping patterns in rural areas and while little has been documented in New Zealand, this is an acknowledged community strength. "The (USA) profile which emerges is of a middle-aged women (usually)

married with children who is active in community organisations and whose motivation is to help based on caring and her perceived commonality of experience with the recipient” (Ginsberg 1993 p31). This may be useful for practical help and assistance within a rural community for the individual. The problems related to life transitions, mental health issues and personal processes may cause the individual to seek assistance outside the rural communities patterns of helping, or most likely seek no assistance.

The market driven economy has also created change to these patterns of helping where rural communities are in transition, as economic survival has had to become the first priority for many families. The pool of women who provide the unpaid voluntary work in rural as well as urban communities has reduced.

## **MENTAL HEALTH ISSUES**

Mental health needs should be acknowledged as a primary issue in the farm and rural environment.

Farming and owning a farm is more than a business venture, or a lifestyle activity. It involves a very complex psychological, sociological and spiritual process for both genders, a way of life, a covenant with the land and a commitment for future generations. As one farmer said to me when he lost his family farm to pay debts “it was like losing my soul”. Rural families facing economic downturns tend to develop symptoms of mental illness prior to the loss of their economic stability because of the anticipatory demise of the impending losses

For Maori the connection to the land is significant, as it is one of the four corner stones of health. The land is named whenua which is also the name for the placenta and all whenua should be returned to the land from which they came. Land is the important key to the spiritual, mental and physical well being of Maori people.

The potential mental health risk from the consequences of the rural restructuring and changing patterns of farming has not yet been researched to any extent in New Zealand. The publication *Rural Community Mental Health* of the National Association for Rural Mental Health (USA) devotes many of its articles to the implications for Rural Mental Health from the changing

rural economics to population patterns. The USA named the changes in the 80's, as the "Farm Crisis" and consider the farm crisis has not ended.

In the absence of New Zealand research USA rural mental health research will be referred to. Several USA researchers have documented the effects of the "Farm Crisis" in the 1980's and their ground breaking research has been carried on by others. Heffernan and Heffernan (1985 cited in Williams 1998. p13.) within Missouri identified high rates of depression, social withdrawal, feelings of worthlessness; mood swings and increased physical aggression. Walker and Walker found "frequent illness, headaches, fatigue, forgetfulness, loss of temper, lack of concentration, back pain, sleep disruptions behavioural problems in children and marriage problems in the Western Canadian families they studied"(1988 cited in Williams p13). Beeson, Johnson and Ortega (1986 and 1991 cited in Williams p13) in a 5 year longitudinal study of Farmers in Nebraska found rates of depression doubled over the 5 years since the impact of the first changes to farming in 1986.

While the studies are of a period in the 80's they have formed the basis of other studies in USA and Canada such as a 1994 study at the University of Wisconsin (cited in Williams 1998 p13-14) which explored the effects of the ongoing farm crisis. One quarter of the study indicated that they or their spouse had experienced thoughts of suicide. The University of Wisconsin has sponsored several programmes to help farmers respond to the ongoing farm crisis.

The main risk is from multiple stresses as farm families make every effort to stay involved with farming and their land. The levels of stress increase if there is a threat of potential loss of the farm and continues to increase if the farm is lost. These levels continue long after the family has left the farm, especially displacement, and difficulty adjusting to urban settings. Farmers and their families who lose their farms go through stages of adjustment similar to the stages of grief related to death of a loved one.

In summary, the mental health problems increase the risk of

- suicide
- substance abuse
- accidental injury and accidents on farm

- intergenerational conflict
- marital discord and disruption, and domestic violence
- subtle negative toll on children

Additionally, poor parenting practices can be an outcome of the level of stress and loss of self-esteem having negative developmental outcomes for children, such as school achievement, peer relations, anti-social behaviour and self-confidence. Adolescents may manifest their distress through more responsible behaviours as they try to help their families. Rightly or wrongly, farmers will increasingly believe it is outside forces rather than their own actions which determine their own fate and thus suffer further loss of self esteem.

Financial problems on the farm can lead to periods of increased social isolation, especially when farm loss is inevitable, families often withdraw out of shame or fear. The farmers losing their property can be characterized as poor managers, as having made poor business decisions, or spending too much on themselves or not being frugal enough. Rural men are less likely to seek help for depression than rural women but rural men and women are less likely than urban men and women to use mental health services. Rural changes and decline mean that rural mental health is threatened in terms of community well-being as well at the individual level as described above.

Substance abuse does not have a major focus due to the lack of visibility. It is generally accepted that alcohol is the most widely abused drug in rural settings and marijuana (the alternative cash crop of the 90's) use is restricted to a sub group within rural communities. The incidence of substance abuse in rural areas has not been researched and there has been no focus on the treatment of substance abuse in rural areas. The consultation draft by the then Minister of Health the Honorable Bill English in October 1998 *Rural Health Policy: Meeting the needs of rural communities* made no reference to substance abuse services, or that substance abuse was a problem in rural areas. Alcohol and drug problems are not a natural result of stress but can be used as a stress coping response. Increased stress results from chemical dependency. It is accepted that at least 10% of people with a major mental illness also have a co-morbidity of alcohol or drug abuse.

The above discussion is presented in order to outline the changes to what is happening rurally and while impacting on individuals, has a flow on impact for their rural families and the communities. Investment in employment is seen as meeting the problems and curing the economic ills of New Zealand. The market will provide, it is believed, and there have been attacks on the redistributive role of Government. The market is clearly not the automatic answer to the problem of rural communities.

The trickle down has simply not happened and while there are safety nets to “catch the poor” the poor have got poorer. New Zealand has suffered the loss of public assets, water, telephones and electricity. Individuals are retreating from the public world into the presumed safety of the private world. There are demands for greater punishment for crime, fear of people with major mental illnesses and the call for return to secure asylum “care”. Litigation is increasing as mistakes are seen as individual wrongs. The rural community is at greater risk because of its isolation from the rapid economic changes as individuals who feel at risk turn inwards. Cliques have formed which exclude those who criticise and the group encourages compliance of its members and distrust anybody outside the group. Racism is increasing along with the belief there is the need to retain land and resources rather than share them.

Social frameworks are almost off the agenda. Trust, reciprocity, mutuality, co-operation, time, social fabric and social capital have been missed in the pursuit of the financial economic gain. According to Cox (1995 p6) neither the push for central control as in Communism nor the laissez faire of the market forces works. Society is more than the public spheres and economies. We are responsible for each other as well as ourselves

The author does not see easy answers or a special recipe in Social Capital, rather improved processes to achieve a better social agenda. Supporting social workers in rural areas is only a small step to investing in social capital. Any investment must be more than financial, and have collective symbols and goals to help the rural communities and devise innovative ways of supporting and serving the individual rural communities.

## WHAT IS SOCIAL CAPITAL?

There are four major capital measures. The major agenda item is financial capital. Physical capital is known because of the environmental issues. Financial and physical capital can come together and deplete and overuse the physical capital. Human capital is the total of our skills and knowledge and this can also take the form of intellectual capital when skills and knowledge pertain to particular industry or a specific business.(Cox 1995)

Robert Putman's book *Making Democracy Work. Civic Traditions in Modern Italy* is the foundation work for Social Capital Theory. In 1970 Putman and his colleagues began a study which examined regional governments in Italy. Especially how these governments adapted the changing social environment. The study found there were strong links between community well being and the presence of civic communities, "characterised by active public minded citizens, by democratic political relations, and by a social fabric of trust and co-operation" (Murphy 1998 p2). Thus, Social capital refers to the "processes between people which establish networks, norms and social trust and facilitate co-ordination and co-operations for mutual benefit" (Cox 1995 p9), the opportunity for trust and co-operation and this is the basis on which we can build civil societies. As with other forms of capital, social capital is seen as an asset that has potential to improve economic outcomes, help restore community values and support families in stronger communities. (Cox 1995 and Murphy 1998)

The development of trusting and reciprocal relationships between people is what is referred to as Social Capital.. The places where such relationships develop are in neighborhoods and community organisations and groups where people voluntarily contribute their time and effort. Groups in which capital is produced include for example non-profit organisations, local environment groups, service clubs, craft and hobby groups, neighborhood centres, sporting groups, playgroups. (Murphy 1998) These community groups "are generally run democratically, people participate because they want to and the processes involve members working together on tasks, developing trust and mutually rewarding experiences" (Cox 1995 p19)

In this time, when competition is promoted as the "key to societal prosperity, social capital offers alternatives which are based on co-operating rather than competing with one another"

(Murphy 1998). Social and financial capital are not necessarily exclusive as the challenge is for “good business decisions” to include social impact measures and considerations. The present market model (of the right wing Business Roundtable practise) fails individuals and communities as it does not take into account Social Capital.

A relationship of trust between people is more likely if there is substantial knowledge about each other’s background and past performance and a high degree of compatibility between people. However, while compatibility is important, social capital also relies on people respecting one another’s differences. The durability of social capital relies heavily on people having a common interest to pursue. Social capital is a store of trust. For it to grow, people need to be able to have regular interaction with one another in community organisations where they can develop trusting relationships with each other. Co-operation between people is always more likely if people expect to be involved with each other again, and they regard this future interaction as important. Therefore the maintenance of social capital relationships between people must be sustained rather than seen as one-off interactions. (Cox 1995 and Murphy 1998)

“The greater the level of trust within a community, the greater the likelihood of co-operation, and co-operation itself breeds trust” (Murphy 1998 p2). Also it is important that those involved treat each other as equals rather than as subordinates in authority type relationships. Each party needs to be able to withdraw from the development of the relationship if they wish. “Without trusting the goodwill of others we retreat into bureaucracy, rules and demands for more law and order” (Cox 1995 p9). The demand to be protected from any type of risk. The era of litigation is here with soaring legal costs. Ironically we do not trust business, but market forces are seen as the solution of the economic problems.

Competition leaves little space for the growth of social capital as it works against levels of trust and cooperation. In the long term the loss of social capital through work force competition may also prove to reduce productivity and profits. Cox (1995) and Putman (1993) believe that once trust is established it can be used positively in many ways to promote community well being. How do we replenish social capital? The problem is not seeing the loss as a problem.

There are no simple solutions but they are the subject of debate. What is needed is an eclectic approach, the discussion of which is outside the bounds of this paper. To explore this concept further, a good starting point is *A Truly Civil Society* by Eva Cox (listed in the references).

## **SOCIAL WORKERS IN RURAL COMMUNITIES**

There is no simple solution to creating or increasing social capital. Social work skill lies in a systemic approach and can bring a matrix of skills designed to assist rural people. They can encourage the development of voluntary and egalitarian relationships that may help to build social and civic trust. However, social workers by themselves should not be seen as the answer to rural problems, just as general practitioners alone are not the answer to problems of rural health. There is a need for the development and support of rural communities by diverse skill groups including general practitioners nurses, social workers, community members and those social service agencies which remain in rural areas. The recruitment of a social worker needs to be seen as an asset for the rural community and they need to be accepted as part of the community, in the same way that for other health professionals are accepted.

Social workers can provide support to rural community by:-

- 1/ helping cope with the lack of resources and the ongoing struggles in having and keeping basic amenities.
- 2/ helping to create links to improve social cohesion and the ability of communities to solve their own problems.
- 3/ improving individuals self-affirmation which can come from working with others in groups.

While USA, Canada and Australia have a developed rural social work discipline, New Zealand needs to expand this. Rural New Zealand helps us better to understand how public policy impacts on well being but we cannot transport the urban model into rural areas. **Appendix I lists the Assumptions for Rural Social Work** which have been developed by the Southern Regional Education Board Manpower Education and Training Project's Rural Task Force (cited Ginsberg 1993 p18-21) and which has been adapted by the author for New Zealand.

Rural General Practitioners have been seen as taking care of the health of the community in which they practice but while they have dealt with the medical health, the social and community health has been ignored or marginalised. Social work is ideally placed as a discipline to take an overall view of community wellness and work towards achieving this. It can enhance social capital by assisting the community on an individual and collective level.

So what do social workers need to equip them to work in rural areas? Firstly they need adequate funding and the ability to travel around the area. Secondly they need to follow a theoretical perspective for rural social work.

## **FUNDING**

Funding and appointment needs to be a collaborative approach. As each individual area has its unique needs, funding should be on a partnership basis between central government and the local rural government and local communities. Funding may also be granted from Community and Philanthropic Trusts, Lottery Grants and through sponsorship from business. The service must be assured of adequate long term funding.

## **SOCIAL WORK THEORETICAL PERSPECTIVE**

The social work profession's interest in a specialized training for rural New Zealand is non-existent. Social work has not recognized and consequently neglected, the needs of the rural populations, the status of rural Maori, the rural poor, the rural elderly and the position of rural women. There is nothing in social work education which specifically prepares the social worker for work within a rural setting.

So what is the best model for rural social work? The following comments, while strongly influenced by the work in Ginsberg's in *Social Work in Rural Communities*, have also developed from the author's experience of setting up and working in the Rural Mental Health Team based in Mental Health Division of Healthlink South Ltd in Christchurch and her own experience of being brought up in a rural farming environment.

It is not a matter of using the urban social work experience for rural social work. The social work practitioner in a “rural community area would have to know how to do a bit of everything or at least know how to make a bit of everything available to the clients in smaller communities” (Ginsberg 1993 p6). The generic model or the generalist model would then be expanded to suit the community in which they work. The social worker will have to understand and have skills in dealing with a whole range of individuals and range of problems that affect rural communities. They would require ability to work with individuals, families, small groups and at a community level as well as an understanding of how social policy affects the well being of rural areas. In addition skilled mental health knowledge would be a prerequisite.

### **From the generalist model to a rural social work model .**

A generalist involves attention to assessment and the notion of problem definition and the cultural context of such conceptualization. Appropriate remedies are defined through culturally based definitions and processes with the need to include consideration of race, class, gender

Initially there needs to be acceptance from the community. From the discussion on the changes of the make up of rural communities from in migration it is evident that acceptance to any community is not automatic. The author’s almost automatic acceptance for her work in the North Canterbury community was related to rural upbringing, attending a rural High School and being able to talk knowledgeably about farming and rural matters. People ignoring the fact she had not lived in a rural setting since her early 20’s.

Rural communities operate on a personalized basis. Individuals rely on family, organisations and peer groups for their decision-making and values, depending on the various community level which the individual belongs or doesn’t belong to. Any social work practitioner must first spend time in getting to know the community, learn how the community operates and gain community acceptance of themselves. If acceptance is not gained “they might as well pack up and go home”. Rural people generally are unhappy about non-rural people who think they are experts about their rural community.

It is important that in order to become accepted one:-

- Avoids offending the rural leaders and community volunteers.
- Have caution about expressing one's own personal and political views.
- Participates in community activities such as the local drama production and attends community functions.
- Is cautious in terms of one's dress and, if living in the community, their level of alcohol consumption and the associations they have.

The social worker must take time to adapt and not impose any idea, system or structure the local community does not want. Rural communities maybe without the services of a social worker but the rural community will have this service in a number of para-professional. The social worker will bring their skills for the overall community and social inclusion of all rural community groups, an investment in rural social capital.

## **WHAT ARE THE ROLES OF RURAL SOCIAL WORK**

While working within a generalist model, the social worker bases their practice on a number of roles. The following restates the roles of social work which do not significantly differ from rural to urban. What differs is these roles rely more on informal networks than do urban social workers do as there are more institutions in urban areas. Social workers utilize and help develop networks in the absence of these formal systems.

Broker	Guiding client systems towards existing services (if any), helping them to negotiate the service system, and/or linking components of the service system to one another.
Mobilizer	Working with groups or communities to create resources that relate to existing problems
Mediator	Working with groups of individuals to resolve conflicts by mediating the interaction in an impartial manner

Advocate      Attempting to obtain services or rights for an individual or a group by fighting for those services or rights in order to overcome obstacles

Clinician      Working with individuals, families, or small groups to bring about specific changes in their behavioural patterns, symptoms, or perceptions, including imparting information in order to develop various skills

Researcher    Collecting, classifying and analyzing data which can support improvements to rural communities

Community Organiser

Working with large groups, organisations or whole communities to help them increase their skills in solving social welfare problems

(Northern, Reid and Epstein cited in Ginsberg 1993 p59)

The above is an attempt to bring together the roles of social work within the generalist model, however, to be conceived in a meaningful way rural social work practice will vary in different rural communities. It is not possible to exactly define rural, rather it is along a continuum.

## **WHAT MAKES AN EFFECTIVE RURAL SOCIAL WORKER?**

To be a rural social worker is to battle for the long odds.

**Appendix II lists the characteristics of what makes an effective Social Worker** as developed by the Southern Regional Education Board Manpower Education and Training Project's Rural Task Force (cited in Ginsberg 1993 p20-21) and which have been adapted by the author for New Zealand. They are skills also required to be effective in an urban environment. However the author believes that it is the orientation to and understanding the rural community that is the key to effective practice in a rural setting : the understanding of what makes up each rural community and that each will have their own unique aspects. Additionally, social work cannot distance itself from what makes a rural community function

and its needs following the economic restructuring and demographic changes. Rural social workers need to work with the networks that already exist.

An example is the concept of well being within a rural community. Among traditional rural people aspirations to health are more related to productivity and the ability to carry out their every day tasks of work and family responsibilities. High performance and work outputs are important. Rural people describe themselves as healthy in the community context provided they can work even when in pain or suffering with chronic illness. The scenario of the injured farmer who breaks a limb or partially severs a finger but continues until the harvesting is over for the day. Treatment is not primarily to treat the symptoms, rather the maintenance of functional ability and level of independence to meet work obligations should they be on the farm, at home or within the community. Attitude to productivity continues through illness, pain, floods or drought and is common place within this group. To be sick or injured somehow implies a weakness or a failure. When facing a permanent disability there are problems to motivate to restructure their lives which are not so apparent in urban well being. (Elliott-Schmidt 1997 p60).

## **SPECIFIC SOCIAL WORK SKILLS**

The following, also listed as **Appendix III** is the specific skill set which the author believes is a core requirement for working in the rural community. It is a mix of skills from working at an individual level to a community level, and requires knowledge to work at a local community level for changes and to identify:

- 1/ The kinds of changes that would be most acceptable and effective
- 2/ The resources needed to make change tenable
- 3/ The locally identified change agents to assist
- 4/ The local networks to work for change

### **Mental Health Skills:**

- Demonstrate an understanding of community mental wellness
- The ability to identify the symptoms of major mental disorders especially depression
- Identify the risk of suicide and/or homicide

- The knowledge to identify and enlist assistance of specialist services to treat major mental disorders.
- The ability to disseminate appropriate information and education

#### Alcohol and Drug Skills

- The ability to identify the factors most likely to lead to abuse of substances.
- The ability to help individuals identify they have a substance abuse problem.
- The knowledge to identify and enlist assistance of specialist services to treat substance abuse.
- Ability to set up and facilitate groups

In addition it requires the knowledge to work on an individual level and practical level linking to resources for farming families and rural families may need help in a number of areas. Such as financial support in emergency situations which can be provided by Work and Income New Zealand but they require documentation including income tax returns. Referral to legal advice and other forms of practical assistance such as with food parcels. Stress management on an individual and group, and the development of user friendly material specifically for rural populations.

Rural social workers need to have a commitment to work with the consequences of violence and abuse on an individual and community level. Physical abuse, sexual abuse and emotional deprivation which mainly affect children and women, and can happen at anytime across their lifespan. (Rural women and farm women find it more difficult to end an abusive relationship, as they face the problems of distance, limited finances, community attitudes and lack of domestic violence services (Martin 1996 p3). )

## CONCLUSION

Solutions to problems of society must come from “bottom-up” and “top-down” sources. The Government needs to develop new relationships with their citizens which will involve abandoning their habit of telling people what to do, of always trying to plan and control society’s direction, and allow more of society’s answer to come from community and civic

life. To strengthen social capital, resources are required from government, business and communities. (Cox 1995 and Murphy 1998)

This paper has been part of a journey to analyze some of the changes, struggles and policy impacts on rural communities. It is also about a solution and visions for the future, a journey yet to be embarked upon, about a commitment to invest in rural social capital by providing quality social work services

It is also about the development of a theory and a practise base for rural social work. Successful rural social work is not based on “transporting” the urban practise to the country. It needs to be seen as a unique discipline and for the author, this paper has started the discussion and will lead to further writings beyond this paper.

Social work provides opportunities for rural communities

- To improve and not stagnate or decline.
- To help individuals in rural communities to reach their potentials
- To overcome the problems which may or may not have been caused by the current market forces.
- To invest in a balance between financial and social capital.

## **BEYOND THIS PAPER**

While public attention to economic rural distress has all but disappeared, the economic problems in rural areas continue and pose an ongoing need for programs to respond to the challenges the economic problems present. The design of these programs must be based on the understanding of the communities involved, their needs, resources and culture.

The ongoing challenge is for rural mental health service providers to develop the effective collaboration and partnership efforts which are essential to rural community wellness.

The needs of children, the elderly, the poor and cultural issues all play a critical role in defining appropriate approaches to solutions for rural problems.

## Appendix I

### ASSUMPTIONS FOR RURAL SOCIAL WORK

*By the Southern Regional Education Board Manpower Education and Training Project's Rural Task Force and with alterations to suit the New Zealand environment to suit New Zealand by Fiona Robertson*

1/ There is no clear, universally accepted definitions of 'rural areas,' and in fact such a definition is unimportant. What is important is the fact that social workers will be working with people and with communities that are geographically outside the urban area.

2/ There is a great variance among rural communities, for example, rural farming, rural non-farming, industry and so on. They are very different in style, customs, economic situation, population density, geographic location and topography.

3/ Rural areas, like urban areas, change in response to population mobility, technology, and other factors.

4/ People in rural areas are more like people in non-rural areas than they are different from them. We need to look at the economic, political and social institutions and conditions that have shaped the lives of people in rural areas, because such institutions will be different in rural areas.

5/ There are unique problems in rural areas, such as the lack of basic public services.

6/ Rural communities have problems which are common to all communities everywhere. For example, such problems as mental retardation, physical and emotional disabilities, alcoholism, drug abuse, and delinquency are not unique to rural areas.

7/ Many of the problems of people living in rural areas must be viewed within the context of unique social, economic, and political systems which it can be argued as, exploitative, unjust and inadequate to many persons in rural areas.

8/ Poverty in rural areas can be long standing and generational but has recently increased as a result of changing economic policies and return of Maori to their land base.

9/ Poverty tends to be scattered in rural areas; for example, poor families may live within a stone's throw of middle-income families.

10/ Social welfare delivery systems of rural areas have unique features. They may be less formal, with informal networks and resources which are not commonly viewed as part of the traditional welfare system. These systems need to be studied so that the positives are recognised and strengthened. Programs based on urban experience may be dysfunctional in rural areas.

11/ Some people in rural areas, due to the long-standing nature of their problems and generational poverty, may tend to be more resistant to or suspicious of change.

12/ Unusual and unique barriers exist to participation in community decision making. The scattered nature of much of the population, lack of transportation, population diversity, and lack of access to, or knowledge of, technical assistance and resources are among these barriers.

13/ Rural communities tend toward greater conformity with conventional norms and remain as the last stronghold for some conventional virtues and prejudices. The strengths which are an inherent part of such conformity must be recognised and valued by the social worker.

14/ Rural people have more limited experience with professional persons and professional roles. The social worker tends to be viewed as the 'welfare worker' who provides financial help and has not been a prime resource in helping the community to deal with problems.

15/ Cultural differences characterise rural communities. Such differences must be recognised and respected. Social workers must be sensitive to the desires of such communities in terms of the kind of helping person the community feels it can effectively work with and relate to if there is to be an intimate involvement with the community and its problems.

16/ Because of the fewer formal social welfare agencies which deal with specific problems, rural communities have a special need for workers who can help assist them define problems and develop solutions.

17/ Because of the non-availability of many of the formal, more specialised welfare services, the rural social worker must often react to problems as a generalist.

18/ There are many myths, stereotypes, and generalisations about rural life and rural communities which the social work practitioner must examine carefully and critically.

19/ There is a common core of generic content to all of social work practice. Such a core includes knowledge of human behaviour and skill in analysis, problem solving and basic practice. There is, however, substantive knowledge which is unique to rural communities and which social workers must know if they are to be helpful to people in rural areas.

## Appendix II

### **GENERAL CHARACTERISTICS OF EFFECTIVE RURAL SOCIAL WORKERS IN RURAL COMMUNITIES**

*By the Southern Regional Education Board Manpower Education and Training Project's Rural Task Force and with alterations to suit the New Zealand environment to suit New Zealand by Fiona Robertson*

- 1/ They are especially skillful in working with a variety of helping persons who may not be related to the profession of social work, as well as with peers and colleagues.
- 2/ They are able to carry out careful study, analysis and other methods of inquiry in order to understand the community in which they find themselves.
- 3/ They utilise their knowledge of the customs, traditions, heritage and culture of the rural people with whom they are working to provide services with special awareness and sensitivity.
- 4/ They are able to identify and mobilise a broad range of resources which are applicable to problem resolution in rural areas. These include existing and potential resources on the local and national levels.
- 5/ They are able to assist communities in developing new resources or ways to more fully use existing resources to benefit the rural community.
- 6/ They are able to identify with and practice in accordance with the values of the profession and grow in their ability and effectiveness as professional social workers in situations and settings where they may be the only professional social worker.
- 7/ They are able to identify and analyse the strengths and/or gaps and shortcomings in governmental and non-governmental social policies as they affect the needs of people in rural areas.
- 8/ They accept their professional responsibility to develop appropriate measures to encourage more responsiveness to the needs of people in rural areas from governmental and non-governmental organisations.
- 9/ They are able to help identify and create new and different helping roles in order to respond to the needs and problems of rural communities.
- 10/ They initiate and provide assistance to rural governing bodies and other organised groups in rural communities.

11/ They are able to practice as generalists, carrying out a wide range of roles, to solve a wide range of problems of individuals and groups as well as of the larger community.

12/ They are able to communicate and interact appropriately with people in the rural community, and adapt their personal lifestyle to the professional tasks to be done.

13/ They are able to evaluate their own professional performance.

14/ They are able to work within an agency or organisation and plan for and initiate change in agency policy and practice when such change is indicated.

15/ On the basis of continuous careful observation, they contribute knowledge about effective practice in rural areas.

16/ They adhere to the competent social work practice standards of the Aotearoa New Zealand Association of Social Workers (ANZASW).

17/ They practice within the ANZASW bi-cultural code of practice and adhere to the ANZASW Code of Ethics

## Appendix III

### **SPECIFIC SOCIAL WORK SKILLS FOR RURAL SOCIAL WORKERS**

The skills are a mix from working at an individual level to a community level, and requires knowledge to work at a local community level for changes and to identify:

- 1/ The kinds of changes that would be most acceptable and effective
- 2/ The resources needed to make change tenable
- 3/ The locally identified change agents to assist
- 4/ The local networks to work for change

#### Mental Health Skills:

- Demonstrate an understanding of community mental wellness
- The ability to identify the symptoms of major mental disorders especially depression
- Identify the risk of suicide and/or homicide
- The knowledge to identify and enlist assistance of specialist services to treat major mental disorders.
- The ability to disseminate appropriate information and education

#### Alcohol and Drug Skills

- The ability to identify the factors most likely to lead to abuse of substances.
- The ability to help individuals identify they have a substance abuse problem.
- The knowledge to identify and enlist assistance of specialist services to treat substance abuse.
- Ability to set up and facilitate groups

#### Linking knowledge to work at an individual level and community level

Commitment to work with the consequences of physical abuse, sexual abuse and emotional abuse

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