Application of the Critical Intersections Model to Social Work with Young Parents in Aotearoa New Zealand

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ABSTRACT

INTRODUCTION: This article examines some of the challenges faced by social workers working with young parents and explores appropriate responses to those challenges. Beddoe and Maidment's (2009) critical intersections model is utilised to integrate academic curriculum learning with contemporary social work areas. Aspects of working with young parents are discussed in relation to cultural imperatives and critical social theory, intersecting with the therapeutic relationship, which is an essential professional practice skill. The intersection between cultural imperatives and the therapeutic relationship explores social work with young parents who identify as Māori, while the intersection between critical social theory and the therapeutic relationship explores the impact of stigma and discrimination on establishing engagement with young parents.

METHOD: The critical intersections model is applied to the anecdotal practice experience of a social work student on placement at an agency that supports young parents. A composite case study based on practice experience is used to illustrate the critical intersections.

FINDINGS: Demonstrating elements of the therapeutic relationship before receiving consent to engage with a young parent can aid in overcoming the mistrust of helping professionals caused by stigma and discrimination. Establishing a therapeutic relationship with young parents who identify as Māori requires a social worker to have a willingness to learn and respond with cultural humility.

CONCLUSION: The critical intersections model was valuable in exploring the integration of academic curriculum and contemporary social work areas in relation to social work with young parents.

Keywords: Young mothers; critical intersections; integration; social work

Young parents are often in need of social work support for a variety of reasons, but there are frequent challenges for social workers in engaging and working with young parents (McArthur & Winkworth, 2018). These challenges will be explored from the perspective of a female, Pākehā, social work student on a fieldwork placement through the application of the critical intersections model to practice experience in the form of a composite case study (Beddoe & Maidment, 2009). The integration of academic curriculum areas and contemporary practice debates to social work with young mothers will explore the challenges faced by social workers and possible responses to those challenges.

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Tynjälä et al. (2016) described integrative learning as combining the four knowledge components required for professional expertise, being theoretical, practical, self-regulative and sociocultural knowledge. To develop expertise there need to be connections between theory, practice, and self-regulation within the context of sociocultural knowledge that is learned by participating in social communities while participating in fieldwork (Tynjälä et al., 2016). Social workers use theories to make sense of the increasingly complicated situations and environments they work within (Harms & Connolly, 2019). A theoretical framework can account for the logic of why a social worker utilises a particular practice approach in their mahi (work) which, in turn, informs which specific techniques that social worker might use. Critically reflecting on practice is how social workers analyse practice related to their theoretical framework (Maidment & Egan, 2016). The process of critical reflection develops the self-regulative skills required for building expertise (Tynjälä et al., 2016). Students on practice placements are required to participate in regular supervision, allowing them to critically reflect on their practice experience and sociocultural learning, and how that integrates with their theoretical framework, building self-regulatory skills in the process.

The critical intersections model (Beddoe & Maidment, 2009) offers a model for integrative learning that facilitates the examination of eight core curriculum areas related to four contemporary debates within social work. The curriculum areas are theory for practice, practice skills, social policy, social work research, working in organisations, ethics, community development and the life course. The contemporary debates are engagement with critical social theory, the integration of service user perspectives, the analysis of cultural imperatives, and the role of the profession itself. Critical intersections are locations where curriculum areas meet

contemporary practice components and can be applied to practice scenarios experienced by students on fieldwork placements. Critically reflective practice encourages social workers to evaluate how their work fits into broader concepts, such as social, economic, and ethical issues (Maidment & Egan, 2016). The inclusion of contemporary practice components in Beddoe and Maidment's (2009) critical intersections model allows for examining macro-level social and economic concerns that can impact social work service users. Higher-level social work involves looking beyond working with people as individuals and engaging in research, advocacy, education, programme development and policy to address social challenges.

In this instance, the practice scenario applies the critical intersections model to social work engagement with young parents. The curriculum area applied to this scenario is the development of practice skills, specifically in establishing the therapeutic relationship. The contemporary practice components explored include analysis of cultural imperatives by looking at how Māori young parents are impacted differently than non-Māori as well as by engaging with critical social theory through exploring how young parents are affected by stigma and discrimination with stigma, being the perceived shame associated with being a young parent, and discrimination being unfair treatment received on account of being a young parent (Flett et al., 2020; Gordon et al., 2016).

There is a range of risk processes that contribute to adolescent pregnancy, including socioeconomic deprivation, a lack of education or educational expectations, a lack of employment or employment opportunities, drug and alcohol use, exposure to sexual content in the media, barriers to contraception and traumatic experiences during childhood (Allen et al., 2007; L'Engle et al., 2006; Smith, 1996; World Health Organisation, 2021). Barriers

to accessing contraception include fear of discrimination by family, peers and community, health worker bias and lack of willingness to assist a teenager with sexual health, as well as physical access issues such as transportation and finance (World Health Organisation, 2020). Young women with childhood traumatic experiences are more likely to become pregnant during adolescence, the impact of which is more pronounced with a range of negative experiences, or complex trauma (Shreffler et al., 2020; Smith, 1996). Young Māori women are more likely to become pregnant before the age of 20 than non-Māori women; this is discussed later in relation to cultural imperatives (Statistics New Zealand, 2019).

The statistical measure for adolescent births in New Aotearoa Zealand covers ages 15-19, capturing most instances in this country (Statistics New Zealand, 2019). Aotearoa New Zealand used to have one of the highest rates of adolescent births for a Minority World nation, peaking at 69.07 per 1000 women in 1972 (Statistics New Zealand, 2019). However, after holding steady at around 30 adolescent births per 1000 women for decades, the rates of young parenthood in New Zealand have dropped to 13.45 per 1000 women in 2018, the majority of whom identify as Māori (Ministry of Health, 2019; Statistics New Zealand, 2019). Despite instances of adolescent pregnancy decreasing in Aotearoa New Zealand, there are still higher risks for this group, during pregnancy, childbirth and continuing into infancy. Women who become pregnant during adolescence are at higher risk of complications during pregnancy and birth than their older counterparts. There is a much higher occurrence of anaemia, pre-term delivery, low birth weight and neonatal admission, predominantly linked to reduced accessing of antenatal care and education, which indicates more support is needed for these young women to access high-quality medical care (Loto et al., 2009; World Health Organisation, 2020). There are continuing risks for young women after the birth of their baby, including poorer health, delayed educational and vocational achievement, poverty, psychosocial issues such as depression and social isolation, rejection or violence by their partner, parents and peers, and discrimination (Mills et al., 2013; World Health Organisation, 2020). An umbrella study of meta-analyses by SmithBattle et al. (2017) showed positive outcomes for teenage parents who engaged in interventions, including reduced low birth weight, reduced repeat pregnancies, improved quality of maternal education and employment, as well as more positive parenting behaviour and parent–child relationships.

Engaging with critical social theory regarding stigma and discrimination

Social workers are taught to draw from critical theory to explain the structural causes of poverty, social marginalisation, and oppression (Beddoe & Maidment, 2009). A common form of marginalisation experienced by young parents is stigma and discrimination related to having a child at a young age. Stigma is about a perceived mark of shame, a negative view of another person or group, where discrimination is the act of unfair treatment because of a stigma attached to that person or group (Flett et al., 2020). The majority of young parents will experience stigma, self-stigma and discrimination at some point (Gordon et al., 2016). The experience of stigma can have a deleterious effect on the mental health and wellbeing of a young parent (Conn et al., 2018; Gordon et al., 2016). Stigma against young parents can take the form of lowered standards in terms of expectations of achievement and their contribution to society, seeing them as a burden on society, as having limited parenting capability and the view of young parents as irresponsible (Conn et al., 2018; Greyson et al., 2019). A focus on the negative outcomes associated with teenage parenthood contributes to stigma, leading it to be interpreted as a social or moral crisis involving irresponsible teenagers (Gordon et al., 2016; Ware, 2014). It is a difficult situation for a pregnant teenager, with choosing to keep

her baby leading to her being seen as irresponsible and immature; however, choosing not to have her baby through abortion is construed by many as being immoral (Fonda et al., 2013). Being self-aware of the stigma around young parenting can lead to the development of self-stigma, a sense of failing by becoming a stereotype, causing lowered expectations. The overwhelming negative portrayal of young parents in the media, particularly reality shows, contributes to maintaining stigma and self-stigma around young parenting (Greyson et al., 2019). The discrimination experienced because of the stigma against young parents is diverse, coming from many sources. It can range from stares and whispers from strangers on the street to being actively chastised by professionals who are supposed to be helping (Conn et al., 2018). It seems the most harmful discrimination comes from family, partner, and peers, as it isolates a young mother from social support networks (Conn et al., 2018; Gordon et al., 2016). The experiences of stigma and discrimination as a young parent compound with stigma and discrimination from other sources, including socioeconomic status, gender, religion, and ethnicity (Conn et al., 2018; Gordon et al., 2016; Ware et al., 2014). Ware et al. (2014) called for a re-contextualising of young parenting for Māori as part of positive Māori identity and culture, essentially decolonising the Western perspective of young parenting as a problem, to reduce the stigma and discrimination related to young Māori parents. Experiencing stigma and discrimination can cause young parents to become socially isolated and mistrust helping professionals, which poses a challenge for social workers trying to establish a working relationship.

Considering Māori cultural imperatives

Analysing cultural imperatives requires social workers to consider a situation within a cultural context, which acts as a lens for the way the service user sees the world (Beddoe & Maidment, 2009).

Culture incorporates interwoven aspects of gender, age, sexuality, ethnicity, and class, and is relevant at personal, cultural and structural levels (Thompson, 2012, p. 36). The focus here is on the cultural level, looking towards different ways of thinking and behaving linked to Māori ethnic identity. Social work in Aotearoa New Zealand operates within a bicultural framework, meaning social workers need to consider Māori cultural imperatives in their practice. This is particularly relevant in the field of working with young parents, with 62% of adolescent pregnancies being to Māori mothers (Scanlen & Hooper, 2019). Some of the proposed explanations for higher rates of Māori teenage pregnancies reflect the socioeconomic positioning of Māori in Aotearoa New Zealand, a reflection of Māori having greater exposure to negative childhood experiences or trauma than non-Māori and differing cultural values around the ideal timing of becoming a parent (Fanslow et al., 2007; Marie et al., 2011). Research out of the Dunedin Multidisciplinary Health and Development Study (Marie et al., 2011) found that women who identified Māori as their sole cultural identity were seven times more likely to have had an adolescent pregnancy than non-Māori, even when controlling for socioeconomic and family functioning factors. Women who identified as Māori and another cultural identity were three times more likely than non-Māori to have had an adolescent pregnancy (Marie et al., 2011). This research suggests a link between Māori cultural values and becoming a young parent.

This is a small exploration of some specific cultural aspects of parenting in Māori culture, as researched by a Pakeha student, approaching with cultural humility (Tervalon & Murray-Garcia, 1998). Pēpi (babies) are seen as a contribution to whakapapa (lineage), inheriting mana (spiritual power) and tapu (sacred restrictions) from their tupuna (ancestors) (Jenkins & Harte, 2011; Ware, 2014). Children are the responsibility of the community as

well as the parents, who all have a role to play in protecting their tapu and nurturing their mana (Ware, 2014). There is no age associated with whakapapa, whānau (family), whanaungatanga (relationship building) or aroha (love) in Māori culture, so becoming a parent at a young age is not problematised. There is no specific word or term for teenage pregnancy in te reo Māori (Māori language) (Pihama, 2010; Ware et al., 2018). If Māori cultural values are a large factor in becoming a young parent, social workers must value and understand the cultural identity and needs of young Māori parents (Kerslake Hendricks & Stevens, 2012).

Many Māori experience an increased desire to connect with traditional language and culture after becoming hapū (pregnant), particularly establishing cultural identity, whakapapa, connection to whenua (land) and turangawaewae (a place to belong), wairua (spirituality) and tikanga (protocols) (Ware et al., 2018). Tikanga can include not cutting hair while hapū, using tupuna names for their pēpi, using karakia (ritual chant) during the birth and returning the whenua (placenta) to the earth it shares its name with (Ware et al., 2018). There is a greater focus on the role of whānau in raising families. Research by consultants Scanlen and Hooper (2009) on behalf of Oranga Tamariki showed a high need for tikanga Māori models and interventions for young Māori parents because of the reduced amount of traditional support structures, typically lost to colonisation. Māori parenting knowledge and practice are often minimised, with Māori parents feeling pressure to prove good parenting by achieving Western markers of good parenting (Ware et al., 2018). Western approaches to working with young Māori parents may not reflect Māori realities, traditions and tikanga (Scanlen & Hooper, 2009). These are all significant elements that should be considered in relation to academic learning and practice experience of working with young Māori parents.

The therapeutic relationship

A key element of professional practice skills for social workers is their ability to utilise the therapeutic relationship. If utilised effectively, the relationship that a worker develops with the service user can create a safe environment for them to learn, grow and heal within, which can be critical to therapeutic outcomes for the service user (Ferguson et al., 2020; Ungar et al., 2018). Bower (2005, p. 11) said that "a thoughtful and emotionally receptive stance with clients can have therapeutic value without anything fancy being done." Relationship-based practice in social work (Ruch et al., 2018) requires the avoidance of 'psychologising' service users, failing to consider the wider mezzo and macro contexts impacting the relationship, such as family, work or societal dynamics like race, gender, or economics (Ferguson et al., 2020; Sudbery, 2002). Social workers need to be aware of the presence of and their use of power, particularly when working with a population like adolescent parents who often have backgrounds of trauma, or who have engagement with statutory services (Ferguson et al., 2020; Sudbery, 2002). This power imbalance is especially noticeable during the perinatal period, when there is potential for the infant to be removed by child protective services (Keddell et al., 2022). Ungar et al. (2018) explored the ways that young people engaged in a therapeutic relationship with social workers and found there was a difference in the preferred engagement style depending on the risk level of the young person. Adolescents with higher levels of risk tended to prefer workers who had looser boundaries and higher levels of transparency (Ungar et al., 2018). This meant measured self-disclosure of personal information or past struggles, showing genuine empathy for the young person, and sharing the contents of the case file. Perhaps this is because it is counter to the expected authoritarian experience of a statutory setting. This style of engagement is congruent with a trauma-informed approach. There is not always an opportunity for social workers to engage

with young people in this way however, with the relationship being impacted by the demands of bureaucracy through the prioritising of cases and consistency of care not being prioritised by organisations (Ferguson et al., 2020; Harms & Connolly, 2019).

Intersection between therapeutic relationship and stigma

Young parents are a demographic that can be difficult to establish a therapeutic relationship with, largely because of the experience and anticipation of stigma and discrimination (McArthur & Winkworth, 2018). The social worker may have to demonstrate their side of the relationship for some time before a young parent feels comfortable to engage with their service. To encourage engagement, the social worker could make regular phone check-ins, offer practical assistance in the form of food parcels or baby gear and showing their genuine empathy for the client. By showing some of the elements of the therapeutic relationship: reliability, caring about the mundane, day-to-day needs of a young family, and showing genuine use of self, the social worker can build enough trust with the young mother to get them to engage with the service (Ferguson et al., 2020). By the time a young mother is referred to a social worker, they have often experienced stigma and discrimination from many sources, including medical, legal, housing, and education professionals. Social workers must acknowledge the experiences of the young mother, to be able to build an effective therapeutic relationship and overcome the barriers caused by stigma and discrimination (Ferguson et al., 2020; Ungar et al., 2018). A secure therapeutic relationship can help a young mother to process their experience of stigma and discrimination, develop adaptive ways of coping and find the lessons in the challenges she has faced (Conn et al., 2018; Ferguson et al., 2020). By engaging with a growth mindset and seeing parenthood as a catalyst for change and an opportunity for growth, a young mother can become more resilient to challenges she faces in the future (Conn et al., 2018; Taylor, 2017).

Intersection between therapeutic relationship and Māori cultural imperatives

A social worker engaging in a therapeutic relationship with a young Māori mother should have cultural humility, awareness of tikanga relating to pregnancy, birth and pēpi, and awareness of what it means to be a young mother within Māori culture. Non-Māori social workers need to have a genuine willingness to learn and respond to tikanga and cultural differences, knowing when it is more appropriate to refer a client to a Kaupapa Māori (Māori approach) service if it is available. Tikanga around relationships and social work values align if the social worker has the awareness to utilise them. Ware et al. (2018) explained how tikanga applies to building a therapeutic relationship with young Māori parents. Aroha facilitates a relationship based on empathy and acknowledgement of the love between parent and child, regardless of age while mana acknowledges the right to be a parent accessing support and care for the betterment of their child's future as well as their own and tapu ensures confidentiality and respect around sensitive issues (Ware et al., 2018). Pihama (2010) argued that a Kaupapa Māori approach is less a step-by-step theoretical framework and more a philosophy that ensures cultural integrity when looking at issues that affect Māori. It would be ideal for social workers to decolonise their working process and incorporate Kaupapa Māori philosophies to work with young Māori mothers in a culturally responsive way. A social worker can help a young parent navigate their identity at the challenging intersection of adolescence, young parenthood, and Māori identity (Ware et al., 2018). Reconnecting young Māori parents with their cultural heritage can positively impact their wellbeing and parenting identity (Ware et al., 2018). Social workers

have an opportunity to normalise Kaupapa Māori services and methods, by engaging non-Māori parents with these opportunities as well.

Application to a composite case study

This case study is developed as a composite of three young parents with whom I had the opportunity to work with myself or observe another social worker working with while on fieldwork placement at a non-government organisation supporting young parents with individual social work support and a range of parenting programmes. These parents verbally consented to my experience with them being written about in a non-identifying manner, as did the social worker who was observed working with two of the cases. All three parents were receiving individual social work support, and one was also attending a parenting programme through the agency.

Whina was a 19-year-old mother, who lived with her 21-year-old boyfriend Jaime, the baby's father, in a rental property. Whina was connected with her Māori heritage and involved in a Kaupapa Māori parenting course at the time of referral. Jaime was non-Māori but supported Whina's connection to her whakapapa. Jaime had some challenges with anxiety and preferred to stay home with the curtains closed at all times. Baby Tane was born at 35 weeks and spent several weeks in the neonatal intensive care unit (NICU). At the time of social work contact, Tane was 3 months old and underweight. Whina and Jaime were reluctant to engage with a social worker. There were many healthcare professionals involved with Tane already, and the family had experienced discrimination and judgement because of their age, their premature baby, and their dark, untidy home with covered windows. They were starting to believe that there were no helping professionals who would treat them well. At the initial meeting, the social worker asked questions around Whina's connection to her culture to get a sense of

what is culturally appropriate in terms of tikanga and future services for referral. Whina was using a blend of common te reo words and English during the meeting and the social worker reflected that language back to her. Whina showed the social worker the wahakura (woven flax bassinet) she had made for Tane with the help of her aunt.

The social worker was concerned about how underweight Tane was, believing this was due to Whina's determination to exclusively breastfeed, and was reluctant to leave the situation. The social worker was careful to respect the aroha Whina had for Tane and acknowledge that Whina was doing what she believed to be best for Tane. There were some challenges in communicating with the health professionals involved with the whānau, perhaps because of their own case priorities and wondered about whether a report of concern was necessary for the safety of Tane. The social worker regularly checked in via text message and addressed the practical needs of the whānau by delivering a food parcel and a warm winter jacket to meet with Whina face-to-face. Jaime was reluctant to accept a food parcel, which the social worker discovered was because of the complex stigma and feeling of shame connected to being a young parent, needing support, and being low-income. Jaime was pleasantly surprised at the higher quality of goods than he expected in the food parcel and believed he would access that service again. The mana of the whānau was enhanced by reconnecting them with their ability to access support that is their right. By taking interest in the mundane elements of life rather than focussing on Tane's health like the other professionals and demonstrating what the therapeutic relationship could entail, the social worker was able to get Whina and Jaime engaged with the service. This resulted in better coordination between health professionals, with the social worker acting as a point of contact for a professionals meeting. Whina began to see her own wellbeing improve, and Tane began putting on weight within a few weeks. Whina disclosed to the social worker that she had been sexually

abused in the past and would like counselling to process her experience. It was important for the social worker to be respectful of the tapu of sexual abuse. The social worker offered a few options for counselling service, including a Kaupapa Māori service, which Whina chose.

One of the secondary concerns for the whānau was their housing situation. Their rental property was a small, dark and prone to mould, with a landlord who would not do maintenance on the property. When the social worker mentioned the possibility of moving to another house, Whina and Jaime believed it would be too hard as no decent landlord would want young parents living in their house. They were reluctant to even apply for better housing, because of the anticipation of rejection due to the stigma of being young parents. The social worker acknowledged that it can be difficult, but not to be discouraged from trying. Whina contacted her existing property manager with support from her social worker and was able to secure a more appropriate property within a few weeks. Once in a new sunny home, Whina wanted to have curtains open and be more socially engaged with other young mothers. This had to be negotiated with Jaime, who still wanted windows to be covered, and did not want to leave the house or have people over. Whina excitedly called her social worker to tell her about the baby massage class she had signed up for. The nature of social work engagement had to adapt at this point, as the level-4 Covid-19 lockdown was triggered locally. The social worker utilised text messaging, video calling and continued to offer practical support such as food parcels throughout the lockdown period. A true example of the quality of the therapeutic relationship, in this case, is the difference between beginning and present. Previously the social worker utilised food and clothing as practical tools to effectively engage with the client. Towards the end, Whina would call the social worker to share wellbeing updates about Tane and what plans she was beginning to make for study in the following year.

Conclusion

Many other intersections of the critical intersections model (Beddoe & Maidment, 2009) could be applied to practice experience at an agency that supports young parents. Having quality support and resources builds resilience and helps a young parent cope with experiences of stigma and discrimination or helps to ground their connection with Māori culture on many levels. Social policies can have a significant impact on the experience of stigma and discrimination, and in addressing institutional racism that acts as a barrier to young Māori parents, a social worker can work towards influencing policy change for the empowerment of marginalised communities. The critical intersections model (Beddoe & Maidment, 2009) has proved to be a useful tool in examining the experience of a social work fieldwork placement in relation to academic curriculum areas and contemporary social work areas. Not only has it helped to solidify my own understanding of theory and practice in this field but it has sparked many discussions with other social workers about how they manage integrative learning in their practice.

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