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Tough times in our bubble of 5 million

In our editorial for the first issue of 2020, Neil Ballantyne and I wrote the following:

Here in Aotearoa New Zealand, at the edge of the world, we may count our blessings. In comparison with others, we seem to have a government that listens to health experts and appears to be taking steps to shield the population from the consequences of the economic fallout of Covid-19. However, as responses to the crisis evolve, we must maintain a strong critical perspective on government actions, both here and abroad.

... as we move forward, we must also monitor and highlight the impact on social service agencies, social workers and service users. We must seize the opportunity to highlight the social consequences of the pandemic; and, in these new times, we must assert the need for new ways of forging social solidarity—ways of renewing the social contract between citizens and the state. (Beddoe & Ballantyne, 2020, p. 1)

A few months later, living in alert Level 1ⁱ, the importance of retaining a critical social work perspective is clear. We are now, in Aotearoa New Zealand at least, no longer in lockdown. As we have returned to some semblance of normality, there has been much reflection on our experiences. Work is back, though many are still working from home, schools are back in operation and health services are returning to normal, in many sectors we are all at least sketching out a plan B, should community transmission of Covid-19 return. But it's not back to normal.

Driving around Auckland in Level 1, I noticed many closed shops and cafes. The skies no longer incessantly deliver the familiar and frequent glimpses of A380s and 747s bringing in tourists and conveying home tired returning travellers. We look

up at the faded billboards for airlines that have all but disappeared from our skies. At the time of writing we are arguing about whether it is ethical, or even legal, to charge returning residents as much as \$9,000 for quarantine if they want to bring their family home. Statements about 'foreigners' stigmatise New Zealanders who aren't Tangata Whenua or Pākehā. We are less likely to hug people we have just met, more likely to create a greater distance between us in the checkout queue, and moved to exclaim "it's not the virus" when we cough. Many of us have returned to our 'normal' workloads, rendered unmanageable ages ago by staffing 'review' after review, and feel the constant frisson of anxiety about when 'the pain' will hit our organisation. Employers are considering their real estate costs, because working from home was actually ok, we were all still very productive. It wasn't all jigsaws and sourdough. And 2020's new normal is rife with uncertainty. Will our jobs survive? Will the economy bounce back or slump further? When will we be able to leave our bubbleⁱⁱ of 5 million and travel again?

As might be anticipated, as the pandemic widened and deepened its grasp on global humanity, politicians, journalists, scientists and the ubiquitous critical analysts of every comment section of every news medium pontificated on the rights and wrongs of every action in the global response. While the lockdown rule arguments were wrought in press conferences, in every bubble, and, from a safe distance, over suburban garden fences, an academic steam train gained speed. In countries wealthier than ours, large funds were rapidly created to research impacts of the pandemic including social science research. Academics, (perhaps mainly men, not so distracted by the triple demands of 'working from home', while simultaneously caring for pre-schoolers and home-schooling), used the time freed up by not commuting to write rapid articles and

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put together grant applications. Puffing with excitement, every journal editor set up ‘a zoom’ to urgently plan the call for papers for the Covid-19 special issue for their journal. Social work journals rapidly joined the fray. I was urged on the Facebook page of the ANZASW to quickly whip one up! But with only four issues a year and commitments to publish *Te Kōmako* and *Tu Mau*, this editor was not easily swayed. Rather, I was inspired by the brilliant efforts of colleagues in the United Kingdom (UK) who, inspired by Twitter conversations, created a digital magazine, *Social Work 2020 under Covid-19*. At the time of writing this editorial, the group had published five issues. In the final edition, the editors comment:

[In the] five editions since the idea was first conceived in March, we have so far published over 100 articles from across all four UK countries and five others internationally. As the world around us changed beyond what many of us could comprehend we came together to share our experiences, fears and hopes. The magazine created a space where live issues could be brought to the fore, allowing contributors to explore them as they unfolded around them without the boundaries and confines of traditional academic publishing. (*Social Work 2020 under Covid-19*, July 2020)

Encouraged by the efforts of our UK colleagues we decided to create a similar opportunity but on a smaller scale. In this issue of *Aotearoa New Zealand Social Work*, we include the first of several special sections on responses to Covid-19. Those included here are diverse pieces. Inspired by the UK *Covid 2020*, we asked for contributions from a range of people in social work—students, practitioners and academics. This section, which will also appear in our December issue, includes several commentary pieces addressing broad aspects of Covid-19 and variable length brief reflections. For any readers inspired to write about Covid-19 from any social work standpoint, please contact us directly (editors@anzasw.nz).

General articles

This issue also includes two general articles and a *Viewpoint*. In “Improving treatment and outcomes for young people with fetal alcohol spectrum disorder in the youth justice system: A social work led response and practice framework”, Vanessa Oatley and Anita Gibbs present results of a systematic literature review of secondary data to explore fetal alcohol spectrum disorder (FASD) and young people. Significant themes developed in this study include the connection between the impacts of FASD and risk of contact with the youth justice (YJ) system and how it affects young people’s ability to navigate this contact. Oatley and Gibbs argue that there is potential for social work to take a lead role in improving treatment and outcomes for young people with FASD in youth justice. A FASD-informed practice framework is offered as a tool to guide social workers who are working with young people with FASD in the Aotearoa New Zealand YJ system and beyond.

“Supervision, support and professional development for newly qualified social workers in Aotearoa New Zealand” reports on selected aspects of findings related to supervision of newly qualified social workers. This article draws on data gathered in a three-year mixed methods study conducted by social work researchers from five schools of social work in Aotearoa New Zealand (Ballantyne et al., 2019a, 2019b, 2019c). Phase two of the Enhancing the Readiness to Practise of Newly Qualified Social Workers (Enhance R2P) project employed a mixed methods study (surveys and interviews) to explore how well prepared newly qualified social workers (NQSWs) are, in their first two years of practice, to enter professional social work. In this article, Liz Beddoe, Neil Ballantyne, Jane Maidment, Kathryn Hay and Shayne Walker report on findings on supervision. The researchers found that around half of NQSWs were supervised at least once every two weeks, but another half were supervised monthly or less frequently. Observation of practice by supervisors was either very infrequent

or entirely absent from the professional development of NQSWs. This study reveals great variability in the formal supervision and other supports available for NQSWs, despite strong mandates for supervision offered by the professional bodies. More integrated systems of supervision, peer support and planned professional development are needed especially given the potential impact on retention of NQSWs and practitioner wellbeing.

In a reflective *Viewpoint* article, “When you become the lived experience: The journey backwards from academia”, Mim Fox and Sarah Wayland reflect on experience as researchers and academics who knew and understood grief from a distance. They explore their prior positioning as experts who, through lived experience, have come to a place of not knowing: “From there we have stumbled awkwardly on to new understandings, hopefully to enrich our future research and teaching.”

Covid-19 Special section

First up, in a *Commentary*, “The ‘Hidden Depression’ that never really went away”, Anaru Eketone explores the current economic crisis with a retrospective examination of the impact of two named depressions that Aotearoa New Zealand experienced. He briefly surveys links between the ‘Long Depression’ of the late 19th century and the ‘Great Depression’ of the 1930s and its effects and its lasting legacy, and the consequences of the share market crash of 1987—in particular the impact on Māori. In this article Eketone notes that, following the 1987 crash, at its peak Aotearoa New Zealand reached unemployment of 10.5% in 1992. Statistics reveal, however, that Māori unemployment at the same time was 26%, with Non-Māori unemployment, including Pasifika, at around 7–8%. Thus, reports Eketone, “Aotearoa New Zealand shifted the pain of its restructuring from itself to the Māori population and, to a growing extent, to its Pasifika population”. High levels of unemployment remained

for Māori and Eketone refers to this as an ongoing ‘hidden depression’. Many Māori people did not recover from this ‘Hidden Depression’, and poverty worsened with the global financial crisis. Eketone argues that we can’t have the next 30 years of Māori dealing with the fallout of Covid-19, just as Māori have spent the last 30 years failing to solve the fallout from the 1980s. Investment in job training and job creation must be prioritised.

In a second *Commentary*, “The tyranny of distance: The social effects and practice adaptations resulting from Covid-19 lockdown rules” Emily Keddell and Liz Beddoe explore the effects of the social distancing rules required by the Covid-19 pandemic lockdown. The rules brought challenges of rapid adaptation and created new norms for behaviour that were governed by (and policed by) both the state and many citizens. Existing inequities relating to class and inequities relating to gender and childcare became much more visible. Those with more resources and secure jobs that could be managed by ‘work from home’ were less exposed to the economic fallout and the virus itself. In this *Commentary*, Keddell and Beddoe explore the many rapid changes that arrived with the pandemic, including changes for everyday social work practice.

In a *Viewpoint*, Kelly Glubb-Smith and Tania Roberts, a lecturer and a student respectively, explore the impact of the Covid-19 lockdown on student wellbeing. They note that students had to rapidly adapt to online learning study in a fully online environment without face-to-face support and campus life. The usual pressures were intensified by the demands of parenting during lockdown and financial hardships.

Ai Sumihira worked in an acute Covid-19 ward earlier this year. In this *Viewpoint* article, Sumihira reflects on women’s contributions during this period, drawing on relevant local and international literature to apply an intersectional gaze on social inequalities

of race and gender in health. She notes that Aotearoa New Zealand is considered to have done such remarkable work stopping Covid-19 from spreading extensively but a full recovery requires greater attention to be paid to addressing racism, unconscious bias and structural inequality.

Returning to the impact on study, Lee Henley, Kora Deverick and Kathryn Hay have contributed reflections on the impact of Covid-19 on an international social work placement undertaken in Battambang, Cambodia. A field educator, a student and an academic highlight the importance of joint work between university, student and host agency in designing clear tasks to be completed, to clarify roles and tasks in a crisis where the student and field educator had to return home to Aotearoa. Henley and colleagues describe how they adapted to ensure the placement was able to continue, resulting in successful placement outcomes.

In another *Viewpoint* with a focus on social work education, Nathan Jaquier, Marissa Kaloga and Susan Wason explore the experiences of 'pandemic teaching and learning' by aligning it with the values and ethical principles of the Aotearoa New Zealand Association of Social Work Code of Ethics (ANZASW, 2019). Each contributor felt that it was important to capture their experiences during this significant experience.

Finally, in one of two *Viewpoints* authored by students, Eliza Perkinson critically reflects on the use of a *whakatauki* employed in the official response to the Covid-19 emerged a message: *he waka eke noa* (we are all in this together). The question is asked: Were we all really in it together? Lyanna Ross's brief reflection creates a series of hashtags to crystallise the experiences of education, whānau and home in the heart of the lockdown.

Together, these Covid-19 reflections combine as a thoughtful set of perspectives on our

experiences as educators, students and practitioners in the first semester of 2020. In the December issue we hope to publish several more practitioner perspectives. The journal gratefully acknowledges the contributions of all our authors, and the support offered by our reviewers who continued to respond and offer constructive critique while managing their own Covid-19 experiences.

Notes

- i In March 2020, the New Zealand Government announced four levels of alert for the Covid-19 pandemic. These levels specified the actions required and Level 4 was the highest. Retrieved from <https://covid19.govt.nz/covid-19/restrictions/alert-system-overview/>
- ii The term *bubble* was used in Aotearoa New Zealand to denote the group of people within a dwelling with whom social distancing was not required during the Level 3 and 4 lockdowns. At the time of writing there is discussion about extending our national bubble to include easier travel between Aotearoa New Zealand and parts of Australia, and Pacific Islands that are considered free of Covid-19.

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Improving treatment and outcomes for young people with fetal alcohol spectrum disorder in the youth justice system: A social work led response and practice framework

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ABSTRACT

INTRODUCTION: Young people with fetal alcohol spectrum disorder (FASD) in Aotearoa New Zealand are both primed for, and hindered within the youth justice (YJ) system. This research provides a fresh perspective on how social workers can take a lead role in ensuring young people with FASD receive neurodevelopmentally appropriate interventions both within the YJ system and upon return to their communities.

METHODS: A systematic literature review of secondary data was undertaken to explore themes, including the connection between the impacts of FASD and risk of contact with the YJ system; how FASD affects the young person's ability to navigate the YJ system; best practice recommendations to ensure just treatment for young people in the YJ system; and the potential for social work to take a lead role in improving treatment and outcomes for young people with FASD in the YJ system.

FINDINGS: Key findings include the confirmation of the link between young people with FASD and the YJ population; consistent best practice recommendations for treatment and interventions; and a clear positive relationship between the social work mandate and the implementation of the recommended treatment for young people with FASD who have had contact with the YJ system.

PRACTICE IMPLICATIONS: Based on the research findings, an FASD-informed practice framework has been developed as a tool to guide social workers who are working with young people with FASD in the Aotearoa New Zealand YJ system and beyond.

KEYWORDS: Fetal alcohol spectrum disorder; FASD; youth; rangatahi; youth justice; social work

FASD overview: Definition, diagnosis, and prevalence

It is now universally accepted in the research literature that exposure to alcohol during pregnancy is the leading cause of permanent neurological impairment

to the developing brain, and that it has significant and lifelong impacts (Astley, 2011; Crawford, 2018; Enns & Taylor, 2018). The term fetal alcohol spectrum disorder (FASD) is the currently accepted diagnostic term to capture the broad spectrum of presentations that can occur as a result

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of damage to the central nervous system due to pre-natal alcohol exposure (PAE) (Carpenter, Blackburn, & Egerton, 2014; Cook et al., 2016; Enns & Taylor, 2018). The term FASD has replaced other commonly used descriptors such as fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), and alcohol-related neurodevelopmental disorder (ARND).

The primary physical, social, cognitive, and behavioural impairments of FASD are well documented and largely agreed upon by researchers and professionals (Mattson, Crocker, & Nguyen, 2011; Streissguth & O'Malley, 2000), as is the understanding that different impairments present at different developmental stages throughout the lifespan (Carpenter et al., 2014; Salmon, 2014). These primary impairments are highly likely to lead to secondary conditions during the lifespan of those with FASD, which might include school exclusions, trouble with the law, mental health issues, care experience, substance misuse and suicide attempts (Streissguth et al., 2004).

The task of gaining a firm diagnosis of FASD is complicated by the myriad of presenting primary impacts (Chudley, 2018), as well as the similarity of the FASD phenotype to other disorders such as attention deficit hyperactivity disorder, autism, attachment disorder, dyspraxia, learning difficulties, auditory and visual processing issues, and conduct disorder (Brown & Mather, 2014; Gibbs & Sherwood, 2017). Despite these evident hurdles, the importance of a sound diagnosis of FASD cannot be overstated. From a public health perspective, diagnostic misclassification can lead to inaccurate data collection regarding the incidence and prevalence of FASD, thus limiting appropriate resourcing and reducing reliability of measurement data based on prevention efforts. From a clinical perspective, misdiagnosis can generate inappropriate interventions, and ignore the potential development of secondary risk factors (Astley, 2011; Brown & Mather, 2014).

The best tool for identifying FASD in any child or young person is an accurate history of maternal prenatal alcohol consumption (Chudley, 2018; Cook et al., 2016). In the absence of a PAE history, a diagnosis can be assigned when the specific facial phenotype is evident (short palpebral fissure—small eyes, smooth philtrum, and a thin vermilion border on the upper lip): the presence of this unique facial phenotype confirms that an individual was affected, at least in part, by PAE (Astley, 2011). It is important to note, however, that occurrence of all three sentinel facial features have been evidenced in less than 4% of diagnosed cases of FASD (Clarren et al., 2015).

In Aotearoa New Zealand, there is a clinical consensus to use the Canadian guidelines of Cook et al. (2016) in the absence of a unique national set. Canadian guidelines require severe central nervous system impairment in a minimum of three of these domains: “motor skills; neuroanatomy; neurophysiology; cognition; language; academic achievement; memory; attention; executive function, including impulse control and hyperactivity; affect regulation; and adaptive behaviour, social skills or social communication” (Cook et al., 2016, p. 193). Diagnosis requires the young person to undertake a medical examination (Cook et al., 2016) followed by a neurodevelopmental assessment utilising a multi-disciplinary approach with a team of professionals from a variety of disciplines, including any of the following: medicine, psychology, developmental paediatrics, speech-language, occupational therapy, education, and social work (Chudley, 2018; Cook et al., 2016).

Prevalence rates of FASD are a source of vigorous debate due to the complex nature of the diagnostic process, the lack of collected or recorded data, and the potential for misdiagnosis (Carpenter et al., 2014). The most recent study out of the United Kingdom by McQuire et al. (2019) ($n = 13,495$) estimated FASD screening prevalence of between 6% and 7.2%,

and the most recent American research by May et al. (2018) ($n = 13,146$) peaks at 9.9%. Aotearoa New Zealand has no established prevalence data, thus international prevalence estimates are generally applied (Connor & Casswell, 2012; Crawford, 2018; Gibbs & Sherwood, 2017). These estimates are most likely very low as Fitzpatrick et al. (2017) points out—higher prevalence of FASD occurs in communities where binge drinking, poverty, and geographical isolation intersect. This creates somewhat of a perfect storm in Aotearoa New Zealand—a geographically isolated country, with clear pockets of poverty and deprivation, and a binge drinking culture that continues to pose serious risks to society (Cheung, Timmins, & Wright, 2015; Mallard, Connor, & Houghton, 2013; Salmon, 2014).

If we take the lowest range of the United Kingdom FASD prevalence data of 6% and apply it to Aotearoa New Zealand, then around 3,600 children affected by PAE would be born each year. Given that it is widely acknowledged that FASD is under-recognised and PAE is under-reported (Connor & Casswell, 2012; Crawford, 2018; Rogan & Crawford, 2014), the final figure of births affected by PAE in Aotearoa New Zealand could be substantially higher than international norms.

Primed for the youth justice system

Young people with FASD are predisposed to a broad range of difficulties, the dominant issue for adolescents being the general impairment in adaptive functioning that occurs through a combination of deficits in both executive functioning and social cognition, and presents as cognitive and neurodevelopmental sequelae that can lead to contact with the YJ system and affect interactions within the system (Bower et al., 2018; Crawford, 2018; Killingley, 2014).

Deficits in executive functioning such as impaired memory, and difficulty composing rational, logical thoughts (Brown & Mather,

2014; Gibbs & Sherwood, 2017; Lynch, 2016) can manifest as poor judgement, a lack of understanding of cause and effect, or actions and consequences, and confusion over abstract concepts such as ownership and time (Egerton, 2014; Fast & Conry, 2004; Gibbs & Sherwood, 2017; McIver, 2010b). These difficulties can result in offending behaviour that can seem illogical to the bystander, and the young person may struggle to understand the seriousness of a situation (McIver, 2010b).

Poor impulse control and emotional lability are also associated with FASD and can contribute to young people finding themselves in trouble with the law (Fast & Conry, 2004; Killingley, 2014; McIver, 2010b). It does not require much imagination to conceive of the potential for criminal behaviour when you couple an inability to control impulses with poor habituation, often presenting as rapid swings in mood (Salmon, 2014). Add to that a heightened fight or flight response in high stress situations (Killingley, 2014), a tendency to sensory overload (Lynch, 2016; McIver, 2010b) and susceptibility to adverse psychosocial influences such as peer pressure (Crawford, 2018; Egerton, 2014; Hughes & Peirse O'Byrne, 2016; Salmon, 2014) and it is clear that young people with FASD have increased vulnerability for involvement in the criminal justice system.

In addition, the propensity to confabulate associated with FASD can lead young people to construct fanciful fabricated stories, sometimes combining real events with memories or ruminations (Brown & Mather, 2014) and to be highly suggestible, tending to acquiesce and adjust their responses according to external feedback (Brown, Gudjonsson, & Connor, 2011; Killingley, 2014). This high level of suggestibility can result in false confessions and young people being wrongly convicted (Killingley, 2014).

Pei, Leung, Jampolsky, and Alsbury (2016) highlight the double jeopardy for young

people with FASD where vulnerabilities such as social stigma; exclusion from education; and lack of support in health and welfare systems (Egerton, 2014; Gibbs & Sherwood, 2017; Hughes & Peirse O'Byrne, 2016; Mattson et al., 2011) are compounded by adverse environmental factors such as a history of abuse; disrupted education; poverty; contact with the state care system and complex trauma (Bower et al., 2018; Fast & Conry, 2009; Hughes, Williams, Chitsabean, Davies, & Mounce, 2012; Walker, 2018). Added to these, youth with FASD often have comorbid diagnoses of mental health issues including depression, anxiety, ADHD, conduct disorder and alcohol and drug addiction (Fast & Conry, 2009; Salmon, 2014).

In Aotearoa New Zealand, the intersection between the FASD population and the YJ population is largely acknowledged (Gibbs & Sherwood, 2017; Lynch, 2016; Rogan & Crawford, 2014; Salmon, 2014); however, there have been no local prevalence studies undertaken to date (Lynch, 2016; Rogan & Crawford, 2014). One of the most commonly cited studies into the prevalence of FASD in the justice population was undertaken by Fast, Conry, and Looock (1999) ($n = 287$) in a Canadian youth forensic psychiatric unit. The study found that 23.3% of the participants had evidence of FASD. Hughes et al. (2012) also completed an extensive report on the prevalence of neurodisability in young people who offend, and identified prevalence rates in the range of 10.9–11.7% (Hughes & Peirse O'Byrne, 2016). A more recent study by Bower et al. (2018) undertaken in Western Australia ($n = 99$) found that 36% of the young people assessed had FASD. The three studies outlined here demonstrate extremely high ratios of justice system contact for young people with FASD when compared to the general population.

Hindered within the YJ system

There are multiple areas of concern regarding the possible treatment and

outcomes for young people with FASD within the current Aotearoa New Zealand YJ system. Firstly, the literature is clear that there is limited understanding of FASD across the entire YJ system, including police, judges, legal professionals, and social workers (Fast et al., 1999; Gralton, 2014; Lynch, 2016; Townsend, Hammill, & White, 2015). There is a continued reliance on traditional assumptions about young offenders' behaviour which does nothing to account for neurodevelopmental impairments such as FASD (Fitzgerald, 2015; McIver, 2010b). This lack of knowledge is further exacerbated by a lack of collaboration between services including justice, health, social development and education (Lynch, 2016).

The second area of concern is the use of youth detention or custodial placements. Without well informed professional guidance, custodial placements can leave young people: struggling to understand the rules, being open to victimisation, exploitation, and abuse, and susceptible to the negative influences of their peers in an effort to fit in (Fast & Conry, 2009; Gralton, 2014; Lynch, 2016). Likewise, being held for any duration in police custody or solitary confinement can aggravate FASD presentations, particularly from a sensory perspective with bright lights and small lock-up rooms causing additional stress (Lynch, 2016).

The strict sanctions and punitive measures widely employed in the justice system present another problematic area as they are considered to be ineffective for young people with FASD (Fitzgerald, 2015; Gralton, 2014; Lynch, 2016). Such approaches assume the brain can understand the concept of consequences, along with cause and effect; in short, they assume the young person with FASD can learn their lesson when in many cases the deficits in executive functioning derail that assumption (Gralton, 2014; Lynch, 2016). Whilst it is essential to ensure young people are held accountable for harm to

the victims of their crimes (Lynch, 2016), critical to the pursuit of this accountability is tailoring the response to reflect the presence of neurological impairment (Fast & Conry, 2009).

The dominant use of diversion and FGCs in the Aotearoa New Zealand YJ system poses significant risks for young people with FASD (Fitzgerald, 2015). Decisions about diversion and at FGCs are often made without any legal representation for the young person, and in the case of FGCs, there is a reliance on the young person's ability to understand what is expected of them, communicate their needs, avoid the inclination to confabulate, and effectively communicate remorse to victims and families (Lynch, 2016). The preference for diversion and FGCs over formal court appearances can in some cases signal a missed opportunity for engagement, diagnostic screening, and FASD assessment (Lynch, 2016).

Language plays a fundamental role in the legal system both in written and oral forms and young people with FASD often present with language deficits (Tavioni-Pittman & Marsh, 2017). Delayed language processing and comprehension can leave young people vulnerable to manipulation and entrapment; inability to communicate can draw incorrect assumptions from observers, such as interpreting short answers or no response as petulance, or conversely if the young person with FASD is superficially articulate (Brown & Mather, 2014). These factors can lead to false assumptions about overall competence and reduce opportunities for assistance (Tavioni-Pittman & Marsh, 2017).

Best practice treatment recommendations and desired outcomes

Several key recommendations that could be adopted to improve treatment and consequently outcomes for young people with FASD in the YJ system emerged from the research.

Many commentators cite a lack of knowledge of the impacts of FASD as a barrier to optimal service provision (Bower et al., 2018; Fitzgerald, 2015; Killingley, 2014; Pei et al., 2016), and suggest a focus on building a skilled and supported workforce through training, education, and professional development, as well as provision of appropriate resources (Bower et al., 2018). Raising the profile of FASD within the Aotearoa New Zealand YJ system would increase the possibility of FASD characteristics being identified and the necessary accommodations being made (Lynch, 2016; Pei et al., 2016).

Experts in the FASD YJ field argue for mandatory comprehensive screening for neurodevelopmental impairment of all youth in contact with the justice system in Aotearoa New Zealand (Fitzgerald, 2015; JustSpeak, 2012; Lynch, 2016). Diagnostic screening would identify individuals who are suspected of having FASD and enable them to be referred for comprehensive diagnostic assessment. Closely linked to diagnostic screening is the recommendation to employ vigorous methods of evaluation of both the capacity and culpability of young people with FASD (Fitzgerald, 2015; Hughes & Peirse O'Byrne, 2016; Longstaffe et al., 2018). Fitzgerald (2015) contends that the best way to uphold the interests of both the community and the victims affected by youth crime is to identify the true impetus for the offending behaviour and address this fully in order to prevent reoffending. In the case of FASD, evaluations need to be person-specific, include potential risks and protective factors, with sentencing linked to each individual's capacity and culpability (Fast & Conry, 2009; McIver, 2010a).

Taking a long-term, individualised view of the treatment, planning, and support of young people with FASD in the YJ system is critical to successful outcomes. Planning should be strengths based and done in tandem with the young person and their parents or caregivers to ensure client direction, voice, and ownership

(Longstaffe et al., 2018). Community based capacity and support networks need to be developed with the young person in mind and professional networks of services need to be coordinated and available outside the justice setting (Brown, Connor, & Adler, 2012). This wrap-around support and coordinated service delivery should benefit not only the young person, but the parents or caregivers, and the wider community (Crawford, 2018; Lynch, 2016).

Both the overrepresentation of Māori youth in justice statistics (Becroft, 2017; Walker, 2018) and a commitment to te Tiriti o Waitangi call for Aotearoa New Zealand responses to young people with FASD in the YJ system to be aligned with a te ao Māori approach, to recognise the significance of te reo Māori, and to incorporate Māori models of practice (Crawford, 2018). Durie (2001) reminds us that whānau- or caregiver-based interventions play an essential part in culturally responsive work with Māori and that whānau is not limited to blood relatives, thus individuals with a close connection to the young person should also be included in the whānau network (Crawford, 2018).

Why social work?

In Aotearoa New Zealand, social workers, across both State agencies and NGOs, work extensively with youth with FASD, even when diagnoses may not have occurred. The research indicates that approximately 50% of children and young people in the care of Oranga Tamariki are affected by FASD (FASD Working Group, 2016). It is highly likely that young people with FASD who are in contact with the YJ system have been subject to interventions from social services throughout their young lives, with social workers playing a key role in many of these interactions and holding a uniquely privileged view across a young person's environments (Badry & Choate, 2015). Furthermore, in many cases, the social worker will have an established position and relationship in the lives

of young people with FASD and their families or caregivers (Badry & Choate, 2015; Popova, Lange, Bekmuradov, Mihic, & Rehm, 2011). It is therefore important that social workers respond and work appropriately with youth who have, or are suspected to have, FASD.

The International Federation of Social Workers (IFSW, 2014) provides this definition of social work:

Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing. (para. 1)

There are clear markers within this international definition that point towards a natural fit between the social work mandate and the work required with young people with FASD in the YJ system.

The obligation to promote "social change and development, social cohesion, and the empowerment and liberation of people" (IFSW, 2014, para. 1) aligns with the recommendation to raise the profile of FASD through training and education (Fitzgerald, 2015; Gibbs et al., 2020; Longstaffe et al., 2018). The commitment to uphold the "principles of social justice, human rights, collective responsibility and respect for diversities" (IFSW, 2014, para. 1) demands that social workers view FASD within the recommended human rights, indigenous rights, and disability rights frameworks (Townsend et al., 2015).

The presence of "collective responsibility" (IFSW, 2014, para. 1) within the definition speaks to the notion of collaboration

with multi-disciplinary teams, the young person, and the family or caregivers, from assessment to diagnosis to treatment both within the YJ system and across the lifespan (Astley, 2011; Chudley, 2018; Cook et al., 2016; Lynch, 2016; McIver, 2010b). Further, the call to “engage people and structures to address life’s challenges and enhance wellbeing” (IFSW, 2014, para. 1) would clearly benefit young people and their families who are experiencing the challenges of living with FASD whilst simultaneously navigating the YJ system. The professional mandate of the social worker demands that they engage with, advocate for, and appropriately resource young people to address the challenges presented by their neurodevelopmental disability.

In addition, the code of ethics of the Aotearoa New Zealand Association of Social Workers (ANZASW, 2015) provides further indicators to substantiate the hypothesis that social work would be well placed to take a lead role in improving treatment and outcomes for young people with FASD within the YJ system. The first ethical responsibility outlined is for a Te Tiriti o Waitangi based society, and the key aspects as they relate to rangatahi with FASD and their whānau or caregivers are: ensuring that, at all times, the imposition of mono-cultural values and concepts are avoided; promoting the use of Tāngata Whenua social work models of practice; and being actively anti-racist (ANZASW, 2013). Given the overrepresentation of Māori youth in justice statistics (Becroft, 2017; Walker, 2018) it is self-evident that social workers working with rangatahi with FASD and their whānau or caregivers in the YJ system need to be determinedly practising to protect the integrity of Tāngata Whenua.

An ethical responsibility to the wider community is also part of the social work mandate (ANZASW, 2013), specifically the principles of inclusion and choice for all members of society, with particular

regard for disadvantaged minorities, including preventing discrimination based on psychological and physical abilities (ANZASW, 2013). A further component of this ethical obligation addresses the need to promote the fair allocation of community resources (ANZASW, 2013), and provides a strong basis for the argument for increased diagnostic tools and screening processes, along with adequately resourced support systems. The ethical obligation to clients within the ANZASW code clearly outlines the responsibility of the social worker to respect the dignity and worth of each individual client, to protect the client’s rights and welfare and to encourage self-determination (ANZASW, 2013), all of which underpin one of the key recommendations for individualised, inclusive, long-term, strengths-based practice (Badry & Choate, 2015; FASD Working Group, 2016; Malbin, 2002).

The above discussion has clearly outlined the expectations of the social worker, both by definition and from an ethical standpoint, as well as highlighted the existing role that social workers play in the lives of many families affected by the impacts of FASD. It is clear that a social work led response which incorporates best practice for, and treatment of, young people with FASD in the YJ system could ameliorate many of the negative impacts of the current YJ system and improve outcomes overall.

Using an FASD-informed practice framework for social work in the youth justice system

There is an old adage that proclaims *theory without practice is meaningless, but practice without theory is blind*. It is this sentiment that provides the impetus for the creation of a theoretical practice framework (Figure 1) to scaffold the *how to* of social work taking a lead role in improving treatment and outcomes for young people with FASD in the YJ system.

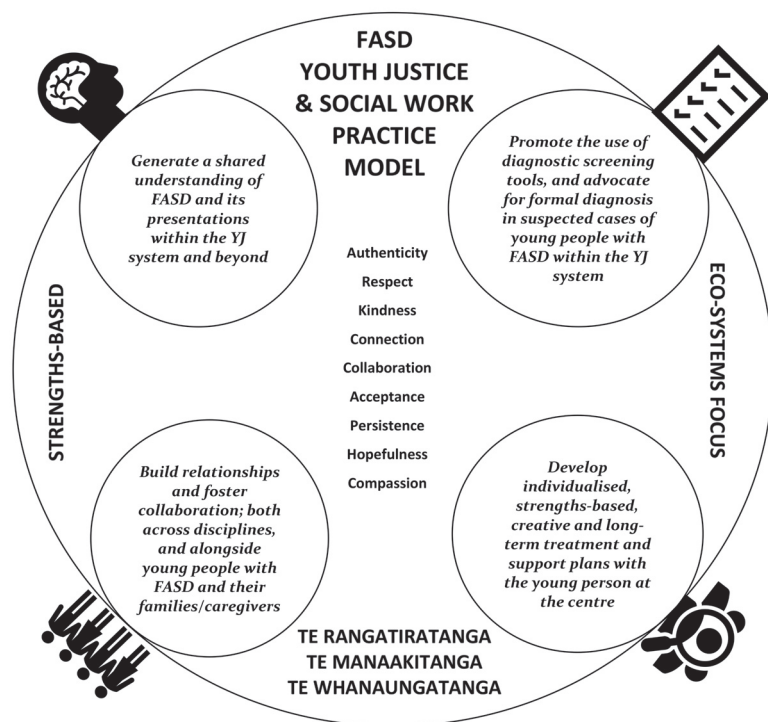


Figure 1. FASD-informed practice framework for social work in the YJ system.

This practice framework is underpinned by dual theoretical perspectives, the strengths perspective as prescribed by Saleebey (1997), and the ecological systems approach as recommended by Ungar (2014). Employing a strengths-based theoretical perspective is an attempt to ameliorate the deficit focus which is particularly apparent in the YJ system where young people are often considered naughty, wilful, and delinquent (Egan & Craik, 2016). The ecological systems approach ensures that the response to FASD within the YJ system focuses on the young person within their environment (Ungar, 2014).

The social work commitment to te Tiriti o Waitangi is a fundamental expectation of all social work professionals and a critical underpinning principle of this framework. The partnership founded in te Tiriti o Waitangi calls for all social workers to demonstrate indigenous and bicultural practices in their work. Social work professionals are provided with the Kaitiakitanga framework (Tāngata

Whenua Voices in Social Work, 2016) which informs the assessment of a social workers competence to work with Tāngata Whenua. Competency is assessed through the demonstrated application of three applied principles—te rangatiratanga; te manaakitanga; and te whanaungatanga (Tāngata Whenua Voices in Social Work, 2016). It is beyond the scope of this work to detail fully the Kaitiakitanga framework principles, however, it is implied that the principles are embedded within the execution of this theoretical practice framework.

Another key component of the theoretical practice framework includes the personal attributes the social worker brings to the work. The research based personal attributes necessary to work effectively within the FASD-affected community have been summarised as authenticity; acceptance; persistence; maintaining a hopeful outlook; being compassionate (Matua Raki, 2019); and thinking creatively (Badry & Choate, 2015; Malbin, 2002).

Like other local and international frameworks for working with individuals and families with FASD, this FASD-informed practice framework highlights the role of the social worker as an agent of change (Bagley, 2019; Gibbs et al., 2020) and identifies four key skills components for the social worker to incorporate into work alongside young people with FASD.

The first key skills component is *to generate a shared understanding of FASD and its presentations within the YJ system and beyond*. A recurring theme throughout the literature has been FASD-based knowledge dissemination (Bagley, 2019; Bower et al., 2018; Fitzgerald, 2015). Implementation of training, education, and knowledge sharing will increase awareness of FASD as a neurological disability with behavioural symptoms, and contribute to minimising the stigma attached to FASD, debunking common myths, and resulting in a better understanding of the causes of youth offending.

The second key skills component focuses on *the development and implementation of diagnostic screening tools and advocating for formal diagnosis in suspected cases of young people with FASD within the YJ system*. The research findings clearly identified the issue of the high numbers of undiagnosed or misdiagnosed young people with FASD in the YJ system (Gralton, 2014; Killingley, 2014; Popova et al., 2011) and, despite the implementation of screening tools being a key recommendation within the literature on best practice, Aotearoa New Zealand currently has none. It is clear that this is an area that needs addressing with urgency.

Once a suspected case of FASD is reported, the social worker will likely be required to advocate for a formal diagnosis for the young person. In the advocacy role it will be essential for the social worker to be able to evidence the reasons why a diagnosis is important as they may encounter push-back from professionals who either believe that a confirmed diagnosis will only increase the impact of stigma (Payne et al., 2011; Tough, Clarke, & Hicks, 2003) or see little point in a diagnosis that has either minimal or no resourcing attached (Crawford, 2018). Ironically, this lack of resourcing is directly related to the paucity of formally diagnosed cases of FASD (Astley, 2011).

The third key skills component is to *build relationships and foster collaboration; both across disciplines and alongside young people with FASD and their families or caregivers*. This collaborative approach is widely recommended in the literature (Bagley, 2019; FASD Working Group, 2016; Gibbs et al., 2020; Lynch, 2016; Matua Raki, 2019) and places an emphasis on all stakeholders involved. This is the social worker's opportunity to implement a collaborative case-management approach, coordinating the various speciality services, along with input from the young person, family or caregiver to navigate the critical nexus between assessment and action (Badry & Choate, 2015). Employing a collaborative approach enables the social worker to build working relationships that ensure

consistency; access collective wisdom to develop a robust and appropriate plan; acknowledge young people and families as experts in their own lives; and more effectively and appropriately wrap support around young people with FASD, and their families (Gibbs et al., 2020).

The final key skills component is *developing individualised, strengths-based, creative and long term treatment and support plans with the young person with FASD and their family or caregivers firmly at the centre*. It is recognised throughout the literature that the conversation around young people with FASD remains stubbornly focused on containment strategies, be they physical, diagnostic, behavioural, or epidemiological (Badry & Choate, 2015). This key skills component redirects that conversation and bases the planning firmly around the strengths and challenges of each individual young person (Badry & Choate, 2015; FASD Working Group, 2016; Malbin, 2002).

The FASD-informed practice framework aims to support the social worker to achieve the desired outcomes: avoiding recidivism by prioritising rehabilitation and reintegration (Gibbs & Sherwood, 2017; Lynch, 2016; Popova et al., 2011); enhancing the wellbeing and life chances of the young person with FASD (Ontario Centre of Excellence for Child and Youth Mental Health, 2016); and subsequently improving overall community safety (Fitzgerald, 2015; Lynch, 2016).

It is important to note that the practice framework is untested and, although based on international frameworks and evidence-based best practice recommendations, it requires field testing and assessment to ensure praxis can occur.

Conclusion

It has been established that working with young people with FASD within the YJ system is complex, cross-sector work, however, a clear connection has been drawn between the social work

professional mandate and the best practice recommendations for the treatment of young people with FASD in the YJ system. This connection provides sufficient evidence to conclude that a social work led response could make a significant positive difference to the treatment and outcomes for young people with FASD involved in the YJ system by assisting young people, their families or caregivers and other professionals to navigate the complex terrain that unfolds as a product of invisible disability (Badry & Choate, 2015; Gibbs et al., 2020).

In the last 20 years, awareness of FASD has increased exponentially with the brave and dedicated work of a number of key stakeholders: professionals, and families and caregivers (Gibbs & Sherwood, 2017). Despite this increase in awareness, FASD remains a highly complex and underacknowledged issue in Aotearoa New Zealand (Badry & Choate, 2015) and there is a clear need for more research in this area (FASD Working Group, 2016).

In addition to the practical work at the coalface for social workers, a broader theme emerged from this research. This overarching theme captures the need for a paradigm shift when working with young people with FASD (Gillen & Dubovsky, 2012; Malbin, 2002; Walker, 2018). If we are to avoid further injustice for young people with FASD, we must ensure that each individual young person is able to engage in a neurodevelopmentally appropriate way in the whole YJ process. We must move away from the focus on the young person with FASD as the problem, and support exchanges within the YJ system that consider the wider internal and external impacts on each individual young person. Working towards the fulfilment of these goals is where social workers can play a lead role to support young people with FASD in the YJ system to reclaim a more positive future.

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Supervision, support and professional development for newly qualified social workers in Aotearoa New Zealand

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ABSTRACT

INTRODUCTION: Many social work professional bodies and regulators mandate regular supervision and professional development. Supervision is believed to support continuing development of professional skills, safeguarding of competent and ethical practice, oversight of the practitioner's work for adherence to organisational expectations, and support for practitioner wellbeing.

METHOD: Phase two of the Enhancing the Readiness to Practice of Newly Qualified Social Workers (Enhance R2P) project employed a mixed methods study (surveys and interviews) to explore how well prepared newly qualified social workers (NQSWs) are, in their first two years of practice, to enter professional social work. A survey of managers/supervisors and NQSWs in Aotearoa New Zealand about the readiness to practise of recent graduates was conducted.

FINDINGS: Questions about supervision and professional development were included in the survey and in interviews with both NQSWs and supervisors/managers. Around half of NQSWs were supervised at least once every two weeks, but another half were supervised monthly or less frequently. Observation of practice by supervisors was either very infrequent or entirely absent from the professional development of NQSWs.

IMPLICATIONS: Study findings revealed great variability in the formal supervision and other supports available for NQSWs which may impact on retention and practitioner wellbeing. More integrated systems of supervision, peer support and planned professional development are needed.

KEYWORDS: Newly qualified social workers; supervision; professional development

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Supervision is generally regarded as a core element in career-long competency and professional development for social workers and, as such, it is mandated by professional bodies. The authors have conducted a three-year study examining the social work education curriculum and readiness to practise (Ballantyne et al., 2019a, 2019b, 2019c) and this has included exploring the supervision and professional development

experiences of NQSWs. Expectations of supervision begin during pre-service education for social workers in Aotearoa New Zealand. The programme recognition standards of the Social Workers Registration Board ([SWRB] 2018) require that a social work student undertaking field education should be supervised for at least one hour per week. Further mandates regarding supervision are in place in practice.

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The SWRB sets out its expectations of supervision stating that it should be undertaken by registered social workers in Aotearoa New Zealand at least monthly. The policy document states:

Professional supervision is one of the essential means to develop workers and ensure quality service provision. It is the direct practice, guidance and reflection provided by supervision that enhances professional development and supports competent, accountable and safe practice. (SWRB, 2018, p. 2)

Whilst this section does not mention anything regarding increased supervision frequency for NQSWs, it seems reasonable to assume that the monthly minimum is imperative for new graduates and that a higher frequency, perhaps at least once every two weeks, might be appropriate. The professional association, the Aotearoa New Zealand Association of Social Work (ANZASW) however, does recommend that, in the first year of practice, ANZASW members have a minimum of one-hour core social work supervision per week with a career-long expectation of a minimum of one hour per month (ANZASW, 2015, p. 3). Little is known about the extent to which these policies are implemented in social work in Aotearoa New Zealand, and even less that specifically relates to NQSWs. Neither policy makes reference to observation of practice as part of feedback.

In a recent survey conducted over 2014–2015, O'Donoghue (2019) asked about the frequency of registered social workers' supervision contact and revealed that slightly more than half (56.2%, $n = 155$) had monthly contact (p. 65). Over a fifth of respondents (22.8%, $n = 63$) had fortnightly supervision. Overall, 88.4% ($n = 243$) had supervision at least monthly or more. The 'other' category (11.6%, $n = 32$) revealed a range of experiences related to infrequent supervision which included from six-weekly and bimonthly, to very infrequently and rarely having supervision at all.

This study did not specifically address the supervision arrangements of NQSWs but, amongst this 'infrequent supervision' group of 32 respondents, all but one were fully registered, with one being provisionally registered, thus suggesting that the SWRB's policy was not being followed (O'Donoghue, 2019, p. 71).

Newly qualified social workers are often characterised as 'green' as in new, untested and expected to present with a mix of uncertainty and enthusiasm (Franklin, 2011). Prior to qualification, placement supervision initiates the beginning social worker into the world of practice including the experience of supervision. Field placement supervisors will have, ideally, provided a secure relationship and process in which students can be guided toward effective use of self and a developing professional identity (Davys & Beddoe, 2010; Bogo, 2015). Social workers, supervisors and managers understand that placement is, to some extent, protected time and not 'the real world' of busy agency life; however, the segue from placement to the first professional appointment can be challenging if supervision, support and ongoing professional development opportunities are not made available (Hay, Franklin, & Hardymont, 2012). The study reported in this article goes some way toward addressing the gap in our knowledge about the NQSW experience, particularly related to professional development and supervision.

Structured support for newly qualified practitioners

There is general agreement that newly qualified social workers are beginning practitioners and thus in need of additional support (Grant, Sheridan, & Webb, 2016; Moorhead, Manthorpe, & Baginsky, 2019). The experiences of NQSWs often attract descriptions such as a "baptism of fire" (Bates et al., 2010) and the transition from the protected world of placement, "a shock" (Hay et al., 2012, p. 4). In an ideal situation, NQSWs in

Aotearoa New Zealand would have access to a structured, early-career programme such as the English “Early Professional Development” programme reported by Carpenter and colleagues (Carpenter et al., 2013; Carpenter, Shardlow, Patsios, & Wood, 2015). This programme included dedicated time for professional development and supervision of the beginning practitioners, supporting materials for participants and supporting materials and comprehensive training for supervisors and programme coordinators. However, despite the substantial investment made in social work education, little is done in Aotearoa New Zealand to support the needs of newly qualified practitioners beyond an induction programme which may be offered by some larger employing agencies (Ballantyne et al., 2019b). For those beginning work in smaller organisations, their support needs will be met by colleagues and their supervisor (Hay et al., 2012; Hunt, Lowe, Smith, Kuruvila, & Webber-Dreadon, 2016). Access to further professional development may be limited and continuing education is frequently available only for those willing to self-fund and use personal leave. Practitioners’ hopes that greater regulation of social work would lead to better resourcing for further professional development have largely remained unrealised (Beddoe, 2013, 2018). For early-career social workers however, provision of supervision has benefited from employers’ obligations to meet mandatory requirements set by regulators (Beddoe, 2016). Obstacles remain for further development, notably the lack of resources in agencies, particularly non-government sector agencies and the lack of any mandate to foster post-qualifying education by the Aotearoa New Zealand regulator, as demonstrated in the paltry minimum of 20 hours contributing professional development per annum required by the SWRB (2019).

Supervision for newly qualified social workers

Supervisory support has been found to be positively linked to job satisfaction,

particularly in child welfare social work (Burns, 2010), retention (Chen & Scannapieco, 2010; Dickinson & Painter, 2009), stress levels (Engstrom, 2017), developing professional identity (Moorhead, Bell, & Bowles, 2016) and greater perceptions of wellbeing (Mänttari-van der Kuip, 2014). While licensing or full registration of social workers frequently mandates minimum hours of supervision, research demonstrates that compliance with such expectations can be patchy, as research in both Australia and England reported that practitioners did not receive regular supervision (Baginsky et al., 2010; Egan, 2012; Robinson, 2013; Turner-Daly & Jack, 2014). An English study explored the content and purpose of supervision for beginning practitioners (Manthorpe, Moriarty, Hussein, Stevens, & Sharpe, 2013) seeking the views of NQSWs and their managers on various elements of their support and development in their jobs. A significant finding was that those with less frequent supervision were less likely to feel they had a manageable workload and felt less engaged with the job.

Space does not allow for a more detailed exploration of international research on the needs of early-career practitioners in this article but it seems clear that high quality supervision, and structured and informal team / peer support (Manthorpe et al., 2013) is vital and needs resourcing for further development and evaluation. Social work supervision provided by an experienced social worker is most appropriate at this stage and this is often offered by those who also have some managerial responsibility for the practitioner’s work and thus having a dual role (Rankine, 2017; Wong & Lee, 2015). In-house supervision may also become more managerial if it is separated from “reflective” supervision (Beddoe, 2011) as external supervision grows as a practice in social work, even for NQSWs. External supervision is defined as professional supervision of a social worker by a supervisor who is not employed in the agency where the supervisee practises (Beddoe, 2011). Often in smaller agencies, supervision is provided

by an external supervisor and limited to the required monthly session (Rankine, 2019).

This article discusses findings regarding supervision and professional development from the second phase of the research project, “Enhancing the Readiness to Practise of Newly Qualified Social Workers”. Whilst the first phase of this three-year project focussed on the content of the social work curriculum in Aotearoa New Zealand (see Ballantyne et al., 2019a), the second phase focussed on the following research question:

How well prepared are NQSWs (social workers in their two years of practice) to enter professional social work, and how is their learning being supported and enhanced in the workplace?

This phase of the study had two parts: an online survey and qualitative interviews with NQSWs and their managers/supervisors. This article draws on both the survey data and the interview content related to supervision and professional development. Ethics approval for the study was obtained from the University of Canterbury Human Ethics Committee.

Method

Participants were invited to respond to the online surveys during 2017 through social media and an invitation circulated to: a) all members of the ANZASW; and b) all social workers registered by the SWRB. Both surveys employed selection criteria. For the NQSW survey there were three selection criteria—the respondent needed to have: a) completed a recognised social work qualification from an Aotearoa New Zealand tertiary education institute within the last two years; b) been employed in a social service agency for a minimum of six months; and c) been in current paid employment as a social worker. There were a total of 195 responses to this survey, however, 71 (36%) failed to meet the selection criteria, mostly because they had been qualified for more than two years; this resulted in a sample

of 124 NQSWs. The survey was organised into the following sections: respondent demographic details; present employment position; views on workplace supervision; views on workplace induction; views on workplace learning and development; and views on respondent’s qualifying degree programmes. Some respondents dropped out of the survey immediately after adding their demographic details, and these individuals were excluded leaving a final sample of 119.

The managers/supervisors survey required respondents to have managed or supervised a NQSW within the last two years (a NQSW was defined as someone who had been qualified as a social worker for two years or less). There were a total of 193 responses to this survey; those who failed to meet the selection criteria or who dropped out after adding their demographic details were excluded, resulting in a final sample of 158 managers/supervisors. SPSS version 24 was used for the analysis of survey data; however, the cell sizes were too small on almost every test conducted. Once it was apparent that cell sizes were consistently too small, any further statistical analysis of this nature was discontinued, and the tables below report descriptive statistics.

In the qualitative component of this study, semi-structured telephone or Skype interviews were conducted over 2017–2018 with 15 newly qualified social workers in their first two years of practice and 17 managers/supervisors of newly qualified social workers recruited by an invitation that was contained in the survey. The two groups were not matched. The interview questions addressed various aspects of readiness to practise, the supports in place for NQSWs and the availability of professional development planning and opportunities. NQSWs were asked about provision, frequency of and satisfaction with supervision, appraisal, and whether they had been observed in practice.

The qualitative data were analysed using theoretical thematic analysis, described as

“driven by the researcher’s theoretical or analytic interest in the area, and...thus more explicitly analyst driven” (Braun & Clarke, 2006, p. 84). In this study, our analysis began with an examination of responses to the main questions asked of each participant. Three of the authors coded all the transcripts using NVivo 11™ to develop node reports on our core questions. As areas of new thematic insights were identified, NVivo text searches were performed and relevant data were more finely coded by other team members. Thematic tables were produced and checked for agreement amongst the team.

Participant details

The majority of NQSW survey respondents (55.4 %) were under 35 years of age and 83.2% identified as female. Respondents were invited to select up to three ethnicities with which they identified: most identified as NZ European (64.7 %), 13.4 % identified as Māori, 5% as Chinese, 5% as British /Irish, and smaller proportions identified with 13 other ethnicities.

Sixteen tertiary institutions in Aotearoa New Zealand which provide social work education were represented in the sample with 55.5% attending universities, 37% institutes of technology or polytechnics, 5% wānanga and 1.7% a private tertiary institute. Of the qualifications gained, two thirds were undergraduate (66.4%) and one third were postgraduate (33.6%) with 82.4% attending full-time. Half of the NQSW respondents (50.4%) completed their social work qualification fewer than 12 months prior to the survey and the remainder qualified between 12 and 24 months prior to taking the survey (49.6%). Almost half the NQSW respondents worked in non-governmental agencies, almost one third in Oranga Tamariki, with 16% in District Health Boards. Most were full-time (85.7%) with permanent contracts (87.4%).

Almost all of the managers / professional supervisor survey respondents (96.3%) were over the age of 35 and the majority

(81.6%) identified as female. Respondents were invited to select up to three ethnicities with which they identified: most managers / professional supervisors identified as NZ European (66.5%), a quarter (24.7%) identified as Māori, 5.7% as British /Irish, smaller proportions identified with over 18 other ethnicities. Over a third (35.4%) of the supervisor / manager respondents worked in non-governmental agencies, a quarter (24.1%) in Oranga Tamariki, 13.9% in district health boards, 5.7% in Iwi / Māori agencies and the remainder in other settings. One quarter worked in child protection, 13.3% community, 11.4% health and the remainder in other settings.

Findings

The findings reported here focus on questions asked both in the survey and interviews about supervision and professional development and NQSWs. Pseudonyms are used for participant quotes. Major themes identified include: variability in frequency of supervision which suggests that practice is not always well aligned with professional expectations; considerable NQSW support for external and cultural supervision, and lesser focus on professional development than is professionally desirable.

Supervision frequency

Supervision frequency was variable with many NQSWs reporting less than the optimal fortnightly supervision for NQSWs.

Internal supervision [line management] is meant to be once a month, but it happens more like once every three-ish months. It would be nice if it happened more often, but when it does happen it’s also great.
(Rae, NQSW)

I don’t think they were competent in supervision, well—that’s a big call to make. They also probably didn’t have the time, so it was very much case-management, their priority and your supervision would come secondary to

that and if there wasn't time then there wasn't time. And there was never time. (Ailsa, NQSW)

Not everyone was happy with what was offered and its frequency:

You're supposed to have supervision every week and you're supposed to have this and that—my supervision was case management and it wasn't every week, and my supervisor, I didn't really get a lot from, so I felt really unsupported in that sense. (Ailsa, NQSW)

Twelve items in the NQSW survey sought their views on supervision in terms of frequency, content and expectations. Table 1 shows that the majority (87.5%) of respondents were having formal supervision meetings at least once a month with almost half (48.8%) meeting at least fortnightly. A smaller proportion (7.6%) were accessing supervision less than monthly. About half of respondents (see Table 2) stated that supervision frequency was less than when they commenced the job.

Table 1. Regularity of supervision

How regularly do you have formal supervision meetings?

Response	n	%
Once a week	27	22.7
Once every two weeks	31	26.1
Once a month	46	38.7
Less often	9	7.6
Not stated	6	5.0
Total	119	100

Table 2. Changes in Supervision Frequency

Has this frequency changed since you started this job?

Response	n	%
More often now than when I started	8	6.7
About the same as when I started	37	31.1
Less often now than when I started	61	51.3
Don't know yet—not been in the job long enough	7	5.9
Not stated	6	5.0
Total	119	100

Focus of supervision, external and cultural supervision

The main focus for supervision (83.2%) identified by most NQSWs was advice and guidance on more difficult cases, although personal support (68.9%) and case review (61.3%) were also frequently identified. Less frequently identified were performance against targets (26.1%), help in applying theory to practice (33.6%) and agency policies (36.1%) (see Table 3). Help in applying theory to practice also emerged as an aspect of supervision that most NQSWs (62.2%) would like to see more of in their supervision sessions (see Table 4). In addition, around half wanted a lot or a little more discussion on training needs (53.8%) and suggestions for developing reflection and self-awareness (50.5%). Taken together these three items suggest a strong expectation that more attention is paid to the educational and developmental aspects of professional supervision.

The desirability of an educational and developmental emphasis in supervision is reflected in the comments made by NQSWs who participated in qualitative interviews. Significantly, many valued external supervision and this is explored further later. Chrissie notes the importance of having a supervisor who was trained in supervision:

In [location] I had good supervision, but then there was a changeover in employers, so then I was being supervised by somebody who didn't have their supervision qualification. She was still good, but I definitely felt the difference between that supervision and then being supervised by somebody who did. (Chrissie, NQSW)

This theme arose again in interviews with Delia, Ginny and Brent:

My current supervisor [external] is much more affirming. She affirms what I did, but still invites me to reflect. And we don't just talk about cases and

Table 3. Aspects of Formal Supervision

What do formal supervision meetings usually cover? (N = 113)

Response	Responses	
	n	% of cases
Advice and guidance on more difficult cases	99	83.2
Personal support, encouragement and appreciation	82	68.9
Review of each of my cases	73	61.3
Discussion of my training needs	63	52.9
Suggestions for developing reflection and self-awareness	63	52.9
Closing cases	54	45.4
Agency policies	43	36.1
Help in applying theoretical approaches or explanations to my practice	40	33.6
My performance against targets	31	26.1
Not stated	6	5.0

Table 4. Preference for Aspects of Supervision

Which of these aspects of supervision would you like more of, or less? (N = 113) (Q43)

Response	Much more		A little more		Just the same		Less		Not stated	
	n	%	n	%	n	%	n	%	n	%
Help in applying theoretical approaches or explanations to my practice	35	29.4	39	32.8	38	31.9	0	0.0	7	5.9
Discussion of my training needs	25	21.0	39	32.8	46	38.7	1	0.8	8	6.7
Suggestions for developing reflection and self-awareness	24	20.2	36	30.3	50	42.0	1	0.8	8	6.7
Advice and guidance on more difficult cases	22	18.5	30	25.2	58	48.7	0	0.0	9	7.6
Personal support, encouragement and appreciation	18	15.1	34	28.6	60	50.4	0	0.0	7	5.9
Agency policies	17	14.3	25	21.0	63	52.9	5	4.2	9	7.6
My performance against targets	12	10.1	19	16.0	69	58.0	9	7.6	10	8.4
Review of each of my cases	8	6.7	30	25.2	68	57.1	4	3.4	9	7.6
Closing cases	5	4.2	20	16.8	81	68.1	3	2.5	10	8.4

about what I'm currently doing, she's helped me to think a lot more about my core values and where those come from, and why I practise the way that I do. And what in my environment and what in my upbringing has made me the way I am and made me think about things the way I do. Which has been very beneficial, I'd say not just in my professional life, but also in my personal life. (Delia, NQSW)

A strong focus on learning and to some extent the inclusion of theory in the

supervision space, with the supervisor having a broad focus:

So, we can talk about theories and what guides my practice, and also look at critically analysing things. So, if something's struck a chord with me, or something's upset me or something's bothered me, she's really good at looking at why and how do we overcome that, and what does that look for your practice. And I can be completely honest if I've done something that's questionable, I can talk to her about that and what I should

do. It's fantastic, I always like going to supervision. (Ginny, NQSW)

Well I'm very much satisfied because we have, it covers all aspects, like our personal wellbeing, self-care. He's asking how is your health, family, everything, there's a personal bond. The second part is the case load, any advice or anything that is required, there's a case discussion. And any other thing, any other thing regarding learning, if I say I'm not comfortable dealing with trauma, or trauma-informed practice or that sort of thing, then as soon as training comes, I'll be sent for that. So, all supervision, personal aspects and professional aspects are discussed so I am very happy. (Brent, NQSW)

As noted in the literature, internal supervision (Beddoe, 2011; Rankine, 2017) can be limited by issues of power and workplace dynamics. The tensions of having supervision with a supervisor holding dual roles (Wong & Lee, 2014) were illustrated by interview participants' description of their experience:

Well the thing is in big organisations, when you've got an internal supervisor who is sometimes your manager or has some sort of oversight of your job, their thoughts can be clouded. So I've had an internal supervisor, where you could see it all over her face that she didn't like her job, and I'd go into supervision and she would sit there and go "oh I've had a big day" and it's kind of like, oh well it's not about you it's about me right now. (Chrissie, NQSW)

Trust and the security of feeling in control of sharing personal challenges, noted by Egan, Maidment, and Connolly (2017) were highly significant for these participants. Ailsa was hoping to be able to have external supervision to avoid this dynamic, while Sally also emphasised how trust enhanced their willingness to be honest in their external supervision:

External supervision would be really, really awesome. ...It also removes a whole lot of the workplace dynamic, because whoever you're talking to isn't part of that, you can be really open and honest with...what you're struggling with. (Ailsa, NQSW)

They let me know that I'll have external supervision, which is really great, because it's really hard having internal supervision because you kind of have to trust that what you tell your supervisor doesn't go anywhere, but you might not bring up an issue with them if you wanted to, like with your colleagues or your management, because you're aware that they know them and they're involved with them. So, it'll be great to have that external supervision where I can just speak about anything and know that it's not really going to go anywhere. (Sally, NQSW)

Table 5 explores respondents' views on the extent to which supervision helps them to undertake certain professional tasks and *improving professional practice* is the most highly rated with over three quarters (79.9%)

Table 5. Improvement Under Supervision

To what extent do you feel your supervision helps you to improve?

Response	A great deal		A little		Not much		Not at all		Not stated	
	n	%	n	%	n	%	n	%	n	%
Improve your professional practice	59	49.6	36	30.3	10	8.4	6	5.0	8	6.7
Maintain professional boundaries with service users	43	36.1	43	36.1	16	13.4	8	6.7	8	6.7
Cope with stress	40	33.6	47	39.5	14	11.8	10	8.4	8	6.7
Work with the cultural issues in your practice	38	31.9	33	27.7	25	21.0	14	11.8	9	7.6
Prioritise your workload	33	27.7	49	41.2	23	19.3	5	4.2	9	7.6

stating that supervision helps a great deal or a little.

Supervision was found to be not much, or not at all helpful by 32.8% respondents in relation to *work with cultural issues* and, somewhat surprisingly, by 23.5% with regard to *prioritising workload*.

What was particularly valued by interview participants was the reflective nature of external supervision:

Internally you do often get caught up talking about the clients as opposed to where you are at as a professional and as a worker. It's good to have that internal to keep on top of that caseload, but external was where I got most of my learning from as well. [External] was way more reflective. It was often brought back to who am I as a practitioner, not just the worker, the social worker. (Chrissie, NQSW)

We also asked questions about cultural supervision and one quarter of NQSW respondents (25.2%) stated they had received cultural supervision or kaupapa Māori supervision, to support their work with Māori and/or other cultural groups. Of those who had received cultural supervision, the overwhelming majority (90%) found it very, or quite, helpful. In addition, of those who had not received cultural supervision, the majority (72.3%) agreed that it is something that would be helpful to them.

The finding that routine supervision is less helpful with cultural issues, taken together with the strong NQSW support for cultural supervision (amongst both the minority who accessed it and the majority who have not), suggests that agencies should consider reviewing access to cultural supervision for NQSWs. One of the NQSW interviewees expressed this point very clearly:

I guess the one thing I've been thinking about recently is that [my supervisor is]

Pākehā, I'm Pākehā, half of my clients are Māori. Actually, it'd be really good to have someone who can speak to best practice with Māori and what that looks like. And she's not terrible at that, but I'm just starting to think actually it would probably be better if I had a Māori social worker. (Becky, NQSW)

Professional development other than supervision

Since social work practice is essentially a relational and interpersonal practice that most often occurs in places out of the view of supervisors (for example, in closed offices and family homes) then the observation of practice by a supervisor can be a good source of information about a practitioner's strengths and areas for development (Davys & Beddoe, 2015). In field education in Aotearoa New Zealand there is an expectation that students will be observed on placement regularly, although it is not a requirement of the SWRB and nothing is reported about the ongoing observation of qualified practitioners. We asked NQSWs to report how frequently their supervisor observed their practice and the results (see Table 6) indicate clearly that this is not a routine part of supervisory practice: around a quarter stated that they were observed at least once a month (24.3%), another quarter less often (23.5%) and approaching half (46.2%) stated their practice had never been observed.

Table 6. Frequency of observation of practice

How often does your supervisor actually observe your practice?

Response	<i>n</i>	%
About once a week	6	5.0
About once every two weeks	11	9.2
About once a month	12	10.1
Less often	28	23.5
Never	55	46.2
Not stated	7	5.9
Total	119	99.9

Collaborative observations of practice, with a peer or supervisor, can provide useful information to feed into annual performance appraisals as well as providing formative feedback (Davys & Beddoe, 2015). Asked whether they had had a formal appraisal by their supervisor over half (54.6%) stated they had not. However, in response to question 50, asking: *How well do you think your supervisor rates your performance so far in your present job?*, almost all considered that they were rated either *very highly* (32.8%) or *quite highly* (58.8%) by their supervisor. Furthermore, 81.5% considered this assessment of their performance to be a *fair assessment*.

There are other forms of learning and development activities, such as working alongside more experienced peers or group sessions for newly qualified workers, that an employer can set up for NQSWs. Table 7 shows responses to seven different types of learning and development and that around half of participants had access to *shadowing of a more experienced social work colleague* (54.6%), *peer supervision* (51.3%) and *co-working a case with more experienced social work colleague* (47.9%). Group sessions for NQSWs were far less commonly reported.

As shown in Table 8, less than half of respondents (47.9%) stated that they had a professional development plan (PDP) in place, but for those who did, most had discussed it with their supervisor (75.4%)

and the majority stated that the supervisor was helping them to implement the plan (61.4%). In the English study, in a context where personal development planning had a strong policy emphasis, a higher proportion of NQSWs had a PDP (61%), yet only 41% had discussed it with a line manager and only 35% agreed that a line manager helped them to implement the plan (Manthorpe et al, 2013).

Support from supervisors and line managers was crucial to the effectiveness of personal career planning yet, as noted, earlier in Table 4, approximately 40% of NQSWs wanted more opportunity to discuss their learning needs with supervisors. Where this did occur, it was valued by NQSWs. One participant highlighted the value of their agency's commitment to professional development planning:

We have the standard personal development plan, which most workplaces will have, but they've put a lot of value into ... what learning you want to get and what will help you to continue your learning ... To give meaning to your work, and to what you're doing and then yourself. And the conversations that we have, even just with the manager there, we were in the car the other day and ... I just know how much he values [learning] and then how much in the organisation that is a really strong value. (Ailsa NQSW)

Table 7. Learning and development in the workplace

Have you had experience of any of the following, in your current job? (n = 97)

Response	Responses	
	n	% of cases
Shadowing of a more experienced social work colleague – from your own team	65	54.6
Peer supervision – when several social workers from your team share experiences with your professional supervisor	61	51.3
Co-working a case with more experienced social work colleague/s	57	47.9
Shadowing a colleague – from a different profession	28	23.5
Shadowing of a more experienced social work colleague – from a different team	27	22.7
Group session/s for newly-qualified social workers (including action learning sets or support groups)—within your own team	18	15.1
Group session/s for newly-qualified social workers (including action learning sets or support groups)—involving NQSW from other teams or agencies	9	7.6

The supervisors/managers were also asked a survey question about the kinds of learning and development activities undertaken by employers and their views on how well this was done. As can be seen from Table 9, most employers identified that they did the following well: *taking students on placement* (63.9%); *provide “shadowing” for social work students* (55.1%); *recruiting newly qualified social workers from among those having undertaken a student placement in your organisation* (53.2%) and *providing closer supervision for newly qualified social workers than for more experienced recruits* (50%).

Of the items that respondents thought their agencies *could do more or better*, the highest rated were *providing induction programme for newly qualified social workers* (40.5%); *qualified social workers on your staff giving (occasional) lectures/seminars to students on social work programmes* (37.3%) and *closer supervision*

Table 8. Professional development plan

Do you have a Professional Development Plan (PDP)?

Response	n	%
Yes	57	47.9
No	50	42.0
Not stated	12	10.1
Total	119	100

for newly qualified social workers than for more experienced recruits (36.1%).

The supervisors' and managers' interviews revealed great variability in the perceptions of support available for NQSWs, with agencies and supervisors often providing a good support system:

We also have things such as fortnightly team meetings, and there is a practice component to all of that. We have regular training. Everyone has a training budget,

Table 9. Employer activities

Employer activities as reported by managers (Q16)

Response	We don't do this at all		We do this well		We could do this more, or better		Not stated	
	n	%	n	%	n	%	n	%
Sponsor unqualified staff to qualify as social workers by paying their salaries while they are studying	77	48.7	32	20.3	32	20.3	17	10.8
Encourage staff to gain a qualification in supervision	39	24.7	54	34.2	49	31.0	16	10.1
Qualified social workers on your staff giving (occasional) lectures/seminars to students on social work programmes	32	20.3	49	31.0	59	37.3	18	11.4
Provide further training opportunities to qualified social workers	16	10.1	75	47.5	51	32.3	16	10.1
Recruit newly qualified social workers from among those having undertaken a student placement in your organisation	15	9.5	84	53.2	42	26.6	17	10.8
Provide “shadowing” for social work students	14	8.9	87	55.1	38	24.1	19	12.0
Induction programme for newly qualified social workers	12	7.7	66	41.8	64	40.5	16	10.1
Take social work students on placement	12	7.7	101	63.9	26	16.5	19	12.0
Limited initial caseload for newly qualified social workers	11	7.0	77	48.7	53	33.5	17	10.8
Closer supervision for newly qualified social workers than for more experienced recruits	6	3.8	79	50.0	57	36.1	16	10.1

it is \$1200, and the supervisor works with them [on] a development plan ... And that's part of their induction as well, is going out and meeting all the different agencies, picking up the resources and all of that. So for the first year we're working to give them the knowledge and make sure that they can reflect and observe ... so that in the second year they're flying more by themselves (Davina, SupMan).

So they get a two-week orientation, as opposed to some other places, you're not just shown your desk and here's your caseload and off you go. They get to meet and greet people and find out what in-house players' roles are. For the first two to three months they are encouraged to do quite a bit of networking if they haven't already established some networks. ... Usually somebody is available to kind of be, not a designated buddy and maybe that's something we need to consider. But people are available to pick their brains... And also usually they're supervised (Sam SupMan)

Some NQSWs, however, were less enthusiastic

I definitely felt my boss ... wasn't that gracious towards new graduates. She didn't really have a lot of time for people who didn't know what she was talking about straight away, especially in terms of she was very knowledgeable about [name of ward] and I'm not obviously when I come straight from uni with not a lot experience, so that was difficult. (Sally NQSW)

NQSWs reported that they did not only rely on their supervisors for support and guidance and that learning from peers and more experienced colleagues was very highly valued:

At my workplace actually, it's very, very generous, not only my buddy, but anybody I can approach. Anybody, all

of the newbies can approach any of the senior social workers and they are all more than ready to help us, and that's really helping us. (Brent NQSW)

...but also having social worker and counselling colleagues there as support to learn off and they're very good at wanting to help all the time. ... And there's quite a few people that are social work trained around here as well, so it means that I can just run things past them if I need to. We've got quite a few people who used to work at Child, Youth and Family, so because I'm kind of working in that environment now I can go and pick their brains about it as well. (Teri NQSW)

Always learning from colleagues, so even through peer supervision and things like that. Always learning all the time, so that's really awesome. (Josie NQSW)

NQSWs were asked to rate the extent to which they received help and support from their workplace to improve on six factors. Table 10 indicates that most participants received *a great deal* or *a little* support in relation to all six factors. Whilst this is reassuring, it is also worthy of note that 2 out of 10 NQSWs considered that they had *not much* or *no help and support* in relation to *feedback from service users and carers on your practice* (22.6%) and *the accuracy and analytical insights of your case assessments* (20.1%). Adding this to the lack of direct observation of practice and formal appraisals does raise concerns about inputs to their professional development.

Conclusions

The study findings demonstrate a patchy provision of support for NQSWs development, which is perhaps unsurprising given the lack of any clearly mandated expectations. Agencies employing NQSWs may need to check that their practice of supervision in the first two years is better aligned with the recommendations and expectations of professional bodies. While

Table 10. Support for practice improvement

How much appropriate help and support have you received in your current workplace for improving your practice?

Response	A great deal of help and support		A little help and support		Not much help and support		No help and support at all		Not stated	
	n	%	n	%	n	%	n	%	n	%
The overall quality of your practice	36	30.3	53	44.5	9	7.6	4	3.4	17	14.3
Your choice of suitable interventions more likely to lead to better outcomes for the service users and carers on your caseload	32	26.9	50	42.0	14	11.8	6	5.0	17	14.3
Your personal confidence	32	26.9	50	42.0	13	10.9	8	6.7	16	13.4
Your own professional abilities	30	25.2	55	46.2	15	12.6	3	2.5	16	13.4
The accuracy and analytical insights of your case assessments	29	24.4	49	41.2	18	15.1	6	5.0	17	14.3
Feedback from service users and carers on your practice	25	21.0	49	41.2	16	13.4	11	9.2	18	15.1

half of NQSWs were supervised at least once every two weeks, the remainder were supervised monthly or less frequently. Whilst monthly supervision is the SWRB requirement for all social workers, this seems seriously infrequent for NQSWs given the evidence of supervision impacting on professional identity (Moorhead, Bell, & Bowles, 2016) confidence, satisfaction, stress (Engstrom, 2017) and intention to remain (Burns, 2010; Chen & Scannapieco, 2010; Dickinson & Painter, 2009; Manthorpe et al., 2013) and wellbeing (Mänttari-van der Kuip, 2014). In the majority of cases, the primary focus of supervision was on advice and guidance on difficult cases, although personal support and case review were also frequently identified. In the interviews, NQSWs with external supervision reported greater access to reflective supervision.

NQSWs wanted more attention paid to the educational and developmental aspects of professional supervision including: help in applying theory to practice; more discussion on training needs; and suggestions for developing reflection and self-awareness. In addition, the finding that routine supervision is less helpful with cultural issues, taken together with strong NQSW support for cultural supervision suggests that agencies should consider reviewing

access to cultural supervision for NQSWs. In the interviews, there was strong support for external supervision for the reasons usually cited in the literature: trust, openness and distance from the dynamics of the dual role of supervisor/manager (Rankine, 2017; Wong & Lee, 2014). Trust and feeling safe are important aspects of a positive supervision relationship (Egan, Maidment, & Connolly, 2017) and perhaps more so in the early years.

As noted above, most NQSWs were very positive about professional support from colleagues and the friendliness of other staff in the workplace. There was agreement on teamwork. Managers/supervisors were very positive about NQSW team contributions. NQSWs highly valued learning from peers and more experienced colleagues. Around half of NQSWs stated they had access to peer supervision, and opportunities to co-work or to shadow more experienced colleagues. Findings indicate clearly that the observation of practice was either very infrequent or entirely absent from the professional supervision of NQSWs. Given the value of these opportunities there is clearly scope for employers to consider making peer support, external supervision and observation of practice more widely available. The absence of any significant professional leadership for the development of any mandated beginning

practitioner programme will continue to be an obstacle to change.

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When you become the lived experience: The journey backwards from academia

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ABSTRACT

The transition from lived experience to social work researcher or teacher is well known and, in many ways, an expected pathway. What is less documented is the lived experience that happens to the social work researcher or teacher, the moment the researcher becomes the research topic, or the teacher becomes the lesson. In writing these reflections we, the authors, have reflected on, and engaged with, our experience as researchers and academics who know and understand grief from a distance. We have previously positioned ourselves as experts and, through lived experience, have come to a place of not knowing. From there we have stumbled awkwardly on to new understandings, hopefully to enrich our future research and teaching.

KEYWORDS: Academia; narrative; reflection; grief; social work

Within social work literature, much time is given to the notion of lived experience and its negating or its heralding. Much of this polarity is brought about by thinking about the impact that lived experience has on notions such as professionalism, boundary setting and implicit positions of power. As a profession and as a source of academic scholarship, social work has enforced understandings of these notions through practice-based critical reflection (Yip, 2006), through professional structures such as clinical supervision (Egan, 2012), and through a formative understanding of reflexivity (Watts, 2019). Throughout all of this, the positioning of the expert is a moveable feast and the place of lived experience in the literature, ill defined. Given this context we, the authors, have queried our own positionality as academic experts, having established ourselves in academia and later experienced the previously objective phenomenon we have studied, as subjective.

Researching our lived experience

The phenomenological and narrative approach, and self-study as a form of autobiographical research, has been used to examine the lived experience of female academics (Kudarauskienė & Žydžiūnaitė, 2018), to access issues inherent within academia (Mellifont et al., 2019) and more specifically in the lived experience within academic education and practice teaching (Uusimaki & Garvis, 2017). When producing a narrative about lived experience in academia, the question is posed as to whether the absence of such narratives negates the worthiness of the lived experience (Toepell, 2003). By producing a reflexive understanding of ourselves in our writing (Behl, 2019) we are establishing ourselves as dominating our narrative through both “gifted storytelling” (Terare & Rawsthorne, 2020, p. 956) and a professional sense of social work practice wisdom and collective understanding (Weick, 2000).

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We both started our careers in social work practice and, through the presented narratives, we are able to track our beginnings into research, teaching and academia. Themes that emerge in both our narratives are a combination of lived experience mixed with intellectual curiosity, an element of self-discovery as a practitioner and educator, and a realisation of the distance between intellectual “knowing” and a deep awareness of “being”. Hunter (2010) tells us that qualitative researchers approach their work dependent on “the context of the teller and the listener” (p. 44), ensuring that we acknowledge that more than one truth about a person’s lived experience, can be discovered. The shift between knowing of lived experience, to living *the* experience requires a level of reflective practice not commonly discussed in academia. Both of us have spent our careers “knowing” grief and its many permutations. Through writing and reflecting on the following narratives we have been able to question the place of “knowing” in academia and scholarship and the less tangible, but equally vital, place of “being”.

Mim’s story:

A few years after I started practising as a social worker my close friend’s mother died of cancer. My friend flew back home to take care of her dying mother in her last months. They had set up a medical bed in the lounge room where she could be surrounded by her favourite paintings and colours, where the sun in her beachside home would settle in on her. I remember feeling useless as I sat with my friend, feeling lost for words. When her mother died, I remember not wanting to feel so useless to the people that I loved again and so I started looking for work in the hospital system, drawn to the place where most people go to die. Nearly 20 years later I had practised largely in the hospital system, working with people as they died slowly of chronic conditions and quickly of traumatic and untimely deaths. Over the years I sat with people next to their beds in wards and in their homes. I visited dying people in nursing homes, and I developed a morbid fascination with mortuaries and funeral parlours, and how we care for our

dead. Whilst practising as a social worker and later working as an academic who teaches social work students, I would often teach grief and loss theory, bereavement support and focus on micro skills such as sitting in silence, having brave and difficult conversations, how to demonstrate empathy without saying a word. I entered into research partnerships with my hospital colleagues and would often feel drawn to the research questions and discussions about my old haunts, the intensive care units and emergency departments, the chronic and complex wards. The places in hospitals that death inhabits. I thought I understood what it meant to care for a dying loved one but, more so, I thought I understood how to teach to it and how to research it.

Then my father died. He died slowly but also quickly. He suffered from Parkinson’s disease for 12 years while my mother cared for him at home. He was admitted into an acute hospital ward, transferred from there to a rehabilitation hospital, and from there to a nursing home to die. From his admission to his death it was a total of 10 weeks and I did what I knew how to do. I sat with him and my mother and my siblings. And through that I realised that I only knew a fraction of what I taught and researched. So, for 10 weeks I thought about what it was that my social work students needed to know.

I saw my father move from speaking and laughing and making jokes with the nurses to being unable to speak at all, to only be able to cry out in pain and then not even that. I thought about how my students needed to understand the fragility of life, that when they meet a person at end stage, they are meeting a fraction of the person that was. As I watched my mother move from being a primary carer to being a distraught life partner I thought about how my students needed to understand the impact of caring for another person that you have committed your life to, and what that feels like to watch them die. I realised that when we teach about what it means to be a carer in social work education, we often teach about what carers need for support rather than teach about the emotional impact of their loss.

As I sat by my father’s bedside, I saw the nurses change as the weeks went on. I noticed how,

as he became weaker, they became slower in how they spoke to us, halting and hesitant in their approach. I noticed that they had begun giving half-smiles as they passed the open door, sending sympathy into my father's room. I realised I needed to teach my students what the environment tells you about the experience of the people within it, that an environment has the potential to cushion and enfold emotion whilst also alienating those within it.

In my father's last days, I watched as the nurses, one by one, came to us and told us their own stories of loss. One nurse had sat by her child's bedside as they struggled in hospital. One nurse had lost his father and still became teary talking about it 12 years later. And on the night my father died, one nurse told us that she had not been able to be with her father as he died as he was on the other side of the world, and that we were lucky to be there with ours. I realised that my students needed to understand that community comes in various guises. That you can never know who will emerge as your greatest supports and that ticking a box called "supports" on an assessment form can never adequately answer that question.

Three months later, I started teaching a social work practice in healthcare subject and as I introduced the subject to my social work students, I heard myself say, "This is not a subject about other people. This is a subject about us. About how we live and die, how we care for each other, and how we wrestle with our life experience".

Sarah's story:

In my last conversation with my ex-husband, exactly nine days before he died, I asked him where he thought he was going when he died. There had been a lull in our conversation. I'd walked into the hospital room, after my daughter asked me to see him first as she hid herself in the tiny room outside his. I was to come back and report what I'd seen, how he had looked. I hadn't seen him for more than a year, since he had been newly diagnosed with Stage 4 lung cancer. At the hospital that day, he considered my question. He put his hand to his head and rubbed it, he

told me he was going nowhere. That he wasn't religious and that, when he died, "that was it". The spiritual brutality of his words, were followed by him folding his arms—his way of saying the conversation was over. His answer didn't compute in my grief researcher brain. I hadn't anticipated there could be people who didn't sit or dwell on theories about the meaning of life and death, who hadn't explored on some level their physical life versus their spiritual one. I couldn't find a chapter in any of the books I had often re-read, about people like him. The ones that approached death with stoic avoidance. There was no meaning-making when the meaning wasn't there to hold on to. He was a qualitative researcher's nightmare.

I am a grief researcher, I've spent 16 years working with families of missing people, exploring their loss that is defined as ambiguous or unresolved. Many health researchers, like those who look at grief, or trauma or mental health, often come to their topic because of a lived experience, or exposure to an event that triggers interest and warrants further exploration. Last year I became the proverbial cart before my horse, my lived experience of a disenfranchised grief happened after my research niche was developed. In the first weeks after he died in April 2019, I started to write as a way of showing up and honouring the trauma that his death created. My own background as a social worker and a grief researcher didn't prepare me for how I would react. I felt robbed in a way that all this hard work gaining a PhD, where suddenly every narrative I'd ever analysed did little to help me in my own grief. I couldn't identify how one in every two marriages ended in divorce yet, so little is discussed about grief when one of those partners dies. I knew I wasn't alone, but I couldn't locate others like me. It would be silly to suggest that this unique type of intangible loss is not uncommon. It's a symptom of a society where relationships are often fragmented, and families are not always connected in life and then in death. Grief, we are often told in every social media meme, is a reflection of love. So, where does this leave us if love is absent but grief is present?

My ex-husband had been in my life for the last 20 years, the relationship had been strained but

persistent. We were disconnected yet enmeshed. We had been pulled in by him at the time of death yet held at arm's length as he slipped away. What I know is, if grief reactions exist after that first year, in a way that impact the capacity to live with day to day life, then (given I have a whole career's worth of grief experience) we understand it to be potentially labelled as prolonged grief disorder. But grief isn't a disorder when we live with it. It becomes part of the way we look at the world, the sadness and disengagement in each sigh, and the bags under your eyes after nights of lying awake trying to work out what all "this" means. You see, when a person is no longer the next of kin, a death can create or trigger feelings of powerlessness. It can remove the chance to enact rituals that commonly assist people to mourn the loss of a person—both physically and psychologically. There is no funeral preparation, there is no chance to be heard. Coming to my research, from a lived experience perspective after I'd spent so long living in it, meant I had to locate myself amidst the trauma of my own ambiguous loss. That the silencing of my loss, by those around me, and in the activities that come from death, created little opportunity to understand why I was in so much pain after his death. The pain I felt was embarrassing, I held up a mirror to my emotions and realised that no one saw the same reflection I did. The definition of lived experience seeks out opportunities for people to share their unique life learnings about surviving, I reached out to my social media community a month after his death. Publishing under my academic title, blending the professional with the personal. Reminding others that we cannot distance ourselves from the research we do, if we are encouraging open reflective practice from those who see us in the counselling space or agree to take part in our research. That we are all in this together—the messy grief of life.

Conclusion

The journey of lived experience to practitioner, teacher or researcher is anecdotally well known. However, the opposite experience, that of practitioner, teacher or researcher is not only under-documented but is little discussed. The effect, however, on the practitioner, teacher

or researcher of meeting and experiencing their “known” phenomenon is nonetheless profound. Through presenting our narratives we aim to contribute to the understanding of the development of the notion of the social work academic as expert, and of the lived experience as an othering notion. We believe social work is a profession about life and to negate our own lived experience is to negate our ways of knowing and being. We understand the imperative to engage with your subject matter as a process of living, bringing the boundaries between the lived experience, the classroom and academia that much closer.

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The “Hidden Depression” that never really went away

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Covid-19 is a unique conjunction of a serious disease pandemic coupled with a serious economic crisis. I took the opportunity during level fourⁱ lockdown to catch up on some reading. Two books in particular discussed the previous two named depressions that Aotearoa New Zealand went through. *Children of the Poor* by John A. Lee (1973) dealt with poverty in Dunedin following the “Long Depression” of the late 19th century and *The Slump* by Tony Simpson (1990) looked at the lead-up to the “Great Depression”, its effects and its lasting legacy.

What stood out was the similarities between those generations and this. The availability of easy loans and the use of leverage leading to the bank and share market collapses of the Great Depression were very similar to the causes of the Great Recession of 2008 (Aiginger, 2010). Other similarities included farmers farming capital gains instead of increased productivity, the rise of the dairy industry and, when hard times came, the blaming of the workers themselves who couldn’t work and abandoning them to their poverty (Simpson, 1990). The effects of the grinding poverty caused by these two depressions are what stood out the most.

It is difficult to find the definition of a depression or a recession, with a number of competing definitions that are complicated to measure, but are usually linked to a retraction in the economy (Abberger & Nierhaus, 2008; Breuer & McDermott, 2013). However, if we look at everyday people, we can identify the measureable impacts that affect them, particularly unemployment. If 20% unemployment constitutes a depression, as it did in New Zealand and the USA in the Great Depression (Iacurci, 2020; King, 2003),

we could take an arbitrary number such as 10% employment to signal a serious recession. Unemployment hit at least 10% in the years after the share market crash in 1987 (Reddell & Sleeman, 2008) although, even at its worst, in the Great Recession of 2008/9 the Aotearoa New Zealand overall unemployment rate never got over 7% (StatsNZ, n.d.).

Simpson’s book, written in 1990, argued that Aotearoa New Zealand at that time was going through an economic down-turn time because of the 1987 share market crash that he thought had many similarities to the Great Depression. Obviously, as a whole, New Zealand did not revisit the collective trauma of the 1930s. The rise of neoliberalism in the 1980s, implemented through Rogernomics, fundamentally changed many of the givens of New Zealand society (Trotter, 2007). It was this that, many of its proponents argued, saved Aotearoa New Zealand and set the economy on a firmer economic footing (Osborne, 1990). However, it could be argued that a depression *did* occur, except the consequences were transferred elsewhere. Following the 1987 crash, at its worst, New Zealand had sustained unemployment of 10.5% in 1992 (StatsNZ n.d.). However, Māori unemployment at the same time was 26%, with Non-Māori unemployment, including Pasifika, at around 7–8% (StatsNZ n.d.). Mainstream Aotearoa New Zealand shifted the pain of its restructuring from itself to the Māori population and, to a growing extent, to its Pasifika population.

For five years, the Māori adult population lived with depression level impacts—an unemployment rate of over 20% (StatsNZ n.d.). We were not supported or

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comforted by the Government as we went through this “Hidden Depression”, instead, at the very height of the crisis, we were punished by a cynical National government that hit us with the “mother of all budgets” that funded tax cuts through a 20% reduction in unemployment, sickness and solo parent benefits. It is interesting that benefits that were dominated by Pākehā, namely National Superannuation, were left mainly intact (Starke, 2008).

The attack on beneficiaries at the time of their greatest vulnerability was, and still is, unforgiveable. Since those times, Māori unemployment has been unacceptably high. From 1986–2020 for only seven of those 25 years has the Māori unemployment rate been under the 10% measurement for a serious recession (Fyers, Kilgallon, Parahi, Rodrigues, & Smith, 2020; Locke, 2010).

It is unlikely that the Pākehā population has had more than 7% unemployed since the 1940s. At the height of the GFC, when Māori unemployment was 13.8% and Pasifika 14.6%, the Pakeha unemployment rate was 5% (StatsNZ, n.d.). In other words, employment-wise, as a group they have not endured a recession in 70 years as Māori, and increasingly Pasifika, have been the buffer to protect them.

I raise what may be considered as ancient history to some, but it is not so for the Māori community, as the economic consequences have been our constant companion. Many parts of our community have never recovered from the Hidden Depression of the 1980s and 1990s. Certain members of our community certainly recovered as there are families, who before the covid-19 crisis, had never done so well, mine included. However, there are large parts of our community that have struggled enormously. I recall an acquaintance saying how a friend had said after the recession of 2008, “Recession? What recession? I’ve always been poor, I haven’t noticed any difference.”

The on-going tragedy of child abuse, drug addiction, long-term unemployment, overcrowding and homelessness have sat there growing for decades, unable to be resolved. In 1983 when I started work as a youth worker with “at-risk” youth in South Auckland, most of the teenagers we worked with were part of a nuclear family of mum and dad where dad was nearly always working. We had social problems but nothing like what was to hit after 1988.

When I left Auckland in 1994 to return to Dunedin, South Auckland had changed. This was before the growth of legal highs and widespread meth addiction, but already there were bottle stores and bars opening up all over the place. The National Government’s response at the time to the huge unemployment rates and the emotional depression that went with it seemed to be to let people self-medicate by increasing the availability of alcohol along with the false hope promoted through the liberalisation of casinos and pokie machines. Another thing I noticed when I arrived in Auckland in 1983, was that all the road gangs were Māori. When I left they were almost entirely Pākehā. A sinking lid policy appeared to be in place that as unemployment increased, it was often Māori or Pasifika who lost their jobs. A case in point being the West Huntly coal mine that laid off approximately 100 staff and were dogged by accusations of unfairly laying off Māori at the expense of Pākehā (*New Zealand Herald*, 1993).

For the past 40 years, when economic hard times hit, it has been Māori and increasingly Pasifika that have felt the full force of the negative effects of economic downturns. In fact, you could argue that we have shielded many of the Pākehā population from the extreme effects of these downturns. It is no wonder that unemployment and its fellow travellers of depression, drug and alcohol addiction, violence and homelessness hit our communities the hardest. Admittedly a portion of us are also shielded from it as there is a burgeoning, educated Māori middle class, thankfully much of it based

in sectors trying to mitigate these negative effects through the health, welfare and education sectors. But every day we see evidence of the effects of poverty.

The almost criminal indifference to the struggle this has placed on beneficiaries is really only now coming to light. Covid-19 has led to a huge increase in unemployment, the difference now is that this new group are inclined to be young, Pākehā and wealthier than the unemployed pre-Covid (Tibshraeny, 2020). The government response has been to choose a date of March the first, where those unemployed before this date get \$250 a week but those wealthier, younger, whiter job seekers get \$490 a week for three months at least. The Minister of Finance's explanation for this was, "People who have been in work have suffered a very sharp income drop, and that obviously that's very unexpected because of Covid-19 ... It's a recognition that we need to cushion the blow for people" (Manch, 2020). The ease with which this was accepted, almost without question, is nothing less than scandalous, as if unemployment at any time is not sudden and difficult to manage. It was a slap in the face for those already unemployed, who were browner and poorer but, in the Government's eyes, more able to handle their poverty because they were used to it. A special report on the financial impact of covid-19 showed that of those on the lower jobseeker benefit, 48% are Māori (Fyers et al., 2020), and is an almost identical state of affairs to the bigotry of the Great Depression when Māori, if they were entitled to benefits at all, got paid less because it was expected that they were able to live on less (Mulengu, 1994; Sinclair, 1988).

I expect this Covid-19 recession / depression to hit Māori and Pasifika the hardest. Even those of us in the protected middle class will find that our jobs are not as secure as we think. As we have seen in other times of austerity, institutions looking to cut costs will, all of a sudden, decide that it is the role of everyone to implement the Treaty of Waitangi and be competent to work with Māori and that maybe we don't need

specialist Māori teams, units or individuals. As we found after the GFC, specialist positions that incorporate Māori knowledge in tertiary institutions are fine when the funding streams are strong, but become an expedient "luxury" in harder financial times. In the rush to protect mainstream, read "Pākehā jobs", Māori and Pasifika are likely to suffer, but many of us can deal with that. With more skills gained, many will land on our feet.

The problem has been, and will be, the growing Māori underclass. The growth in homelessness over the last few years has revealed a growing vulnerability in our population. Maybe we should relook at state housing for all who need it and not as it has become a handout for those who do not seem to be able to make it. My dream as a teenager in the 1970s was, not to own my own house, that was too far away to aspire to. I hoped for a state house that in those days had reasonable rent and meant that you could build a secure future for your family.

At the risk of the accusation of paternalism, if there isn't enough employment then job training and government work schemes are a possible option. This is not so much for the workers who have recently lost their jobs, but for those who have rarely worked. Both my brothers, until recently, worked for large companies where they were regularly hiring staff. They often struggled finding people who were ready to work and that were used to the demands of a 40-hour week. While some of the old government schemes were punitive and of doubtful value, many schemes worked well such as PEP Project Employment Programmes and, VOTP Voluntary Organisation Training Programmes. (I did a stint on VOTP in 1983–84.) These were rejected as "not being real jobs". Those on the left saw them as demeaning because they did not pay unionised rates and so were considered exploitive and those on the right saw them as subsidising work that private companies could do. As a pragmatist I saw the value of them first-hand to get people

working, socialising and contributing to the community. While some people advocate for higher benefits, I believe our people do not aspire to exit poverty through welfare. We all have aspirations for ourselves and our whānau through employment, education and housing and therefore, as we come out of the consequences of covid-19, we need to keep our eyes on the big picture of creating a more just and secure future for all our people, even if some of the processes are distasteful to the adherents of political dogmas.

Many of our Māori people did not recover from the Hidden Depression let alone the GFC. We can't have the next 30 years dealing with the fallout of Covid-19, just as we have spent the last 30 years failing to solve the fallout from the 1980s.

Note

- i In March 2020 the New Zealand Government announced four levels of alert for the Covid-19 pandemic. These levels specified the actions required and Level 4 was the highest. <https://covid19.govt.nz/covid-19/restrictions/alert-system-overview/>

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The tyranny of distance: The social effects and practice adaptations resulting from Covid-19 lockdown rules

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Abstract

This reflective commentary identifies and discusses the effects of the social distancing rules required by the Covid-19 pandemic lockdown¹. The rules required rapid adaptation that many found challenging, creating new norms for behaviour that were governed by both the state and many citizens. These rules changed patterns of social interaction, attitudes towards others and how families and communities were defined. Existing inequities relating to class were exacerbated, and inequities relating to gender and childcare made more visible. Those with more resources and secure jobs that could be undertaken “from home” were less exposed to the economic fallout and the virus itself. Attitudes towards the body and its physicality were heightened as the body became the target for intervention and isolation. Place-based communities of the neighbourhood were strengthened while other types of physical communities diminished. All these changes created new opportunities for accelerating the morphing of people with the digital world, intensifying the use of online technologies to mediate the self, and shape employment practices, social work provision, and personal relationships. While some experienced this rapid transition online as a barrier to relationships, others, especially those already proficient in online technologies, experienced areas of improved functionality and efficiencies. Social work practice also adapted to this environment, finding new ways to meet the practice, support and ethical commitments of the profession.

Humans adapt. You do not have to be a dedicated evolutionist to see that when social

conditions change, humans change too. Our adaptations may not be uniform in character, or even consistent across the duration of a crisis, but a functionalist view of behaviour proposes that we are, at least partly, shaped by the social conditions and rules we are embedded in. How have the social distancing rules affected our social lives? Are we affected equally? What are the effects on social work practice? And do we want to go back when it is over? What changes might we want to retain and nurture? This brief article explores some of these changes, and reflects on what it means for our experience of the social, as well as how relationships of power are changed, and how inequalities may be intensified or reduced.

Social work relies on understanding and responding to the social world, and addressing inequities in that world. But many elements of our social lives, as well as social inequalities, have been reshaped by the distancing requirements of the Covid-19 pandemic lockdown rules. The social construction of the self is affected by the increased use of online representations. Attitudes to the body are changed by the intense focus on the mechanisms of biological disease transmission. Communities are changed through the re-drawing of community boundaries, allegiances, spaces and functions. All of these affect our understanding of the human-in-environment that is fundamental to the practice of social and community work. The Covid-19 social distancing rules differ slightly between nations, but generally involve only essential workers at work (many others working from home), schools, businesses, places of worship and sports all closed, and food shopping the only really legitimate reason to be out of the house. Remaining two

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metres away from every other human (apart from those from your household “bubble”ⁱⁱ) is required.

The distancing rules became the hard filter through which everything we did must pass: our work practices, family relationships, leisure time and exercise. All of these must be undertaken only in ways that meet the rules’ criteria, refracting them into new forms. Distancing rules are the new “rules of the game” that are currently ascendant, changing our social norms and with it, reshaping relationships of power. Bourdieu (1988) proposed that, within prescribed “fields”, people who had the most social and cultural capital were those who knew both the rules of the game and had a nuanced “feel for the game”—that is, the rules had become so internalised that they are second nature (Lareau, Adia Evans, & Yee, 2016). Through drawing on these rules, particular people gain social and cultural capital and therefore, power (Collyer, 2015).

The rule implementation process is important. Its rapid pace and high stakes reinforcers led to a stressful and for some, traumatic, learning curve. The twin fears of the virus itself (contracting or spreading it) and the social approbation involved in getting the rules wrong (heaven forbid you might be called a “flouter”) are powerful teachers for most. Overnight we learnt of the threat itself and of the reach of social control that was possible into our lives. Images of dreadful death tolls flooded our screens. We quickly learned to worry about if Myrtle on the corner saw us drive to take the dog for a walk, or worry about what we might tell the cops if we are stopped. Fear is a powerful teacher, both directly and in social observation of others. This tends to make learning “stick” for many. But the effects are variegated by other factors. Not everyone is worried about the virus, and not everyone wants to accept the rules imposed from above, and not everyone has the luxury of obedience due to the nature of their work. Rather than construing this as irresponsible selfishness, it is better thought of for some,

as the opting out of people who have little pre-existing investment in the political-middle-class-media industrial complex. This is combined with a sense of resistance to the disease itself. If the state has done little for you, and also have a sense of physical imperviousness to the disease, then the rules are less likely to stick to you. This is why it is likely that the prime rule-breakers are likely to be young, male and working class—those in a group with an overlapping sense of being bulletproof while also having little regard for the rules of the ruling class.

There is also another reason though, as mentioned above—differences in types of employment. As the mobility data show, those from working-class suburbs had more movement during the lockdown, in part because many working class people had essential jobs, such as supermarket workers, cleaners and caregivers. Supermarket workers in particular often bore the brunt of people’s frustration with shortages and queues. The other side of the romance of domesticity epitomised by the craze for home baking was the spectre of low-paid women being abused because of the flour shortage. There was not the luxury of “working from home” for many (Parahi, Kilgallon, & Fyers, 2020).

What are the effects of these well-learned rules? Somewhat contradictorily, they are superficially a great leveller, but beneath the surface, such rules reinforce old inequities. We all have to line up at the supermarket and sanitise our hands, but the homes we are returning to afterwards are quite different. Some had warm, spacious homes with well-stocked pantries even before the lockdown. They can comfortably “hole up” for a few weeks, no problem. Their jobs are secure and they have backstop assets. But at the other end, there are those who are held even more forcefully in substandard housing, overcrowded and with limited food, without the usual outlets of work, school, hobbies, parks and sports. No job, no income and little likelihood of recovery. These divisions will only increase as the economic fallout becomes ever more stark.

Inequalities around the care of children, often gendered, also have changed in a number of ways, becoming less entrenched for some, but heightened and more visible for others. For those with two parents at home, if they are both working, it may demand a more even gender split of childcare—the “I’ll work mornings, you afternoons” scenario. The visibility of childcare labour has heightened, with many children making appearances in work calls and their immediate needs having to be attended to—breaching the carefully boundaried “work imaginaries” for some. For those parenting alone, however, the experience is very different. My friend (and we all have this friend or are this friend) is a single parent with two young children, who worked from home and was still expected to bill the same number of hours at her paid-for job while looking after them. Academics with small children, or home-schooling older children, were advised by human resources departments to plan their work for after the children’s bed-time, as if child care and educating is not real work. Inequities relating to the labour of childcare are made more visible than ever, as kids are forced into the “work world” consciousness by work call intrusions and parents squeezed by twin demands. But economic inequities are also silently growing.

The effects of class differences have also shifted during the lockdown. As recent analysis by *stuff* (Parahi et al., 2020) shows, middle-class people showed less mobility during the lockdown period than those worse off, showing the class differences where many middle class had the luxury of staying home to work, while many people in poorly paid jobs were also in essential service jobs, so had to keep travelling for work. This inequity meant increased exposure to the virus for those in working-class jobs compared to wealthier populations. But there are more subtle class reflections. The experience of staying home as represented in the media shored up a view of middle-class life as “the norm”, for example, the following of a “typical family” during lockdown where there was a stay-

at-home parent, a large spacious house and many types of toys, activities and food for the two children in the home did not only reflect material differences, but their portrayal as the norm reinforced the subtle rules of the game available to middle-class parents.

What about the ways that social boundaries have been drawn? Like dividing Africa, assumptions about the lines around the household as the primary social unit are somewhat removed from lived realities. They make sense from a disease perspective—those we are physically close to—but are fairly arbitrary as a marker of our primary social groups or “felt families”. By demarking those lines of inclusion and exclusion so forcefully, the household social unit is strengthened while others are diminished. We are moulded into a dense core, our outer limbs blown off in pandemic winds. The extended families spread across several households in a city may be fractured, but place-based neighbourhoods seem to be revived. We see our street-fellows much more now, without the ebb and flow of the nine to five gutting the suburbs daily, as we pad restlessly around our “local” streets. Some collectivities are fortified while others wane.

Attitudes towards the body are also shaped anew. Our bodies are the problem—their messy cavities the source of disease, their ability to carry tiny killers silently and without our consent a betrayal of our intentions. The body is disloyal at the best of times, but in a pandemic with rapid and virulent transmission, its deceit knows no bounds. We discipline it by sanitising its extremities, control its emissions, fear the messy fluids of other bodies. It is this fear of the bodies of others that results in intense “othering” behaviour. We literally avoid proximity to others in the street, in the supermarket, crossing the road to avoid contact. While usually related to class or ethnicity, this new othering of literally every “other” outside our bubbles as a potential source of disease creates social aversion like never before. In person, at least.

But then there is the online world, the saviour, the promise of social connection, of community and relationships. Many online vehicles are effective enhancers of both personal and professional relationships, maintaining and enhancing the bonds of individuals and communities. Yet they can be self-consciously performative in a way face-to-face interactions are usually not. The possibility for misunderstanding emotion and intent, and the curated nature of projections of the self in online environments raises questions about how such forms are shaping our sense of both the self and the social. Zoom meetings, for all their functional abilities, require a certain intentional way of speaking, a structured manner of interacting useful for a work meeting or teaching task, less useful for those interactions that require silent nuanced observation of the face and body, or require the subtle combination of space, speech and action to be made sense of.

Yet experience of shifting communications online are also patterned by age, competence and experience. Those younger and with high competence across a number of different complex interactive technologies may disagree that it is a lesser form of communication, and questions about the relative authenticity of online communication compared to face to face are as old as the question: do androids dream of electric sheep? (Dick, 1968). Some specific groups of people may argue that despite never having met face to face, the type of collaboration they engage in and the extensive, complex nature of the technologies they use, can enable a curious depth—rather than superficiality—of relationship. An example of this kind of online relationship might be a team of gamers which has played together many times, must work with highly coordinated strategies, and can speak to each other in real time and in chat to execute a particular strategy. Some people are emboldened in text, saying things they would never say in person, enabling rather than suppressing honesty (but also unbridled cruelty).

All these social changes have inevitably affected social work practice. Social work is intensely concerned with promoting social justice through the provision of needs and supports to enable equitable outcomes. With such a large effect on equity of the Covid-19 pandemic and its lockdown rules, social services have responded to meet both immediate humanistic needs while also responding to new and existing inequities. Many services have had to reshape how people gain access to their services, the nature of the service delivery once they are in it, clarify ethical and cultural issues evoked by online practice, and find ways to manage staff needs and processes (Social Service Providers Aotearoa [SSPA], 2020b). Some were able to provide hardware such as phones, laptops or tablets directly to families, addressing the most glaring inequity: lack of online access. Others changed their daily contact from long home visits to shorter, more frequent Zoom calls, organised food parcels and income relief, and ensured that consent and privacy were attended to online. Providing activities for children via social media community pages and directly through email were other ways they supported parents through the long stay of children being away from school (SSPA, 2020a, 2000b).

Increased collaboration between services was reported, as those more focussed on one aspect of support worked to ensure other basic needs could be met by forming professional networks with other services. For example, a professional charged with running strengthening families meetings joined a local community group to ensure her clients could access the food bank. Others found ways to ensure that people with English as a second language could also access online modes of interaction, using interpreters within three-way voice calls or the Zoom platform environment (SSPA, 2020a). Finally, others adapted their therapeutic practices through counselling via Zoom, phone calls, texts and increased the use of therapeutic letter writing. This latter form of feedback is common practice in many interventions such as solution focussed, narrative and

cognitive-behavioural approaches, and this came to the fore during this time (SSPA, 2020a, 2000b). Those charged with managing situations of risk to either children or adult victims of violence also had to adapt practice, ensuring they were able to make contact with people likely to be victims or perpetrators, ensuring that safety plans were still made, and that people could talk privately when this was needed (SSPA, 2020a). In all these ways, social and community workers adapted to the changed shape of society by offering different social solutions, building different kinds of communities through strengthening online community networks, and leveraging them to respond more holistically to people's diverse needs. Boundaries between home and work were also significantly reduced by these practices. Social workers commented during the lockdown about feeling as if they never left work and that it was unpleasant and unsettling having work intrude so much into their private space. Some of these changes will persist, especially with the realisation that although for many reasons, including culturally face-to-face interaction might be preferred, it is not always needed for every kind of interaction. The efficiencies of online meetings are functional for some purposes, while for others, less so. Clarifying through experience and evidence which of these adaptations may be retained going forward is the next task for practice (SSPA 2020b). Furthermore, Goldkind, LaMendola, and Taylor-Beswick, (2020, p.89) caution that we need to carefully consider the privacy implications of these adaptations:

Uncomfortable questions around location data being shared with governmental agencies are now being asked, but the tech adoption is happening before society has had a chance to grapple with the answers. In other words, a significant portion of the general public is now reliant on digital tools that have not fully considered user privacy.

What will happen after it is all over? Will these changed social forms return to as how they were? Or will we flinch when a person

stands too close to us in the supermarket line, only feel truly safe at home in our bubble or on the internet, overthink how our actions will appear to others, prefer the more mediated and managed self we can create online? Or are we desperate to return to proximity, to hugging, handshake and kiss, to frame our families as we wish, get away from our neighbours? To be able to interact less self-consciously? And how will the vestiges of this time affect our professional practice for better or worse?

Notes

- i In March 2020 the New Zealand Government announced four levels of alert for the Covid-19 pandemic. These levels specified the actions required and Level 4 was the highest. <https://covid19.govt.nz/covid-19/restrictions/alert-system-overview/>
- ii The term 'bubble' was used in New Zealand to denote the group of people within a dwelling with whom social distancing was not required during the Level 3 and 4 lockdown.

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Social work education: Reflections during Covid-19 lockdown

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Teaching social work students in Aotearoa New Zealand during the Covid-19 crisis produced an acute awareness of the impact of lockdown levels 3 and 4ⁱ on student wellbeing. Students were required to rapidly adapt to study in a fully online environment without the face-to-face support of university campus life. Normal social and academic pressures were immediately intensified, with no immediate relief in sight. Student resilience was tested further due to multiple factors such as: suddenly reduced incomes, parenting during lockdown, caring for *whānau* both within and external to their “bubble”ⁱⁱ, and being unable to come together with loved ones to celebrate life events or mourn those who had passed.

Through interactions with social work students during the Covid-19 lockdown it was evident that *whānau* was frequently their priority, and for those who were parents, the demands of home-schooling and the needs of their *whānau* became all consuming. The struggle of balancing these competing commitments was significant and, when checking on who had access to the internet for example, or a device to work on, or exploring why extensions for assignments were necessary, academic staff were offered a bigger-than-usual window into the lives of their students.

Social work educators have long recognised the many challenges facing social work students. Conversations between lecturers during this time reflected on the changing experience of university studies in Aotearoa New Zealand. For example, in the 1980s and early 1990s, there was access to a relatively healthy state-funded student allowance and

low course fees; in comparison, students enrolled in tertiary studies in 2020 live with high-cost housing and student loan debt. As mentioned above, many of them have the primary responsibility for children and therefore balance the demands of parenting with a reduced income because of their social work studies. Covid-19 disruptions have added precarious layers of adversity into the lives of many.

In addition to the well-being of students during the Covid-19 lockdown, the logistics of field education were a considerable concern for social work educators, with uncertainty related to the conditions of the various levels of lockdown, and when they would occur. This concern was undoubtedly experienced by students. Despite the above, however, and how insurmountable the challenges must have felt for many students, the lecturers did observe high levels of resilience. Many social work students have historically had a tangible sense of security through being in a tight-knit community of face-to-face learners. They are still adapting to being separated and connecting online to create a virtual community of learners.

Critical reflections are set as assignments for University of Waikato social work students and, during the Covid-19 lockdown, these served as another window into the students’ values and coping mechanisms. The students were required to critically analyse allocated readings against their burgeoning knowledge of social work practice, and their writing often included pertinent observations of the societal disruptions produced by Covid-19. The experiences of students during Covid-19 lockdown tell a

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story of shared trauma through disruption and struggles to be resilient in their studies. The critical reflections written by students under Covid-19 lockdown conditions were rich and varied. Combined, they add to a *kete* of knowledge about recognising and responding to unprecedented stress and adversity, alongside their belief in the power of community to care for each other.

As an example, the reflection below by fourth-year student Tania Roberts, applies *Te Ao Māori* concepts of collective identity, of *rāhui*, *tapu*, *noa* and *pā whakawairua* to the Covid-19 situation. Tania's framing of the pandemic response is informed by her standing in the world, that of a *Māori* social work student (*Ngāti Kirihika, Raukawa*) who is close to degree completion, having worked previously within social services. Like many social work students, Tania juggles study with parenting young children and other community commitments.

Tania Roberts

This critical reflection focuses on how concepts of *tapu* and *noa*, and the differences between Western individualised perspectives and *Māori* collective perspectives, help to make meaning of what is happening during the current situation of the Covid-19 lockdown.

Quince (2010) identifies the concept of *tapu* as linked to privacy, and related to things that are restricted, including people, places and objects. One similarity between *Māori* and *Pākehā* ideas of privacy is described by Quince (2010) as the desire to protect people. This concept is relevant to our current situation where the people of Aotearoa New Zealand are all remaining within the walls of their own homes, maintaining social distance from one another with the intention of protecting themselves, their families, the country of Aotearoa New Zealand and the world from Covid-19.

An individualised perspective of this situation could be one where the Covid-19 lockdown

is viewed as something to make us stay at home, to be stuck inside. For younger, more healthy people there may be thoughts of "Why should I stay home if this virus won't kill me?" The panic buying also displayed some individualised behaviour where people have stocked up on items out of fear they will run out; the effect of this being that others have missed out. For example, I have heard stories of people buying entire freezers to fill up, leaving no affordable products left for those who barely survive week-to-week.

However, if we were to view the lockdown from a traditional *Māori* collective perspective, the whole experience of the Covid-19 lockdown could be changed. Quince (2010) describes the *Māori* concept of *rāhui* as a ban or seasonal *tapu* that can be temporarily imposed for the protection of the environment and its people. The collective *mana* of the people is dependent on the efforts they make in recognising and preserving this *tapu* (Quince, 2010). So, instead of the perspective: "This lockdown means I am stuck at home and have no choice about it," we could view it as a *rāhui*: "By staying home I am keeping myself and others safe, and I am also protecting the environment and giving it a chance to heal."

Ruwhiu, Te Hira, Eruera, and Elkington (2016) describe *Māori* concepts of *pā whakawairua* which are also relevant to our current reality. The traditional concept of *pā* is described as a protected haven of safety and refuge and *whakawairua* is described as replenishing, refilling and strengthening (Ruwhiu et al., 2016). Therefore, the current Covid-19 lockdown or *rāhui* could be seen as an opportunity for us all to retreat into our homes, which one would hope are our safe places where we can recharge alongside our *whānau* and remain protected from the invisible threat that is outside (the Covid-19 virus). Also, once the virus has been defeated, *tapu* will be lifted and we will be placed back into a state of *noa* or normality.

Another traditional *Māori* concept relevant to the current situation is the perspective

that our elders are *taonga*, to be respected and nurtured. Ruwhiu et al. (2016) describe elders as leaders who model lessons and behaviour for future generations to follow. Therefore, instead of perspectives such as: “I am healthy and less likely to get sick from the virus, so why should I have to stay home?” a person could, instead, think: “We are the *kaitiaki* of our elders, this virus seems to impact them the most and by choosing to stay at home I could be saving their lives.”

Social work education is a journey into understanding structural forces that impact upon individuals and communities. Those in the helping professions, such as social workers, are used as a resource in their *whānau* and communities as a source of sound, pragmatic advice. The same appeared to be true for social work students during lockdown. Due to the emphasis they place on social inclusion, social work students often acted as *kaitiaki*, responding to the needs of those around them and recognising and responding to social justice issues in their day-to-day lives. Examples of this were reported in on-line class conversations, of instances of opening their homes to people in need prior to lockdown, hours spent caring for *whānau* outside of their bubble, helping neighbours or preparing food for people who were homeless.

Notes

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- ii The term ‘bubble’ was used in New Zealand to denote the group of people within a dwelling with whom social distancing was not required during the Level 3 and 4 lockdowns.

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Intersectionality and sisterhood in the time of Covid-19

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Introduction

I worked in the acute inpatient Covid-19 ward for about a month between April and May, 2020. This *Viewpoint* is a reflection on my experience working in such an environment during this period, drawing on some relevant local and international literature to explore the intersectional aspects of social inequalities of race and gender in health. It is noteworthy that the most of teammates I worked with during this period were women, and most of them were women of colour. At the same time, I noted that the importance of women's leadership in the healthcare and science was discussed via many platforms, such as medical journals and at the United Nations. Because of this, the experience of working in healthcare during the pandemic took me on a journey of reviewing and recognising women's resilience and strength. This article will explore some evidence which shows the extent to which the female workforce in healthcare is undervalued at the present time. I also found a number of studies describing strong examples of resilient women acting in times of environmental crises. I will explore how feminisms in social work recognise the diverse experiences of women of colour. Throughout our continuing national experience of Covid-19, social cohesion in Aotearoa has been said to have played a significant role (Spoonley et al., 2020), with the country acting as a "team of five million". While Spoonley et al.'s study (2020) emphasises the importance of social cohesion when it comes to working as a trusted collective, in this article I will argue that our society needs to bounce back to a better and more inclusive norm during the ongoing recovery from Covid-19.

In the time of Covid-19

Covid-19 is a novel coronavirus that was declared a pandemic by the World Health Organisation (WHO) in March 2020 (United Nations Fund for Population Activities [UNFPA], 2020). A wide range of international outlets have reported that Aotearoa New Zealand has shown solidarity in working to eliminate the virus from spreading during its early stages (Spoonley et al., 2020). In fact, our togetherness was considered to be our greatest strength, and brought us success in minimizing the negative effects of the infection.

During the pandemic, an increase in racial discrimination against Asian peoples has also been reported (Foon, 2020). Indeed, while Aotearoa New Zealand did a great job as a national collective, certain minority groups seem to have experienced severe side-effects of the disease. This tendency of escalating discrimination against Asian people has also occurred elsewhere in the world (Devakumar, Shannon, Bhopal, & Abubakar, 2020; Farkas & Romaniuk, 2020). Along with physical attributes, such as advanced age; chronic illnesses such as heart and lung conditions; social determinants, such as poverty; and existing marginalisation have all contributed to worsening one's vulnerabilities during the pandemic (Spoonley et al., 2020).

As a health social worker, I was deployed to an acute Covid-19 inpatient ward for about a month. The hospital quickly made arrangements to have several acute medicine wards allocated for Covid-19 patients, and I was one of two social workers deployed there. Since it was not my usual workplace, I got the chance to work with people whom

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I would otherwise not have worked with. In spite of the nature of the work and the environment, we were able to quickly bond and became a great team. Everyone seemed to be going the extra mile for our community—helping to alleviate what could have been an especially traumatic experience for our clients and their families. During one busy shift, I just stopped and looked around. Under the layers of personal protection equipment, I realised that the most of team members, including cleaners and tea ladies, were women—indeed, women of colour.

Gendered work

It has been estimated globally that approximately 70% of the workforce in health and social service sectors is made up of women (UNFPA, 2020). Alongside this, a crisis like the Covid-19 pandemic is considered to have different effects on men and women. For example, during such emergencies, domestic violence tends to increase. The care needs of the young and elderly are considered as primarily a woman's responsibility in many parts in the world, and these care needs also tend to increase during these emergencies (UNFPA, 2020; Wenham, Smith, & Morgan, 2020). A number of scholars report that calamities tend to disadvantage women a lot more than men (Bali et al., 2020; Davis, Harman, Manjoo, Tanyag, & Wenham, 2019; UNFPA, 2020; Wenham et al., 2020). Despite all of these examples of the differential affects of disasters on men and women, gendered strategies with which to tackle such crises have been negligible (Bali et al., 2020; Davis et al., 2019).

According to Shannon et al. (2019), gender equity is one of the most significant health determinants. Essentially, women make up a substantial part of the workforces deployed during the pandemic and have been working for the safety of all, while their own physical and emotional health and safety are at increased risk. Needless to say, women are already disadvantaged structurally in terms of income and power (Bali et al., 2020; Davis

et al., 2019). Gender discrimination at work reportedly leads to reduced productivity, and negatively effects levels of motivation toward work (Shannon et al., 2019). Women tend to be underrepresented in policy-making as well as scholarly publications, particularly in the health sector (Bali et al., 2020; Berlin, Darino, Greenfield, & Starikova, 2019; UNFPA, 2020). Women of colour tend to be further affected by gender inequity, as their representation in decision-making and scholarly publications is even more scant (Bali et al., 2020). This is even more pertinent to ethnic minorities, sexual minorities and migrant women (Bali et al., 2020; Farkas & Romaniuk, 2020).

Communities which are perceived as vulnerable or powerless, may not perceive themselves that way. People who are oppressed are not just victims. Some people show incredible strength and resilience during emergency situations (Cook Heffron, Snyder, Wachter, Nsonwn, & Busch-Armendariz, 2016; Jones, Mlcek, Healy, & Bridges, 2019; Uekusa, 2017). There are a number of studies which highlight the particular strengths of women, especially in the context of the rebuilding phase after a natural disaster.

Drolet et al.'s study (2015) in Pakistan and the United States of America (USA) show that women in local communities stepped up and managed tasks that were generally considered men's work in order to support the community's recovery. In the USA, migrant women collaborated with one another, not only to rebuild their own households but also to help other women, and in fact to help people in the wider community. This study highlighted those women's ability to connect and to act collectively for the benefit of their communities.

Moreover, Jennings, Stanley-Clarke, and Yeung (2018) studied the post-earthquake context of Christchurch in 2010 and 2011, and demonstrated how mothers came together to support each other. Their alliance acted

as a coping strategy. Similarly, Maidment, Tudor, Campbell, and Whittaker's 2019 study of post-earthquake Christchurch, depicted how women in the community contributed to the city's journey of recovery. For example, women in the community found support for each other through a craft group. Uekusa and Lee (2018) witnessed the strengths of migrant women in Japan after the Tohoku tsunami and earthquake. These migrant women showed extreme strength after such a large-scale natural calamity by being involved in rebuilding activities in the community centres.

Resilience is a contested term, and defining what resilience means is not within the scope of this article; however, all these groups of women certainly had the ability to bounce back with the help of improved social networks. These women certainly found ways to be resourceful in the midst of adversity. These examples call attention to women's ability to connect and build social capital around them, so that they can seek guidance or support from people who are in similar circumstances (Uekusa, 2017).

Feminism, race, intersectionality and social work in the time of Covid-19

The social work profession also consists of a large number of female workers (Beddoe, 2018). The profession's history and its journey of development has had strong women's involvement throughout (Jones et al., 2019). However, introducing a special issue on women in social work in 2018, Beddoe reported that feminist social work publications in Aotearoa New Zealand have been few and far between in recent decades. Some scholars add to this debate that Western feminism tends to favour middle-class, Western perspectives (Epstein, Hosken, & Vassos, 2018; Jones et al., 2019; Tedmanson & Fejo-King, 2016). The literature on feminist social work in Aotearoa is scant, let alone publications written from the perspective of someone from a non-dominant culture.

This tendency makes social workers of colour uncomfortable. It disguises the diversity within the profession; however social work practice in Aotearoa has had strong presentation from tangata whenua from the beginning (Staniforth, 2010). Gender is, of course, not the only factor creating inequity. 'Intersectionality' is a term created in the 1990s (Cook Heffron et al., 2016) by Black American feminist Kimberlé Crenshaw (1991). Intersectionality is a concept that helps describe one's positioning and identity within a society by looking at a range of factors, including, for example: class, race, culture, and language. The concept of intersectionality illustrates how power dynamics in a society influence the shaping of one's viewpoint and identity (Mehrotra, 2010). For some women, it is impossible to separate gender and other contributing factors from their ongoing powerlessness in society (Jones et al., 2019). Joy (2019) acknowledges the existing diversity of feminists in Aotearoa, and asserts that social work in Aotearoa needs to build a space for this diversity, particularly for Indigenous women.

Women's experiences in this post-modern world are extremely diverse (Davis et al., 2019; Kapilashrami & Hankivsky, 2018). My positioning in the society here in Aotearoa would be certainly influenced by Aotearoa's culture, since I am an Asian immigrant. My gaze/viewpoint and identity are changing shapes all the time. I constantly learn from people I come across who bring something to me I did not know. Sometimes it does seem that the way in which society sees me and how I perceive myself are contradictory. On the floor of the acute Covid ward, I witnessed how competent those sisters were. Their ability to care for others in such a challenging environment inspired me to do the same. Their resilience was highlighted during the Covid-19 pandemic. It was such an anxious time for everyone, yet we were able to work collectively and to help each other.

Those debates we have seen so far made me wonder what would happen if we, women

of diverse backgrounds, collaborate? It seems that working collectively may be one of our strengths. However, through an intersectionality lens with a Covid-19 filter on, I can see that there were more invisible groups who remain unrecognised; however, they too, are competent and resilient.

While we were anticipating the rapid spike of confirmed Covid-19 cases, there was a major concern that Māori were going to get the worst hit by the disease. Our history shows that Māori have had substantial adverse effects from infectious disease and pandemics. The influenza pandemic in 1918 saw a Māori death rate of over 4%, about seven times higher than that of non-Māori (Jones, 2020a). In spite of the perceived higher risk determinants, we saw Māori iwi's pro-active engagement in the community, for example the roadside community service during the Level 4 lockdown (Ngata, 2020). As a frontline practitioner in the Covid-19 ward, I personally felt very supported by their actions trying to minimise the number of infections by educating the community. However, the roadside community services delivered by local iwi and hapu were unfairly criticised by pundits and political leaders (Ngata, 2020). Moreover, in relation to the Covid-19 response, Māori have been notably absent from the decision-making process within the national health sector (Jones, 2020b).

Ngata (2020) explains that such strengths of Māori to carry out community service for everyone in the community often come from the connections with their ancestors as well as future generations. Stories of the 1918 pandemic were narrated across generations and Māori were not going to repeat the tragedy. Indeed, Ngata (2020) asserts, Māori people have served this community of Aotearoa New Zealand throughout past emergencies and crises. I recall that after the 2019 shooting in Christchurch, Māori community members offered to protect the mosque while Muslim families were praying. I remember that the local marae opened up for survivors after Christchurch earthquakes

in 2010 and 2011 (Ngata, 2020). I remember that the marae in Mangere offered shelter for a number of homeless people in 2016 (Boynton, 2018). Those were only examples that were reported. It can be assumed that unrecognised examples of such service provided by Māori communities over crises would be countless.

Sisterhood and social cohesion: An opportunity to change

A crisis may provide a society with an opportunity to change (Wenham et al., 2020). In fact, simply recovering from the impact on Covid-19 and regaining normality may not be in the nation's — or the social work profession's — best interests. There were some faults in our society that some peoples, such as tangata whenua and women of colour were undervalued and invisible. Aotearoa needs to aim for a better, more inclusive norm than that of our pre-Covid-19 society. Spoonley et al. (2020, p. 5) state that resilience of the society is built upon its "social cohesion". Social cohesion, according to Spoonley et al. (2020), is a community's ability to unite and to form solidarity, and to be inclusive while recognising and valuing difference. Spoonley et al. (2020) assert that social cohesion, or the ability to be collective, should be our new norm for a better sense of wellbeing.

It is clear who may be very good at collective action for community wellbeing. The Māori groups and organisations described earlier are certainly excellent examples to follow (Ngata, 2020; Spoonley et al., 2020). It may also be a strength of women of colour, to connect and raise a sense of togetherness (Cook Heffron et al., 2016). Those groups' perspectives need to be recognised and valued accordingly. I am certain that social workers are in the best place to assist the community with this. We are trained to tackle oppression in the society by empowering people. It may be an important ingredient of our journey of recovery from Covid-19 for us social workers to take time to explore and analyse intersectionality within

our own profession, and to raise awareness of whose voices may be missing. I was wondering, how long it would take for me to be included in “the team of five million”, instead of being an exotic *other*.

It is widely considered that, by global standards, our government has done an exceptionally a good job in responding to the Covid-19 crisis, I believe it is important to highlight that Aotearoa has a woman leading our government. It seems to me this is another reason to bring more women into leadership roles in the health sector as recommended by a range of scholars (for example, UNFPA, 2020; Bali et al., 2020).

Conclusion

Aotearoa New Zealand is considered to have done such a remarkable work stopping Covid-19 from spreading extensively. From my perspective, working in the healthcare sector as a frontline professional, I discerned that some groups’ work for the community tends to be under-recognised, and this lack of recognition and devaluing appears to be structural. The teammates that I worked with on the floor of the acute Covid ward were mostly women of colour. This article highlights that gender inequity in healthcare needs ongoing discussion and further recognition. At the same time, vigorous activity by Māori iwi and hapu to protect the communities of Aotearoa have been under-recognised. Some scholars suggest that the key to a new state of wellbeing after the Covid-19 period is our ability to work together as a nation (Spoonley et al., 2020). As I have noted, the nation can achieve change—if we can build a safe space to openly discuss inequalities, discrimination and unconscious biases in the society. The effort to eliminate Covid-19 has been such a colourful one, but some of the colours are yet to be recognised.

Note

- i In March 2020 the New Zealand Government announced four levels of alert for the Covid-19 pandemic. These levels specified the actions required and Level 4 was the highest. <https://covid19.govt.nz/covid-19/restrictions/alert-system-overview/>

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International social work placements: What happens when your government tells you to come home?

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ABSTRACT

This article focuses on an international social work placement undertaken in Battambang, Cambodia. The article demonstrates the importance of joint work between university, student and host agency in designing clear tasks to be completed. The student and field educator returned home during this placement due to the impact of Covid-19. The article describes what changes were made to ensure the placement was able to continue, resulting in successful outcomes and learning achieved. Learning and reflections are provided by the student, Massey University and the field educator.

KEYWORDS: Overseas placement; student placement; field education; Covid-19

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Introduction

Social work students feel better prepared for practice after applying formal learning to the practical experience of a placement (Cooner, 2010; Peterson, 2014; Wehbi, 2011). This article focuses on an international social work placement in Battambang, Cambodia, for a final-year Master of Applied Social Work student studying at Massey University, Aotearoa New Zealand. The host NGO has an interest in developing staff capabilities and reducing service dependency via case management pathways (Henley et al., 2019 a, b; Save The Children International, 2019) and uses a "knowledge development and flow" approach to placement planning (Henley, Lowe, Henley, Munro, 2019a). This requires a week-to-week task plan to be agreed by the student, university and host NGO before the placement begins.

The first part of this article gives background and context to the placement NGO. It then defines the placement planning approach. The impact of Covid-19 on the placement

is discussed. Finally, responses to ensure the student completed their placement and delivered the important pieces of work along with reflections and future thoughts are presented.

Background to the placement NGO

Children's Future International (CFI) is situated in Ek Phnom, a rural and extremely poor area, approximately 8 km north of Battambang, Cambodia. It was founded in 2009 by two educators who witnessed what they considered to be preventable human rights issues. CFI was originally a Residential Care Institution (RCI) and now provides community-based holistic services to children and their families, and supports RCIs to reintegrate children and young people (C/Yp) back to family-based care. CFI provides a range of programmes, including social work, supplementary educational support and career development to C/Yp aged 5–21 years. These services are delivered, utilising a results-driven approach, in a community with untreated

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trauma from the Khmer Rouge genocide, poverty, malnutrition, unsafe migration, and exploitative experiences such as child labour, physical and sexual abuse, underage sex work and neglect. Using modern social work and educational approaches, CFI supports families to break the cycle of poverty. CFI's services reduce risks regarding child protection and unsafe migration for some of the most resource-poor and vulnerable children in Cambodia, and their families (CFI, 2019).

CFI has a particular interest in reducing service dependency, an often unrecognised concern in a Global South context (Henley et al., 2019a). CFI addresses this in several ways, the main one being a robust case management pathway focused on early exit planning and shorter-term interventions (Save the Children International, 2019). All services are delivered by Khmer staff, the organisation employs only two overseas staff from a total of 39 employees. All operational decision making is undertaken in Cambodia, with board members sitting in America, Europe and Australia. CFI is working towards a sustainable future where the organisation is fully led by Khmer staff.

Social work in a developing context

Social work in a developing context such as Cambodia, is an entirely different environment from Aotearoa New Zealand social work. Key differences include developing systems of social welfare and child protection, so vulnerable communities rely heavily on NGOs. While many NGOs are largely filling this gap to support vulnerable C/Yp, the legalities lie with local authorities and the Department of Social Affairs, Veterans and Youth Rehabilitation (DoSVY). While CFI works in partnership with local government, they receive no funding from this source and are reliant on grants and donations. Social work in Cambodia is an emerging profession, formal training programmes are a recent development and understanding of child protection is nascent. Para-social work is

common as there are few qualified workers in communes or villages and varied levels of basic training (Fronek, Common, Smith Rotabi, & Statham, 2019). Societal structure is heavily grounded in communities and a collective society approach.

Placement planning

A placement at CFI is a contributory one. Students are required to be high performing and confident and the experience of having travelled to or lived in a Global South context is preferred. Students lead a number of pieces of work and are expected to make a valuable contribution to developing systems and practice. In return, they receive weekly supervision, an opportunity to develop their research-led service development skills and a free Khmer home-cooked lunch daily! CFI's social work trainee was the fourth overseas student to undertake a placement at CFI. The field educator (FE) studied at Massey and has an ongoing relationship with this institution. Before the student left Aotearoa New Zealand, there were several meetings between them, Massey and CFI. These meetings achieved important aims: compatibility and suitability were checked, and a shared understanding of placement expectations and outcomes was ensured. These meetings produced a jointly agreed work plan as presented in Table 1.

These tasks were important for the NGO's development and provided excellent opportunities for the student to engage in research-led development work as well as demonstrate social work competencies. It was expected the plan would change slightly throughout the placement although no one could have predicted the severity of change that eventuated.

Impact of and response to COVID-19

Coronavirus (Covid-19) is an infectious disease caused by a newly discovered coronavirus (World Health Organisation, 2020). The first real signs of changes from Covid-19 being present in the local

Table 1. Workplan.

Objective	Week 1 17-Feb	Week 2 24-Feb	Week 3 2-Mar	Week 4 9-Mar	Week 5 16-Mar	Week 6 23-Mar	Week 7 30-Mar	Week 8 6-Apr	Week 9 13-Apr	Week 10 20-Apr	Week 11 27-Apr	Week 12 4-May	Week 13 11-May	Week 15 18-May
Kora's CFI Work plan (DRAFT v1)														
Meetings/learning Summit in PP														
all week														
Review case management system														
Familiarise self with CFI's case management system by reviewing Case Management review from 2019														
discuss progress with SW team														
Make recommendation based on progress to date														
Create SOP for social work team														
develop with SW team and based on CM guidelines														
first 'draft'														
get feedback from SW team														
final ???														
Case management system for Education Advocacy														
Discussion with EA team - what do they do now - what do they see in the future														
student reengagement Literature review. What is it? what is the evidence? What is the Cambodian evidence?														
Interview CFI staff, families, children.														
Findings compared to literature														
1st Draft														
Teaching/feedback														
Finalise report														

Objective	Week 1 17-Feb	Week 2 24-Feb	Week 3 2-Mar	Week 4 9-Mar	Week 5 16-Mar	Week 6 23-Mar	Week 7 30-Mar	Week 8 6-Apr	Week 9 13-Apr	Week 10 20-Apr	Week 11 27-Apr	Week 12 4-May	Week 13 11-May	Week 15 18-May
Create a plan for evaluation														
Review Positive Behaviour system														
Meet with teachers, students and parents - how is it working - what can be improved?														
Consider what training needs the team might have														
Draft training														
Deliver training														
Deliver G&S Workshop														
Explore details														
Send out plan														
Upload training / pre test														
Teams to discuss														
Discussion														
Post test														
BTB Traveler Article / Blog for CFI														
First draft														
Final														
Submitted.														
Weekly Supervision														
Reflections on cultural competency														
Weekly journal reflection														
Reflections on work progress														

environment took place around the fifth week of the placement, as local support networks and services, such as restaurants and bars, started to close. While sounding trivial, this heralded an event far from normal. Shortly afterwards, all schools in Cambodia were directed to close. The student and FE had received warnings and advice from a number of sources, including Massey University, the Aotearoa New Zealand government and their families. Finally, given the advice of the government, the student decided to return to Aotearoa New Zealand. She packed up and left within two days amidst cancelled flights, tense travelers and an almost full A380-800 packed with only New Zealanders.

CFI, at the same time, prepared for a change in working practices. All staff were directed to work at home and social workers identified high-risk children to be contacted regularly. As schools were closed, these children would be home too. Local authorities and families were trained on social distancing, virus symptoms and effective handwashing. Teachers at CFI's school developed worksheets for C/Yp and the NGO went into lockdown. The FE also returned to Aotearoa New Zealand at this point. On the day of the flight home, all other flights were cancelled from Siem Reap airport, making this a "just in time" departure.

The change in location for the student and FE, and the whole NGO now working remotely required planned tasks to be reconsidered. Thankfully, the majority of the pre-planned tasks were still suitable for completion, albeit with some major adjustments, from outside of Cambodia. Supervision became a relationship maintained via Messenger voice calls, this was more of a continuation than a change, for the first four weeks of the placement the FE was working elsewhere and supervision had taken place remotely. With location changes, this meant more placement supervision was conducted online than face to face. For the FE, this was no

different to many working relationships in an international context, likewise for the student, as their research supervision had been held via Zoom.

In partnership with the school assistant manager (ASM) the student was due to design, develop and deliver training focused on sexual orientation and gender. There is a nascent understanding regarding these issues in Cambodia and this training was planned to launch CFI's team's development of understanding and practice in these areas. Displaying resilience and the ability to manage challenges, the student worked with her Khmer colleague to design an online training session. This was the first time CFI had delivered training in this manner. As part of the training outcomes, the student and ASM requested teams to consider their learning and design a plan to apply this learning to their practice and workplaces. This would be shared with all staff and followed up by the student and ASM. Learning from the training was also measured by the student and ASM designing baseline and end-line questions, which recorded a range of data that illustrated learning achieved and learning still required. Later in the year, practice impact from this training will be measured. This was an innovative piece of practice, displaying the student's knowledge of different cultural groups and sexual orientations. The majority of participants had not considered these issues in depth before, so the student was laying new foundations and enabling new learning.

A further example saw the student engage in research-informed practice and practice-informed research. The student had been expected to design a case management process for the Education Advocacy (EA) team, focusing on addressing absenteeism at school. This required completing a literature review and gathering data from C/Yp, parents and schools. As CFI was now only visiting high-risk cases, there was limited access to young people and their parents, so the plan had to be rearranged. Working with

the EA team, the student created a telephone questionnaire for public school teachers and designed a pathway based on the correlated data. To ensure people who use the service can also be part of this work, the new system will be presented to CFI's Consumer Advocacy group (local parents who offer CFI advice on service development) and to the Student Participation Group, when CFI returns to the office. This is a critically important piece of work as it will direct how CFI supports young people returning to, and remaining at, school. Completing it remotely in this way was not ideal; however, the outcome was still successful and this work will have a direct impact on young people's futures.

Completion of social work Standard Operating Procedures (SOP) from established guidelines was also required. Originally, the student was to spend time with CFI social workers learning how the established guidelines were being put into operation and understanding what detail was required in producing SOPs. Once in Aotearoa New Zealand, the student set regular times to hold online conversations with the social workers, which was far more challenging than it sounds. Working across time zones, cultures, translation, disparities in technology and staff working at home for the first time adds a degree of complexity. Frequently background noise is horrendous as this is not a workforce with quiet studios. Often staff are outside, competing with a range of local noises, from children to motos, to cockerels to dogs and funerals. Considering this, the student felt privileged to be able to undertake this work with a dedicated team, completing SOPs that will direct social work practice for the organisation, and taking the team through each stage as they translated it. This approach improved the learning and understanding of both parties and created a feeling of ownership for the social workers; an amazing achievement.

Interestingly, in this placement, the student took the lead on pieces of complex work for

the NGO, work normally undertaken by staff members. There are concerns regarding overseas staff (or students) working in a Global South context being seen as more knowledgeable, simply due to being from the Global North (Fouché et al., 2016). The student needed to remain aware of these sensitivities and ensure all work was undertaken in partnership so that learning for all participants was achieved.

Additionally, the student, FE and university have undertaken placement-based research designed to build upon a 2017 article which explored students' perspectives on the skills, knowledge and capabilities required for international placements (Hay et al., 2017). This updated review measured the impact an overseas student could have on an established workforce and their understanding of required skills, knowledge and abilities in undertaking overseas placements. The student would have held informal conversations with CFI staff regarding these areas. The FE and student held a discussion with the research participants to try and bridge the gap created by the student working remotely. This provided an opportunity to discuss learning achieved from the student's placement and the impact of their absence. This was an important meeting, with the student displaying well-developed communication skills. One conversation compared different ways of working across cultures. A Khmer colleague discussed working in a collective society and that they were learning to be more like the overseas staff—confident in making decisions himself without consulting many people and working independently. The student explained how she, coming from an individualistic society, was learning to be more confident working collaboratively and seeking others' views. This was a fascinating comparison of different cultural practices and shared learning.

Reflections of a student

The opportunity to complete an overseas placement is a privilege, not one to be taken

lightly. When completing an international placement, the risks are higher. Any issues hold more weight than at home, where there are more options to fall back on. This is not something actively reflected on before departure; however, relevant areas were considered and prepared for, like emotional support and expectations. CFI is an amazing dedicated NGO with clear direction and purpose and their support of student social workers is inspired. As explained, with pre-planning, expectations were clear and many eventualities were considered. What support would there be in-country? Was there an appropriate place to live? How would conflicts be resolved? Five weeks in, when relationships with staff were barely forming, Covid-19 reared its ugly head and a complete reassessment was required. Contingency plans were made and then put into action. There was no doubt the placement would continue, so the attention shifted to how to make it work. For overseas placements, students learn not only about the service and content, but also the subtleties in culture and society that impact practice. No longer being in the country meant this knowledge was more difficult to gain.

More creativity was needed to continue learning about Cambodia, as well as exploring creative ways to convey information and engage with staff online. Not being present at CFI meant that things took longer; waiting for a reply to an email across time zones and languages rather than walking across the office. This meant increased flexibility, with oneself and others, motivation and heightened communications were also needed. As a distance student, these conditions were not entirely different from study over the past two years. The difference was that the work had real-world consequences and had to be undertaken with others to achieve it.

Being part of a collective society resulted in learning more about working in collaboration, both remotely and in place. Confidence in decisions improved as did learning how to share the reins. Developing

the online workshop with the ASM was a great example of this. The student had to combine the ASM's knowledge of local context with an understanding of the issues presented. The balancing act between being comfortable to complete work and allowing space for others' input was made more evident by being apart. Working remotely required more planning, the student had to actively think about how to engage with and involve staff in tasks and therefore, it was more obvious that this process was taking place. For example, in doing the SOP for the social work team, specific meetings focused on work in a shared document. In-country, this activity may have not been so direct. Having focused on collaborative bicultural practice for their research report last year, the student has watched some of those learnings playing out in practice, though in a different context. This was fascinating and will likely influence ongoing practice approaches, for example working more closely with colleagues on cases and projects.

Overall, the most significant impact of Covid-19 and moving back to Aotearoa New Zealand for the remainder of the placement was a lack of contact with Khmer culture and language. A key concern has related to the consideration of local issues, and how to ensure these remain at the forefront of any decision-making. This was certainly made more difficult by not being present, as is evident in the EA research undertaken. The richness of learning that naturally occurs in a foreign context, like casual conversations, daily observations, even observing the subtleties of the language would have influenced the placement in different ways. Having to return home likely resulted in different outcomes both for personal growth and work produced, although it is difficult to say what these will be.

Having to return home was a blow to the stubborn student within. Being acutely aware of their privileges, it was difficult to reconcile contrasting feelings of this situation. Feelings of relief and gratitude stand alongside, and in direct contrast to,

feelings of deflation and disappointment. Although this placement had to be remoulded and the predicted learning experiences were not to be, it remains a brilliant success. Key learnings included cross-cultural collaboration and further understanding of the inner workings of an international NGO. Furthering research skills and application of theory to macro-level practice were also developed on this placement. Thanks to the commitment of the FE and CFI staff, the student was given the support needed to complete some useful pieces of work, enriching both CFI services and the student's experience.

Reflections from the university

International placements are infrequent occurrences in social work programmes in Aotearoa New Zealand. In part, this is due to the significant cost to students with no government funding available to support them to travel, reside, or learn overseas. Also, the Social Workers Registration Board regulations require students to achieve a beginning competence in the core competencies by the end of their qualifying programme and for many programmes, this is largely achieved during the two practicums. Competency one focuses on practice with Māori and therefore this may be challenging to achieve in a meaningful way outside of Aotearoa New Zealand.

Massey University has approved several international placements in the past five years, including a group placement with the University of Waikato in Phnom Penh in 2015. Action research and ongoing reflection about this placement have guided the development of our international placement policy and procedures. Other international placements have been in Australia, the US and Fiji. One of the key learnings from previous international placements relate to the importance of establishing a relationship with the field educator and/or agency prior to confirmation of a placement. This is usual practice for placements in our own country, but can

be more difficult and time-consuming for international placements. When we began considering another placement in Cambodia at CFI, a significant advantage was the active relationship we already had with the FE.

International placements often take longer to organise with the student required to complete a specific international placement process. This includes an application wherein the student notes a range of details, including their expected living arrangements, tasks on placement, financial and practical support, cultural considerations, and academic planning. The student also signs a contract for international placements acknowledging that they are, among other things, undertaking the international placement at their own risk and that they are responsible for their personal health and personal safety. Further, they acknowledge they are responsible for having a comprehensive health and travel insurance package that includes repatriation. The university is not liable for any changes made before or during the placement and the student is responsible for registering with the Ministry of Foreign Affairs and Trade. The contract also states that, should an emergency arise, the student should contact the university field education staff as soon as possible.

The approval of an international placement includes the course coordinator, the programme coordinator, the Director of Field Education and the Head of School. The process is robust so as to ensure, as much as possible, the success of the placement. In this particular placement, the planning had taken several months and the university was very supportive of the placement proceeding. The student was confident, mature and capable and there was a strong relationship between university staff and the FE. These characteristics of the student and the placement proved to be critical with the onset of Covid-19.

As news of the virus began to spread in Aotearoa New Zealand, the field education

staff began to be asked questions, including by the Deputy Vice-Chancellor, about the safety of the student and risk planning. The field education staff addressed the questions and began email correspondence with the student to hear about the situation in Cambodia, their health, and any plans for repatriation. These emails were carefully worded as there was no directive from the university for the student to return home. We did want to convey our support and concern. Several discussions were held amongst staff with varied perspectives on the university's role and whether it could require the student to end the placement if there were not sufficient grounds on which this should be done. Different views on risk management and student autonomy were also discussed with recognition that some staff were more or less risk-averse than others. Consultation was important so that any decision-making did not sit with one staff member. For a large part, we relied on the communication from the student and the FE as we received only minimal media coverage about the virus in Cambodia. We endeavoured to be supportive but allow the student and the FE to determine what would be in the student's best interest. Although not conveyed to the student or the FE at the time, the university staff planned several contingency actions in case the placement was not able to continue. Our primary focus was to ensure the student was safe and would be able to successfully complete her coursework—either in Cambodia or in Aotearoa New Zealand. Several emails were sent and received in the period leading up to the Prime Minister announcing that the country was going to move into Alert Level 4. By this time, the student had left Cambodia and returned to Aotearoa New Zealand, following the government's advice.

This unique situation has given us further opportunity to check the utility of our placement processes for international placements and reinforces the importance of knowing the student well and preferably having a good relationship with the FE. This enables open communication and helps to

ensure the focus remains on the student's health, safety, wellbeing and learning.

Reflections of the FE

The advent of Covid-19 impacted this placement significantly, but importantly the student had the opportunity to complete their course requirements. The student was adaptable, flexible and creative and this made completing the work achievable. There was notable learning from a FE perspective. This experience reinforced that international students need to be resilient and confident as, when something unexpected occurs, there is not an easy escape route. Support and a strong partnership with the university is paramount, with regular consistent communication being required. There is also a sense of responsibility. The FE's decision to leave Cambodia was taken after the student returned to Aotearoa New Zealand, on reflection, the FE realised they could not have left unless the student had already done so. This feeling of responsibility is far more acute than any the FE has experienced with domestic placements and will impact sharply on considerations of future placements. Any future placements will contain a "government says you need to return home" contingency plan.

Conclusion

The placement, despite being disrupted, was a tremendous success. The student successfully completed all required tasks and displayed a full range of competencies. The tasks were all significant in terms of the future practice of the NGO. The student was able to gather data, analyse and implement service reviews and developments that will significantly impact the NGO and local community.

What will be interesting is how this experience may impact future overseas opportunities. Of consideration is whether a student has to be overseas to complete a placement within an overseas organisation, especially now that our "new normal" has an unknown end date.

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Aroha, Manaakitanga, Whanaungatanga: Social work educators' reflections on the Covid-19 lockdown in Aotearoa New Zealand

Nathan Jaquiere, Marissa Kaloga and Susan Wason, University of Otago, Aotearoa New Zealand

The 2020 Covid-19 pandemic which, as at the time of writing, is ongoing throughout the world, has far-reaching implications for the practice of social work. As Aotearoa New Zealand steadily moves towards declaring itself "Covid-free," it is important to reflect upon and capture the complexities, challenges, and dynamics experienced during the lockdown. As the pandemic continues to expand, front-line experiences can serve to inform decision making and reflection on the future development of the social work profession in a post-Covid world. This article will discuss the experiences of three social work educators at the University of Otago's Social and Community Work Programme. Each contributor will relate their pandemic teaching and learning experience by aligning it with a Value and Ethical Principle of the Aotearoa New Zealand Association of Social Work Code of Ethics (ANZASW, 2019). Each contributor felt that it was important to capture their experiences during this defining moment in our history and to consider how the nature of relationships may have changed, how boundaries shifted and learning has ensued as we have journeyed through a shared traumatic experience together. "He waka eke noa" (we are all in this together)

The Level 4 lockdown¹ began on 26 March 2020, 12am, three weeks after the semester began on campus. This lockdown was accompanied by extremely tight restrictions on movement and social contact, necessitating all university courses and functions to be immediately moved online. The following sections detail the

experiences of Susan Wason, Field Education Coordinator; Nathan Jaquiere, Professional Practice Fellow; and Marissa Kaloga, Lecturer. Reflecting on these last three months, the devastating effects of Covid-19 and the associated emotional implications of the trauma of the pandemic, suggest that the need for social workers in our communities will increase. Enabling a path for the current cohort of students due to graduate this year, is therefore crucial.

Aroha during a pandemic:

Susan Wason, Field Education Coordinator

Social Workers acknowledge our mutual responsibility for wellbeing. We recognise our common humanity with people who use our services and hold people to account, using professional judgement without being judgemental. We focus on people's strengths and finding solutions. (ANZASW, 2019, p. 12)

As a Field Education Coordinator for the Social and Community Work programme, I was in the midst of arranging placements for students when the first stirrings of Covid-19 began. During early March, I had completed meetings with students and discussed their hopes for the final placement of their social work qualification. As the presence of Covid-19 in Aotearoa New Zealand grew and the prospect of lockdown loomed, I had serious concerns about the viability of these second-semester placements. Firstly, if the country remained in lockdown for

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an extended period, placements would be unlikely to occur. Secondly, organisations once open to placements might no longer be in a position to host students regardless of the alert level. Thirdly, if organisations did agree to have students, health and safety considerations would necessitate significant planning.

Over the Level 4 lockdown period, both the university and the Social Workers Registration Board (SWRB) developed policies to address health and safety and to support and underpin student placements during the Covid-19 period (SWRB, 2020; University of Otago, 2020). With these policies outlined, and as we moved closer to Level 3, I was then able to continue pursuing placement opportunities for students.

Our organisational partners were integral to the continuity of the placement programme throughout Covid-19. Their willingness to provide placements for students during this difficult time is significant, as they continued to provide a service for which there is no financial gain or recompense. I believe this willingness to continue to engage in placements is due to both the calibre of past students and the relationships established over many years between the University of Otago Social and Community Work programme and the social service organisations in our communities. The social workers and others in associated professions with whom we place students are willing to give their time, energy, knowledge and skills to support the continued development of social work professionals. Relationships have always underpinned placement practice, but a Covid-19 world reiterated their importance and value.

Upon reflection of this semester, the values and ethical principles of social work practice outlined in the Aotearoa New Zealand Association of Social Workers (ANZASW) *Code of Ethics* underpinned and guided my practice throughout the lockdown situation and the period following (ANZASW, 2019). While negotiating and

renegotiating placements, the value of aroha and its associated ethical principles were apparent (ANZASW, 2019). Organisational partners were solution focused, as shown by their overwhelming agreement to have students on placement during difficult circumstances. I was concerned that social workers in frontline practice would be thinking, "How can she be thinking about placements at a time like this?" I anticipated difficult conversations, but this did not play out in reality. The needs of others were clearly at the forefront of social workers' minds (ANZASW, 2019). By agreeing to student placements, there was clear acknowledgement of the value of students and the need to provide opportunities for them to complete their placements, making way for the next generation of social workers. Social workers, in their everyday work, contribute toward making society more socially just and inclusive. Developing the skills of social work students invests in the future knowledge of the social work profession.

I learnt during this time of crisis, that our social work community partners "come through," even when having a student on placement might be the last thing on a field educator's mind. There is an innate sense of paying it forward and providing an opportunity for students to learn. I have appreciated the patience and understanding of students as the placement pathway was negotiated, delayed and renegotiated. As we move down the Covid-19 alert levels, I am hopeful that the majority of placements will go ahead, albeit with a potential delay for some.

After Covid-19, I anticipate that social work placements will operate differently. We will be more prepared for the unexpected. Placements will include plans for contingencies, such as different "alert levels," and working from home options when possible. At this stage, it appears that 2020 placements will occur in organisations as originally planned, however some will have a greater project focus. Adaptability

in the face of possible COVID-19 alert level changes will be important factors to be considered in these placements. The new experience of negotiating and renegotiating placements under Covid-19 has shown that the social work profession is adaptable, flexible and committed to growing the next generation of social workers, even in the face of great adversity. These are the social workers who will front the future of social work. They are the social workers who will advocate alongside those with whom they work for equity and social justice.

Manaakitanga: Upholding mana

Nathan Jaquiere, Professional Practice Fellow

Social workers recognise and support the mana of others. We act towards others with respect, kindness and compassion. We practice empathic solidarity, ensure safe space, acknowledge boundaries and meet obligations. (ANZASW, 2019, p. 11)

Semester 1, 2020 began a “new” year, a “new” semester and a “new” group of third-year (bachelor) and first-year masters (applied) enthusiastic students, eager to learn about the profession of social work. We had taught them only for three weeks when Covid-19 spread throughout the country. Lockdown detained us in our homes, where fear and anxiety gripped us as a nation. There was a universal sentiment that we were “in this pandemic together,” but conversely, there was an underlying fear and anxiety held by most people, which was understandable, inevitable and very real.

For some students, the privilege of university study was challenged as they grappled with finances, employment redundancy, “essential service” commitments, panic, confusion and anxiety. Some students and staff were forced to weigh their priorities, rethinking the hierarchy of their obligations, where higher education became less important than fulfilling the basic necessities

of life, such as food, clothing and shelter (Maslow, 1943).

Manaakitanga is one of the five values within the *Aotearoa New Zealand Association of Social Work (ANZASW) Code of Ethics*. Manaakitanga is the action of upholding people’s “mana,” where respect and compassion and kindness are shown toward people, and where boundaries are recognised (ANZASW, 2019). As social workers and social work educators, to develop trusting, strong, resilient yet professional relationships with students, it is essential that we uphold and model to our students the concept and value of mana, so that they are able to uphold the mana of people who they will eventually work with (ANZASW, 2019).

Following an on-campus to online curriculum overhaul, extra focus was placed on student wellbeing and welfare. I prioritised student “check-ins” at the beginning of each Zoom session that I held, and asked each student to scale how they were feeling, coping, progressing; on a scale of 1 (lowest) to 10 (highest). Scaling questioning techniques are used in solution-focussed and brief therapeutic approaches (de Shazer, 1985). In addition, the Signs of Safety approach (Turnell & Edwards, 1999) embraces scaling to help determine safety and risk factors within child and family social work practice (de Shazar, 1985; Turnell & Edwards, 1999). Scaling questions, coupled with appreciative enquiry, enabled me to gauge how students were feeling and what would help them to move to a higher position on the continuum. For example, one question was; “on a scale of 0–10, where 0 means that academic study for you during Level 4 lockdown is challenging and you feel stressed, anxious or worried that you won’t succeed, and 10 means that you feel 100% motivated, happy and focussed on your study, where would you place yourself on this continuum?” (de Shazar, 1985; Turnell & Edwards, 1999). Once the students place themselves on the continuum, a response could be “I’m impressed by how you managed through

these challenges, what would help you move from a '6' (on the continuum) to an '8'?" (Turnell & Edwards, 1999). The Zoom sessions were open, allowing students and their peers to be aware of one another's well-being, potentially being able to provide peer support if appropriate. If students required more support and pastoral care, I was able to provide one-on-one conversations following the teaching sessions. It was of utmost importance that our students felt supported, not only by me as an educator, but also by their peers and their other natural support networks.

Using Zoom as a teaching forum allowed me to continue to teach and have face-to-face interaction. However, as a social worker trained with frontline child and family social work practice experience, I became more anxious about privacy and student-to-teacher boundaries. I felt that my home was "open for viewing," exacerbated when my young child unwittingly invaded some of these sessions. Adding to this, I felt a sense of discomfiture as the students reciprocated this dynamic. In many ways, a deeper sense of relationship inadvertently transpired through this forum, possibly presenting itself as a boundary concern. I considered utilising the Zoom standard background function, but chose against using it as I felt that we needed to be on a level playing field, so I let them in, as they also did with me.

The social work educator–student relationship is perceptibly different to that of the social worker–client relationship but, through the Covid-19 lockdown experience, that difference was less apparent. For example, some students were struggling and my role was to be there and provide support, a listening ear, reassurance and then assist them in planning out their next steps. Therefore, our relationship became very similar to the role of a social work practitioner–client relationship. "Professional conduct" under manaakitanga ensures that social workers act with integrity, are able to develop trusting relationships, and are aware of professional

boundaries and power dynamics within social work roles (ANZASW, 2019). Being able to recognise issues, which potentially impacted an individual's mana, meant that I was able to set my mind at ease somewhat. Being aware of where boundaries lay, and that I wanted the best for my students, I felt compassion, empathy and respect for each student as they individually journeyed through the Covid-19 lockdown experience and beyond.

Whanaungatanga: Teaching community in the time of Covid-19

Dr Marissa Kaloga, Lecturer

Social Workers work to strengthen reciprocal mana-enhancing relationships, connectedness and to foster a sense of belonging and inclusion. (ANZASW, 2019, p. 11)

In my two-course series on organisations and communities for our Bachelor of Social Work (BSW) and Master of Community and Social Work (MSCW) students, I take some time to explore the idea of community. It is important to unpack students' internalised understanding, because "community" means many things to many people and it is too often homogenised or essentialised. To do this I use Ruth Liepins (2000) model and definition of community, which places any notion of community within a context of "temporally and locationally specific terrains of power and discourse" (Liepins, 2000, p. 30). Using this model, students are then able to examine seemingly unified communities and understand them to be complex, heterogeneous, and fluid arenas of social interaction through social work's foundational social justice lens.

The budding learning communities we were co-creating quickly moved online in March in response to the Level 4 Covid-19 restrictions. We then found ourselves in the situation of renegotiating both how our class would function as well as how to maintain

social relationships in strict lockdown, a new situation for everyone. It was a unique opportunity to approach learning about community development in a completely new context. As a lecturer, I sought to balance several competing factors. I wanted to preserve the integrity of the original course, to seize the transformational learning opportunity this novel context provided, and to be a source of support for students as they struggled with the unique challenges ahead of them.

For one assignment, I gave my students the option to create a self-care plan and write a letter to their future selves about how they planned to maintain their connection with community in light of strict limits on movement and social interaction. It was my hope that taking the time to think through this would help them to develop a plan to manage this new context, and allow them to consider how their communities had changed in response to Covid-19. With limited time and resources, students had to use a strengths-based approach for themselves; to think creatively about how to use what they already had to get through a difficult time.

For many, the concept of community was simultaneously expanded and reduced. Expanded in that the idea of distance was erased due to the necessity to communicate, even with close loved ones, using technology platforms like Zoom, Facebook Messenger, or WhatsApp; the location of their friends became irrelevant and all connections felt equally close/distant. Conversely, the intensity of physically close community was enhanced. First, the members of one's bubble were ever-present under the restrictions of Level 4 lockdown. Secondly, there was a newfound closeness with immediate neighbours; picking up groceries, cooking meals for elderly neighbours, or having regular chats across the fence with people they had only said "hello" to previously. Community, which before had existed as an inert, feel-good concept, became alive. Community

Development, which before seemed tangential to many social work students, now felt integral.

Reflecting on the semester, my actions and approach to teaching were guided by whanaungatanga. The importance of fostering and supporting social relationships has always been important for social work, but it became vital to be intentional about this during Level 4 lockdown. The idea that community is fluid rather than static, heterogeneous rather than homogeneous, and hierarchical rather than flat, was experienced rather than simply learnt by students during the lockdown. As an instructor during this time, my role expanded beyond simple transference of knowledge; it became equally important to support students' connectedness with their own communities. This renegotiation of the instructor-learner relationship did not feel forced or uncomfortable. Rather, by embracing the ethical principle of whanaungatanga I was able to better embody the kind of community-focussed, context-dependent practice that was a key objective of the courses.

Conclusion

Throughout the next few years, the true effects of Covid-19 will be better understood. Until it is controlled, there will continue to be a tragic loss of life, as well as broad and unfolding economic and social ramifications throughout the world. In this reflective piece, we endeavoured to capture our experiences teaching social work during the Level 4 lockdown in the hopes that this *in situ* knowledge can inform the future development of social work in the post-Covid-19 era.

We identified several key takeaways from our experiences as social work educators during the Level 4 lockdown, namely:

1. The importance of relying on strong professional relationships during crises;
2. Negotiating student/teacher boundaries during a shared traumatic experience;
- and 3. Encouraging students to apply

community development principles to their own situations to combat social isolation. We viewed these experiences through the lens of foundational social work ethical principles of practice: 1. Manaakitanga; 2. Aroha; and 3. Whanaungatanga. By linking our ethics with our teaching practice, knowledge of social work theory and equipped with our kete of interpersonal social work tools, we were able to better understand how social work values can support decision making in uncertain contexts, such as teaching in a pandemic environment.

Adversity and other complicating factors may challenge us in our abilities to successfully meet these values and principles; however, with effective social work supervision, awareness and critical reflective ability we are more prepared to respond to challenging situations with wisdom and a calculated response set. As we reflected, it became evident that, through this pandemic nationally and globally, that social work remained adaptable to change, flexible, resilient and steadfast as a profession but also as a philosophy of helping others and of advocating for social and economic justice with marginalised populations.

Note

- i In March 2020 the New Zealand Government announced four levels of alert for the Covid-19 pandemic. These levels specified the actions required and Level 4 was the highest. <https://covid19.govt.nz/covid-19/restrictions/alert-system-overview/>

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He waka eke noa!

By Eliza Perkinson, Whitireia Polytechnic, Aotearoa New Zealand

He uri ahau nō Te Rarawa, me Ngāti
Whātua, me Ngāpuhi, me Ngātiwai.

Nō Te Hiku o Te Ika oku tūpuna.

Ko Eliza Perkinson tōku ingoa.

Out of the response to Covid-19 emerged a message: *he waka eke noa*. This *whakatauki*, which directly translates to mean, “we are all in this together”, was used to unite Aotearoa New Zealand in our efforts against the virus. It refers to a *waka* of collective consciousness guiding us on the same journey. But were we united? Were we truly in this *waka* (canoe), of five million together?

My experience of this *waka* was inherently different to others. It was steered by the dictatorship of my 4-year-old son while I frantically bailed water from the destruction created by two riotous boys and being ignored by a teenage daughter. Although I could be forgiven for self-isolating in the bathroom while “collecting myself” or allowing screen-time for an undisclosed and irresponsible amount of time, I still found myself comparing my *waka* to others. I would fabricate scenarios in my mind of a well-kept *waka* with all the provisions and latest gadgets. I also took part in a social media ruse to feature images of a wholesome family and well-structured schooling routines. I became a student, teacher, counsellor, referee, and master chef. Although I was not cut out to be a teacher and lived in a house full of food critics, my house was filled with laughter and memories that we will share of our experience of isolation “survival”. This will become my children’s stories of “when I was young” to tell their children.

As a student, I feared this disorganised *waka* of chaos would be exposed by required video conferencing of “doom”, more commonly

known as zoom. My fears were justified, my attempt at an assignment presentation was thwarted by the efforts of our “dictator”—although understandably so, considering it was snack time. My economic status was laid bare by my uniquely identifiable curtains found only in the homes managed by Housing New Zealand. Assignments came thick and fast and my studies took precedence, I had to adapt and overcome—after all, Māori are resilient right? We are not unacquainted with adversity, and I was out to prove just that. I was determined to *hoe* this *waka* to academic excellence, although this meant losing precious cargo—time with my *tamariki* and connections with *whānau* and friends. We all made sacrifices during this time, the lives and livelihoods of many were lost to the virus.

New Zealanders may have been on the same journey to escape the virus, but we were all in very different *waka*. Covid-19 brought to light pre-existing inequalities within society and again raised the issue of my least favourite term—consultation. Consulting health professionals and consulting Māori all seemed to be yet another box ticking exercise by the government before implementing its response. The level two legislation left no room for *tino rangatiratanga* and dissipated all intentions of collaboration. Māori were back to consultation and advice from experts was ignored. The cultural importance of grieving collectively and the ability to implement *tikanga* to manage distancing on *marae* was discounted. I was concerned. Would I have to put the *tūpāpaku* of a loved one on ice and alone while being so far from my *whenua*, my *urupā*, and *whānau*? Or would I be forced to further disregard my cultural beliefs and decide to have them cremated. I was inspired by the gracefulness of other *whānau* who lost a loved one during this time and

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how they have navigated this space to protect against further transmission.

Inequality existed long before the virus and will continue to exist for as long as we ignore this fact. The decisive action from government was largely commendable and demonstrated its ability to provide effective responses to adverse situations, and, to an extent, its ability to collaborate with Māori. It should not take a virus to make us work together to alleviate economic inequalities and its negative impacts. As a *wahine* Māori, I was already isolated from my *whenua*, my culture, good healthcare and educational opportunities long before the virus took hold. If we are to truly believe that we are “in this together”, we need to also understand that we are not. Through this experience I have learned that although my *waka* is small and grossly unorganised, we can navigate the choppiest seas, and there should always be space for *tino rangatiratanga*.

He moana pukepuke e ekengia e te waka. “A choppy sea can be navigated by a waka”.

Glossary

<i>Whakatauki</i>	Māori proverb
<i>Hoe</i>	Paddle
<i>Waka</i>	Canoe
<i>Tino-rangatiratanga</i>	Māori sovereignty/ self-determination
<i>Tikanga</i>	Customary practices/ system of values
<i>Tūpāpaku</i>	Body of deceased person
<i>Whenua</i>	Ancestral land
<i>Urupā</i>	Burial ground
<i>Whānau</i>	Family- extended
<i>Wahine</i>	Woman

Whanaungatanga

Lyana Ross, Whitireia Polytechnic, Aotearoa New Zealand

Today I sit here on the Kapiti Coast, 60 kilometres north of Wellington, in Aotearoa New Zealand. I'm in my lounge, surrounded by my study materials, listening to a presentation via Zoom, eight weeks after our initial Covid-19 lockdown began and I think of what this time has meant to me and my peers.

#Whānau Humble

We entered this lockdown¹ with resounding anxiety and worry. Covid-19 was taking over our world, killing thousands of people, predominantly the elderly. We tried hard not to think about the possibility of it taking our whānau and we felt pride in our nation for implementing hard and fast, even extreme measures, to protect its citizens. We brought our people home and we “stayed home and saved lives”.

#Whānau Humble Anxiety

Our study continued online. It was as new for our tutors as it was for the students; new methods of delivery and new ways of learning. No library, no face-to-face classes, and for some, no access to internet or computers. The struggle was real, it was not racist, or ageist, it hit us randomly, stealing motivation, crushing hope and threatening our future prospects. It brought tears, frustration and a sense of hopelessness.

#Whānau Humble Anxiety Need Assistance

During the lockdown we lost whānau. We lost a precious father and a beloved baby. We could not gather together to wrap our loved ones in a communal cloak of protection, we could not farewell our

departed in the ways our souls cried out for. We grieved and we broke.

#Whānau Humble Anxiety Need Assistance Unconditional

The pressures of our studies grew, assignments became due. Members of our class laid down their books and postponed their dreams. Tutors rallied around trying to meet our needs in this constantly changing environment, due dates were extended, oral assessments became reality. Our class presence online began to change—more faces appeared on our Zoom sessions, more questions on our forums, more engagement on our posts.

#Whānau Humble Anxiety Need Assistance Unconditional New Gradual

Things slowly started to make sense and our assignments gradually reached completion. Resources were shared, links posted and peer review began. The class led initiatives, discussions and debates. Collectively we pushed through and pushed back against the stifling effects of covid-19; finally, we sank into that feeling of relief and release as we began to submit assignments.

#Whānau Humble Anxiety Need Assistance Unconditional New Gradual Accountable

That anxious wait to receive our first results, still knee deep in our next assignment, seemed to take forever. It was a time to take stock. Are we all here? How can we help? Those who had moved ahead left a trail of references, links, drafts and

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ideas for the others to follow, hoping that by the time we can return to class we will all be in the same place again.

#Whānau Humble Anxiety Need Assistance Unconditional New Gradual Accountable Tautoko Ally

The weather has been amazing; the skies have been blue and the air so crisp and clean. Our environment, wildlife and oceans are healing. People are walking, families are bonding, and children are laughing. Connections are happening in our classes, bonds are tightening, and growth is upon us.

WHANAUNGATANGA

#Whānau Humble Anxiety Need Assistance Unconditional New Gradual Accountable Tautoko Ally Nurture Growth Aroha

Note

- i In March 2020 the New Zealand Government announced four levels of alert for the Covid-19 pandemic. These levels specified the actions required and Level 4 was the highest. <https://covid19.govt.nz/covid-19/restrictions/alert-system-overview/>

Social work and society: Political and ideological perspectives

Sarah Pollock, Kate Parkinson, Ian Cummins (Eds).

Policy Press, Bristol, 2020

ISBN 978-1-4473-4470-4, pp.262, paperback, NZD35.40

The book makes a compelling case that social workers, and the profession, need to be aware of the political and ideological context in which social work is practised. The book presents a clear overview of key political ideologies and explains how different areas of practice have been shaped by these. It also provides a useful guide to how social workers can understand, practise, and work for change within the current political context.

While each chapter is written by different authors, the text is congruent and structured in a clear and engaging manner. The book carefully and deliberately engages the reader, building up familiarity with key ideological and political concepts, and then showing how these have shaped the context in which social work is practised. The book is highly recommended to practitioners, students, and a wider audience.

The book begins with five chapters that introduce key political and ideological frameworks. The chosen ideologies are Socialism, Liberalism, Conservatism, Neoliberalism, and Feminism. Each chapter briefly discusses the history of each ideology, their core features, and how the ideologies have influenced social work practice. Throughout each chapter, links are made to the current social and political context. Though necessarily general, these introductions are clear and provide a useful place from which to approach the rest of the book.

The second section of the book considers a range of social and political contexts in

which social work is practised, for example, within the criminal justice system. These chapters show how policy, and practice, sit within a social and political context. Each chapter describes key developments in each area, and how political reforms have amplified social issues. The book focuses on the political context in the UK with austerity and neoliberal reforms featuring heavily. The global nature of neoliberal capitalism means much of this discussion of political context is relevant to readers in other countries.

The third section of the book looks at the social issues with which social work has grappled in recent years. These include insecurity, migration and asylum, and radicalisation.

One of the features of this text which makes it particularly useful is its combination of theory and practice. Case studies and practical examples are used to illustrate key issues and the kinds of dilemmas that social workers face in practice. Each chapter finishes with critical questions for the reader to contemplate as well as recommended readings in order to further develop one's understanding of an issue.

The chapters which focus on social issues clearly illustrate how political reforms have harmed, or in some cases, benefited, those that we work with. These chapters also show how dominant social constructions change over time and discuss the implications of each of these. For example, the history and construction of mental health are presented alongside the need for collective change. Suggestions for how

social workers can critically approach this area, and become involved in efforts to create change, are presented in a clear and useful manner. As a useful and practical introduction to social issues it is hard to fault the text.

As a political text, there are limitations in its approach. For example, the chapter on the criminal justice system describes how politicians have cynically promoted a punitive approach in order to bolster support. The chapter also describes the racist nature of the justice system, how prison labour is exploited, and how failures in this system make rehabilitation difficult. The chapter promotes a more humane approach to the justice system which prioritises rehabilitation and which reduces incarceration rates. While the chapter promotes the need for humanistic reforms, it seems to take the current criminal justice system for granted, including imprisonment, and advocates for a more active social work role within this system. The chapter does not explicitly consider the role of the criminal justice system within capitalism or engage with the possibility of prison abolitionism. It explicitly states that “there is a need for social work in the institutions of prisons” (pp. 142–143) and does not consider how social work perpetuates and upholds an inherently oppressive system. This is a recurring issue within the book. While the social and political context of issues is presented, the authors seem to take many components of the nation-state, and capitalist system, for granted.

The focus on pragmatic reforms, within the context of capitalism, may be a result of the introductory nature of the text, limitations in size, and current political conditions. As the text explicitly discusses, austerity and neoliberal capitalism have thoroughly stripped the welfare state and undermined relational social work. In this context, engaging in relational practice, and ensuring that society provides basic supports for those in need, requires radical action on the part of social workers and the profession

as whole (which authors also discuss). While this is the case, it still important that students and practitioners understand the inherent limitations of reforms within the structure of capitalism. Failure to do so limits our intellectual and political development.

It is also worth noting that the book presents ideology as a system of political beliefs, or a lens through which our understanding of the world is constructed. While there is merit to this perspective, and it is useful in illustrating how political beliefs shape our understanding of the world, there are some limitations to this approach. The focus on ideology as a set of political beliefs minimises the degree to which ideology is also a material force that structures our understanding of the world, including our ability to make political choices. The pragmatic focus of the book, and the emphasis on critical reflection, also risk promoting a neoliberal conceptualisation of individuality.

These points should not be understood as a recommendation not to read or purchase the book. It would be unfair to judge the book for something which it does not aim to do. The book is stimulating and thought provoking; the authors clearly intended it to be approachable and applicable and I believe they achieved both.

While several authors within the book discussed the relationship between racism, ideology, and political discourses, the lack of a dedicated chapter on colonisation and white supremacy is unfortunate. Within the context of a colonised state (such as New Zealand), political ideology, and practice must always be considered through the lens of colonisation. Devoting a chapter to these issues, as is done with feminism, could have helped solidify an understanding of how western political and economic systems are inseparable from white supremacy. The book explicitly recognises that a specific chapter on this topic, as well as chapters on other topics, would have been useful.

This book would be highly suitable for undergraduate students or postgraduate students who are looking for a general text. The clear links to practice, and discussion

of the link between political context and practice also make this a valuable book for practising social workers.

Reviewed by **John Darroch**, University of Auckland

A short introduction to attachment and attachment disorder (2nd ed.)

Colby Pearce

Jessica Kingsley Publishers, London and Philadelphia, 2017
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paperback, NZD30.43

I have an enduring interest in the role of attachment in child, adolescent and adult mental health. Whether a person relates to the world as safe or unsafe underpins and influences every relationship they have. Attachment then, is fundamental to their mental wellbeing in a way that no other single phenomenon could be.

Given the plethora of books on how attachment can go wrong and how to mitigate harm, what does Colby Pearce add to the literature that is new and different?

Pearce is a Clinical Psychologist in private practice in Adelaide. He has worked with children, teens and families for over 20 years. This book introduces us to the CARE (Consistency, Accessibility, Responsiveness and Emotional connectedness) model for fostering sound attachment.

One of Pearce's gifts lies in his ability to use simple analogies to explain complex concepts. "The Tale of Four Mice" in his Prologue is a poignant reminder of how the meeting (or not) of even a basic need can determine mental health outcomes. If you wanted to distil the complexity of attachment in all its forms into one simple fable, The Tale of Four Mice does so beautifully.

His book is divided into four chapters: Understanding Attachment and the Influence of Parental Care; A Short Introduction to Attachment Disorder; CARE to Promote Attachment Security and Treating Attachment Insecurity and Disorder: Fundamental Requirements for Effective Treatments.

He provides a potted history of attachment with the usual suspects—Bowlby, Ainsworth, Harlow, Erikson—and a useful glossary. Pearce delivers with a straightforward and easy-to-follow writing style, covering the main bases that one would expect from a "short introduction".

Is the world a safe place to explore and form relationships in or is it a dangerous place where exploration and relationships are fraught with hurt and disappointment?

Each chapter has a useful summary at the end and we follow the story of Matthew—a young boy in care—to illustrate the CARE model, which is used to promote secure attachment.

We learn why attachment is so important, the concept of Self and relatedness to others and the role of resilience.

We then move onto such attachment disorders as Reactive Attachment Disorder (RAD) and Disinhibited Social Engagement Disorder (DSED).

So far, so Attachment 101.

However, when Pearce looks at elevated emotional arousal (pp.48–49), he uses the novel example of how a car's petrol engine runs—idling at a particular speed without use of the accelerator. However, there are those whose engines can go from idle to red-line point very quickly. Or as it is described colloquially by caregivers in my line of work, "going from 1 to 100 in a nano-second".

This analogy is useful to describe the physiological effect of emotional arousal which can occur too fast for the person who has been triggered to control. Pearce then goes on to make an unequivocal statement: “[a]rousal management is a key aspect of the care and management of children who have an attachment disorder” (p. 52). I only disagree in as far as I believe it to be *the* key aspect.

This book contained a number of “lightbulb” moments for me, where I saw something from a slightly different angle, which added to depth of my understanding.

For example, Pearce explains the controlling and manipulative behaviour of those with an attachment disorder as typically taking the form of angry, destructive behaviours and charming and seductive behaviours or a combination of these. He points out that almost from birth, infants use the age-appropriate displays of crying and smiling, to gain the attention of their carers. “It follows that children who are preoccupied with accessibility to needs provision are likely to use these infant strategies (i.e., charming smiles and screaming tantrums) (p. 139).

The author goes on to make what I consider to be one of the crucial truisms of all human behaviour: “nobody does anything for no reason” (p. 86). This is, of course, the crux of understanding disordered attachment behaviour—all behaviour (no matter how dysfunctional, bizarre or apparently irrational) serves a purpose. As a carer, a therapist or even a parent, it is our job to work out what that purpose might be.

Then shortly afterwards, the second truism: “in order to be heard, you first need to listen” (p. 88).

For me, the greatest magic lies in Chapter Three – *CARE to Promote Attachment Security*.

Here Pearce explains that “[t]he most commonly reported behaviour among the respondent carers was that the children were *demanding*” (p. 80; his italics). In my experience as a carer assessor, there seems to be a fear among carers that meeting a child’s needs when they demand it, will result in an avalanche of unquenchable demands that will overwhelm them as carers. Or put another way, they will be rewarding and thus encouraging “bad behaviour”. Yes and no.

Not to give away too many of the book’s secrets, but the author lays this myth to rest very efficiently in Chapter Three. Pearce then provides step-by-step instructions of three of the simplest and most brilliant techniques I have seen to stem the tide of neediness to a negligible trickle.

There is his effective sleep routine, his clever use of the game of Uno to encourage empathy and his simple token system to put a healthy sense of control into the hands of the young person to both reduce emotional arousal and encourage positive attachment.

The final and fourth chapter covers therapeutic treatment and management, using CARE principles and attachment-based play.

This book should be essential reading for anyone who has a foster child or is considering fostering one. It got me so excited that I longed to be back in that field and using Pearce’s text as a handbook for any of my carers who have said “But **why** does s/he . . . how can I stop it?”

We re-visit Matthew for the last time in the final chapter and I took huge delight in the playfulness of the therapist, their sensitive attunement to Matthew’s emotional needs and Matthew’s own happier ending.

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