Is it time to reconsider professional development and continuing education for social workers twenty years after registration in Aotearoa New Zealand?

This last issue for 2022 is a general issue, however, there is a linking theme of social work education and learning through many of the articles. Articles address specialist post-qualifying education (Staniforth & Appleby, 2022), professional capabilities (Ballantyne et al., 2022), student work student hardship (Hulme-Moir et al., 2022), cultural competency (Ide & Beddoe, 2022), reflective conversations (Giles et al., 2022), and social worker participation in research degrees (Doebl, 2022). Engagement in continuing professional development and higher education is crucial to maintaining a critical perspective and ensuring our contribution to knowledge building.

For most social workers in Aotearoa, formal education stops at the point of qualification for registration. Participation in ongoing formal education has been reported as low for several decades (Beddoe, 1999, 2013; Beddoe & Duke, 2013; Beddoe & Henrickson, 2005). In a review of the first continuing professional development audit conducted by the Social Workers Registration Board, Beddoe and Duke (2013) expressed the following concerns:

> There was little evidence of CPD being a planned activity linked to career goals, despite this being an expectation of both the SWRB and ANZASW. Few social workers mentioned plans to access further training or engage in further education. Not counting those undertaking an initial qualification in social work, participation in further and higher education was low in the sample group. (p. 47)

Registration had been expected to deliver better support for professional social work. With it, increased access to continuing education and greater respect for social work as a discipline was expected to be developed (see Hunt 2016, 2017). Beddoe (2013) reported research where Aotearoa New Zealand social workers were hopeful that the arrival of professional registration appeared to have created a stronger sense that demands for CPE were legitimised and that they would be able to access more funding and support for further education.

Our professional bodies must do more to develop support for post-qualifying education for social workers. Anecdotally and logically, the cost of postgraduate education creates a significant barrier for most, and employers are very reluctant to support social workers to undertake further education, even training in professional supervision. The impact of registration on Aotearoa New Zealand on social workers' continuing eduction is an under-researched topic. Further exploration is needed to examine whether the high hopes for a better-educated profession that were heralded with the advent of registration in 2003 have been realized. This issue makes a contribution to our understanding of social work education across several dimensions. We hope to see more contributions about social workers' continuing education and development in 2023.

Working with diversity is a central aspect of social work practice and, as reported by Ballantyne et al. (2022) in their article, is recognised across jurisdictions as a core competence or capability expected of social

workers. Anita Gibbs (2022) is well-known in Aotearoa for her research in the area of fetal alcohol spectrum disorder (FASD), and in this issue contributes an article that offers both contemporary understandings of FASD, and findings from her research which focus on best practice for working in the justice system with rangatahi and youth living with FASD. Her research contributes to an important and growing scholarship on the effectiveness of justice systems, and in particular, the adversity experienced in the courts and prisons by those living with disabilities such as FASD.

Gibbs sought to understand more deeply the knowledge about FASD held by professionals working in the justice field, and the analysis of her interviews in this article offers substantial insight into the day-to-day realities for the young people, their families and the professionals supporting them. Overwhelmingly participants assert that people living with FASD should not enter the justice system and that training about the dynamics of this disability is essential. It is clear from this research that disability structures continue to discriminate against those living with FASD, and that human and disability rights are not upheld.

In "Get ready ... get set ... go! A new entrant programme for social workers in mental health" Barbara Staniforth and Jo Appleby explore the Aotearoa New Zealand post-qualifying New Entrant Specialist Programme (NESP), where social workers gain additional knowledge and skills in mental health. Staniforth and Appleby utilised semi-structured interviews to explore the experiences of five social workers who had participated in the programme. They found that the programme built social worker skills and confidence and reduced their sense of isolation from other social workers as they joined multidisciplinary teams. This programme and one in child and adolescent mental health are the only fully funded post-qualifying programmes for social workers. As noted earlier, the paucity of social work participation continues to challenge the profession in Aotearoa New Zealand.

In "Social work education in Aotearoa New Zealand: A difficult journey for student caregivers", Kirsten Hulme-Moir, Liz Beddoe, Allyson Davys, and Allen Bartley offer a full, compassionate account of the experience of students who have caregiving responsibilities while undertaking social work study. This research sits in the context of a wider study looking at the financial and social well-being of social work students. The findings are reported creatively and with some urgency. Aligned with principles of social justice, it highlights the significant disadvantage experienced by mostly older women who balance a range of caregiving and financial responsibilities.

A key finding from this research was a recognition of the strong motivations typically behind aspirations to study social work and the role these play in the experience of being a student. The passion for helping others and the conviction of social justice are strengths to draw on during times of hardship but may get in the way, initially, of fully exploring the practical and emotional pressures of social work study.

Participants in the study describe chronic hardship as a result of the pressures and structures specific to social work study. The authors challenge social work educators and regulators to rectify these problems. In particular, they recommend a review of the funding structure for social work placements and barriers created by student allowance policies. They recommend increased flexibility, promotion of self-care practices, and provision of professional resources that will carry students beyond study and into future practice.

Continuing with the notion of social work competence, in "Attitude or skills? Cultural competence development within an Aotearoa New Zealand bicultural framework", Yayoi Ide and Liz Beddoe ask questions specifically about cultural competence. This research explores how contemporary social work students and practitioners in Aotearoa understand culture

and how it plays out in their practice. It also recommends how cultural competence can be best developed and sustained.

The study found that practising social workers drew on cultural self-awareness from, and being led by, the lives and expectations of those they work alongside, and taking a critical approach to practice, acknowledging power relationships. This approach aligns with the current literature cited in this article about how cultural competence is achieved—rather than drawing primarily on cultural knowledge and skill, social workers are encouraged to consider the relational aspects of diversity and the impact of power and oppression in the practice relationship. The study also highlights the uniqueness of Aotearoa's bicultural or Te Tiriti o Waitangi-based environment, recognising how the development of cultural competence sits within a primary focus by the profession on the competence to practise social work with Māori.

How competence to practise social work is defined and measured sits in a contested and rapidly evolving space. To maintain relevance therefore, existing standards must be scrutinised and reviewed. In "Introducing a professional capabilities framework for social work in Aotearoa New Zealand", Neil Ballantyne, Liz Beddoe, Kathryn Hay, Jane Maidment, Shayne Walker and Caitlin Merriman report on the third phase of a larger research project which had, as its overall aim, the development of a professional capabilities framework for social work in Aotearoa New Zealand. Previous phases have explored the current social work curriculum and examined the readiness to practise of newly qualified social workers.

The final phase reported in this article focuses on the competence standards or professional capabilities expected of both beginning and experienced social workers. It begins with a thematic analysis of existing standards across several jurisdictions; it then describes the co-development process undertaken in Aotearoa with key

stakeholders and concludes with a proposed draft capability framework. The work undertaken in the co-development groups was unique, beginning with establishing a set of design principles that were subsequently adopted by ANZASW in 2019 as its new *Code of Ethics*.

The findings of this study are a comprehensive and important contribution to the social work profession in Aotearoa, and the authors hope the Social Workers Registration Board will, after consultation with Tangata Whenua, be ready to adapt or adopt the framework proposed as a result of this project.

In a Commentary, "Mandatory reporting: 'a policy without reason,'" Emily Keddell explores the recommendation to introduce mandatory reporting from the recent report into the case of Malachi Subecz, a child killed by his caregiver. Keddell argues that there are unintended consequences of this policy if adopted as it will likely flood the system with low-risk cases making make identification of higher-risk cases more difficult. Keddell outlines other potential harms of a mandatory reporting policy including its potential to exacerbate inequities for Māori. Rather, we should develop a strong focus on prevention and devolution.

This issue includes two Viewpoint pieces. In "The wildest dreams and the Asian gaze", Ai Sumihira notes the inspiration of an article by Came et al. (2022) which led her to explore how Asian women are faring in Aotearoa New Zealand concerning health. In a viewpoint that is part personal reflection and part discussion of the intersection of race and gender in health inequalities, Sumihira observes that, where she stands as an Asian woman in 2022, "feels like an intersection of delicately woven connections and history". She makes a case for better health services for Asian women so that health outcomes improve.

In "Stepping into the unknown: Reflections and learnings from the journey from social worker to researcher", Stefanie Doebl explores

her journey through her postgraduate education which culminated in a PhD. Doebl notes that many social workers have skills and experiences that could be well suited to a research environment, but that research is often seen as daunting. She identifies a set of misconceptions about doing research and hopes that her reflection might offset the barriers and encourage other social workers to pursue research opportunities.

In a Practice Note, "From a conversation with Honourable Nanaia Mahuta: Social workers reflect on expertise and skills for contributing to policy and political processes" Rebecca Giles, Fariya Begum, Shane Kennard (Ngaati Hikairo (ki Kaawhia Moana) and Ngaati Maniapoto, Verusha West-Pillay and Alannah Gregan describe the learning that developed from a visit from a cabinet minister in the Aotearoa New Zealand government. The Honourable Nanaia Mahuta (Waikato-Tainui, Ngāti Maniapoto and Ngāti Manu; Minister of Foreign Affairs and Local Government and Associate Minister for Māori Development and local Member of Parliament (MP) for Hauraki-Waikato) met with students of the Wintec qualifying social work programme and a group of social work practitioners for a two-hour conversation. Participants were able to interact with, and closely observe, a senior cabinet minister who works in politics at local, national, and global levels. This became a very rich experience where personal, cultural, and political aspects of the minister's life were highlighted in important conversations.

Giles et al. met later to reflect on the event and reported that this collaborative, reflective conversation between social workers from different fields provided an opportunity for renewal, connection and to gain depth of understanding of the meeting with the minister they had shared and why it had impacted them so positively. This very useful practice note draws parallels between the skills of a senior politician and everyday social work practice, particularly Te Tiriti o Waitangi awareness and commitment, appreciation of complexity and connectedness and a future focus.

Finally, Lynsey Ellis reviews *Out of the Shadows: The Role of Social Workers in Disasters,* edited by Angie Bartoli, Maris Stratulis, and Rebekah Pierre.

Kia hora te marino
Kia whakapapa pounamu te Moana
Kia there te kārihirohi
I mua i tō huarahi

May peace be widespread
May the sea glisten like greenstone
And may the shimmer of light
Guide you on your way

Meri Kirihimete me te Hape Nū Ia

Liz Beddoe and Deb Stanfield
For the editorial collective

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Best practices for justice: Practitioner views on understanding and helping youth living with fetal alcohol spectrum disorder (FASD)

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ABSTRACT

INTRODUCTION: International studies and New Zealand publications note that care groups, as well as youth and adult justice populations, have high rates of fetal alcohol spectrum disorder (FASD) and other neuro-disabilities, alongside mental health problems and adverse childhood experiences. This research explores justice practitioner views of helping young people living with FASD, especially when they come into contact with the youth justice system in Aotearoa New Zealand.

METHODS: Semi-structured interviews were undertaken with 11 practitioners that included social workers, disability advocates, police, legal professionals, and others working in the justice space with youth living with FASD. Stakeholders were asked what practices might help youth do well in the justice space, but also what changes need to happen in systems of health, care, justice or disability in order to ensure those living with FASD have wellbeing.

FINDINGS: Practitioners noted widespread ignorance about FASD, resulting in delays in getting appropriate supports for youth living with FASD. Practitioners spoke of the importance of early diagnosis leading to early intervention but how rare that was. Wellbeing of youth was vital but there were too many barriers to fair and equal participation for youth living with FASD in all aspects of society. All systems needed to understand FASD and provide specialist FASD services and supports.

PRACTICE IMPLICATIONS: Urgent training and practice guidance is required for all professionals working in the youth justice space. Practice needs to ensure disability rights are upheld to enable flourishing and participation by young people often on the margins of society.

KEYWORDS: Youth justice; fetal alcohol spectrum disorder; FASD; wellbeing; disability

Fetal Alcohol Spectrum Disorder (FASD) and the justice system

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International studies and national reports note that care groups, as well as youth and adult justice populations, have high rates of FASD and other neuro-disabilities, alongside multiple other issues including mental health problems and adverse childhood experiences (Flannigan et al., 2021; Lambie, 2020). The research reported in this article explores justice stakeholder views of helping young people living with FASD, especially when they come into contact with the youth justice system in Aotearoa New Zealand. Social workers and other helping professions lack training, knowledge and skills in dealing with FASD because rarely does basic training cover material on FASD

or other neuro-conditions (Gibbs et al., 2020; Gilbert et al., 2021). Practitioners appear unaware of the full extent of FASD, how to identify the characteristics of it, how to access assessment and diagnosis, and what strategies or interventions might be helpful. This article seeks to fill some of these gaps.

Unfortunately, New Zealand has very high alcohol-drinking rates with 71% of women reporting using alcohol prior to pregnancy or becoming aware of their pregnancy. And 23% of women reported drinking during the first trimester, reducing to 13% after the first trimester (Rossen et al., 2018). It is thought that around half of all pregnancies could have been exposed to alcohol. It is widely known that alcohol is a major social problem yet the conversations we need to have as a broader society are not happening sufficiently when it comes to harm reduction and prevention of harm (Alcohol Healthwatch, 2021; Penfold & Cleave, 2022).

FASD is a brain-based disability affecting all parts of the individual, including impacts on physical, emotional, cognitive, mental, spiritual and behavioural wellbeing. It is a physical disability that people are born with as a result of pre-natal alcohol exposure, and it is lifelong, which means it is not behavioural issue that can be 'cured' with 'reasoning' treatments, such as those commonly used in justice settings. However, rights-based disability accommodations can be made, and targeted therapy can assist in growth and skill development (Gibbs et al., 2020; Pei et al., 2019; Rutman, 2016). In the general population, FASD prevalence is noted to be between 2–5% (up to 3,000 births every year in New Zealand) but for vulnerable populations, like those in care or justice, the prevalence rates are much higher (Gibbs, 2021; Lambie, 2020). The most detailed study, in a youth justice setting from Australia, noted a 36% prevalence rate for FASD, and that 89–93% of the study population had at least one severe neuro-cognitive impairment (Lambie, 2020). In New Zealand, we have not yet seen a funded

prevalence study for FASD in either care or justice settings, but Oranga Tamariki (drawing on international evidence), estimates up to 50% of children in care may live with FASD (Gibbs, 2021; Gibbs et al., 2020; Lambie, 2020; Oranga Tamariki Practice Centre, n.d.).

Sadly, it is common for the phrase *care to prison* pipeline to be used to recognise that children involved in care systems end up in trouble with the law (Reil et al., 2022). Others have noted that youth living with FASD are simply primed for encounters with the justice system (Gibbs, 2021; Oatley & Gibbs, 2020). This is because the primary impairments of FASD make youth vulnerable to easily becoming victimised, being led astray, making repeated mistakes, seeking excitement and not being able to understand cause and effect. The main brain impairments of FASD (poor reasoning, struggles with communication, impulsivity, dysmaturity, suggestibility, poor adaptive and social skills, and struggles with self-regulation and memory issues), are impairments which can see young people fast track to offending (Gibbs, 2021; Oatley & Gibbs, 2020; Reil et al., 2022). Children living in care are invariably involved with multiple systems, yet their neuro-disabilities are not picked up early by screening or thorough assessment processes.

Research is very clear that early identification, alongside lifelong supports and joined-up working, as well as the use of the social model of disability can lead to healthy outcomes (Gibbs et al., 2020; Oatley & Gibbs, 2020; Pei et al., 2019; Rutman, 2016). Being truly FASD-informed ensures that youth are screened for neuro-disability, and that children and youth, in the context of stable and loving whānau (family, extended-family) support, have individualised strengths-based plans designed to help them live the best lives they can live. Rutman (2016) identified that a FASD-informed approach will recognise that children and youth find it hard to follow

rules or expectations unless environmental adaptations are made. Rutman argued that accommodations can be made in all environments when services focus on flexible and individualised supports, as well as ensuring key family members are involved where appropriate, and that a non-judgemental and non-stigmatising relationship is built between workers and the person living with FASD.

Pei et al. (2019), approached FASD from a systems' perspective and note that healthy outcomes for people can only come "when we have a shared roadmap" which is used to support a positive pathway that is the right fit for each person. The goal must be wellbeing and efforts directed at individual success. Yet, multiple improvements in systems working with those living with FASD are required before the thousands of people living with FASD in New Zealand can imagine a truly good life. Healthy outcomes for those youth living with FASD are more likely if systems, supports and interventions are life-course focused, and flexible enough to respond to the specific needs and exact developmental challenges and capacities of the individual (Pei et al., 2019). That is why in-depth assessment and reassessment are so vital. New Zealand's unfortunate position of great need and few services need never have occurred had robust efforts been made to fully implement New Zealand's initial and only FASD Action Plan 2016–2019, which was created after much concerted effort from key stakeholders, like Alcohol Healthwatch, judges, FASD champions, and families of those living with FASD (FASD-CAN, n.d.; Gibbs & Sherwood, 2017; Penfold & Cleave, 2022). The plan laid out a roadmap and goals for change, but received so little funding that the disability and children's commissioners, in collaboration with disability advocates, pointed out in several submissions to government that individuals and whānau will continue to be denied assessments and services until FASD is recognised and funded as an official disability (Human

Rights Commission, 2021; Penfold & Cleave, 2022).

Unlike Alberta in Canada, which does have a "shared roadmap" (Flannigan et al., 2022), New Zealand has a dearth of funding and no FASD infrastructure which has likely led to most children with FASD never being diagnosed or supported, and therefore much more likely to be misunderstood, and not accommodated for their neuro-challenges.

Methods

The research reported on in this article is part of a larger Aotearoa New Zealand wide study entitled "Building Ramps Instead of Walls" which involves interviews with 41 stakeholders working in the field of FASD. Out of 41 stakeholders, 11 professionals talked extensively about their involvement with FASD and the justice system. The main research questions focused on what wellbeing looks like for someone living with FASD and what needs to change in all systems, including the justice system, to ensure wellbeing? Semi-structured interviews were undertaken with the 11 justice professionals who included: two social workers, a prison chaplain, two police officers, one specialist psychologist, two legal professionals, one youth worker, and two other professionals working in the justice space with youth living with FASD. There were six females and five males, and two practitioners identified as Māori. The practitioners who participated in the study were all highly experienced in the FASD field, and in the justice sector. They were recruited purposively via social media posts, word of mouth, at training events and via email invitation.

Interviews lasted 30 minutes to 90 minutes and were recorded, transcribed and then checked by participants before being anonymised and analysed. Ethics approval from the University of Otago was obtained. During interviews, practitioners were asked what best practices might help youth

do well in the justice space but also what changes need to happen in systems of health, care, education, justice or disability in order to ensure those living with FASD have wellbeing and live good lives. Three of the 11 practitioners also had had family members with FASD who had been through the youth justice system and drew on their lived experience when answering questions. The interview material was analysed thematically using thematic analysis and general inductive analysis methods outlined by Thomas (2006). In the findings sections, I use extensive quotes to illustrate five broad emergent themes and to ensure the voice of the practitioners is emphasised.

While this study is based on a small number of interviews focused on aspects of the justice system, it does allow some exploration of the gaps in justice professionals' understandings and practices towards disabled youth living with FASD. The limitations of this study are that this study misses the views from inexperienced practitioners and a more diverse group of professionals that would have been obtained from a larger group of volunteers. The findings are, however, consistent with major themes from the ongoing analysis of the other 30 stakeholder interviews.

Findings: Key themes

Ignorance, intolerance and incompetence

Practitioners discussed the major concerns they had about the levels of ignorance, intolerance and incompetence, not only amongst the general population but significantly amongst their own justice professions and from other justice workers currently involved in the lives of youth living with FASD. Typical comments included:

> They're the ones who are blamed for it and they're the ones who are imprisoned and are excluded from school and considered failures and not respected in society.

The system failed him time and time again. Nobody recognised his disability, they just went no, he doesn't have this, he doesn't have that, so there was just no proper support for him.

The word *punishment* was used by three participants, as well as noting the deep levels of stigma and oppression that youth living with FASD face as they have contact with the justice system. And youth were blamed for failing to keep to the expectations of justice.

> They end up being penalized and further punished and then more rules get put on and everybody thinks they're just being naughty. They're not being naughty.

> I don't think we're a very tolerant or a very empathetic society in New Zealand …. because people don't want to accept that the people who are offending are the people who need the most help and we're not able to provide that help in the appropriate way, and so we send them to prison.

Six justice professionals noted that the justice system was full of young people who had not been picked up earlier for support and that the current systems missed the real issues, harmed young people or made them worse.

> [I]t's just a catalogue of missed opportunities …You think why did nobody think then to do something or whatever? So, when it comes to prioritising where we put our energies first, I would strongly urge for it to be miles before they could ever [get to Court] because if we get it right earlier, they won't be coming into the court world.

> It's the systems that are wrong and to see them all facing such terrible adversity on top of their disability, which makes life hard by being misunderstood and mistreated by the very people who are meant to be helping them makes life hard.

Three justice professionals who had worked to support young adults in justice over 20 years and had family members with FASD had seen a great cost over the years of lost lives, broken families, entrenched victimisation and mental health problems, as well as incarceration.

> [W]hat I see is individuals that because of who they are, they're easily misled, predators themselves will pick up on their behaviours and see them as an easy Tom. As a result, because of their inability to know what's appropriate behaviour, they do stuff and they get themselves into a lot of trouble over it.

Journey to knowledge and skills

A number of the professionals talked of the importance their own journey to knowledge and skills in the field of FASD. They highlighted *lightbulb* moments when others had come alongside them to train or educate them on the issues, which they had previously not known about. They realised that they had been misunderstanding the symptoms of FASD as those of *bad behaviour*, rather than as symptoms of brain damage.

> [W]orked in the youth services field for the last 20 years within [Justice], and I became aware through staff training of FASD, and I was fascinated because I had no clear understanding of it prior to that, and so that was an extra 13-14 years in the service that I had worked, saying "oh, you are just bad", without fully understanding.

> [T]he lights went on for me and changed my life because I suddenly realised that we had been completely missing a more viable explanation for the behaviour that was bringing these young people in. So, by missing it, we were either not responding at all or misdiagnosing it, we were not addressing the real issues.

Most of the justice professionals undertook their own significant research and attended conferences and international or national training, in order to upskill themselves once they realised how significant an issue FASD was, or when they met their first diagnosed client or, in the case of the three caregiver-professionals, when they started looking after a child with FASD.

> Through experience, talking to people, own research. Probably for me, probably the biggest thing was my research surprisingly. Because that was the part that actually started making me click, understand a lot better… All of a sudden, I clicked as to why these individuals are like they are, and why we're never going to fix them.

Wellbeing

Participants were asked to consider what wellbeing looks like for youth living with FASD and some took a very specific angle, e.g., the absence of being arrested or not ending up in youth court, and others took a more life-course and active participation in society approach.

> Not coming back to Court or Police— avoiding justice because of other service provision.

> Well, I guess I would want to see people thriving, doing the things that they love doing, feeling good about themselves, knowing where they fit.

> Wellbeing for those with FASD looks like being who they are meant to be… being accepted ... being valued … being tolerated … being supported ... having the chance to fully participate in all aspects of life.

Wellbeing for caregivers was considered important too, especially in relation to adequate support and respite to be able to cope with the high and complex needs of those living with FASD. Practitioners were extremely passionate about wellbeing being focused on supports for caregivers, knowing

full well that core relationship stability and a solid home life were linked to better outcomes.

> Well, we have to support the caregivers … we have to start believing caregivers when they come and ask for help and we have to provide regular ongoing support in a multitude of areas that they may request help for.

> Part of the focus on wellbeing included upholding human and disability rights. That they should be able to have the same life and enjoyment out of life and so on, that somebody who does not have a disability has.

> If people's rights were respected, then they would be provided with what they need to live a healthy and successful life.

One police officer noted how important it was to always ask young people regarding decisions about their welfare because, too often in justice, this did not occur—he noted that: "we must consult with them and take account of their views as much as possible." The police officer explained that if the core principles of the OT Act were implemented correctly then young people in justice would be well served.

Another justice professional who worked regularly in the youth court mentioned the vast numbers of children coming into court with a current care and protection history who are then abandoned to the full excesses of the justice system: "the care and protection people walk away." This often led to a criminalisation process and eventual lock-up in a youth justice residence. This legal professional was adamant that youth living with FASD rights' were being trampled over. His aim in his work with youth was to ensure fair and equitable and inclusive responses.

Best practices

All 11 practitioners were able to describe in detail what best practice looked like, both

in general terms around what needed to happen to ensure youth are enabled to live their best possible lives but also specifically, in terms of the accommodations and strategies required of the justice system to ensure a young person gets treated fairly when in trouble with the law.

General best practices. Overwhelmingly, practitioners noted that getting an early diagnosis and early interventions would offer children with FASD the best start:

> [E]arly identification, early diagnosis and then obviously like a plan from that diagnosis for supports, that could be speech and language, that could be occupational therapy, that could be buddies, could be supports in home for the caregivers in their jobs of looking after these children; it could be so many more things than we actually see available currently in Aotearoa.

Professionals working in care, justice and education also needed to understand, in depth, what was going on for children in trouble and getting good training was a key part of this.

> [Y]ou need educated people working with them so that they have got a basis of understanding … look beyond the behaviour and not see them as naughty but also have a few techniques, understanding that they really need structure, they need to be well supervised and feel safe.

> I would like to see FASD knowledgeable practitioners, that means they get training before they qualify; that they get a chance to know about good strategies and practices that will support families and individuals.

A number of practitioners mentioned the need for wraparound teams with specialist FASD navigators—FASD-informed practitioners who case-manage, or co-ordinate teams around the young person.

In New Zealand, currently there are only a handful of these people, primarily working in specialised FASD roles.

> [H]ave individual wraparound teams around the child and plans focused on supporting whānau first for the child, a focus on strengths, skills and alternatives, alternative education is especially important.

> We need core services with FASD navigators. These navigators can come alongside families and individuals and help identify what their needs are and where to access the bespoke education, health, welfare, employment and so on supports that they need to succeed.

Practitioners mentioned using specific models and strategies in their everyday practice; for example, the *5S model* (Oranga Tamariki, n.d.), and the *8 magic keys model* (FASD Outreach, n.d.). Both models emphasise the importance of structure, supervision, supports, keeping things simple and building on strengths. A couple of practitioners talked about the importance of using catch phrases to help understand and work with youth, for example, "*can't not won't*" "*brain not blame*" and "*less is more*." One practitioner, also a caregiver, noted how vital it was for all practitioners to know about the *Ten brain domains* (FASD Coalition, n.d.). For practitioners, it was vital that those working in all areas of the justice system had a good understanding and grounding in FASD knowledge.

A few Māori-focused models and approaches were mentioned by practitioners as being useful. Justice practitioners noted the need for Māori-centred practices or kaupapa in the justice space, the need for Māori practitioners to support one another and share information, and the use of helpful models like Te Whare Tapa Wha (Durie, 1998) and the Meihana model (Pitama et al., 2007), when working with both Māori and non-Māori youth. Both Māori practitioners

and several non-Māori ones talked of using core Māori concepts of manaakitanga (expression of respect and generosity), and whakawhānaungatanga (actively pursuing positive relationships), to establish supportive and helpful relationships. One police officer working in a remote coastal area described how he worked to divert youth from criminal activity by spending quality time with them and their whānau, by chatting through issues, doing fun activities and "having kai [food] and a cuppa." He talked of the importance of believing in young people, having hope and offering creative plans to support rather than enforce unworkable plans and conditions. He discussed how vital it was for police to gain understanding and knowledge specific to FASD and to use that to respond better to young people at the time of engagement with them (i.e., potential arrest).

Best practices for justice specifically. Apart from early screening and assessment of FASD, practitioners emphasised the need for diversion from justice altogether by help offered before children get into trouble and then the use of police discretion to avoid prosecution.

> For disabled children, ultimately, we need them to not enter any justice involvement and if they have contact with the police for the police to immediately try and work out alternatives to formalized justice involvement.

Once youth became involved in more formalised justice processes, practitioners spoke of the need to provide specialised FASD services and supports.

> In the Criminal Justice System, at all stages, we need communication assistants and specialist services e.g., Courts that are mental health and neuro-diversity focused. Without this specialist knowledge and skill set our children continue to be treated as neuro-

typical and they are highly stigmatized … If we have more problem-solving justice process or court process[es] as well as police who are FASD informed or specialist lawyers and justice social workers and corrections officers we're bound to find that our justice system in particular will be more tolerant.

A few practitioners noted the importance of central support people as young people navigated the justice system. This could include the support person helping them get to appointments or court on time, as well as connecting all the different agencies to the one young person.

[A] lot of people who come into contact with the justice system who could benefit from I think possibly the role of a social worker for a young person but basically a central support person who is their go-to for pretty much everything.

One of two lawyers who contributed to this research outlined a range of ways in which the justice system could be improved for youth. This included having lawyers trained in FASD, using the specialist problem-solving court model already in operation in a few courts in Aotearoa New Zealand to enable courts to offer a suite of support and welfare and advice services on the day of court appearances. This might include requests for communication assistants more often, requests for specialist neuro-psychologist reports and FASD assessments, ensuring court flexibility in that alternatives to sentencing to court orders are used for those with FASD, and ensuring disability rights are considered and upheld by referring to sentencing decisions in previous court cases.

A practitioner with a particular focus on communication and language skills noted how vital it was to employ speech language therapists in multiple settings, including justice and multidisciplinary assessment teams, to ensure young people could

both understand what was happening for them and actively participate in justice proceedings. Other professionals agreed that it was important for everyone to use simple, concrete language in justice and call on the use of communication assistants and use visuals or easily read materials to help young people understand legal processes, Family Group Conferences and court-ordered bail or supervision plans.

Change to systems

All participants noted the need for FASD to be included in the Disability Support Services for funding, as currently FASD, in its own right, is not accepted as a funded disability. Participants were adamant this needed to change, and that Aotearoa New Zealand as a nation and its government needed to accept FASD as it would any other disability. This would then normalise the disability for support and development and have a knock-on effect of the development of national plans, training, and strategies and interventions across all systems.

We need resourcing on every front to alleviate the difficulties and that's not even that expensive. It's way cheaper than imprisoning them all.

It [FASD] can be classed as a disability but it's got to have the lifelong funding to go with it and that it's recognised and so allowances are made.

But I guess I think what people with FASD need is they need for the government, or all the systems across education, health, justice, social development, to understand that FASD is a real disability.

The application and enhancement of disability rights were vital for youth living with FASD to be able to live a good life.

Enable them to be the people that they can be and don't judge them for their problems, because it's just terrible to see

all these children growing up feeling bad about themselves because they've got a disability.

I just would like to see people with FASD able to be themselves and to flourish with the set of problems that they've been born with and do the very best they can and be happy.

Education system change was noted as significant—several practitioners noted the need to pick up FASD through education screening and assessment as part of the early diagnosis and intervention systems-wide change.

You could be picking up kids so that before they even get to school…But once they are in school, let's actually make sure that the teachers and the other professionals around are equipped to give them the best help that they can and let's put that with a lot more intensity than ever anyone does at the moment.

Training for everyone involved in the care of at-risk-of-justice involvement children was considered a necessary system change.

We're always gonna need well trained and highly knowledgeable professionals and support staff so we need to ensure that anyone working with children and youth with FASD has had base training and advanced training in understanding a managing those living with FASD so that is a systems issue, and all professional groupings and training institutions need to create FASD informed pathways of training.

For social workers and other justice professionals in particular changed practice was recommended:

[You] need to think about neuro-disability and ableism, and think about what their assumptions are around expectations because they're in their own neuro-typical world, so to speak, what

does that look like? What are the rules? What are the layers of expectations that they're placing on these young people? Is it too much? We talk about things like little messages, "brain not blame." Think about the brain. If you understand the brain, then you'll be less likely to blame.

A number of participants noted that substantial system change could only come from significant government intervention and effort by those in power.

But I really think change has got to come from the top. It's got to be a national project or program that just looks at the whole thing.

And several practitioners linked system change to challenging the acceptance of harm from alcohol in New Zealand culture which led to the ignoring of FASD as a lifelong disability as well as harsh judgement of those living with FASD. Practitioners felt the need to challenge all of this at a societal level and at the systems level.

It's something to do with our alcohol problem in New Zealand. It's the denial around the harm that drinking causes… But there's something about society that won't face it.

But, actually, to reduce the harm of alcohol, which reduces the number of people born with FASD, you actually have to as a society look at your drinking.

Professionals talked about the need to deal with our intolerance and stigma and rejection of youth living with FASD, and that we could not do that until Aotearoa New Zealand faces the denial of alcohol harm and seeks to lower the large numbers of children born every year with FASD.

Discussion

Social workers and other professionals working with vulnerable children and young people, who are at risk of, or currently in

contact with the justice system need to "get on the journey." There is widespread ignorance and misunderstanding about what FASD is and how to incorporate best practices when working with this disability across multiple systems (Pei et al., 2019). Nowhere is this more harmful than in the criminal justice system which upholds reasoning, accountability and learning from one's mistakes as pillars of dealing with those who offend (Wartnik et al., 2021). But when the child is disabled and unable to do any of these things well because of their serious brain injury, the justice system "gets angry," and punishes youth for their inability to follow rules, keep appointments, work out alternative strategies, understand what the complicated conditions are, and communicate well with neuro-typical adults who have not been trained in managing or helping clients with severe neuro-impairments (Gibbs, 2021). The expectations are too high, and the gaps in training and skills from practitioners are obvious. Practitioners need to "get in the game" and, to do this, we need baseline FASD training at both introductory and specialist levels. There are several great courses already available for practitioners to access (see for example: https://www.tepou.co.nz/initiatives/fetal-alcohol-spectrum-disorder-fasd, and Lewis, 2022), as well as excellent online guidance specifically for social and justice workers (Oranga Tamariki Practice Centre, n.d.; Saskfasdnetwork, n.d.). In-house disability advisors for Oranga Tamariki can also provide workshops for staff who request them and FASD-CAN members and other NGOs throughout the country are more than willing to provide good local training bespoke to specific clients (FASD-CAN, n.d.).

One participant noted that a national FASD training strategy would be helpful across all systems involved in the lives of youth living with FASD. In Australia and Alberta, we have excellent examples of strategy plans with associated funding that include training (Department of Health, 2018; Flannigan et al., 2022). These would be good models to work

from in Aotearoa. In order to improve how youth are dealt with in the criminal justice system, we need to ensure a raft of best practices that include supporting caregivers and focusing on the wellbeing of the whole whānau (Lambie, 2020; Oatley & Gibbs, 2020; Reil et al., 2022; Rutman, 2016). Best practices begin well before youth start getting into trouble and include early screening, assessment, diagnosis and a clear plan of supports which stretch into education, speech and occupational therapy, family respite and other assistance. Children are unlikely to either end up in justice because of their neuro-disabilities if an infrastructure to address FASD is in place but alas in spite of significant efforts there currently is no FASD national strategy in Aotearoa New Zealand (Human Rights Commission, 2021). Aotearoa New Zealand does have a well written FASD action plan, but the absence of funding has seen little improvement since the plan was published in 2016 (Human Rights Commission, 2021; Penfold & Cleave, 2022).

A priority for action would be to implement the UN convention general comment on children's rights in juvenile justice which states strongly that children (under 18 years) with FASD should not be in criminal justice; in other words, they should be funnelled out through diversion and prevention efforts (Lambie, 2020; United Nations Committee on the Rights of the Child, 2019). But if children still end up being processed within the justice system, then they need to be fully accommodated for their disabilities; these accommodations would include: FASD-informed police, lawyers, judges, social workers, allied health workers, psychiatrists and psychologists to name a few professions; justice processes that accommodate diverse learning and communication abilities; the use of specialist FASD court hearings; the implementation of individualised plans; the use of the least restrictive penalties; and ensuring the best interests of children are always upheld even when resources are limited (Gibbs, 2021, 2022). Many of these practices are enshrined in our current

Oranga Tamariki Act 1989 but are not upheld in the practices towards our youth who get enmeshed in the youth justice system.

Participants in our study emphasised the need for both human and disability rights to be upheld and that wellbeing was about neuro-divergent youth being able to participate and enjoy the same rights and privileges as neuro-typical youth. Justice professionals need to develop what Chapman and Carel (2022) called *neuro-typical humility*. The use of neuro-typical humility when working with neuro-divergent people would include: moving away from deficit views of neuro-difference; embracing a neuro-diversity paradigm which focuses on the rights, strengths and flourishing capacities of neuro-divergent people; the recognition that those living with neuro-disabilities are not doomed to lower wellbeing; and recognition that their thriving and interests can look very different from neuro-typical thriving and interests. Participants in this study emphasised person-centred practice; listening to families as experts; showing compassion; stop trying to fix people; being educated in how the brain works, and that behaviours are often a sign of brain injury and diversity and not *badness* as such; and that neurotypical people are not superior to neurodivergent people.

The knowledge and skill-base amongst social workers and other professionals working in the justice space with youth who have FASD has been neglected through lack of infrastructure, base-training and allocation of funding to resource proper assessments and interventions. Social workers have on occasions joined with others to advocate for change at individual, organisational and structural levels (Gibbs, 2022; Gibbs et al., 2020). FASD-CAN (n.d.), the peak Aotearoa New Zealand support body for caregivers and professionals, specifically encourages professionals to collaborate with whānau

to undertake joint training, joint awareness and knowledge building, as well as encouraging ongoing submissions to MPs, politicians with disability responsibilities and senior managers within their own organisations. As a social worker and well-known disability advocate, I have continued to advocate for change in multiple media outlets, recognising that nothing will change unless the voices of all interested stakeholders are heard. There are also other social workers and allied professionals in Aotearoa participating in strategic initiatives to push for more focus on neuro-disability and FASD, in particular throughout Oranga Tamariki, Corrections and NGOs working in the justice sector.

Conclusion

Currently, FASD is not funded as a disability in Aotearoa even though it is two or three times more prevalent than autism, which *is* funded. This is a government issue that not only impacts individuals who are denied all manner of assistance, but it affects the services who want to help but cannot because of limited funding to work with this group of disabled youth. This, in turn, hampers the work of helping professionals, whether in the justice system or elsewhere, as they have few places to find the right kind of help for their clients. Hence, the call for this disability to be fully funded is urgent (Human Rights Commission, 2021; Penfold & Cleave, 2022). Urgent training and practice guidance are also required for all professionals working in the youth justice space. A fully funded national FASD strategy would also ensure disability rights are upheld to enable flourishing and participation by young people living with FASD who are, too often, left on the margins of society.

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Get ready...get set...go! A new entrant programme for social workers in mental health

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ABSTRACT

INTRODUCTION: Previous research has found that many social work new graduates do not feel that they come to their work in mental health with sufficient knowledge. One way of remedying this is using post-qualifying New Entrant to Specialist Programmes (NESP), where social workers gain additional knowledge and skills in a particular field of practice.

METHODS: A small-scale research project was conducted with five social workers who had recently completed a NESP qualification within a district health board (DHB) setting in Aotearoa New Zealand. Semi-structured interviews were used to obtain deep information from participants in line with a subjectivist perspective.

FINDINGS: Participants indicated that they had found the NESP qualification useful in improving their confidence and competence in their early practice years. They found the programme was useful in decreasing a sense of isolation by bringing them together with other social workers, or members of other disciplines, and they appreciated the skills and support they had received from their group supervision experience. The greatest challenges revolved around time constraints and they wished for more social-work-specific and cultural content within their programmes.

CONCLUSIONS: The programmes appear to serve an important function in improving competence and confidence for social workers new to the field of mental health. Social work's commitments to social justice and Te Tiriti o Waitangi need to continue to be pulled through into post-qualifying programmes and a sense of professional identity needs to be nurtured within medically oriented settings.

KEYWORDS: New entrant programme; social work; mental health; education

Social work education in Aotearoa New Zealand is in a constant state of flux. The recent development of the mandatory registration of social workers through amendments to the 2003 Social Workers Registration Act has meant that all registered social workers educated in Aotearoa New Zealand are required to have graduated from either a prescribed 4-year undergraduate or 2-year postgraduate qualifying social work qualification in Aotearoa New Zealand (SWRB 2021), or be assessed as having a substantially equivalent overseas qualification to an Aotearoa New Zealand prescribed qualification. There is currently a review being undertaken of the 2016 Social Workers Registration Board (SWRB) Programme Recognition Standards (SWRB, 2022a) and, in 2023, all of the programmes being delivered within

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the polytechnic sector will be amalgamated into one qualifying programme (Te Pūkenga, 2022). There has been ongoing tension, both in Aotearoa New Zealand and overseas, regarding the aims of a basic social work qualification vis-à-vis seeing it as an end in preparing social workers for employment, or as a step in a process of ongoing development and training (Beddoe et al., 2018). One of the suggestions bridging these views is to enable graduates to continue their development through a programme of ongoing post-qualifying academic programmes, while working in a particular field of practice in an environment with supports such as intensive supervision, a reduced caseload and time given for study.

New graduate social workers entering mental health practice often have to grapple with the tensions of working in this medically dominated setting (Brown, 2021). There can be conflict between social work values aligned with recovery-oriented practice, social justice and empowerment, and the demands of clinical practice that can be deficit-focused, risk-averse and coercive (Davidson et al., 2016). Brown (2021) has explored the impact of neoliberalism and managerialism on mental health services, and the negative impact this has had on social work professional identity, along with the co-option of social workers into the dominant medical discourse and away from social justice. Brown (2021) suggested that work is needed to further develop critical clinical social work to resist these inequities. This approach unpacks power, both for clients, and for social workers within hierarchical service contexts. The challenge remains for new social workers to navigate these challenges (Smith, 2018).

This article explores a New Entry to Specialist Practice (NESP) programme for social workers entering the field of mental health within a district health board (DHB) and attempts to answer the research question: "What helped and what hindered your experience and progression through

the NESP programme?" We have written this article with several audiences in mind. We believe that the findings may be useful for organisations who are considering the development of new entrant programmes, for education providers who are considering provision of post qualifying programmes and students/new social workers who are considering undertaking a new entrants' programme. The article may also be useful to funders in considering contract requirements for funding of new entrant programmes.

A brief history and context of this initiative will be provided followed by a review of the literature to provide an initial summary of some of the previous research in regard to new entrant programmes, particularly what has been shown to help or hinder students/ new employees experiences of these programmes. Data from the literature review will then be enhanced by the findings of a small scale research project within a DHB conducted with three graduate cohorts of a NESP programme through 2020 and 2021. Finally, a discussion will explore some of the implications of the findings in the current and future environment of social work education and practice.

Context

Social work qualifications are prescribed by the Social Workers Registration Board who stipulate the academic standards required for social work programmes (NB: currently in review). There is an expectation that all social work programmes deliver from a generalist social work orientation, with specialisms to be considered post-qualification (Hunt et al., 2019). This is consistent with there only currently being a General Scope of Practice being defined by the SWRB.

In 2016, a research team of social work academics came together to develop an evidence-based capabilities framework for social work practice. This research occured in phases and included consideration of content in social work programmes, and the

experiences of new graduates and employers around readiness to practise (Ballantyne et al., 2019a). Fourteen of the 17 social work programmes in Aotearoa New Zealand took part in the study, which undertook a curriculum mapping project. Of the 402 course descriptors submitted for analysis, only six courses contained the key term of *mental health*. The report also indicated that "Knowledge of mental health, addictions and trauma has also been identified as a curriculum area of concern" (Ballantyne et al., 2019a, p. 23). In phase two of the study, looking at preparedness for newly qualified social workers, 72% of participants indicated that mental health conditions and their likely progress was a specialist area within their current practice (3rd highest rating), while only 44% indicated that they knew as much about the area as was expected of them (Ballantyne et al., 2019b). The research seems to indicate that there is a greater demand for more mental health content in qualifying social work programmes. With limited space in already overcrowded qualifying programmes, the NESP programme aims to respond to this need.

NESP programme

The academic component of the NESP programme was developed in 2003, in response to research by the Ministry of Health that identified lack of support and mental health knowledge as factors in poor allied mental health graduate staff retention (Pack, 2010). There were low numbers and high turnover of social workers and occupational therapists in mental health services, and so an academic programme was developed to further educate social workers and occupational therapists in mental health during their first year of practice. Victoria University of Wellington (VUW) delivered this Postgraduate Certificate in Health (Allied Mental Health) from 2003. Margaret Pack coordinated the NESP programme at Victoria University from 2007. She used problem-based learning to mimic the multi-disciplinary team to help social workers to

develop sound clinical reasoning skills and the confidence to flexibly engage in day-to-day clinical decision making (Pack, 2010). The programme ceased being delivered by VUW and a new contract was initiated with Auckland University of Technology (AUT). AUT's Postgraduate Certificate in Mental Health and Addictions began in 2010. Both of these programmes have focused on adult mental health. The current AUT programme is taught via block course and covers mental health assessment, intervention, and recovery-oriented practice, with a focus on discipline-specific professional identity development. The programme initially took in social workers and occupational therapists but, since 2018, nurses have also been included. There are lecturers representing each of these disciplines teaching on the programme.

There is also a NESP programme that is specifically for those working in child and adolescent mental health services (CAMHS). The Postgraduate Certificate in Health Science (Child and Adolescent Mental Health) is offered by the University of Auckland | Waipapa Taumata Rau. This is delivered via block course and online learning, covering child development, psychopathology and clinical skills in assessment. Trainees on the programme are social workers, occupational therapists and nurses, and the lecturers on the programme have predominantly been psychologists from within the Department of Psychological Medicine.

Both the general mental health programme at AUT and the CAMHS programme at the University of Auckland are funded by Te Pou. Funding includes tuition fees, travel and attendance at block courses (Te Pou, 2022). Trainees complete the study while working in mental health services, with assignments based on their work.

Workplace support

The funded academic NESP programmes are available for social workers from DHBs

or NGOs who are in their first two years of mental health practice. There are wider eligibility criteria for those who self-fund. There is variation between the DHBs regarding what other supports are provided. Currently there are three DHBs that have NESP Coordinators who provide group supervision and clinical support to staff on the programme. The research described in this article was conducted within one of these DHBs.

At the research site, the DHB had mandated that all social workers who were new to mental health practice (whether new graduates or experienced in another field of practice) were to undertake study within the NESP programme. Most of the trainees secured Te Pou funding, and those who did not were funded by the DHB to complete the programme.

Social workers on the NESP programme were provided with fortnightly or weekly study days, regular individual supervision, group supervision, and a mentor who provided feedback on their practice. The NESP Coordinator (J. Appleby) advocated for a developmental approach to caseload allocation, with NESP social workers starting with about 50% of a full caseload which increased over time as their knowledge and confidence increased.

Literature review

Being a new graduate is challenging

Across disciplines, it is hard to be a new graduate in mental health (Gunning et al., 2019; Spence et al., 2011), particularly for social workers (Agllias, 2010; Beddoe et al., 2018; Hay et al., 2017; Pack, 2009). The first year of practice can be frenetic, learning to navigate workplace processes and practical matters such as office access, dress codes, parking and room bookings (Donnellan & Jack, 2015). In the Aotearoa New Zealand context, social worker trainees have a generalist education, focusing on foundational social work skills without

specialising in a particular field of practice. Specialist knowledge is then gathered during their first years of practice, learning on the job, often in informal ways (Beddoe et al., 2018).

There are additional challenges for new graduates working in the field of mental health. There can be a wide gap between qualifying knowledge and mental health expertise, and new graduates may lack confidence and feel shame in the workplace (Pack, 2009). Mental health social workers can experience role conflict with few opportunities for professional decision-making and autonomous practice in under-resourced mental health services (Acker, 2004).

This is complicated by social workers in Aotearoa New Zealand having a strong awareness of a hierarchy of professions in healthcare services, where social work is often lowly rated (Beddoe, 2013; Keen, 2016). Social workers often struggle to establish their professional identity within DHB mental health teams dominated by a medical model at odds with social work values (Acker, 2004; Appleby et al., 2020; Beddoe, 2013; Brown, 2021, Pack, 2010).

Developmental approach

Support for new graduates needs to be formalised to assist social workers as they transition from study into the workplace (Moorhead et al., 2020). This formalised support should be underscored by a developmental approach to new graduates, viewing them as developing practitioners working towards expert status as they gain skills and knowledge over several years (Beddoe et al., 2018; Hay et al. 2017; Moorhead et al., 2020; Spence et al., 2001). There can be tensions between social work educators and employers regarding expectations of new graduates, and Moriarty et al. (2011) argued that it is the distinction between viewing qualifying education as

a developmental process versus an end product that fuels these tensions.

This support should also be responsive to emerging needs, such as increasing caseloads commensurate with ability and confidence (Spence et al., 2001). It is important to provide a supportive environment with non-evaluative feedback to assist social workers to develop their clinical reasoning (Ladyshewsky, 2010). There is a formalised support and development programme for new graduates in social work in England (Moorhead et al., 2020). The Assessed and Supported Year in Employment (ASYE) assists the development of newly qualified social workers, including support for fewer and less demanding cases to be assigned in the first year of practice (Beddoe et al., 2018).

Suzanne Patterson has undertaken research with social work and occupational therapy NESP trainees in Aotearoa New Zealand who completed the NESP programme between 2015 and 2017 (S. Patterson, personal communication, February 24, 2022). The research findings are yet to be published, but preliminary data show that participants have indicated the importance of feeling supported in making the leap from student to clinician, and to be recognised by their team as a novice in this learning period, affirming the developmental approach.

Supervision

Good supervision is essential for social workers as they adapt to mental health practice, and makes a difference to the work satisfaction of new graduate social workers (Agllias, 2010).

It is the responsibility of the supervisor to create a safe and nurturing supervision environment for reflection, particularly given that shame is a common experience for new graduates (Pack, 2009; Spence et al., 2001). New graduate social workers are often looking for help to apply theory to practice within supervision (Beddoe et al., 2020).

Ideally, clinical supervisors are available, knowledgeable and can connect practice to theory, support professional growth, serve as a professional role model, and communicate in a collaborative and warm style (Bogo & McKnight, 2006). Clinical supervision needs to be separate from managerial line supervision and allow space for reflective supervision (Beddoe et al., 2020).

Pack (2015) investigated the clinical supervision experiences of early-career mental health social workers and occupational therapists on the NESP programme. In that research, 12 NESP supervisees were asked how they had resolved their most challenging cases or issues in clinical supervision. The main themes that emerged concerned the importance of ongoing peer review and critique within a trusted supervisory relationship, addressing transferences with clients and colleagues, identifying training needs, and exploring self-care. The importance of the supervisory relationship was highlighted as a supportive structure to facilitate these resolutions.

Group supervision

Group supervision is provided by NESP Coordinators in some DHBs. There are some elements of group supervision that differentiate it from individual supervision (Beddoe & Davys, 2016). Members can learn from each other with a greater exposure to a variety of cases and perspectives. It can also be reassuring for members to see that others are in similar positions to them, particularly as new graduates. There can be several challenges for group supervision which centre around the impact of group dynamics. Unhelpful dynamics can include problems between members, poor group time management and competitiveness for time, potential for domination by one person, irregular attendance, lack of structure and a focus on tasks over group process (Beddoe & Davys, 2016; Enyedy et al., 2003). In thinking about group structure and process, Beddoe

and Davys (2016) suggested that it can be helpful to think about the stages of group development, such as Tuckman's (1965) model of forming, storming, norming and performing. It is also important to have a supervision contract and working agreement for the group and to set a session agenda each time (Beddoe & Davys, 2016).

Staniforth and McNabb (2004) have written about the development of a supervision group for NESP social workers in a DHB. The group began in 2001 and met monthly, facilitated by the two authors. The group supervision included checking in with members, didactic presentations and training, and case presentations by participants. This was offered in addition to existing individual supervision arrangements. Staniforth and McNabb (2004) have reflected on this process and highlight the importance of contracting clearly at the beginning, ensuring individual supervisors were aware of the purpose of the group, sticking to task, including cultural components, and attending to group process issues alongside content.

Methodology

The research was conceptualised and conducted by the authors who both subscribe to a constructivist ontology—the view that knowledge is created subjectively by those engaged in interpreting and producing it (Bryman, 2015). A qualitative methodology is congruent with this view, seeking to engage with participants and develop a deep understanding of their perspective in a particular area. The researchers in this case were both located at different points of an insider research approach. Staniforth supervised a group of social workers while employed at the DHB in the early 2000s, then provided individual clinical supervision of students/ social workers in the programme through 2004–2010 and then finally was contracted to provide social work and therapeutic perspectives within one of the educational programmes from 2012–2020. Further,

some of the NESP participants had also graduated from social work programmes where she was employed as a lecturer. Appleby undertook the NESP programme herself in 2007, was employed as the DHB NESP Coordinator from 2019, facilitated the supervision group (other than when on parental leave in 2021) and more recently has been contracted to provide social work education and support within one of the academic programmes affiliated with the NESP programme. Insider research provides multiple perspectives and some of the ethical considerations of this will be discussed further later.

The research was approved by both the Auckland Health Ethics Research Committee and the ethics committee of the participating DHB in 2020, and covered three cohorts of students who completed their programmes throughout 2020 to 2022. An initial literature review was conducted in 2020, which informed the interview questions. Participants were recruited via an email sent by Appleby as NESP Coordinator, inviting them to make contact with Staniforth if they wanted further information, or to participate. Participants were then interviewed by the first author and were given the opportunity to review and amend their transcripts. Identifying information was removed by Staniforth and analysed thematically (Braun & Clarke, 2006) through use of an NVivo software package. Themes and deidentified data were then made available to Appleby for joint write-up of the project.

We interviewed five participants. Unfortunately, the research ocurred through the various phases of Covid-19, where health services were stretched to the limit and new graduates at the time were likely impacted by increased demands on their time. The research also occured on the back of completion of the NESP programme which had placed increased time pressures upon them. All participants had recently completed the NESP programme and, due to the very small pool of potential participants,

demographic information is not presented to maintain privacy. Four of the participants had undertaken the child and adolescent mental health education qualification while only one of the participants had engaged in the more generalist mental health programme.

Ethical implications

The researchers' various roles associated with NESP needed to be considered carefully. As Appleby had current and ongoing involvement in the programme, the perceived possibility for coercion or power differential was minimised through her not interviewing candidates and not being made aware of who had (or had not) participated due to deidentification of the interview data. Participants were provided information by her, but all further communication occured via Staniforth, with participants needing to "opt in" to the research.

While participants were made aware that their identities would be confidential, they were also informed that, due to the small pool of potential participants, there was a possibility that someone may be able to identify them through comments that they made. It was also a requirement from the participating DHB that the specific DHB would not be named, however there is a possibility that it could be identified due to the researchers' affiliation with it.

Limitations of the research

This is a small-scale research project and, as such, the results need to be taken in that context. Initial findings however, indicate that a more in-depth study of the area may be useful.

As discussed, both researchers have been heavily involved in the NESP project. There was some tension between our insider knowledge about the programme and of the participants which needed to be balanced with wanting to maintain an effective

inquisitive researcher stance. We hope that this has been resolved somewhat through use of the participants' voices and allowing their experiences to shine through.

Findings

Findings from the research interviews are loosely based along themes with responses to particular questions in the interviews and are provided within the following sub-themes: expectations for the programme; the benefits of undertaking NESP; what worked well in the process; what got in the way and suggested changes; and advice to others considering engagement in a NESP Programme.

Expectations for the programme

Some of the participants had a very clear idea of what the purpose of NESP was, their expectations and the goals that they hoped to achieve. The programme was a condition of employment for all the participants, and one of the participants had not given much prior consideration to it.

> I just thought it was something that, you know, new grads had to do and it was just a process of the DHBs bringing in new graduates who would have just finished their programmes ….
> So, prior to doing NESP I didn't know what it was.

For others, the purpose was very clear.

> I think in this job, as well having a sense of mastery like you actually know, because it is such difficult complicated work, sort of going in with not having some specialist skills is quite daunting and you could feel like … "I don't know what I'm doing, I'm not being helpful". So, I think it [NESP] gives some structure as to what the work is. So, I think as much as we talk down to young people that we work with about gaining a sense of mastery and how important that is,

I think it is also really important for us as social workers, as clinicians to also have that sense of mastery to know what we are doing, to have a structure around us. So, I think it provides us with that.

One of the participants did not have specific goals prior to the programme, while others had specific areas in mind that they wanted to focus upon.

So I think my goal was to really make it meaningful to the work that I was doing and to have it beneficial, to not only my practice, but to people that I was seeing.

Building knowledge and confidence

Participants noted various benefits of being involved in the NESP programme, which were considered in response to the question "What was the best thing about the NESP programme?" Two areas were identified across this question, with some consistency. These included improved confidence in participants' work role and getting to meet with other people engaged in NESP or through their postgraduate courses, particularly getting to work with people from other disciplines.

Participants shared how the increased mental health knowledge positively impacted on their confidence in the workplace:

I think my confidence definitely increased … first I had worries "how do I present this person in MDT?" or "how do I do this person's assessment"? I think now I am more familiarised with words and the structure of assessment and knowing what resources are there makes me more confident.

… it made it less overwhelming to work in a space that is A) very fast paced and B) it is a medical model which social work doesn't teach you a huge amount about, just that it is a very medical model and being a social worker is hard in that space.

Participants also spoke about the benefits of networking with others. Two participants spoke about how they enjoyed meeting people from other disciplines on the programme.

Best things about the NESP programme is the networking. I loved the networking and being able to make new friends.

The best things about the NESP programme—learning new things out of my bachelor's degree, supervision group. I think that was really the best thing about it and knowing different new grads from different professions.

Group supervision supports NESP success

The most consistent response to the question, "What helped to succeed in the programme?" was participation in the supervision group. Four of the five participants engaged in the supervision group and felt that it was essential in supporting them through their time in NESP.

We would do like group supervision altogether. So honestly, I think that was essential as well because it meant that you could problem solve as well and talk about the assignment or to share ideas and eventually, we could all come together for supervision which I think was pretty essential to doing the paper. I think it would be really hard doing it in isolation and not having that comradery to support you through it.

We covered I think a good balance of the content and academic side of things and like managing the workload and systems to choose all of that type of thing, [they] have been a very supportive group to actually keep going and get the work done and also supporting one another.

I think people were worried about passing the papers, rather than thinking

about how we reflect in supervision group. So we kind of started out more procedural and then people started to open up a little bit about their own experiences.

Participants also spoke about the role of the group supervision facilitator. They noted it was helpful for the facilitator to liaise with team managers, to have previous experience of working in the teams, and to be available in between supervision sessions.

> It was very helpful to have someone who was very experienced and us bringing our stuff to supervision and they were able to support us with it … if there was anything we found hard our coordinator was actually able to reach out to our team managers and also the uni people and ask questions and they actually got things done.

> I think having somebody who like for [group facilitator], she used to work here and she had really good insight into the practicality of the day-to-day job and what that looks like and trying to navigate all those kind of things, and actually having her experience and expertise was really helpful because we were all new to the workforce and to the course and trying to balance the two things was quite messy a lot of the time.

> I think [group facilitator] was really, really supportive in our process. Like we were really easily able to contact her on email and she would respond really quickly and if we had some problem she would really guide us.

In discussing the academic programmes, participants identified that they liked assessments that related directly to practice and involved linking theory to practice. Examples were case studies of assessment and intervention and students recording themselves conducting assessments.

Other things that participants identified as helpful were having realistic expectations of themselves ("I don't have to get A+ all of the time"), establishing some work life balance and having flexibility with how they took study leave ("taking one day a fortnight rather than a half day a week").

The need for supportive work environments

The findings here are presented according to areas that participants indicated could be improved, with their corresponding suggestions for improvements. The suggestions for improvements from the service included protected regular study leave, capped caseloads and better coordination between the service and the universities.

Participants were all provided with paid study leave, but the frequency of this was variable between services, and there were challenges in taking this time. It was also difficult to manage work and study commitments. Some people faced challenges with getting their study leave approved by their manager, which was connected with service pressures.

> Service under intense pressure—high turnover, had to do too many things, too early in career and was isolated.

Social workers were also meant to have capped caseloads during the NESP programme, although some participants reported that this was not their reality. They reported extra stress on services as a result of Covid-19, which impacted on their caseload numbers.

> Having set time off and maybe even having a capped caseload would have been helpful as well for us to be able to focus, to perform well in the academic programme as well.

Participants suggested that better communication was required between different parts of the programme,

particularly regarding the academic workload expectations.

> There are no check ins with the organisation, like my manager, I mean I'm sure she knows I've passed, but no check in, no idea, you know. I think of the work that you do, all the assignments or actually what you are doing or the course work, maybe she does, but there is no conversation about it. It does feel quite, I mean I am linking it, but it feels quite separate actually in practice.

Participants also had recommendations for the academic programme, including increased focus on cultural competency, and having "more lectures from social workers" and "having more of a social work lens for the CAMHS NESP students in the academic programme".

Discussion

Beddoe et al. (2018) and Ballantyne et al. (2019c), have identified some of the tensions which exist in relation to expectations of new graduates to come "work ready" to the field. While this is in no way limited to the area of mental health, the Ballantyne et al. (2019b) R2P research identified that 72% of graduate participants stated they required mental health knowledge in their post-qualifying positions with only 44% feeling that they were adequately prepared upon completing their qualifying programme. The authors have argued elsewhere (Appleby et al., 2020) that a post-qualifying specialist scope of practice may be one way forward, and the NESP programme provides one model for how that may be considered.

While many of the social workers undertaking the NESP programme are new graduates, a number have also come to mental health from other fields. For those social workers interested in moving into mental health, or for new graduates who do not have a NESP programme available to them, there is an issue about how they may become experienced

enough in mental health to enable them to be employable in the field. This is an area that could benefit from further NESP-type training becoming available, particularly at times where there is a worker shortage that has been identified (McConnell, 2022).

Much of the focus of the NESP programme is on mental health assessment. While there is some broad consideration of interventions and recovery-oriented practice, particularly within AUT's adult mental health programme, there is no focused training on specific intervention approaches and therapeutic modalities from a social work lens. As we have argued elsewhere (Appleby et al., 2020), this is also an important component of a post-qualifying clinical scope of practice.

The NESP programme is supported by government funding via Te Pou. This level of investment into a post-qualifying programme is crucial for its success. However, structural strengthening of the social work role within DHB mental health services is necessary to retain social workers in these settings. There are currently structural disincentives including low pay, increased caseloads and limitations on the use of professional judgement, that we suggest have contributed to significant social work vacancies in mental health services around the country (Peters, 2022). This has added stress for social workers learning the role in teams without the benefit of senior social work presence. Mental health social workers are faced with much uncertainty, including ongoing and prolonged pay negotiation between the DHBs and the union, imminent changes to the health structure with the introduction of Health New Zealand and the Māori Health Authority, and the ongoing impacts of Covid-19 on a stretched healthcare system.

The current research findings and existing literature illustrate how challenging the NESP year can be, managing study and work, learning workplace processes, mental health knowledge, and developing social work professional identity. More recently,

there have been new graduate social workers who completed all their practicums during the pandemic, and now are working and studying while navigating self-isolation and online learning. Working remotely and having smaller teams onsite has meant that there are fewer opportunities for informal support and debriefing from colleagues.

The NESP programmes were developed with the expectation from Te Pou and education providers that trainees would have capped caseloads, regular clinical supervision and be able to take allocated study time. As the findings showed however, many students struggled to access these conditions. These, and other challenges futher highlight the need for managers and supervisors to create nurturing spaces for new graduates in mental health. Allowing space to be learners may alleviate some of the stress of the role and contribute to retention of social workers in mental health. The added challenges of Covid-19, health system reform and ongoing pay equity negotiation challenges highlight the importance of having ringfenced funding and protection to support new graduates with capped caseloads and study leave as they gain experience and develop skills.

The changes to the health system in Aotearoa New Zealand are intended to address inequities in healthcare provision. This is particularly important for Māori health, given the higher rates of mental distress for Māori (Ministry of Health, 2018), use of the Mental Health Act (Elder & Tapsell, 2013), Māori experiences of racism within the healthcare system (Graham & Masters-Awatere, 2020), and the important role of anti-racism work as a suicide prevention strategy (Clark et al., 2011). It is important that all social workers have a strong grounding in the application of Te Tiriti o Waitangi within mental health and awareness of culturally responsive assessment and treatment models for Māori. The Māori Health Action Plan (Ministry of Health, 2020) sets a vision of reducing health loss for Māori by valuing Māori solutions

to achieve Māori aspirations and wellbeing. This is also needed in the NESP programme. Participants spoke about the need to include cultural considerations of mental health in both the academic and the group supervision components of the NESP programme. Monocultural teaching and supervision continues the colonial legacy that has already brought so much inequity to mental health service provision (Government Inquiry into Mental Health and Addiction, 2018).

A critical clinical social work approach brings this awareness of power and equity to mental health services (Brown, 2021). While it may not hold a privileged position, social work is much-needed in mental health services to work alongside people, understanding them in their family context, culture and life experiences. Social workers have an important role to bring a social justice and advocacy lens to clinical work, challenging the medical model of mental health and service structures that are not person-centred (Appleby et al., 2020). Canadian social worker Vikki Reynolds (2019, pp. 37–38) explains: "we need to prioritise being person-centred teams and not staff-centred teams. We want to be in the Zone of Fabulousness – because we are fabulous. Fabulousness happens when we enact collective ethics, and are collaborative, innovative, and justice-doing". Having social work input into mental health training and supervision can help new social workers to develop their professional identity, to resist dominant, deficit-based mental health paradigms, to integrate their clinical and social justice work, and to recognise and celebrate the fabulousness of the social work approach in mental health.

Conclusions

Social work education in Aotearoa New Zealand occurs in a multiply contested space where employers hope for work-ready graduates to emerge from generalist social work programmes. In the field of mental health, the government has recognised the need for social workers to be able to

access more specialised education post-qualification and has funded New Entry to Specialist Practice programmes which combine academic and practice components in teaching values, skills and knowledge required to work in mental health settings.

This article has presented some of the growing body of literature in this area as well as the context of the NESP programme in Aotearoa New Zealand. Results from a small-scale study of participants who had completed the NESP programme demonstrate that participants found the programmes helpful in building their confidence and competence in the field of mental health and that they were particularly appreciative of the experience of decreasing isolation through coming together with other new entrants (social workers as well as other disciplines) and the learning and support that they had taken away from group supervision. Participants also indicated an interest in having a stronger discipline focus in some of the training and more access to training from various cultural perspectives. The researchers call for ongoing demonstration of consideration of te Tiriti o Waitangi, critical consideration of power and oppression in the field of mental health and having awareness and pride in a social work identity.

Note

Section 13 of the Act provides for registration based on practical experience. If the SWRB is satisfied that a person applying for registration based on experience meets the criteria in the Act, the Board may register the applicant (SWRB, 2022b).

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Social work education in Aotearoa New Zealand: A difficult journey for student caregivers

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ABSTRACT

INTRODUCTION: Emerging research suggests that students who care for children, the sick, disabled or the elderly are a marginalised and hidden group in social work education. A recent study explored how the wellbeing of 16 female social work student caregivers was impacted by their engagement in tertiary studies and considered the factors that motivated and sustained these students on their educational journey.

METHODS: From a mixed-method study investigating the social and financial impacts of study on the wellbeing of social work students in Aotearoa New Zealand, data were extracted relating to the needs and experiences of social work students and recent graduates who are also caregivers. Data from semi-structured interviews were thematically analysed to produce an overarching theme that contained three sub-themes.

FINDINGS: Findings reveal that, for some caregivers, studying social work was a journey that required considerable sacrifice to their personal and financial wellbeing. Findings also point to the remarkable capacity student caregivers had to overcome adversity, and even thrive through their experiences, by drawing on their collective strengths and sense of purpose.

CONCLUSIONS: Social work practice rests on the foundational principle of social justice. This research challenges social work education providers and governing bodies to apply this principle when considering the inequities that are faced by students who are also caregivers. Students with caregiving responsibilities need to be prepared for the significant personal and financial costs of their education, particularly about field placement.

KEYWORDS: Social work; students; caregivers; wellbeing; placement; injustice

The allure of social work as a profession is, arguably, not its remuneration, prestige, or glamour. Instead, social workers, who have often had traumatic or adverse experiences themselves (Newcomb et al., 2019; Rajan-Rankin, 2014), tend to be people-centred, passionate and motivated to make the world a better place (Cree et al., 2009; Furness, 2007).

In Aotearoa New Zealand in 2019, there were approximately 3,000 students engaged in social work education across 18 providers. Most social work students were women (87%) and studied full time (Social Workers Registration Board [SWRB], 2021a). Almost one-third of social work students were Māori (SWRB, 2021) compared with 16% Māori in the general population (Stats NZ, 2021). Nearly 70% of students studying social work in Aotearoa New Zealand in 2019 were aged 25 or over (SWRB, 2021a) thereby fitting Baglow and Gair's (2019b) criterion for

"mature". Literature suggests that mature students in higher education are more likely than younger students to have some form of caregiving responsibility which may conflict with academic demands (Heagney & Benson, 2017; Tones et al., 2009).

Recent research in Aotearoa New Zealand has drawn attention to the experiences of social work students, particularly whilst on placement (Meadows et al., 2020; Raven et al., 2021). However, to date, the voices of caregivers as a distinct participant group have not been heard. The study on which this article is based (Hulme-Moir, 2021) posed the following questions:

What is the impact of studying on the wellbeing of student social workers who are also caregivers in Aotearoa New Zealand?

What factors support and enable caregivers to manage the demands of social work education?

Social work student hardship

The sobering findings of Australian researchers Baglow and Gair (2019a) signal that social work students face greater deprivations than other tertiary cohorts. Social work students internationally experience financial challenges (Baglow & Gair, 2019a; Meadows et al., 2020; Raven et al., 2021), high levels of stress (Addonizio, 2011; Collins et al., 2010), and mental health issues such as depression (Addonizio, 2011; Horton et al., 2009).

In Aotearoa New Zealand, a recent report on the wellbeing of social work and nursing students in Northland (Raven et al., 2021) described financial hardships among the students. These hardships included having insufficient funds for basic items such as clothes or nutritious food, delayed medical or dental appointments, going into debt, and reduced expenditure on hobbies or recreation. More than half (63%) of students worked between 18 and 32 hours per week in addition to their studies. The necessity for

most social work students to engage in part-time work while studying has been found to not only impact academic performance (Raven et al., 2021; Ryan et al., 2011) but also student health and family life (Agllias et al., 2016; Raven et al., 2021).

The adverse impact of a compulsory unpaid field placement requirement on the wellbeing of social work students, particularly those in a caregiving role, is also well evidenced in the international literature (Gair & Baglow, 2018a; Grant-Smith et al., 2017; Hemy et al., 2016; Johnstone et al., 2016) and closer to home (Maidment & Crisp, 2011; Meadows et al., 2020; Raven et al., 2021). In Aotearoa New Zealand, social work programmes are accredited by the Social Workers Registration Board (SWRB), the regulatory body, and students are required to complete 120 days of fieldwork education in the final 2 years of their degree (SWRB, 2021b). There is no payment for this work, nor reimbursement for any costs incurred by the student. Students experience financial strain due to the increased costs associated with placement—travel, clothing, childcare and other placement needs. Financial hardship also occurs when students must reduce their hours in paid employment to undertake unpaid field placement (Meadows et al., 2020; Smith et al., 2021). To relieve financial pressures, students on placement end up making significant personal and financial sacrifices such as taking leave without pay, forfeiting annual leave for years, or selling their home (Gair & Baglow, 2018a). Placements, therefore, drain resources from the entire family system, sometimes for years.

The cost to students is not only financial. Students report mental and physical fatigue from balancing field placement with other commitments (Gair & Baglow, 2018a; Johnstone et al., 2016; Meadows et al., 2020) and high levels of stress (Collins et al., 2010). In a recent Australian study of social work students, where placement was seen to negatively affect social work students'

physical and mental health (Hodge et al., 2021), nearly all students reported difficulties maintaining a work–life balance, and most gave up something positive such as exercise, healthy eating, or time with their families. Some students medicated with drugs or alcohol or sought mental health assistance.

Social and cultural factors are also evident in the social work student cohorts previously studied. In Aotearoa New Zealand, Raven et al. (2021) reported that Māori social work students were over-represented in measures of material hardship, while Australian research has exposed the "grinding effect of poverty on many mature-aged social work students" (Baglow & Gair, 2019b, p. 91). In both countries, many mature students are caregivers who have been found to experience numerous pressures as they juggle the unremitting demands of work, study, and home (Addonizio, 2011; Baglow & Gair, 2019b; Hodge, 2021; Raven et al., 2021).

Factors that moderate hardship for student caregivers

Student caregivers are not, however, without resilience and increasingly researchers are moving to highlight those salutogenic factors which support and enable students' wellbeing. Family and peer support, for example, have been shown to be crucial in enabling mature students to succeed in tertiary education (Addonizio, 2011; Heagney & Benson, 2017; Meadows et al., 2020; Rajan-Rankin, 2014). Families can provide financial, emotional, and practical support, such as child-minding or helping with housework. Findings about the impact of family support are inconclusive, however, as some studies have reported that family expectations might also be a source of tension or conflict for students (Agllias et al., 2016; Lowe & Gayle, 2007). On the other hand, peer support has been widely acknowledged in the literature as being essential for enabling students to cope with the demands of education (Agllias et al., 2016; Cocking et al., 2020; Lowe & Gayle, 2007).

Students who are caregivers also have diverse strategies to cope with the competing demands on their time. They intersperse study with other activities or fit it in when they can, for example, when the children are out of the house or asleep. Student caregivers limit outside activities, sacrifice sleep and leisure time, and lower their standards of housekeeping or parenting (Agllias et al., 2016; Meadows et al., 2020; Moreau & Kerner, 2015; Stone & O'Shea, 2013). They try to have realistic expectations about the grades they can achieve in their studies (Meadows et al., 2020; Ryan et al., 2011) and identify key milestones to work towards (Meadows et al., 2020).

Mature students, who are often caregivers, are believed to be highly motivated (Baik et al., 2015; Delahunty & O'Shea, 2020). In successfully meeting the challenges of higher education, they gain confidence and self-esteem and derive a sense of satisfaction and pride (Mosimege, 2006; O'Shea & Stone, 2011). These intangible measures of success may be as important to students as course completion, high grades, or employability (O'Shea & Delahunty, 2018). Female student caregivers may also experience profound changes to their identity as their understanding of motherhood and parenting changes, and they question the gender-based division of labour in the home (Alsop et al., 2008; Delahunty & O'Shea, 2020; O'Shea & Stone, 2011). For some, their educational experience is transformational (Marandet & Wainwright, 2010; O'Shea & Stone, 2011).

Methodology

This article reports the findings of qualitative analysis of interview data which had been collected as part of a wider, mixed-methods study by a group of social work academics. Approval for the study was granted by the University of Auckland Human Participants Ethics Committee on 22 March 2019. This

study was conducted as part of a Master of Social and Community Leadership (Hulme-Moir, 2022).

The wider study, titled "The financial and social wellbeing of social work students in Aotearoa New Zealand New Zealand" was conducted by a team of researchers led by Liz Beddoe and Allen Bartley of the University of Auckland, with colleagues Neil Ballantyne and Lisa King from the Open Polytechnic.

The aim of the wider study was to investigate the financial and social impacts of study on the wellbeing of social work students in qualifying programmes in Aotearoa New Zealand. Prior to data collection, a literature review was conducted (Cox et al., 2022). This review aided in informing the design of questions and areas for enquiry to be used in a survey of social work students and recent graduates, and a set of qualitative interviews that will be reported elsewhere.

The principal researchers used a mixed-methods approach to reach as many social work students and recent graduates as possible. Data were gathered through means of an online survey from March–June 2019. Questions in the survey included items on paid work, living situation, caring responsibilities, the impact of any financial hardship, social wellbeing and participation, physical and mental health. The researchers asked tertiary providers to give the survey information to their students in a manner that they considered appropriate. Tertiary providers would have no knowledge of which student participated. Students and recent graduates who participated in the survey were asked to volunteer for more in-depth, semi-structured interviews which took place between June and September 2019 via phone, Skype or Zoom. After some brief demographic information was obtained (age, gender, ethnicity, study programme), interviewees were asked about the impact of study on their financial and social wellbeing

and health. They were also asked whether they held caregiving responsibilities. Students and graduates were questioned about their experiences of field placement and the strategies they used to manage any challenges they faced. Finally, participants were invited to share any recommendations for change. Given that students who participated were currently enrolled in education programmes, to avoid any possible sense of coercion from staff in their own programmes, University of Auckland researchers interviewed Open Polytechnic students and vice versa.

Braun and Clarke's (2019) reflexive approach was used to thematically analyse the data. Through engagement in several iterations of data analysis, codes were produced which later were developed as sub-themes. These themes were then connected as an overarching theme to tell a story about the data. This story is titled "The Quest" which addresses the two research questions: *What is the impact of studying on the wellbeing of student social workers who are also caregivers in Aotearoa New Zealand? What factors support and enable caregivers to manage the demands of social work education?*

Participants for the wider study

All Aotearoa New Zealand social work students were invited to participate in the online survey. Invitations were extended via the Council for Social Work Education which forwarded the invitation to social work schools. Recent social work graduates, no more than two years from completion of their course, were invited through professional social media platforms.

From an estimated potential population of 3,000 social work students, 330 participants completed the online survey and 31 completed an interview. Of the 31 interviewees, 28 identified as female and three identified as male. Twenty-five identified primarily as Pākehā, four as Māori, one as Cook Island Māori, one as

Samoan/Pākehā. Eleven were aged 45–54, six were 35–44, seven were 25–34 and seven were aged 24 and under.

Interview participants came from 12 different tertiary institutions. Fourteen attended university programmes, and 17 studied in other social work programmes. Most students (25) were, or had been, engaged in full-time study, and the other six were part-time students.

Participants for the current project

Study participants were selected from those interviewed because of their caregiving responsibilities. In total, data from 16 interviews were analysed. All participants were women and all but one of the participants were over the age of 25 and therefore fit Baglow and Gair's (2019b) definition of "mature". Nine out of 16 interview participants were aged 45 or over. Three were between the ages of 24 and 34, and four were aged between 35 and 44. Three recent graduates were interviewed, while the remainder were in undergraduate programmes. In this study, half of the 16 participants had what could be described as typical caregiving responsibilities for children. The remaining eight participants had responsibilities to care for others, both children and adults, those with a disability, high health needs or mental health issues. Employment commitments were not established in detail during the interviews, but the data revealed a mixture of paid and voluntary employment patterns that changed over time, especially at the time of student placement when often paid employment was reduced or relinquished altogether. Twelve out of the 16 participants described themselves as NZ European or Pākehā, three participants were Māori, one was Samoan/Pākehā.

Findings

Findings reveal both the detrimental impact of studying social work on the wellbeing of social work student caregivers, but also highlight the resilience of students due to

their high motivation, personal attributes and use of peer support. The findings, thematically organised, are reported below and are supported by quotes from the interviewees who have been assigned pseudonyms.

From the thematic analysis conducted, an overarching theme "The Quest" and three related sub themes, "The sacrifices", "The fellowship" and "The calling" were developed from the data. The metaphor of a quest, or difficult journey towards a goal ("Quest," 2021, para. 1), was selected to frame the experiences of student social workers who were also caregivers. The word "journey" is sprinkled through the narratives of the participants. There is a note of caution in one student's advice to prospective students, "It's a long journey—be ready" (Rayna). But this was not just any journey for these 16 participants. This was a quest motivated by a strong sense of calling or purpose. The data reveal that, along the way, there were many difficulties and sacrifices to be made which required courage and determination to overcome. But the journey was endurable because it was shared with others with similar passions and goals who could provide help along the way. For some, this quest was indeed also a tale of personal transformation and growth.

The sacrifices

The impact of studying on caregivers' wellbeing was the first area of inquiry and findings are grouped under "The Sacrifices". Students made significant mental, physical and financial sacrifices in order to study social work.

It was found that the social work student caregivers experienced significant, and sometimes overwhelming stress throughout their tertiary education. Sources of stress included the challenge of returning to study after a hiatus from education, school and university semester breaks that did not align thus making childcare arrangements

difficult, and anxiety about finance. Additional stress and guilt arose from the need to juggle caregiving, work and study. There were just not enough hours in the day:

> It was the stress of everything and the study on top of it. I was working three jobs and one of them was night shift, which is not good for my mental health. (Esme)

> I had to try and juggle family commitments with my daughter who was going through some personal struggles … and some of those things were a strain to juggle with work commitments and university commitments … (Saria)

All the students reported exhaustion from stress and sleep deprivation. Exhaustion was further associated with depression, social withdrawal, and feelings of being overwhelmed, in one case to the point of suicidal ideation. Students sacrificed physical activity, healthy nutrition, social activities and their own self- care in order to prioritise study:

> Everything in my life has to work around making enough time for study ... Be prepared to have no life for four years. (Jade)

Caregivers struggled to live on government supports. They were also reluctant to take out loans because of their limited capacity to pay these back due to their age and limited earning potential. Students therefore sacrificed the "frills" in life (new oven, dental care, school fees) but even then, some struggled to put food on the table:

> I remember there was one particular time where I made the lunches for the next day and went to bed knowing that I had no money, no food, couldn't afford to get anything, didn't quite know where to go. I hadn't had food parcels before. I know that I couldn't feed them [children] a hot meal and lunch the next day, not sure how I would provide dinner … (Maria)

Inevitably, most students combined paid employment with study in order to survive and this placed sometimes overwhelming demands on them, particularly over the period of student placement.

For some students with caregiving responsibilities, placement became a crippling financial pressure point. In many cases, students had to sacrifice their paid employment in order to complete their practicum requirements. This loss was compounded by the additional costs of petrol, parking, and professional clothing. Childcare costs placed a pronounced strain on the caregivers of young children.

For some caregivers who needed to maintain paid employment during placement the pressure was overwhelming. Saria, who cares for her grandchild, her daughter with mental health issues and her elderly parents, combined caregiving with placement and paid employment. For her, placement became a tipping point in terms of her mental and physical wellbeing:

> … halfway through that placement I came close to having a mental breakdown because I was on placement five days a week and then I was working a 12-hour shift on a Saturday and an 8-hour shift on a Sunday. And that was my life. (Saria)

Due to the significant financial and personal demands of placement, participants needed to plan well in advance, budget for placement, save annual leave, or be strategic about the use of their Student Allowance. Decisions about where to undertake a placement were sometimes based on pragmatic factors such as cost or childcare availability rather than learning needs. Students experienced significant anxiety when anticipating the logistics of placement:

> I will be going on my first placement in the first term of next year, and I am actually really, really worried about it, as I am not sure how we will cope financially as I won't be able to work, and

there are additional costs with being on placement. There will be a lot of travel for me, as I don't live in a main centre. I'm just kind of burying it and trying not to think about it because …. honestly, I don't know how we are going to survive. (Esme)

A consistent message from all participants was the need for placement requirements, and indeed social work programmes, to be more flexible in accommodating the needs of students who are caregivers. In general, placement was viewed by participants as a critical factor affecting the precarious balance between failure and completion of the quest (which was emphatically the qualification leading to registration).

The second and third themes address the second research question which explores those factors which sustained and enabled caregivers in their education journey. These themes are "The fellowship" and "The calling".

The fellowship

Participants identified various strategies they used to manage the many (and sometimes competing) responsibilities of studying, working, and family. The women prioritised and reordered their activities. They were organised, purposeful, and creative with their use of time—for example, reading while eating, studying while visiting grandma, studying at night when children were in bed or during a night shift at work. Several suggested the need for good boundaries between work, study, and family—going to the library to study, for example, or keeping protected time for children.

All participants identified the need to seek help from both formal and informal sources—lecturers, counsellors, doctors and in particular friends and family. Family support was equivocal, however. Families provided much needed practical support to students, often in the form of money

or childcare, but family members also expected time and attention in return and some students felt shame in asking family members for help.

Supportive peer relationships, on the other hand, were crucial in enabling caregivers to cope with education pressures they experienced. This is largely because other students "get it":

My family didn't really understand the struggles – my fellow students were really the people who understood the struggles. (Saria)

Students supported one another by sharing placement tips, class notes and assignment strategies, discussing lectures, and having general "bitch sessions".

For mature students juggling study with caregiving responsibilities, support from other parents in similar circumstances was particularly valuable:

I've found another parent who's got a grown-up autistic child and she's been very supportive. And there's another parent who's the same age as me. So that's been really nice … (Delia)

Peer relationships, although vitally important, were not the only source of strength for the women. The narratives in the data portray the women caregivers as being highly motivated, brave and determined. These characteristics gave the women agency and the strength to persevere despite their struggles.

The calling

Motivation was a significant theme. The participants articulated typical external motivators which included improving job opportunities, doing it for their children, professional safety, registration, and job security. Students were also motivated to study social work by a profound inner conviction about the worthiness of the

profession's kaupapa (guiding principles) and congruence between professional and personal values and ideology. Social work appears for many of these students to be an expression of their identity. For example, Sandra's reference to her "social work hat" that "could not be removed", suggests that, for her, social work was more than just a career choice; it was a worldview.

Rayna, Sandra, and Sally all recounted having a "passion" for social work. Others similarly described their motivation for embarking on social work education in language suggestive of a sense of calling:

> It is in your gut—you feel this is what you really, really want to do and follow your dream … if you have got a really innate feeling that this is your path you just got to do it. (Millie)

As already identified, most of the participants in this study were struggling with difficult situations at home. Delia marvels at the courage of her classmates who somehow managed to navigate the complexities of caregiving, working, studying, and placement. This courage is evident in the sheer "bloody-mindedness" and determination demonstrated by participants in order to get through what Sandra described as "the longest haul of my life".

Despite their struggles, women in this study displayed humour, faith, and positive thinking, sometimes downplaying their difficulties even when difficult choices were presented:

> So, when it is a big power bill you pay the power bill but you eat noodles. (Interviewer)

> Absolutely—but at least you can eat the noodles cooked! (Jill)

They took pride in their academic achievements under challenging circumstances. Encouragingly, students in this study also seemed to enjoy their education. They welcomed the personal challenges presented to them through practice experiences, classroom discussions, self-reflection, and academic learning. The educational opportunities afforded by their degree programmes set the conditions for increased self-awareness, confidence, personal growth, even transformation:

> I think that my education journey has given me more than just my student loan, – it has changed my life … It has definitely made me stronger in who I am as a person. (Sandra)

Discussion

Doing it hard

Those who combine caregiving with formal tertiary education are expected to seamlessly integrate student life with their other responsibilities. However, the findings of this study revealed that, for some caregivers, their education journey was marked by chronic adversity, that is, continual coping with hardship (Dagdeviren et al., 2016). Sacrifices were made daily when students made difficult, but intentional, choices about how to free up money and time in order to support their education. The "pernicious nature" of these choices (Hickman, 2018, p. 418) is distressingly evident from the narratives. Should I put food on the table or pay the power bill? Should I sacrifice my paid job or sacrifice my placement? Put up with a toothache or ask family for help? Study or look after the needs of a human being? In essence, it appears that participants' agency in their day-to-day lives was constrained by lack of resources, a point also emphasised by Gair and Baglow (2018a).

Other studies have exposed the financial and other stresses experienced by social work students in Aotearoa New Zealand (Meadows et al., 2020; Raven et al., 2021). This study, focussing solely on students who are caregivers, shines a spotlight on a group of students who seem to be especially

marginalised within the social work student cohort. Their experiences remain largely hidden because they just "get on with it", embattled but determined. Unless there is some institutional commitment, these caregivers may continue to cope at the expense of their own health, experiencing the negative effects of debt (see Nissen et al., 2019) and cycling further into poverty. As Baglow and Gair (2019a) argued, the quality of student learning is impacted if students are too depleted to engage in critical reflection, too poor to afford resources, and need to base placement decisions on financial considerations rather than learning needs. We should also care about student retention. Mental illness and feelings of being overwhelmed can lead to student attrition (Gharibi, 2018). Having caregiving responsibilities for children or other adults is also a key reason for students dropping out of tertiary programmes (Long et al., 2006; Rothwell, 2021). Unless we take these findings seriously, social work student caregivers, who bring a wealth of life experience and knowledge to their studies and future practice, may face insurmountable barriers to completing their studies and thus will be lost to the social work profession.

More fundamentally, by failing to address the needs of caregivers, social work regulators and schools of social work are effectively condoning the sacrifices women make to achieve their education and the ongoing subordination of women's needs to others. This is an anathema to a profession that has social justice at its core. A meaningful response demands an analysis of the structural roots of student hardship many of which are well established in the literature (Agllias et al., 2016; Baglow & Gair, 2019a; Lister, 2003; O'Shea, 2015; Tones et al., 2009). This study draws attention to three structural factors which may intersect to contribute to the difficulties experienced by the students in this study. These are age, the gender norms associated with caregiving and the pedagogy of social work

education which requires a period of unpaid placement.

Structural roots of hardship

Mature students usually come from lower socioeconomic backgrounds (Heagney & Benson, 2017). When they start their education, they are further disadvantaged by systems that should be protective, but are in fact, discriminative. For example, the Student Allowance paid by Work and Income New Zealand (WINZ) applies only to undergraduate study, and after the age of 40, can only be paid for three years—a policy Millie identified as "ageist". Students over the age of 55 are not eligible for Student Allowance but may receive assistance with course fees (Ministry of Social Development, 2021). The second issue relates to income adequacy. As Gharibi (2018) found in the general tertiary population in Aotearoa New Zealand, the inadequacy of the Student Allowance and other WINZ supports was associated with student distress, particularly for those with the additional costs associated with caregiving as detailed earlier.

As previously identified, mature students are more likely to be women and have caregiving responsibilities (Baglow & Gair, 2019a; Baik et al., 2015; Heagney & Benson, 2017). These caregiving responsibilities significantly mediate student experiences of tertiary education:

> Care remains an important lens through which to interrogate and account for women's situation precisely because the gendered division of labour in respect of care (both paid and unpaid) has proven to be so persistent. (Alsop et al., 2008, p. 624)

Although these words were written over a decade ago, the findings of this research reflect the same sentiments and echo those of other researchers (Marandet & Wainwright, 2010; O'Shea, 2015; Stone & O'Shea, 2013) that women students carry

a considerable amount of caregiving and household responsibilities and must fit study in around these. In this study, as Moss (2004) had earlier identified, when women had to "neglect" an area of caregiving in order to meet academic requirements, they compensated by going to considerable lengths to find alternative arrangements to replace their labour. Overall, the narratives revealed that these social work student caregivers were extraordinarily busy juggling the relentless and often complex needs of family members, often additionally being the emotional ballast for the household.

Finally, this study underscores the conclusions of others that the unpaid block social work field placement embodies the general financial devaluing of women's work in society (Barlow et al., 2005), and is particularly exploitative of women with caregiving responsibilities (Barlow et al., 2005; Hodge et al., 2021; Hosken, 2018). In this study, mature social work student caregivers found that placement became a financial tipping point because of the extra costs involved and the reduced income potential. The long-term impact for students who had to give up paid employment or take out loans is especially troubling, particularly for those mature students who may have reduced ability to pay off debt. As Grant-Smith et al. (2017) noted, when low-income students get into financial difficulties after their first placement, their capacity to cope with the next placement is reduced thus perpetuating a cycle of poverty.

The impact of field placement on the wellbeing of students is not just financial. Participants' accounts exposed a persistent connection between field placement and its detrimental impact on students' mental and physical health. As other studies have found (Gair & Baglow, 2018b; Hemy et al., 2016), this was largely due to exhaustion and the elevated stress of navigating the demands of caregiving responsibilities, placement, study, and paid employment.

It is easy to normalise the unpaid nature of student placements in the tertiary sector; however, a recent body of literature has established that unpaid social work placements impose barriers and hardships on non-traditional groups of students whose values and realities may not conform to those of the white middle-class majority (Hosken, 2018; Smith et al., 2021). In particular, the rigidity of placement requirements potentially excludes those with limited means of financial support or those (generally women) with caregiving responsibilities (Gair & Baglow, 2018b; Grant-Smith et al., 2017; Hemy et al., 2016; Hodge et al., 2021; Johnstone et al., 2016; Lister, 2003). Those who are excluded from tertiary education because they cannot afford an unpaid placement may find themselves with more limited career opportunities and reduced possibilities for social mobility (Grant-Smith et al., 2017). This reinforces and reproduces existing social inequalities and is increasingly being recognised as a violation of fundamental human rights (Smith et al., 2021).

Coping with adversity

The serendipitous findings of this study were the moving accounts of participants' agency to transform their situations. The women interviewed appeared to cope, even thrive, under adversity by making use of peer support, organisational strategies and reaching into powerful motivational influences.

As found by Meadows et al. (2020), most students in this study talked about the need to ask for help from friends, family or professionals. Women in this study developed strong peer bonds through shared experiences of hardship and common goals and ideologies. The literature identifies such social connectedness as a powerful moderator of stress and adversity (Cleveland et al., 2019; Cocking et al., 2020; Rajan-Rankin, 2014; Raven et al., 2021; van Breda, 2018).

Additionally, as Raven et al. (2021) also discovered, the personal attributes of the women in this study mitigated the impacts of hardship. Students demonstrated remarkable resilience in their situations. They approached their education journey with courage, that is, determination, perseverance, acceptance, humour, faith, and a focus on the end game.

The tenacity of the social work student caregivers may be partly explained by findings of their high personal motivation. Students in this study appeared to be inspired by the "bigger picture" of improving life for others. This gave their studies purpose and meaning beyond the attainment of a degree. The findings resonate strongly with those of Alpaslan and Lombard (2011), who questioned students' motivations for becoming social workers and concluded:

> … to enrol for studies in social work … was not merely a career choice, but rather a complementary means through which they could realise themselves and find full expression of their identities (i.e., who they are). (p. 437)

Ultimately, as others have conveyed (Moreau & Kerner, 2015; Marandet & Wainwright, 2010; O'Shea & Stone, 2011), the higher education journey for these participants was not only a struggle, it was also where students found personal growth, satisfaction and transformation.

Recommendations for social work educators and governing bodies

Schools of social work, recruiting as they do a significant number of mature students, should acknowledge and affirm the presence of caregiving responsibilities and actively assist students to successfully integrate their caring responsibilities with their student role. As a first step, educators need to be mindful of the inherent complexities in the lives of

mature caregivers, appreciating that, on occasions, they might need to be flexible about absences (particularly for cultural events or sickness) or assignment due dates. Social work educators should be aware that students need to plan well in advance for their studies, particularly placement, and ensure they have course and placement information in a timely manner. Educators are reminded to not only promote self-care as part of the curriculum, but also acknowledge and mitigate the difficulties of putting self-care into practice.

The findings of this research support recommendations made by others (Gair & Baglow, 2018b; Hodge et al., 2021; Johnstone et al., 2016; Ryan et al., 2011) that social work governing bodies (in this case, the SWRB) need to consider travel and clothing subsidies and offer more flexibility in how student caregivers can meet their placement requirements. The study supports pleas from students and academics in Aotearoa New Zealand and internationally for a more evidence-based approach to field placement requirements to ensure that they are workable for social work students (Hosken, 2018; Smith et al., 2021).

Politically, the Aotearoa New Zealand Association of Social Workers (ANZASW) and professional associations of other disciplines of study could unite with the New Zealand Union of Students' Associations (NZUSA) to lobby for an increase in the Student Allowance or challenge the discrimination in the current policy that sees a reduction in financial supports after the age of 40.

Critically, a review of the funding structure of social work education in Aotearoa is long overdue. Parity with other professions and disciplines, where placements are well funded and students paid or compensated, could bring recognition and support both for social work students and for the profession.

Recommendations for students

The visceral call to social work may obfuscate the need for effective and rational planning but this is critical because financial impacts may reverberate beyond tertiary studies. Students should be proactive in seeking the information that they need to plan effectively, and plan for placement well in advance—especially if they are caregivers.

Limitations

This is a small study, so does not allow for broad generalisations, and there is insufficient data for any nuanced analysis of how intersecting factors such as ethnicity, health, socioeconomic class or other factors such as marital status or part-time vs full-time status impacted women's experiences. The voices of those who had dropped out of the programme because of financial or other hardship were not present and this may have introduced a survivor bias to the data. Similarly, those who might have been struggling the most may not have found the time or energy to volunteer for an interview. These populations present avenues for future research. Quantitative and qualitative data from the study pertaining to student mental health and student debt/financial hardship are being analysed and findings will be reported in future publications.

Conclusion

Findings of this qualitative study align with international research which reveals the material and psychological hardships experienced by social work students, particularly caregivers. The findings expose the disjuncture between the rhetoric of social work's professional values and aspirations and the realities of life for student caregivers and provide a challenge to social work institutions and regulatory bodies to understand and respond to the inequities that impede this group of students more fully.

The findings were presented using the metaphor of a quest. The notion of a quest also implies that there is a hero who completes it. Students in this study displayed resilience, determination and passion in the face of persistent hardship. Those who embark upon tertiary social work education while committing to caregiving and typically some form of paid employment are, indeed, true heroes.

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Attitude or skills? Cultural competence development within an Aotearoa New Zealand bicultural framework

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ABSTRACT

INTRODUCTION: Cultural competence is one of the most widely used approaches to cross-cultural practice among health and social care professions, including social work. Following the professional code of ethics, social workers must be competent in working with people across cultures. As a result, social work education has sought to teach students to prepare them to become culturally competent. The popular cultural competence model which includes the three components of awareness, knowledge, and skills is often used to measure students' capability to work in cross-cultural situations. The model has an underlying premise that competency can be achieved through education and training. However, there is insufficient evidence that the three components (or each component in isolation) will improve students' and practitioners' competence.

METHODS: This article reports on a qualitative study. Qualitative research offers versatile methods of exploring the three components through gathering information about research participants' educational learning experiences and analysing their application of its into practice.

FINDINGS: This study found that cultural competence is about enhancing the capability of practitioners to negotiate with differences in practice. Aotearoa New Zealand content on biculturalism in social work education has played a pivotal role in valuing cultural differences to foster. Cultural safety calls forth recognition of others and being more other-oriented, encompassing cultural humility. A receptive attitude toward difference is a by-product of cross-cultural skills for practice.

IMPLICATIONS: The study result strengthens support for the integration of cultural safety and cultural humility in teaching and learning cultural competence in social work education.

KEYWORDS: Biculturalism; cultural competence; cultural safety; cultural humility

Cultural competence is generally understood as an effective cross-cultural practice approach (Yan & Wong, 2005). The concept has been increasingly prominent in countries with culturally, racially, and ethnically diverse populations. Correspondingly, Aotearoa New Zealand has experienced rapidly growing diversity. First and foremost, the country recognises the indigenous people of Māori as a Tangata Whenua of Aotearoa and respects the people and culture. As it increasingly requiring practitioners to work in cross-cultural situations, social work is concerned with cultural differences, which may cause cultural barriers in practice (Yan & Wong, 2005). Developing a practitioner's cultural competence supposedly overcomes the

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barriers to working with clients across cultures.

Cultural competence is an essential part of learning for social work students to prepare for them for meeting cross-cultural challenges in their future practice. Social work educators often use a compositional model (awareness, knowledge and skill components) to set a standard to train students, evaluate their ability to work cross-culturally, and to develop skills to enhance performance in cross-cultural situations (Yan & Wong, 2005). There are various cultural competence models and frameworks which, presumably, guide in the development of cultural competence. In contemporary social work, Lum (2011)'s process stage framework can be pertinent as it defines four stages: (1) cultural awareness: to develop an awareness of ethnicity and racism and its impact on professional attitudes; perception, and behaviour; (2) knowledge acquisition: to gain a body of information that organises material about a topic such as systems, psychosocial theory and also theories about ethnicity, culture, minorities and social class into sets of facts that explain phenomena; (3) skill development: the integration of cultural awareness and knowledge acquisition when applying them in a helping situation; and (4) inductive learning: to continue developing skills and insights relating to multicultural social work. Social workers continuously require new learning to maintain their competence (Lum, 2011).

However, the previous studies on cultural competence have consistently reported theoretically and practically inadequate evidence for its effectiveness (Denso, 2018; Fisher-Borne et al., 2014; Kwong, 2009; Harrison & Turner, 2011). Over the past 40 years, a number of researchers have sought to determine the concept and find better techniques and approaches to cross-cultural practice. The primary critique of cultural competence is absent in a standard definition that shares a unified meaning. Various similar concepts and terminologies (Kwong,

2009) lead to multiple understandings and interpretations expressed by different authors (Denso, 2018). Moreover, the operationalisation of cultural competence, such as actual behaviour in practice, is less examined (Jani et al., 2016). Hence, cultural competence has been theoretically constructed, underlying assumptions of what it is, how it works in practice, and most of all, what is, and how to be a culturally competent social worker. As a result, social work education faces challenges teaching cultural competence, and social work students may struggle to perform their proficiency in cross-cultural practice (Jani et al., 2016).

A weakness with this argument is given little attention, to the degree of training effectiveness of cultural competence applying knowledge and skills taught to students in the classroom and practicum placement in actual practice. The learning efficacy would suggest further education, training, and practice. This research has sought to understand cultural competence from an inductive approach for the first author's PhD thesis. The central question asked how social work students' learning of the main three components—awareness, knowledge and skills—aided their developing cultural competence This study analysed the three components within Aotearoa New Zealand social work education, which encompasses Tiriti o Waitangi/The Treaty of Waitangi.

In Aotearoa New Zealand biculturalism— the trajectory of relations between with indigenous people of Māori and Pākehā and also between Tangata Whenua and Tauiwi (non-Māori/Pākehā)—a Treaty between Māori tribes and the Crown is incorporated in the codes of ethics and conduct which apply in social work practice (ANZSW, 2019; SWRB, 2016a). In Aotearoa New Zealand, teaching biculturalism in social work education has become fundamental to cultural competence development (Beddoe, 2018; Eketone & Walker, 2015; Fraser & Briggs, 2016). This

article attempts to show that the principles of the Treaty of Waitangi underpin the active promotion of cultural safety, valuing cultural differences and considering the other's culture that influences cultural humility: recognising others and being more other-oriented. The attitudinal development toward cultural differences has significantly resulted in competence to work with differences in practice.

Problem with acquisition of cultural competence

Many cultural competence models, which are often a basis of awareness, knowledge skills components organising education and training, have an underlying, embedded assumption that cultural competence can be obtained by increasing student or practitioner awareness and acquiring knowledge (Kumas-Tan et al., 2007). The Global Standards for Social Work Education and Training set by the International Federation of Social Workers (IFSW) and the International Association of Schools of Social Work (IASSW) particularly mention awareness and knowledge. Social work students are expected to increase self-awareness about their personal, cultural values, beliefs, traditions, and biases that may influence relationships with diverse backgrounds of individuals and groups. Knowledge of class, gender, and ethnic/race-related issues is not only about individuals and groups, but also an in-depth understanding of the environment and cultural context (IFSW, 2021). Thus, the ability of learners is often focused on assessing awareness and knowledge components. The outcome presumably brings skills for cross-cultural practice. However, the current assessment may be an inadequate measure for an individual's skills (Jani et al., 2016). The main criticisms are discussed below.

Mastering another culture

One major drawback of this approach is that cultural competence has been constructed as knowledge-based *learned*

capacity (Ben-Ari & Strier, 2010). A fundamental element of learning within professional education programmes often focuses on gaining cultural knowledge. Cultural competence is a modernist heritage associated with the cultural literacy model rooted in anthropology and ethnography, which defines culture as a static and monolithic construct (Azzopardi & McNeill, 2016). The method of knowledge acquisition relies on the systematic gathering of cultural information that culture can be captured without influencing the observer's cultural expectations and biases (Williams, 2006). Knowledge of cultures is often defined as descriptions of particular cultural groups of history (oppression), norms, traditional characteristics, gestures, communication styles, behaviours, and attitudes (Nadan, 2014). This approach may imply that practitioners can simply learn about a culture of a specific group by gathering information about that group.

Culture is, therefore, approached as knowable from the essentialist perspective in training and teaching. In analysing a typology of assumptions underlying training culture Carter and Qureshi (1995) identified one of the five different perspectives of culture, called the *traditional* approach, to be apposite to a teaching mechanism of cultural competence. In this approach, culture is viewed as a function of socialisation and the social environment and members of the culture have a shared background and an identity related to a worldview. Thus, an individual's development of cultural identity is primarily a function of how the individual interprets their world due to the possibilities and limitations contained within their culture (Carter & Qureshi, 1995). This approach to training aims to expose the learner to another culture by their being in a cultural environment and interacting with people of that culture even though that exposure may be very limited: "the idea is that one person or family is representative of the entire group" (Carter & Qureshi, 1995, p. 249). The experience of

interacting with specific individuals and families of an ethnic and cultural group can be translated as knowledge of the culture. The traditional approach has been seemingly the norm in teaching and learning cultural competence. In Aotearoa New Zealand, this may be expressed by requiring specific experiences, such as attending a Noho mārae. As international fieldwork has become popular in social work programmes in the past 2 decades, augmenting local practice experience with a purpose is to develop social work students' cultural competence through immersion in another culture (Dunlap & Mapp, 2017; Thampi, 2017). The training approach may underpin an assumption that the best learning opportunity happens when the learner experiences another culture.

Consequently, cultural competence is premised on the belief that one can master another culture: one must be knowledgeable about clients' cultures to be culturally competent. Several authors have reported analyses of the relationship between knowledge and competence. Cultural competence often indicates that learning and understanding specific cultural groups is a good strategy for competence (Fisher-Borne et al., 2014). Knowledge of a cultural group is thought to be thoroughly applied to work with clients from that culture (Johnson & Munch, 2009). "Basically, the more we 'learn about' others, the better skilled we are to meet their needs" (Ben-Ari & Strier, 2010, p. 2158). These authors are sceptical in the ways of measuring cultural competence. In fact, another study found that knowledge about cultures does not necessarily reflect on a practitioner's ability to engage with diversity and difference (Jami et al., 2016).

Unequal power relations in practice

Another problem with this approach is that the awareness component, which refers to a practitioner's self-awareness is used ineffectively in practice. Cultural competence models/frameworks significantly emphasise increasing some levels of self-awareness of practitioners (Fisher-Borne et al., 2014; Yan & Wong, 2005). In reference to the IFSW/IASSW's (2021) educational standards, students are encouraged to examine their cultural background and identity and their perception of other cultures before working with people from different cultures. Self-awareness encompassing cultural competence focuses on assessing the dynamic of cultural differences between the self and clients that begins with cultural self-awareness of the practitioner and the cultural 'other' awareness of the person being worked with (Lum, 2011). A primary goal of cultural competence is to analyse and assess exploitative power and privilege derived from a practitioner's cultural background and social context (Denso, 2018). Thus, the practitioner's awareness of cultural background and identity different from clients (cultural difference) can be the centre of attention. On the other hand, self-awareness can also challenge the inherent power imbalance by analysing the power differences in a client–practitioner relationship (Fisher-Borne et al., 2014), such as critically analysing and questioning to the practitioner's self-positioning in the relationship. However, the education and training fail to emphasise such use of self-awareness (Fisher-Borne et al., 2014). Consequently, cultural competence is often criticised, lacking in examination of power differences (Denso, 2018).

Furthermore, cultural competence might have been moulded within understanding the self and others/clients which leads to forming a hierarchical relationship between the two. The social work profession has moved away from the approaches of 'social worker expert' as understanding and solving a client's problem (Johnson & Munch, 2009). Cultural competence implies mastery of a particular ability or area of expertise (Lum, 2007), such as being well equipped with knowledge of clients' cultural groups. Thus, cultural competence

may engender a power imbalance in the relationship, negating the original purpose for thinking and beginning to deal with (power) differences in practice.

How does cultural competence work in practice?

In view of all that has been outlined so far, there is no strong link between the awareness and knowledge components and the ability or skills of a practitioner in working effectively with clients from various cultural backgrounds. There is no substantial evidence that each component in isolation will improve the practitioner's competence. Firstly, knowledge of culture may reduce practitioners' anxiety by knowing about a cultural group of clients. However, such *knowing* of broad descriptions of that cultural group (Fisher-Borne et al., 2014) alone is an insufficient skill for practice. This argument can be supported by Melendres's (2020) recent study. Melendre reported that novice professionals tend to feel inadequate, as they are not only expected to be competent with knowledge of their clients' background but also to be competent about providing the best services based on the client's uniqueness. Secondly, focusing solely on examining and exploring the practitioner's background and identity is not enough evidence to suggest competence in working effectively in cross-cultural practice.

Furthermore, the 'skills' of a practitioner have not been paid much attention. The skill component often refers to cross-cultural skills, such as: cross-cultural communication and relationship protocols, and problem understanding of culturally diverse clients in Lum's (2011) framework. These skills can be perhaps interpreted as specific strategies or techniques of cultural groups which, presumably, can be transformed from cultural knowledge and experience. Particularly, knowledge suggested in cultural competence is often assumed to apply culturally specific intervention practices (Azzopardi & McNeill, 2016). Apparently developing practice techniques is accompanied by building knowledge about specific ethnic or cultural groups, contributing to the skill component (Abrams & Moio, 2009). As professional knowledge and skills are always required in practice (Abrams & Moio, 2009; Kwong, 2009; Nadan, 2014; Yan & Wong, 2005), social work students would expect to be taught knowledge and skills directly related to cross-cultural practice. However, a question may be raised, does cultural competence signify skill or rather, as Harrison and Turner (2011) claim, competence does not refer to knowledge and skill, which are interchangeably used with the term *competency*; competence means capability and potentiality. The current understanding of competence(y) may move away from the original intention and meaning. Thus, this article discusses cultural competence based on how awareness and knowledge taught to research participants in Aotearoa New Zealand social work programmes are demonstrated in practice.

The study

In a study conducted for the first author's PhD thesis, the three main components of cultural competence were investigated: awareness, knowledge, and the skills taught research participants in their social work programmes in Aotearoa New Zealand, and how these components they learned were transferred to practice (Ide, 2021). The data were gathered via individual interviews with 10 social work students who had completed at least one placement in their social work degree and 18 practitioners who had worked a minimum of two years in various fields of social work in Aotearoa New Zealand. An in-depth, semi-structured interview method was selected to explore their educational learning, field education and professional experiences. Data from students and practitioners were analysed

separately. The practitioner participants were asked about their educational experiences and early professional practice experience. The study received ethical approval from the University of Auckland Ethics Committee on 4 June 2015.

Findings: Leaning outcomes of cultural competence within a bicultural framework

The study set out to assess the importance of learning outcomes of cultural competence. Aotearoa New Zealand social work education is compatible with the IFSW/IASSW educational standards of learning objectives. This research found that a shared focus between knowledge and awareness components is indicated in the participants' illustrations of educational (classroom/practice-based) learning experiences (see Figure 1). The participants applied their classroom-based learning to practice-based learning, which aided their potential cultural competence. A key element of acknowledging cultural differences from knowledge and awareness

components becomes a core of cross-cultural practice. The current social work does not define 'difference' based on a solo meaning of race and ethnicity but also age, gender, socioeconomic status and sexuality in human behaviour (Jani et al., 2016). Surprisingly, the research findings indicate that *culture* is often specified as ethnic and racial minority groups. Cultural competence means working with Māori people, particularly, perceived by students and mature-aged Māori practitioners. Although the current ANZASW code of ethics and the SWRB's core competency standards are aligned with the international standards; these do not particularly require social workers to demonstrate their knowledge and skills for working with Māori clients (ANZSW, 2019; Eketone & Walker, 2015; SWRB, 2016b). The bicultural principle in New Zealand social work education significantly fosters cultural safety which then influences cultural humility and has thus been a crucial part of cultural competence toward skill development. The findings of the study are discussed below with reference to the literature.

Figure 1: Cultural Competence Development Within a Bicultural Framework
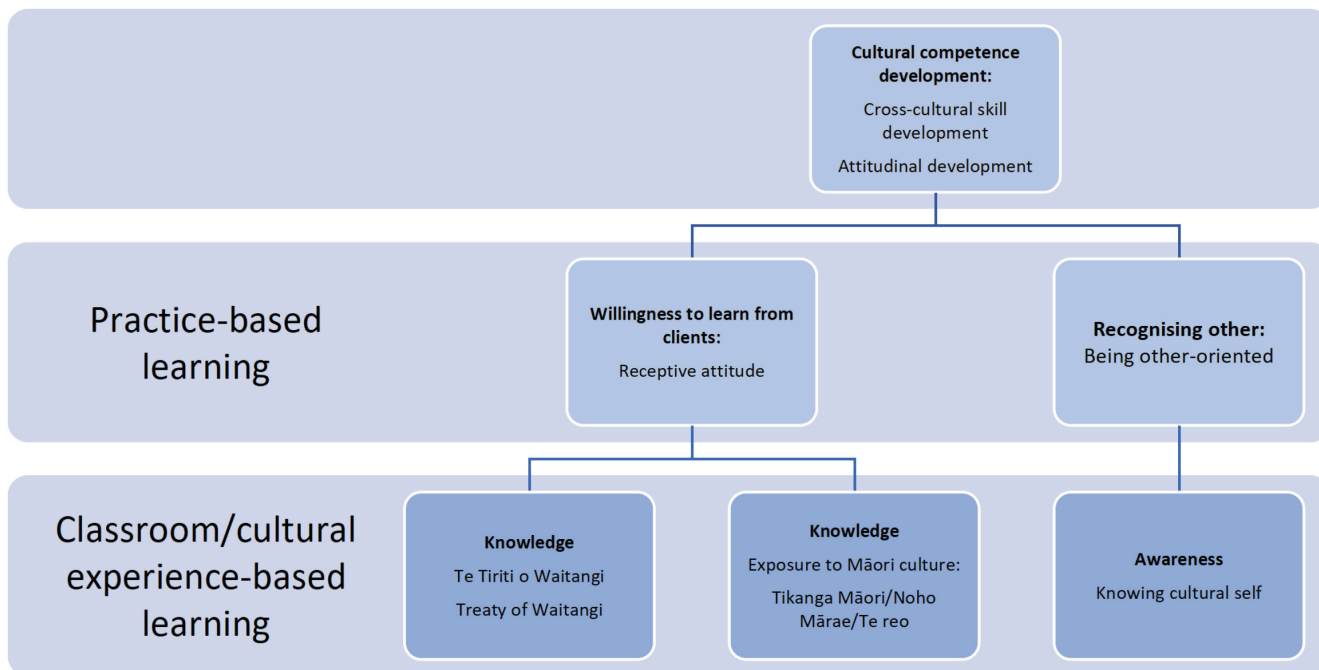
Classroom-based learning

Promoting cultural safety beyond knowledge

Aotearoa New Zealand social work programmes encompass learning exclusively about Te Tiriti o Waitangi / the Treaty of Waitangi, which has significantly impacted participants' learning. One participant mentioned: "… you get the other side of the story as well and, you know, it [learning the Treaty] is a respect thing and it is being inclusive…" Māori lecturers and educators who were involved in teaching the Treaty and other Māori papers were also a considerable influence on the participants exploring Māori people's worldviews. Through listening to those lectures and educators' lived experiences in the social work profession and being a Māori person in Aotearoa New Zealand society, another participant said: "I think what real value was that the lecturers were all Māori …. So that was really educational and the Māori lecturers they worked in 70s, 80s and 90s." Some participants reflected on how Māori people interpreted the historical experience such as colonisation and oppression and their personal issues may be derived from decades of inequality and mistreatment in the society.

Furthermore, exposure to Māori culture played a pivotal role in educational learning. Attending a Noho mārae (staying at mārae: meeting house) was a noteworthy experience for many participants. One said: "That's demonstrated how to engage [with Māori people]." Participants have learned about how to behave themselves in Māori cultural environments through observing the cultural protocols. They found comfort in the familiarity of Māori culture through cultural immersion experience. Other participant said, "I'm not struggling with working with Māori and I'm not uncomfortable with cultural differences." Her familiarity / comfort demonstrated her confidence in a placement: "I did mihi introducing myself [in an introduction meeting at a placement

organisation] …. Only I did it [among other placement students]. I could feel Māori staff were quite happy [with her nice gesture]" Moreover, a Māori participant saw her study cohorts changing to positive attitudes toward Māori culture by attending Noho mārae each of the 3-year social work programme. She analysed the reasons: "…only because they are uncomfortable leaving their comfort zone, sharing the space [the cultural / personal environment]." These findings corroborate the ideas of Carter and Qureshi (1995), who define the traditional approach to multicultural training; they suggest that cultural exposure is a way for the learner to develop comfort with cultural differences. Cultural exposure has seemingly had a significant effect on increasing comfort and improving their confidence in being with Māori people in the cultural environment.

On the other hand, Jani et al. (2016) argued that confidence has been found to have an inverse relationship with the ability to work with the difference. A previous study has indicated that cultural competence often implies being confident professionals who are comfortable with others; however, the professionals' confidence and comfort may not be a measure of cultural competence (Kumas-Tan et al., 2007). Kumas-Tan et al.'s (2007) study found that students who receive cultural content in their courses may feel less confident, and also, a student who has cultural immersion experiences in their programmes noted that as they experience another culture, the less they know about them in the other study. A potential reason is that higher confidence and comfort levels may indicate lower insight or awareness (Kumas-Tan et al., 2007).

One unanticipated finding of this study was that formal education fosters cultural safety, affecting participants' consideration of other cultures and sensitivity to the other's feelings and experiences in environments. This was illustrated in the earlier example, where some participants sought to understand how Māori people may perceive Aotearoa

New Zealand history and consider their social experiences in learning about the Treaty. A few participants take into account the other's view affected by culture and other factors which can be different from theirs. Therefore, they question their own views. One said: "We tend to think we are the same as others, which is problematic." Other participants also mentioned "wearing … cultural glasses" or "turning on our cultural channel" to see/make judgements on the others. That can suggest their attitudinal development toward differences.

A possible explanation for this result is that cultural safety derived from the Aotearoa New Zealand nursing and midwifery through the 1970s to 1980s (Nursing Council of New Zealand, 2011) might have recognised and been promoted earlier in education and training for health professionals in the country. Cultural safety is about health care recipients' feeling comfortable and it concerns their safety in receiving health care (Vernon & Papps, 2015). The concept aims to improve patients' health care experiences by integrating with Māori health and the Treaty of Waitangi in health settings (Nursing Council of New Zealand, 2011). The approach to practice may require the practitioner's compassion and respect towards people from different cultures, while cultural competence focuses more on improving the ability of practitioners to provide adequate social and health care to the people.

Bring "self" awareness from exploration of the self

In social work, awareness often refers to the practitioner's cultural values, beliefs, attitudes, prejudices, and their own emotional and cognitive processing of cross-cultural encounters (Nadan, 2014). The current research findings also locate those attributes in growing awareness among participants during the social work programmes. In this study, the different types of awareness are categorised: (1)

cultural identity: defining self-identify; (2) cultural self-awareness: recognising cultural differences and similarities between the self and others; and (3) critical self-awareness: tracing and analysing emotions and thoughts (including assumptions and biases) where they are originated from. In classroom-based learning, cultural identity and cultural self-awareness strengthen participants' self-awareness. Cultural identity explored the cultural/personal backgrounds of participants: race/ethnicity, country of origin, gender, language and religion and how their identity(ies) has/have formed whom they are through reflecting on life experience. A young participant explained her classwork:

> … we had a presentation about "who am I". To be honest … I didn't know why such a topic of "who am I" [is required for social work]. Other students said ten minutes presentation was too short, but I had just seven minutes. After that, I still keep thinking about who I am.

> For me, my childhood experience, my living context, my culture, my parents, and [her cultural] traditional food, these shape who I am….

For those who were young and/or immigrant participants, this self-exploration process was an early opportunity to discover the self.

Cultural self-awareness was intended to assess the dynamic of cultural differences between the self and others. The process frequently occurred in a culturally diverse classroom where the participants discussed, shared their opinions, and faced value conflicts with their study cohorts. Recognising similarities and differences in traits and values between one's own and other groups made one more aware of the self. Lum (2007) mentioned that learners develop cultural awareness through negative and positive experiences through contact with individuals, families, and groups from

different cultures and races/ethnicities. An example of this: a migrant participant who had experienced a confrontation with local New Zealand students in a class:

> … we talked about sex workers in class, I know this is legal in New Zealand but back in my country this isn't legal … I am an Asian [implying the moral coming from her cultural value], and having a sister, if she is a sex worker, it is not acceptable. It's not a better social worker or not. It comes to differences, it's clashed … I was kind of angry because at the end of the discussion, how it flew was "[local students' implied] it's New Zealand we have to accept as it is, if you can't accept it then you can't be [a] social worker".

This participant generally sees herself integrating well into Aotearoa New Zealand society. However, this experience of cultural discomfort reminds her of her own significant differences from her local student colleagues. Both cultural identity and cultural self-awareness focus more on knowing the (cultural) self, whereas critical self-awareness involves recognising others through understanding self, which occurred more in practice-based learning discussed later.

Practice-based learning

The applications of awareness and knowledge in a practice setting began in field education but were often processed during earlier careers where participants made sense of their learning. When facing their learning limitations in actual situations, those students and early professional participants felt the inadequacy of their knowledge and skills for practice, which is seemingly something to do with their "engagement/ engaging" and/or "relationship/connection" with clients frequently mentioned in interviews. In practice-based learning, having direct experiences working with people from various cultures gradually

influences their attitudes toward cultural differences.

Willingness to learn "from" clients

Learning 'about' the Treaty of Waitangi and about Māori culture is cast as a foundation for the cross-cultural practice commenced in classroom-based learning. The research findings showed that participants avail themselves of the learning 'about' culture approach (knowledge acquisition) in practice. A typical example of this was searching for a greeting in the language of a client and the interaction protocols of the culture the client comes from before initial meetings. Several participants describe it as "cultural manners", which are the way they demonstrate their respect and acknowledgment of clients (and their cultures) in practice.

Student participants tended to assume that cultural knowledge assisted in building a working relationship with Māori people and anyone from any cultural background. Participants who are/were in their early professions were often urged to learn more 'about' other cultures apart from Māori and Pasifika cultures. However, the learning 'about' approach often has limitations for use, as several experienced practitioner participants mentioned. Simply learning about all existing cultures is impossible. These experienced practitioner participants cautioned that learning 'about' a cultural group by gathering information from books or the internet might engender generalisations about a cultural group of clients. Several participants observed that, while there may be similarities between people within a culture, all clients from that cultural group do not always think, express themselves, or behave in the same way. This finding is in agreement with Kumas-Tan et al. (2007), who argued that acquiring cultural knowledge minimises differences among community members. Also, Fisher-Borne et al. (2014) claimed that knowledge may create a stereotype of various group

identities. Participants acknowledged that appropriateness or manner can vary by culture and individuals. Therefore, the individuality of each client cannot be ignored.

It is interesting to note, in analysing the findings, that many practitioner participants actively sought help in using their professional and personal networks for advice when they recognise a lack of understanding of clients' cultures. This is contrary to an international study where it was reported that social workers tended toward a passive attitude to filling information gaps about clients' cultures. They had an expectation to be offered the information via educational seminars and workshops, and to be educated by supervisors (BØ, 2015). In this Aotearoa New Zealand study, some non-Māori student participants who were presented opportunities to work with Māori social workers actively observed their interactive behaviours with Māori clients and asked questions about Māori culture in their placements. Moreover, some practitioner participants openly ask for clients' preferences and needs, which can be culturally specific. One participant spends time talking to her clients about their culture if there is a need to discuss it, by asking, "How does it work for you in New Zealand and what might work for you?" Another participant showed her open and positive attitude toward clients when asking:

> I think I've got brave as well as being about more open about you know "this is me, this is who I am, tell me about you, what's important to you?" and perhaps acknowledging explicit about [her intention]. I suppose I'm reasonably a young Pākehā girl, [saying or implying to clients] "I'm not the same as you I may need your help." I've found [for] most … clients that work[s] quite well. Usually, we have a giggle, you know, we are kind of lightening [the mood between them].

Other participants encouraged their clients to share and teach their ways of living as these participants value trying to "do things in the client's ways". One participant said: "I want to know my clients, I let them lead us. I don't want to go there and make the family feel uncomfortable with me." Another participant demonstrated this stance in their example:

> My example of an Islamic family. I looked up Google and different cultures within the Islamic religion. Not all Muslim people are the same. I've gotten a little bit of an overview. So when I went to the room [in their house], I let the mother guide me. She looked toward where I can sit, which is on the ground. So sweet, I sat on the ground. And then she brings a tea pot, some really funky tea. You know it's yuck but I drank it. It's just out of respect. Just watching and mirroring what they were doing.

These findings are critical because the participants are positively inclined to learn 'from' clients to understand their cultures. Another participant has learned 'from' her clients about living in a new culture/society through respectful dialogue with them. She explained:

> … when I was working with older adults I saw a lot of different cultures… I guess a lot of people we saw the parents of children who had migrated to New Zealand. They were often older and had a sort of own community and they had ways of doing own things [ways of lifestyle] that turned sort of upside down when they came here…

The participant had come to understand, through conversations with them, that migrant clients' issues are sometimes related to their hardship experiences in adapting to a new culture. The narrative approach does not assume that the practitioner can know (learn 'about') another culture they do not belong to (Williams, 2006). The participants

did not always expect themselves to know clients' cultures. They had developed a receptive attitude toward the unknown.

Becoming other-oriented

The primary outcome of awareness developed from classroom-based learning was the importance of knowing the self through processing cultural identity and cultural self-awareness. The last type of awareness, critical self-awareness, was exercised more in field education and professional practice. Participants traced their emotions and thoughts in a particular situation significantly when they negatively experienced interactions with people. They began to examine why they acted, felt, and thought the way they did in the situation and analysed underlying assumptions, beliefs, and biases through reflection. An example of this was provided when a young student participant received some negative comments from a mature-aged client, expressing her low confidence about her in her placement setting. The incident had a major impact on her during the placement. Afterwards, she reflected on this and understood that this client may have felt subordinated by talking to a person who is younger. Moreover, the participant recognised her anxiety about being judged herself due to her young appearance and lack of confidence as she tried to act like and *be* a professional (trying to fit into her professional image). After reflection, the participant realised: "Even if you look professional, that's another assumption [this also judges a person]".

In education, awareness can be excessively concerned with the self as cultural/personal. In field education, student participants become conscious of the self as a professional. Many students and early professional participants are likely determined to play a professional role by managing to control cultural/personal self in practice: taking a non-judgmental stance and not 'taking a side' about cultural differences even if they have to suppress their feelings and opinions. The

finding is consistent with a previous study by Yan and Wong (2005), which explicated the theoretical understanding of how self-awareness works in practice; the self-aware practitioner assumes to be conscious use of oneself through full use of *professional self*. They can maintain cultural neutrality by being not totally a part of, or not totally apart, from their own culture (Yan & Wong, 2005). The findings of this research suggest that self-awareness is often used to overcome cultural differences by taking a professional self/culturally neutral position. However, the full use of the professional self was not always effective for developing a practice relationship. A couple of participants described it as "just working" and "not engaging." Participants often felt lacking connection with clients.

Many participants kept self-awareness in mind as understanding the self before understanding others. On the other hand, few participants questioned how their awareness of the self relates to understanding people from other cultures or working effectively with them. This finding may support the idea of Bø (2015), who suggests that practitioners need to look into the self and be more aware of how their cultural predispositions determine how they understand their clients' problems. Some participants come to know more about the self; they realise that our views of the self and others are relational: when knowing another individual, our view of the person is relational. We tend to see a person filtered through our perspectives, including biases and assumptions. A participant explained that her 'normality' was often defined based on her cultural value as her culture has strongly affected her thinking about how life and people should be. She said: "I come from the culture [clearly defining] 'this is good', 'this is bad', 'this is normal', 'this is abnormal' and [her preconception] was my big dilemma working with different cultures". As a result, she used to belittle some clients' needs who are much better provided for than in her country of origin.

… listening to [service users] people's problems, their disappointments [about the social services]. That was huge cultural difference for me. Sometime listening to them, personally, it's not really a problem.

But because it is a problem to them, calling you and requiring you to listen to them and to support them what they want … Because they come from a [New Zealand] different culture and have grown up in a different society and system. The citizens have been given the rights which I've never had in my home country. That was my own cultural difference I was learning.

Her awareness of thoughts was that she judged the clients by seeing their life situations from her previous position.

When recognising others through understanding the self, the participants take an other-oriented stance by thinking and understanding how clients might think and view their situations and issues. The participants also considered how much their perspectives and preconceptions may affect their thinking and understanding of others. These findings show that cultivating self-awareness can be a landmark of attitudinal changes toward cultural differences among these participants who have gradually grown cultural humility by engaging in self-question/critique and accepting their assumptions and biases.

Discussion

Integration of the self and other in practice

Previous studies have noted that cultural competence has been often criticised due to neglecting consideration of relationships with clients in the context of power relations (Denso, 2018; Fisher-Borne et al., 2014). Yan and Wong (2005) critiqued the one-way process of the client–social worker relationship within many cultural-competence-related models underlying the concept of the social worker as an expert who is equipped with knowledge and skills to help them while the client becomes more passive and always seeking help. The construction of the self and the others deemed in practice can influence power in the relationship.

However, the findings of this study do not strongly support the previous research. The experienced practitioner participants often endeavoured to overcome differences by integrating the self and others in a client–social worker relationship. Participants realised that addressing and recognising cultural differences, including power differences, is essential; sharing similarities and finding things in common to strengthen their relationships with their clients was equally important. These participants viewed social work practice as a two-way process. One said: "I think sharing a little bit of self helps the process. People want to know if you are genuine…." Another also mentioned that: "I think that it's like any place people get to know you and you come with good intentions, and people are just getting to suss you out I suppose." Showing the personal aspects of participants themselves to clients, to a reasonable degree, is vital in their practice.

The concept of the use of self in practice is acknowledged; however, it is not clearly defined in social work. Dewane (2006) defined several types: use of personality, use of belief system; use of relational dynamics; and use of self-disclosure were particularly demonstrated by practitioner participants. The use of an open personality appears to assist in enhancing a relationship. Participants described an open attitude to their clients by showing their good intentions and interest in clients as a person, including asking questions. That leads to being open to each other. The participants also shared their life experiences by revealing their personal information when it was deemed appropriate for relationship building. They often come from a similar background to

their clients, such as being a single parent, experiencing family / partner domestic violence, and sharing common cultural and religious beliefs; these connections seem to make it easier to develop relationships. Those participants saw this use-of-self as being more authentic in a relationship with a client within a professional boundary. Integrating self and clients in practice, which requires negotiating differences, is a means to facilitate a practitioner's ability to work effectively with people across cultures in this research. As has been demonstrated in this paper, Aotearoa New Zealand bicultural education in social work has exerted a positive influence on valuing cultural differences that stimulate the participants' development of a receptive attitude toward differences, which can transform their cross-cultural skills.

Conclusion

This study was designed to determine the effect of cultural competence: awareness, knowledge, and skills components applied in practice. The awareness and knowledge components are start-ups for building cultural competence. The findings have shown that participants acquire knowledge using an approach to learning 'about' cultural groups by gathering information about a set of traditions, customs, characteristics, communication styles, and behaviour patterns of that cultural group. Self-awareness, in which one understands one's own cultural background and identity, including acknowledging emotions, thoughts, assumptions, and biases, was often used to maintain the professional self/cultural neutral position. However, these do not directly indicate the participants' competence to work with people from different cultures.

One of the significant findings from this study is that Aotearoa New Zealand biculturalism in social work education has played a significant role in fostering cultural safety: valuing cultural differences and considering others' cultures among

participants. This has predisposed their receptive attitude toward differences leading to change in their behaviours—being willing to learn 'from' clients and becoming more other-oriented by recognising others in practice (cultural humility). The current study found that cultural competence is particularly demonstrated in engagement with clients in negotiating differences between the two parties to bring them into more equal participation in practice.

In recent years, cultural humility has been favoured over cultural competence and the training leads to improving client–practitioner relationships by examining the practitioner's attitudes and beliefs, while cultural competence has been criticised as tokenistic, and an inadequate skill for cross-cultural practice. In this study, cultural humility, shown in the attitudes of a practitioner, can contribute to cultural competence (potential ability). Both are interdependent elements of cross-cultural skills development.

This research result may help us understand that being a culturally competent social worker does not mean always being proficient—to know how to do practice in every cross-cultural situation—but social workers need to figure out ways of working with clients in practice. However, this was a small study, and these findings cannot be extrapolated to all students' and practitioners' development. In addition, social workers who volunteered to participate were more likely to have a strong interest in, and hold concerns about, current cross-cultural social work in Aotearoa New Zealand. These social workers seemed to hold open and positive attitudes toward cultural differences that significantly supported their impetus to develop cultural competence.

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Introducing a professional capabilities framework for social work in Aotearoa New Zealand

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ABSTRACT

INTRODUCTION: This article discusses the findings from a project on enhancing the professional capabilities of newly qualified social workers. Existing capability and competence frameworks are reviewed, and components of a draft Aotearoa New Zealand Professional Capabilities Framework (ACPF) are outlined.

METHODS: This phase of the research programme began with a literature scan of five social work professional capability frameworks then used this information, data from earlier parts of the study, and a series of co-production workshops with key stakeholders to draft a professional capabilities framework for newly qualified and more experienced social workers.

FINDINGS: Analysis of the existing frameworks and data from the co-production workshops identified seven core values and 10 core capabilities to guide early-career and more experienced social work practitioners in Aotearoa New Zealand.

IMPLICATIONS: Professional capabilities frameworks can guide and inform the practice and learning of all social workers. Following further stakeholder engagement, especially with tangata whenua (Indigenous people of Aotearoa New Zealand), it is strongly recommended that the Social Workers Registration Board considers the adoption or adaptation of the APCF as an alternative to the current competence standards.

KEYWORDS: Professional capabilities; education; newly qualified social workers; competencies

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As in other jurisdictions, social work education in Aotearoa New Zealand operates in a highly political and contested terrain (Beddoe, 2018; Nash & Munford, 2001). Professional qualifications are situated within a regulatory context of benchmarks, policies and competence standards (Hunt et al., 2019). In recent years, criticism by public figures, including government ministers and the government-appointed Children's Commissioner, has stimulated debate within the profession about the readiness of new graduates for practice. In addition, significant policy developments, including a substantive government review of child protection services (Ministry of Social Development, 2015), have also increased scrutiny of the roles and capabilities of social workers and the quality of their initial education. However, in the absence of relevant empirical evidence, there is a risk that debates about the nature and quality of social work education rely on unsubstantiated, anecdotal comments by

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policy actors. Consequently, social work education may become directed in ways that are less than optimal for the professional development of new social workers. In 2016, in response to these issues, the Enhancing Readiness to Practise (ER2P) research team were funded by Ako Aotearoa, a national tertiary education organisation, to carry out a three-stage project with a focus on the readiness to practise of newly qualified social workers.

The study

The overall aim of the project was to co-develop, with the social work sector, an evidence-informed professional capabilities framework that could inform the design of curriculum and learning experiences, as well as continuing professional development opportunities, for social workers both before and after the point of qualification.

The 3-year project had three different phases. Phase one, conducted during 2016, focused on mapping the curriculum using documentary analysis to analyse the curriculum documents of the social work degree programmes recognised by the Social Workers Registration Board (SWRB) (see Ballantyne et al., 2019a). Focus group discussions, in a sample of institutions, explored the main messages in curricula and perceptions of gaps (see Beddoe et al., 2018). This phase addressed the question: "What is the content of the current social work curriculum in Aotearoa New Zealand and how does it relate to the ten core competencies of the SWRB?"

Phase two, conducted during 2017, used online survey and interview methods to study the readiness to practise of newly qualified social workers as perceived by graduates and managers (see Ballantyne et al., 2019b). This phase considered the question: "How well prepared are newly qualified social workers to enter professional social work practice and how is their learning being supported and enhanced in the workplace?"

The third phase, in 2018, began with a literature scan on professional capability frameworks (see Hay et al., 2019). Four social work and one social service interdisciplinary competence and capability frameworks from four jurisdictions (Aotearoa New Zealand, England, the USA and Canada) were reviewed. Following this, five workshops with 132 social work managers, field educators and practitioners were convened in Auckland, Hawkes Bay, Wellington, Christchurch, and Dunedin. The purpose of the workshops was to co-produce a draft professional capabilities framework (see Ballantyne et al., 2022). Phase three aimed to answer the research question: "What are the professional capabilities, including cultural capabilities, we should expect of newly qualified social workers and of social workers working at beginning, and experienced, levels of practice?"

This article reports on the findings from this final phase of the project. Firstly, a summary of the key themes from the review of existing competency and capability frameworks are presented, after which components of the draft professional capabilities framework are outlined. Recommended future actions for key stakeholders conclude the article.

Competence and capability frameworks

In common with other professions, social work education and practice is influenced at both international and local levels. The International Federation of Social Workers (IFSW) is widely regarded as the voice of the social work profession at the global level and is recognised as such by the United Nations and the World Health Organisation. The international definition of social work, agreed by the IFSW (2014), provides a high-level description that has influenced local statements and definitions, including frameworks defining professional competencies and capabilities such as the Core Competence Standards (CCS) of the SWRB in Aotearoa New Zealand (SWRB,

2015). Professional and/or governmental regulatory bodies often use devices such as competence and capability frameworks to influence training and education standards and continuing professional development requirements.

To gain a more comprehensive understanding of how different countries and regulatory bodies define and shape professional standards for newly qualified social workers, the ER2P team examined the contents of five separate frameworks or competency profiles (see Hay et al., 2019). Two frameworks were from Aotearoa New Zealand (Ministerial Group on Family Violence and Sexual Violence, 2017; SWRB, 2015), one from Canada (Canadian Council of Social Work Regulators, 2012), one from England (British Association of Social Workers [BASW], 2017) and one from the United States (Council on Social Work Education, 2015). Key elements of these frameworks are summarised below.

Three of the frameworks are described as *competence* frameworks and two as *capability* frameworks. The English Professional Capabilities Framework (PCF) was the first to use the term *capability* in the context of social work education:

> The move from the concept of competence to the concept of capability reflects the desire for social work education and development to move away from a mechanistic tick-box approach to a holistic approach and one which expects educators, students, and professional social workers to consider people's professional capabilities in a rounded way. It will help people identify areas for development. (The College of Social Work [TCSW], 2012, p. 2)

The interdisciplinary family and sexual violence workforce capability framework commissioned by the Aotearoa New Zealand Ministerial Group on Family Violence and Sexual Violence (2017, p. 7), also differentiated the two terms:

> A competency framework sets the minimum standards of competence. A capability framework sets out how individuals and organisations need to adapt, grow, and continuously improve to achieve the highest standards of practice.

To an extent, the frameworks reviewed here reflect these distinctions. For instance, there are clear differences between the holistic, high-level approach taken by the English PCF and the detailed, measurable, and behavioural approach adopted by the Canadian Entry-Level Competency Profile (ELCP). However, this distinction breaks down when considering the competence framework designed by the US Council for Social Work Education as part of their Educational Policy and Accreditation Standards (EPAS). Despite using the term *competence*, the EPAS is one of the most high-level and holistic of all the frameworks reviewed. Indeed, Taylor and Bogo (2014) argued that "… the terms competencies, abilities and capabilities appear to be used interchangeably" (p. 1406) and go on to state that "… some would consider the EPAS competences to be a capability framework" (p. 1409).

The five competency/capability frameworks

This section describes the purpose and structure of each of the five frameworks and the following section identifies cross-cutting themes. Please see the references for links to the full detail of each of the original frameworks.

1. The Aotearoa New Zealand Core Competence Standards (CCS)

As the regulatory body for social workers and social work education in Aotearoa New Zealand, the SWRB maintains a set of 10 CCS used for all competence processes undertaken by the Board, including the recognition of education programmes and the provisional registration of new graduates (SWRB, 2015).

The development of the standards was influenced by the IFSW (2014) definition of social work and the practice standards of the Aotearoa New Zealand Association of Social Workers (ANZASW, 2014). The CCS are intended to specify core, minimum standards of practice for the social work profession rather than detail all the possible knowledge and skills required by social workers (SWRB, 2015). Each of the ten standards contains between four and six statements indicating how social workers should demonstrate the competence in question; there are a total of 45 of these statements (SWRB, 2015).

2. The English Professional Capabilities Framework (PCF)

The PCF, maintained by the British Association of Social Workers (BASW, 2017), was the most complex and comprehensive of the frameworks surveyed. The PCF sets out nine capability domains that social workers are expected to develop. Each domain includes a short descriptor, and then details the capabilities expected for that domain. Unlike any of the other frameworks, the PCF does not restrict itself to the capabilities required of newly qualified social workers but has separate capabilities for nine different levels of ability, ranging from students (there are four pre-qualifying levels) to expert social workers practising in the field. The PCF also deliberately refers to *capabilities* rather than *competencies.*

3. The US Educational Policy and Accreditation Standards (EPAS)

The EPAS were part of a broader report on accreditation standards for social work programmes (Council on Social Work Education, 2015). The EPAS identifies nine competencies, each of which includes a high-level descriptor followed by between two and five behaviours that represent observable components of the competence; altogether there are 36 behavioural indicators. One of the distinctive features of the EPAS is that four of the competencies (from six to nine)

refer to different parts of the social work process, giving the competencies a strong practice-related emphasis.

4. The Canadian Entry-Level Competency Profile (ELCP)

The ELCP is a checklist of minimum measurable, profession-specific competencies which must be demonstrated for beginning social workers to receive registration (Canadian Council of Social Work Regulators, 2012). This emphasis on measurability means that the competencies are detailed and focused on specific behaviours or behavioural attributes. The section on professionalism, for example, details the regulatory requirements for individual tasks, such as conducting assessments, rather than considering the meaning of professionalism in a social work context.

The ELCP has six competency blocks, with 21 competency families and a total of 152 sub-competencies making it the most granular of the frameworks reviewed. Curiously, although the competencies include references to cultural factors and providing services in a culturally supportive manner, there is no reference to the nature of competent practice with First Nations peoples.

5. The Aotearoa New Zealand Family Violence, Sexual Violence and Violence within

Whānau Workforce Capability Framework (FVCF)

The FVCF describes the values and capabilities which should be exhibited by all professionals, including social workers, working in the family and sexual violence sector in Aotearoa New Zealand (Ministerial Group on Family Violence and Sexual Violence, 2017). It differs from the other frameworks as it relates to a specialist area of practice but with an interdisciplinary focus. In addition, the framework includes seven underlying principles or values expressed in te reo Māori and English. The FVCT

also specifies knowledge requirements and a description of what excellent practice looks like in each domain, a description of the actions or behaviours required in each domain, and a list of reflective practice questions for each domain.

Key themes in the frameworks

Eight key themes were identified across the frameworks or—in the case of the first theme—were highlighted as critical to the unique context of Aotearoa New Zealand. The themes include social work with Māori, diversity, social justice, professionalism, critical reflection, advocacy and policy practice, ethics, and knowledge, skills, and processes. Each theme will be briefly discussed in turn.

1. Social work with Māori

Although this theme was not, of course, one that was common across all the frameworks, it is included here because of its critical importance to social work in Aotearoa New Zealand. The SWRB CCS (SWRB, 2015) specify that social workers must be able to work effectively with Māori, including having an understanding of tikanga (customs and traditional values), te Tiriti o Waitangi, and how the historical and cultural context of Aotearoa New Zealand impacts on social work with Māori people. The first competence standard emphasises the importance of *rangatiratanga* (leadership and self-determination), *whanaungatanga* (connection through shared experience, kinship and belonging), and *manaakitanga* (hospitality, respect, care for one another). Social workers must apply these principles so that their practice is respectful, mana-enhancing and culturally sustaining (SWRB, 2015). The principles were incorporated into the CCS as one of the outcomes of a broader review of social workers' competency to work with Māori commissioned by the SWRB (SWRB, 2016) and conducted by Tangata Whenua Voices in Social Work. The public output of this review is known as the Kaitiakitanga Framework (SWRB, 2016), so-called because:

Kaitiakitanga is about fulfilling the vital obligation for 'taking care of, protecting and safeguarding', undertaking its commitment to ensuring the constant pursuit of safe space respectfulness, absolute integrity and wellbeing in relationships, signposting how the practice of "tiaki" can be tracked and assessed. (p. 3)

As noted, the FVCF is founded on seven principles which are grounded in tikanga Māori, including the three principles mentioned above.

2. Diversity

Diversity as a theme of competence or capability featured, broadly speaking, in all five of the frameworks. Human diversity is a far-reaching concept covering a range of facets of identity and experience. Reference to diversity is structured differently in each of the surveyed frameworks. For example, in the SWRB standards, aspects of diversity appear in one competence standard on *diversity and difference*, in another on *different ethnic and cultural groups*, and in the competence standard on *working with Māori* (SWRB, 2015). Social workers must understand how their own cultural background plays a role in their practice and must be able to reflect critically on their practice. They must always engage with others respectfully and ensure their practice is culturally relevant.

The English PCF includes a conceptualisation of diversity with links to intersectionality and forms of oppression. Practitioners should be able to appreciate how different people have varying experiences of marginalisation and alienation and be mindful of privilege and power. In the PCF, diversity includes race, disability, class, economic status, age, sexuality, gender and transgender, faith and belief (BASW, 2017).

In the US EPAS (CSWE, 2015), *competency two: engage diversity and difference in practice* requires practitioners to demonstrate

understanding of the importance of diversity and difference at all levels of practice. Social workers are to "present themselves as learners and engage clients and constituencies as experts of their own experiences" and to self-regulate the extent to which any personal biases and values influence relationships with diverse clients and constituencies (CSWE, 2015, p. 7). The checklist approach in the Canadian ECLP reduces diversity to a set of factors to consider during the assessment process. For example, Canadian social workers must assess the impact of diversity factors such as sexual orientation on the client system (CCSWR, 2012).

According to the FVCF, practitioners should ensure their practice upholds the dignity, values and beliefs of all people, and their diverse cultural identities. Practitioners should have appropriate knowledge of difference between people and communities, not only so they can better understand differing and changing family dynamics, but to ensure they act in a sensitive and non-discriminatory manner. This framework uses an open-ended list of diversity factors including culture, ethnicity, belief, sexual orientation, gender identity, and disability (Ministerial Group on Family Violence and Sexual Violence, 2017).

3. Human rights and social justice

Human rights and social justice are evident in all five frameworks, including an awareness of internationally and locally accepted human rights standards, understanding of oppression and privilege and the effects they have on individuals and communities, and the promotion of self-determination and autonomy. In some frameworks, concepts of rights, justice and advocacy are folded into or indistinguishable from each other.

The SWRB CCS refers to the principles of human rights, social and economic justice. The graduate social worker is expected to be able to promote the principles of human

rights and economic justice, specifically in understanding and advocating for human rights, economic justice and self-determination; understanding mechanisms of oppression and discrimination; and respecting the rights, dignity, values and autonomy of people (SWRB, 2015).

The English PCF requires that social workers recognise and adhere to the fundamental principles of human rights and equality, which are protected in national and international law, conventions, and policies. Social workers must understand the effects of oppression, discrimination and poverty, principles of social justice, inclusion, and equality. Further, they should recognise the impact of poverty and social exclusion and promote enhanced economic status for clients (BASW, 2017).

The EPAS framework requires social workers to *advance human rights and social, economic and environmental justice*. It also makes explicit reference to the interconnections between global oppression and human rights violations. The EPAS requires that graduate social workers be able to apply their understanding of justice to advocate for human rights and actively engage in practices that advance social, economic, and environmental justice (CSWE, 2015).

Similarly, the Canadian ELCP requires graduate social workers to *advocate for and engage in practices to further human rights and social justice* (CCSWR, 2012, p. 10). The framework emphasises the importance of a systemic understanding of poverty, oppression and discrimination and promotes client self-determination and autonomy. Social workers are also required to protect individuals from the undue influences and abusive use of power, to identify how a culture's structures and values may oppress, marginalise, alienate, or create or enhance privilege and power and advocate for equitable access to resources and opportunities.

In the FVCF, human rights and social justice are directly woven into the framework's

list of core principles and are perhaps most closely encapsulated in the principle of *rangatiratanga* (Ministerial Group on Family Violence and Sexual Violence, 2017). Focusing on the specific legislation and human rights agreements which are relevant in any scenario is a further requirement for practitioners.

4. Professionalism

All the frameworks surveyed refer to the importance of the concept of professionalism, although each adopts a different approach to how competencies or capabilities for professionalism are expressed. Three sub-themes could be discerned: professional conduct in general; working with other professionals and organisations; and self-management and self-care. Capabilities and competencies associated with *professional conduct* focus on attitude and behaviour, responsibilities, conflict management, accountability and the reputation and dignity of social work as a profession.

The SWRB CCS require that social workers be compassionate, empathetic and respectful, and that they seek to understand others. They also require that roles and responsibilities be attended to with care and diligence, that professional and personal boundaries are maintained, and that conflict is managed appropriately. Social workers are expected to represent the social work profession with integrity and acknowledge the power and authority attached to their role (SWRB, 2015).

In the English PCF, professional conduct includes characteristics and behaviours including presentation, demeanour, reliability, honesty, and respectfulness. The PCF recognises the importance of understanding the impact of self in interaction with others. Social workers are said to demonstrate professional conduct by taking responsibility for their conduct, practice, and continuing development. Social workers must also be able to consistently maintain personal and professional

boundaries, make use of supervision and act in ways that uphold the reputation of the profession (BASW, 2017).

Competence one of the EPAS combines standards of professionalism with ethical considerations, and specifically covers professional behaviour in terms of appearance, communication and engagement with technology (CSWE, 2015).

The FVCF framework requires that practitioners can work as part of an integrated team, that they understand their roles and responsibilities and that they can communicate effectively with all involved parties (Ministerial Group on Family Violence and Sexual Violence, 2017). Another important aspect of professionalism referred to by several of the existing frameworks is self-care and self-management, requiring social workers to recognise their own limits, to ask for help when they need it and to ensure they are coping with their work.

5. Critical reflection

The practice of reflection, or critical reflection, is consistently included in all frameworks with different emphases and connections made to other competencies, capabilities, and practices. For example, reflection is frequently linked to the use of supervision, to continuing professional development, to the effective application of knowledge and skill, and, in the US EPAS framework, to upholding ethical practice.

The CCS includes applying critical thinking to inform and communicate professional judgments and, in other standards, notes the importance of supervision for social work practice. Graduate social workers are, for example, required to seek supervision or guidance where ethical dilemmas arise and engage in ongoing learning. In addition, the SWRB requires social workers to demonstrate critical reflection in relation to theories, models and approaches (SWRB, 2015). The FVCF encourages practitioners to continually integrate learning into

practitioner development and the document itself includes a series of reflective questions for practitioners after each domain (Ministerial Group on Family Violence and Sexual Violence, 2017).

The English PCF requires that qualifying social workers are knowledgeable about, and can apply principles of, critical thinking. In doing so, they can identify, evaluate and integrate multiple sources of knowledge and evidence for effective practice (BASW, 2017). These sources of evidence include practice evidence, reflections from their own practice experience, understandings from service user and carer experience, together with research-based, organisational, policy and legal knowledge. Interestingly, the English PCF also makes reference to creativity and curiosity as integral components of social work practice (BASW, 2017).

The American EPAS framework requires social workers to use reflection practice situations (CSWE, 2015). Supervision and consultation are recommended to guide professional judgements and decision-making. While all the frameworks refer to the use of research in enhancing and guiding practice, the EPAS is the only one to make this an explicit, high-level requirement. The Canadian framework also includes a competency grouping that emphasises the link between reflective practice, professional development and supervision. Broadly, they are required to engage in reflective evaluation of practice as well as participate in professional development and contribute to the development of others (CCSWR, 2012).

6. Advocacy and policy practice

Most of the frameworks reviewed include references to the advocacy role of social workers (although the English PCF assumes the social work task is to link service users to independent advocacy services), and all the frameworks expect social workers to be competent in understanding and being able to influence or change social policies.

Advocacy and policy-related work are also included within the SWRB's framework in three separate competences that echo the IFSW's global definition of social work:

• Competence standard four: *promote the principles of human rights and social and economic justice*,

• Competence standard five: *engage in practice which promotes social change*, and

• Competence standard eight: *promote empowerment of people and communities to enable positive change*.

The English PCF briefly mentions the value of independent advocacy in their *Rights and Justice* domain but does not specifically consider advocacy on the part of social workers. As above, it does discuss the importance of maintaining human rights standards, but does not discuss the role of social workers in advocating for those rights.

The EPAS framework refers to social worker's competence to offer advocacy for human rights and social justice at micro, meso and macro levels. Different aspects of advocacy work are included in competency three: advance human rights and social, economic, and environmental justice and this is extended further in competency five: engage in policy practice which delineates a clear expectation that social workers understand, evaluate and advocate for policies that advance human rights and different avenues of justice (CSWE, 2015).

Advocacy is also referred to more obliquely in the Family Violence and Sexual Violence framework and the Canadian ELPC. The principle of rangatiratanga in the FVCF includes the concept of advocacy as well as the need to make safe spaces for victims of family and sexual violence and their family members (as well as perpetrators), which could certainly come under a more general advocacy domain. In the Canadian ELPC, advocacy is not emphasised in any general way, but is mentioned in three

separate sections: ethics, service delivery and improving practice and policy (CCSWR, 2012).

7. Ethics

Professional ethics for social work practice is included in all the sources, both specifically in professional conduct, and more generally relative to a wider ethical basis for action and ongoing assessment of what is ethical in specific circumstances. Other than the FVSV framework, which has an interdisciplinary focus, the documents all refer to specific codes of ethics and codes of conduct that apply in their local jurisdictions. The FVCF does include a domain on collective action which addresses the responsibility of practitioners and agencies to maintain the safety of their clients. This could certainly be considered a primary ethical standard, especially in responsible sharing of information and managing interactions between perpetrators and victims (Ministerial Group on Family Violence and Sexual Violence, 2017).

The CCS includes a competence that connects legal and ethical practice, and this requires that social workers follow any applicable codes of conduct and ethics, for example, the ANZASW Code of Ethics. Social workers need to be able to identify and manage ethical conflicts, seeking guidance where necessary. Social workers should be able to recognise and respond appropriately to any conflicts of interest, understand relevant legislation, policies and systems which govern practice and perform any required statutory duties. Clients' rights to privacy must be upheld and they should be informed of any required disclosures of their information. Social workers are also required to keep clear and accurate records of their practice and decision-making (SWRB, 2015).

Domain two of the English PCF is dedicated to values and ethics encompassing professional guidelines and the management of specific client values and beliefs. Much

like the other frameworks, social workers are required to follow professional ethical guidelines and relevant legislation. They are also required to recognise the ways in which their own values and beliefs affect their practice, and to manage competing values, reflecting on any ethical dilemmas with guidance and support. Clients and their families and carers must be actively included in decision-making and ethical discussions, where possible, and in a respectful manner (BASW, 2017).

Competency one of the American EPAS document connects ethics with professionalism, requiring social workers to demonstrate ethical and professional behaviour. This competency refers to the local code of ethics, law and regulations, ethical decision-making models, ethical research practice and the ethical use of technology.

Applying ethical standards is the first of the six competency blocks of the Canadian ELPC and includes a thorough section on ethics, ethical and legislative guidelines, protocols for action in specific situations and ongoing evaluation of decisions from an ethical standpoint (CCSWR, 2012). As with the rest of the document, this section is very detailed and offers a checklist of requirements for practice rather than a set of guiding philosophies.

8. Knowledge, skills, and processes

Although each of the frameworks highlights capabilities and competencies that require knowledge and skills to be applied, these are usually implied or articulated in relation to each statement of competence or capability. The exception to this is the English PCF which includes a separate domain for knowledge and another for skills and interventions; and, to an extent, the CCS.

In the CCS, reference to knowledge and skills is generally assumed in each of the competences. Core competence six is the exception to this, where social workers

are expected to understand and articulate social work theories, indigenous practice knowledge, other relevant theories, and social work practice methods and models (SWRB, 2015). This reference to indigenous practice knowledge is unique and important for social work practice that embraces biculturalism and recognises responsibilities to Te Tiriti o Waitangi. In other competences, the ability to access and evaluate multiple sources of knowledge is valued, including technological and research-based knowledge, and the ability to transfer this knowledge into practice (SWRB, 2015). The CCS also require that social workers understand human behaviour, can apply their knowledge of different social work theories and models in practice, and are able to critically reflect on this process (SWRB, 2015).

The English PCF takes a more explicit approach to the specification of knowledge and skills. Domain five of the PCF is headed "knowledge" and social workers must learn and apply relevant knowledge from social work practice and research, other relevant fields, and from the experience of service users. The skills and interventions domain specifies that social workers must draw on knowledge to support individuals, families, and communities and to promote independence and enable progress (BASW, 2017). In contrast, an integrated approach is taken in the EPAS whereby:

> Each competency describes the knowledge, values, skills, and cognitive and affective processes that comprise competency at the generalist level of practice, followed by a set of behaviours that integrate these components. (CSWE, 2015, p. 7)

Although the EPAS does not include separate competences on knowledge or skills, it does make explicit reference to four steps in what is widely accepted as the process of social work (Watson & West, 2016), and expresses these steps as four of their nine competences, giving the overall framework a very strong and recognisable practice-related foundation.

The Canadian ELCP does not have a high-level statement of knowledge or skills, but the 152 sub-competencies are expressed in a very detailed, technical skills-related format. For example, in relation to the global competency family "gather pertinent information by systematic questioning and regarding the nature and degree of problem", there are nine sub-competencies including, for example, interviewing clients to gather information from the clients' perspective regarding the nature and degree of a problem (CCSWR, 2012).

The FVCF incorporates many skills related to family violence practice in the form of checklists and evaluative questions intended to guide practice and minimise risk of further harm. In the FVCF, there is an emphasis on practitioners needing to understand risk factors and to be proactive and safe in seeking information (Ministerial Group on Family Violence and Sexual Violence, 2017).

Although there were similarities in the content of the frameworks, each was structured differently and expressed at different levels of detail. There were also some unique features in each of the frameworks including competence for working with indigenous people in the CCS; the specification of nine different levels of capability in the English PCF, progressing from entry level to expert levels of practice; the articulation of a set of underlying principles or values in the FVCF that permeated all of the capabilities; and the clear emphasis on practice articulated in the four stages of the social work process included in the EPAS.

The Aotearoa New Zealand Professional Capabilities Framework

Underpinned by the evidence from the first two stages of the project including literature scans (Ballantyne et al., 2019a, 2019b), a review of five existing competence and capability frameworks (Hay et al., 2019), and a series of five stakeholder co-production workshops (Ballantyne et al., 2022), the ER2P

team agreed on several design principles for the creation of a professional capabilities framework.

The research team also consulted our project advisory group which included Tangata Whenua Voices, employers and other key stakeholder organisations.

The first was that, following the approach of the FVCF (Ministerial Group on Family Violence and Sexual Violence, 2017), a set of values expressed in te reo Māori (Māori language) and with descriptions in English would be outlined. The values represent the bicultural heart of the framework and are clear enough to be understood by any student, social worker, or service user. The values drafted for the co-production workshops were well received with minor amendments made to the descriptors and—responding to the suggestion of several workshop groups—the inclusion of one additional value: Wairuatanga. The final values were subsequently requested for adoption in the revised version of the ANZASW Code of Ethics (ANZASW, 2019).

Secondly, influenced by the English PCF (BASW, 2017), we wanted a framework that focused on different levels in the professional development of a social worker. Given time and funding constraints, we proposed drafting three levels: newly qualified social worker (NQSW); first year of practice or after one year of supervised practice (preferably as part of an assisted and supported first year of practice); social worker or on attainment of two to three years of supervised practice. Following feedback from the workshops the NQSW level was drafted and then projected additional indicators for the first year of practice and social worker levels were included.

Thirdly, and in common with all the existing frameworks, the Aotearoa New Zealand PCF was not designed as a comprehensive list of all the knowledge, skills, and attributes of social workers, but highlighted core capabilities. The intentional use of *capabilities*, as opposed to *competencies*, was informed by the previous

definitions that emphasised a holistic and dynamic approach wherein continuous improvement is sought. The capabilities were limited to 10 and included a capability descriptor and several behavioural indicators for each of the three levels. In common with the EPAS framework, each capability is holistic and describes the knowledge, values, skills, and cognitive and affective processes that comprise the capability. The behavioural indicators signal observable components of the capabilities. The strong practice emphasis of the EPAS which included the four steps in the social work process, engagement, assessment, intervention, and evaluation, was agreed by the workshop participants and the ER2P team.

Finally, unlike the English PCF, the Aotearoa New Zealand PCF (APCF) is firmly focused on the transition from NQSW to professional practitioner status, and the three levels build on each other. As social workers progress through the three levels, their capability becomes integrated and enhanced and this is expressed in the framework by using fewer, higher-level indicators. The full capabilities framework is publicly available (see https://ako.ac.nz/our-community/ako-aotearoa-news/new-professional-capabilities-framework-innovative-development-in-social-work-education-for-aotearoa/) and three of the 10 capabilities are outlined below so readers can understand the structure of the framework.

CAPABILITY ONE: Te Ao Māori | The Māori World

Social workers are capable of understanding the historical and present effects of colonisation on tangata whenua as the indigenous people of Aotearoa New Zealand. Social workers understand and work to promote the principles and articles of Te Tiriti o Waitangi (the founding document of Aotearoa New Zealand society) and work with whānau, hapū and iwi to maintain relationships that are mana-enhancing. Tau iwi social workers are respectful of Te Ao Māori and recognise when it is appropriate to seek cultural guidance, supervision and advice from cultural advisors.

CAPABILITY TWO: Kanorau | Diversity

Social workers understand how the power dynamics of diversity and difference lead people to experience marginalisation, stigmatisation, oppression and exploitation. Social workers understand how different forms of diversity intersect to shape human experience and the identities of people. Social workers demonstrate self-awareness and are capable of reflecting on how their own experience, personal values and biases impact their work. Social workers are capable of advocating with, or on behalf of, oppressed peoples and of analysing and challenging all forms of injustice and oppression including exploitation, marginalisation, powerlessness, cultural imperialism and violence.

CAPABILITY THREE: Manatika | Social justice

Social workers understand the sources of social inequity and are capable of taking actions to protect and advocate for human rights including civil, political, environmental, economic, social and cultural rights. Social workers recognise the impact of social structural factors on the lives of people—such as poverty, racism, poor housing and social exclusion—and are capable of working with people at micro, meso and macro levels to prevent stigmatisation and promote social change. They understand the global interconnections of oppression and human rights violations and are knowledgeable about theories of human need, social justice and strategies to promote social, economic and environmental justice and human rights. Social workers promote strengths, agency, hope and self-determination.

Conclusions and recommendations

The draft Aotearoa New Zealand Professional Capabilities Framework (APCF) evolved from a comprehensive

Table 1. Capable Social Workers Can:

NQSW	FIRST YEAR OF PRACTICE	SOCIAL WORKER
1.1 Explain how colonisation, historically and currently, impacts the wellbeing of tangata whenua and the nature of social work practice in Aotearoa New Zealand.	1.7 Make active use of cultural supervision to improve understanding of Te Ao Māori, Te Tiriti o Waitangi and to improve confidence and capability to work effectively with tangata whenua.	1.10 Act independently and with confidence to challenge the practice of agency workers and others that undermine commitment to advancing the wellbeing of tangata whenua.
1.2 Maintain relationships that are mana-enhancing, self-determining, respectful, mindful of cultural uniqueness and acknowledge cultural identity.	1.8 Reflect critically on agencies commitment to Tiriti o Waitangi and commitment to advancing the wellbeing of tangata whenua.	
1.3 Use practice behaviours that promote mauri ora by ensuring safe space, acknowledging boundaries and meeting obligations.	1.9 Demonstrate improvements in knowledge and skill in te reo and tikanga Māori.	
1.4 Engage in practice that is culturally sustaining, strengthens relationships, is mutually contributing and connecting and encourages warmth.		
1.5 Demonstrate beginning knowledge and skill in te reo Māori.		
1.6 Demonstrate beginning knowledge and skill in tikanga Māori.		

Table 2. Capable Social Workers Can:

NQSW	FIRST YEAR OF PRACTICE	SOCIAL WORKER
2.1 Display openness to learning about diversity and difference and recognise service users as experts of their own lived experience.	2.5 Make active use of professional supervision to improve confidence and capability to respond to diversity and challenge oppression.	2.7 Demonstrate leadership in improving organisational and/or governmental policies to increase responsiveness to diversity and difference and to challenge oppression.
2.2 Reflect critically on personal values, culture, knowledge and beliefs and show awareness of the influence of bias in decision-making.	2.6 Promote diversity and difference by, where appropriate, challenging assumptions, organisational cultures, practices and policies.	
2.3 Communicate and engage respectfully and effectively with diverse groups of people.		
2.4 Critically analyse how organisational cultures, practices and policies may limit effective responses to diversity and difference.		

process involving multiple methods, including a literature scan, a review of five existing competence and capability frameworks and a series of stakeholder workshops. It attempts to synthesise the best of the frameworks reviewed with a commitment to Te Tiriti o Waitangi and bicultural practice, the latter being reflected in its values and capabilities. The development of the APCF was preceded by, and built upon, two prior project phases where the social work curriculum was mapped (Ballantyne et al., 2019b), and the readiness to practise of graduates as perceived by front-line managers and by graduates themselves was evaluated (Ballantyne et al., 2019c). Taken together, the three project phases make the development of the APCF one of the most evidence-informed social work frameworks in the world. Having said that, one of the limitations of our study during phase one that may have influenced the outcomes in the final phase was the fact that the two wānanga-based programmes declined to take part in the study. In effect, this meant that the deep commitment to Mātauranga Māori approaches to social work reflected in their programmes were not represented in project data during phase one and therefore absent from the project taxonomy.

We recognised this limitation in Ballantyne et al. (2017):

> … within the social work education community in Aotearoa New Zealand there is more than one worldview and epistemological perspective to consider. It is not the intention of this project to develop a taxonomy that reflects Te Ao Māori in its deepest sense, or to fully represent indigenous ways of knowing or kaupapa Māori pedagogy. That could only occur in a taxonomy that was expressed entirely in Te Reo Māori and led by tangata whenua researchers. What we do intend to do is to include those terms in Te Reo Māori that express key educational concepts and indigenous practice models included in the curriculum documents of our participating social work programmes. (pp. 21–22)

In addition, as we know from studies of evidence-informed policy in other domains, even with a perfectly representative knowledge base, evidence alone is insufficient to achieve change (Cairney, 2018). To be effective, this framework needs to be widely supported and endorsed by key stakeholders—especially the most powerful stakeholders.

Table 3. Capable Social Workers Can:

NQSW	FIRST YEAR OF PRACTICE	SOCIAL WORKER
3.1 Describe the framework of human rights and freedoms and the New Zealand and international laws, conventions and protocols that underpin it.	3.6 Make active use of professional supervision to improve confidence and capability in promoting social, economic and environmental justice and human rights.	3.8 Show leadership in promoting organisational transparency and political accountability with regard to social justice and human rights.
3.2 Explain the dynamics of power and privilege in Aotearoa New Zealand and the forms of inequity that result from them.	3.7 Take practical steps and actions that result in the protection and promotion of the rights of service users.	
3.3 Advocate for and protect human rights including civil, political, environmental, economic, social and cultural rights.		
3.4 Understand how legislation and policy can advance or constrain people's rights and makes appropriate use of the law to protect or advance rights and entitlements.		
3.5 Promote the strengths, agency, hope and self-determination of people.		

As noted, the values delineated in the framework were later adopted by ANZASW as the core values in a revised professional code of ethics (ANZASW, 2019; Ballantyne et al., 2022) and the new code was commented on favourably by Banks (2021) who noted its distinctiveness and that it was "[s]tructured in terms of values and principles, the values are based on Te Tiriti o Waitangi and include reference to qualities of character as well as behaviours and actions" (p. 122). In other words, the professional association recognised and embraced the value of the framework.

However, in a profession where educational outcomes are closely regulated by governmental stakeholders, the SWRB and their core competence standards mandate educational outcomes. The APCF, and all three of the ER2P project reports, were submitted for inclusion in a proposed governmental review of social work education. At the time of writing, the SWRB is currently reviewing their educational programme requirements and the competence standards. We strongly recommend that the SWRB considers the adoption of the APCF, or an adaptation of the framework, as an alternative to the current competence standards. Further collaborative work with industry stakeholders, especially tangata whenua stakeholders, to review and develop the framework would ensure its continuing relevance. If adopted, the framework could become a significant educational focal point for the initial education of social workers and their continuing learning and development.

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Mandatory reporting: 'A policy without reason'

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ABSTRACT

This viewpoint explores the recommendation to introduce mandatory reporting from the recent report into the case of Malachi Subecz, a child who was killed by his caregiver. I argue that this policy would have unintended consequences. It is likely to flood the system with low risk cases, which could make identification of high risk cases more difficult. It reduces a focus on prevention; intensifies resources and power within Oranga Tamariki; and does not take into account either the complexity of issues causing abuse and harm, nor their widespread nature. This policy is also likely to exacerbate inequities for Māori, as bias is more likely to impact low risk reports. Currently, people may not report due to a lack of clarity around the type and severity of cases they should report, and limited or inadequate responses to previous reports made, not because they are unable to recognise the signs of abuse or are unwilling to act on them. Instead, we should keep a strong focus on prevention and devolution, while also urgently generating a clear consensus between Oranga Tamariki and key reporters about when, why, how and what the outcomes of reporting should be. Alternative recommendations are suggested.

Keywords: child protection; mandatory reporting; prevention; public health

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Two recent reviews of practice in the wake of the tragic death of Malachi Subecz in Aotearoa New Zealand have made various recommendations to improve the system (Poutasi, 2022; Office of the Chief Social Worker, 2022). One of these is mandatory reporting: where professionals (and sometimes the public) are required by law to report to Oranga Tamariki (OT) about children they suspect are being abused. While on the face of it this might seem sensible, mandatory reporting does not necessarily lead to safer children. It leads to overwhelmed systems, inaccurate decision-making (the needle in a haystack effect), higher thresholds for action, increasing disparities for Māori, and damaged relationships with families who could have been provided with preventive support. Mandatory reporting pulls the focus and resources of a child protection system away from prevention and towards reactivity. What's more, the framing of this debate so far has been framed as 'mandatory reporting or nothing', ignoring the fact that we already have a legal requirement that every organisation working with children have a reporting policy in cases of suspected abuse. Sanctions for not reporting (which in the case of Malachi Subecz led to the early childhood centre closing down) are already in place, so the important questions are: will increasing personal legal liability for reporting improve the process compared to the current regulatory requirements? Will any improvement gained by this outweigh the negative consequences?

To find the answers, we need a deeper understanding of why people don't report, what a focus on 'reporting' does to the system, and importantly, whether it makes children any safer. These questions can only be considered within an understanding that the child protection system both harms and helps. Previous reviews have laid bare the potential for negative effects of the statutory system, including unwarranted removals, overreaching investigations, racism and abuses of power (Waitangi Tribunal, 2021). At the same time, the statutory system undoubtedly also has positive effects in many cases, working through complex family situations to improve the lives of children and their whānau. The centralised system currently in place requires reports to the statutory arm of the system – Oranga Tamariki (OT) – which come from many other professionals, family members and members of the public. Over time, the influence of 'small state' thinking has progressively contracted out support, education, preventive and therapeutic services, steadily shrinking the functions of OT into its current statutory roles of investigation; coordinating services; managing family group conferences and plans; and sometimes applying for orders to bring children into care, then supporting those care arrangements. In part because of this division of services, the threshold for OT accepting reports is restricted to those children who need statutory intervention, with all others usually being sent back to community agencies for support-oriented services. In this kind of system, the decision to report becomes a question of: does this child and their family meet the threshold for what OT does? This question of 'threshold' then becomes fundamental, signalling another problem with the framing in the current media debate, as one based on an inability by reporters to 'recognise the signs of abuse'. This is not usually the problem. The decision for reporters is not really about a lack of recognition, more often it is something like: is the (constantly dynamic) level

of care provided to this child currently below a minimum acceptable standard of parenting, to the point that OT should act?

Onto this complex stage steps the issue of what mandatory reporting does. Harvey et al. set out the problems with this succinctly:

> The US ... system often begins with well-intentioned professionals making child protection hotline calls, jeopardising their own ability to work with families and subjecting the families to surveillance.. By the system's own standards, most of this surveillance leads to no meaningful action... [Reporters]—whether motivated by genuine concern, which may nevertheless be informed by implicit biases towards low-income families and families of colour; fear of liability; or the desire to access services they believe families cannot acquire elsewhere—overwhelm our child welfare sytem with unnecessary allegations of maltreatment (Harvey et al., 2021, p1).

The US has had a mandated environment since the 1960s, following the discovery by Kempe and colleagues of the 'battered child' phenomenon (Melton, 2005). The expectation was that a few hundred people each year might be reported. Instead, they now have millions of reports, the majority of which are not substantiated. For example, Ho et al. (2017) compared states with and without universal mandatory reporting and found that the probability of reports being confirmed was significantly lower in mandated environments. In New South Wales (NSW), where mandatory reporting has been in place since 1977, (and named in the review as a mandatory reporting 'success') there are huge numbers of reports, a low percentage of which are substantiated compared to Western Australia, where there is no mandatory reporting (Ainsworth, 2002). In NSW the proportion of cases substantiated was just 21% of all reports, while in Western Australia it was 44% (Ainsworth, 2002, p.58). What these examples show is that mandatory reporting doesn't just flood

the system with cases that actually require statutory investigation – it floods the system with low-risk cases, due to professionals fearing liability and so reporting 'just in case'. If a system flood resulted in more high-risk cases being reported, it would be much more persuasive (and worth the subsequent administrative burden) but it does not. Instead it can overwhelm the system with low-risk cases that reduce the ability to identify the high-risk ones.

As Gary Melton wrote in his famous article 'Mandatory reporting: a policy without reason', reporting was initially proposed as a fix for child abuse back when it was assumed by Kempe to be limited to those who had a kind of 'syndrome' or distinct psychological disorder that caused them to abuse their children. We now know that child abuse and harm are much more widespread, far beyond this imagined small group of 'deviants'. We also know it exists on a continuum of parenting, along which people can move over time in either direction, as do the social definitions of what 'counts' as abuse. It is not just those who have some clearly identifiable 'disorder', but abusive behaviour can be perpetrated by anyone—there is really no 'them and us'. So it's not a matter of just being able to recognise 'signs' of abuse, what's more relevant is understanding the causes of harmful behaviour towards children and how we can mitigate them, as well as at what level of severity to report.

On the question of causation, Melton (2005) explains the issue is more complex than first thought, with multiple types of abuse and complex causes, only a few of which are related to individuals per se. While there are individual factors that increase the chances of becoming abusive (own history of abuse, abuse-supportive beliefs about child discipline, impulsivity); social stressors, particularly poverty, increase the chances of child harm of all kinds. Exposure to poverty sets the scene for many social ills that can have a knock-on effect on parenting, for example: the chances of drug use and other mental health difficulties, other physical health issues, poor housing, high care burdens, all of which put direct pressure on parenting. Just as hungry children can't learn, hungry parents in cramped and inadequate housing with no money have an even harder time with the normal pressures of parenting. There are also community level causes, such as living in highly transient neighborhoods, low social cohesion, social isolation or low community resources. This is why reporting people to a central investigatory agency doesn't automatically address or prevent the problem, because it doesn't address those stressors or other social causes.

To report every possible case, however minor, creates a system big on monitoring and triaging, and small on prevention. It exacerbates the ambulance at the bottom of the cliff phenomenon and turns all professionals outside of OT into monitors rather than helpers. Of course, this doesn't mean we should throw up our hands and do nothing—far from it. Serious cases should be reported as soon as possible. But it does mean that the resources we have to throw at the issue should be distributed in a way that is heavily weighted towards prevention, and that the reasons and thresholds at which reporting should happen are clearly agreed and communicated.

Currently the budget for prevention is already stretched, with some key services under strain. Strengthening families has been reduced in some parts of the country, and other services such as *Family Start* and *Social Workers in Schools* have had their budgets threatened. Within OT the number of social workers is falling. So the overall picture of a flood of reports, requiring a much higher number of social workers to process and triage them, combined with ongoing cuts to the budgets of preventive services, points to a much bigger issue than mandatory reporting. Making reporting mandatory in this environment could push the threshold even higher for action, because with less prevention and a lower reporting threshold, there will likely be many more reports. Unless

people and resources are available to assess each report, only the highest risk ones filter through the strained system, which will then be less able to identify the truly high risk ones. So there are some perverse consequences, and wider system factors to consider.

As mentioned above, a regulatory regime to encourage reporting is currently in place. The question of why organisations do not report when they clearly should is a legitimate one. Many of the situations people in the community deal with are rarely black and white. Most 'signs of abuse' are not deterministic, and are well known to community workers. It's not they can't recognise these signs, it's that many don't absolutely point to abuse. For many commuity workers the bigger question is 'how can I mitigate the potential for harm to the children in this family, and when does it reach a threshold for reporting?' Parenting behaviour occurs within a complex mix of family relationships, resources, and dynamics, some of which they can mitigate themselves more effectively than OT. Community professionals have a range of methods for addressing some types of family situations to stop them escalating into abuse, or working with families in educative and supportive ways to reduce harm without subjecting children and their parents to the harms and stresses caused by investigation. If we mandate reporting, reports will be forced through which won't meet the OT threshold for action, but will still damage the relationships between community workers and the family. The family may disengage, and then the children and their family could be left with no support that might actually reduce the harmful behaviour.

Some non-reports are a threshold issue— that is there may be a general concerning picture, but with protective factors as well that all change over time, but generally don't meet the threshold for OT to take action. There is a lack of clarity about where this threshold is, and it appears to be very high in many places, with unclear criteria, which community reporters must divine through trial and error. This is something

we should be examining more closely, because the other main reason professionals may not report is that they are affected by previous negative reporting experiences. They may have reported similar cases before and OT did not act on them; there was a long delay in contact or response from OT, (or none at all); OT didn't gather enough relevant information from the people closest to the case so arrived at an erroneous plan of action; or the reporter didn't know what the outcome was or the reasons for it. These experiences reduce trust in reporting. Clarification is definitely required about which cases can and should be reported, and a clear process that reporters and whānau can expect from OT once reports are made (there is some pleasing attention to this issue in recommendation 3 of the Oranga Tamariki practice review, and in the mention of better guidance around reporting and inter-agency work in the Poutasi report (Office of the Chief Social Worker, 2022; Poutasi, 2022)).

Just three years ago, in response to the Hawkes bay case, we were filing another case review, and another five reviews, all focussed on reducing the chances of children entering care, more acknowledgement of the potential for harm caused by the system itself, and on reducing disparities for Māori. Part of the ongoing action from that event (for example, the Waitangi Tribunal's urgent inquiry into OT, (2021) Te Kahu Aroha, the Ministerial Advisory Group) focusses on returning authority to Māori, on the devolution of resources to communities, and on preventing children entering care. But mandatory reporting will work in the opposite direction, increasing both total reports and Māori reports, intensifying the power of Oranga Tamariki, not iwi or community, and increasing disparities for Māori. This is because when people are encouraged to be risk averse, and act on suspicion for low level cases, that subtly entwines with racist assumptions about risk entering into decision-making. Racist biases that view Māori as inherently

'risky', are likely to increase the disparities for Maori in a mandatory environment (Keddell & Hyslop, 2019). Disparities will increase for another reason too. Structural disadvantages affect Māori more than non-Māori, so the effects of reducing risk levels for reporting also gathers up more whānau Māori suffering adverse social conditions.

Finally, careful thought is needed about what kinds of knowledge and education are required to navigate reporting decisions. Simply focusing on 'recognising the signs and symptoms of abuse' is answering the wrong kind of question if we want a system focussed on prevention. Instead of 'what are the signs?'–90% of which are fundamentally indeterminate anyway–we should be asking 'what are the causes of child abuse and harm and how can we mitigate them?'. This requires a much broader approach to child and family wellbeing, a contextual view of abuse and harm, and an understanding of effective responses. As Levi (2021, n.p.) pointed out:

> Equally, if not more troubling, few ('signs of abuse') trainings take a broader view. Such a view would move us away from surveilling families with a "when in doubt make a report" approach, and toward supportive action and empathy. It is important to help people, especially mandated reporters, think more critically about what they see, and how they interpret it; when to be concerned, and when (and how) to take action to safeguard children and support families. There is a profound difference between poverty and neglect, and between abuse and parenting that is not what the observer thinks is ideal. Rarely are mandated reporters being trained to be on the lookout for children in a way that explores a broader concept of well-being, and understands the complex and compounding impact of economic inequities, cross-generational trauma and systemic racism.

On that note, it's worth asking: who will benefit from mandatory reporting? The charities positioning themselves to offer 'training' on 'recognising the signs of abuse' will undoubtedly benefit, as requirements for that kind of ongoing education will make their services indispensable. There are huge conflicts of interest when we give them the microphone to promote their wares by supporting mandatory reporting. It would be good to hear from more professionals in the sector–from people who regularly make reports, people who are currently bound by reporting policies in their organisations, what it's like for the social workers who receive those reports, and from families who have been reported and what helped or did not help them. Children exist in a context, and unless we understand that context we are unlikely to make things any better for them.

Alternative recommendations:

- Create a consensus between community reporters and Oranga Tamariki on what kinds of cases should be reported, what the process will be following reports, who will be included in communication, why, and when. Communicate this consensus to all stakeholders, with clear guidance and an active education strategy. Ensure parents, whānau members, young people and Māori are included in the consensus-building process.
- Ensure that enough information is gathered at the initial assessment phase to make a sound decision. If the reporter is a community professional who knows the family well, speak to them. Tell reporters what to expect next and act on it.
- Focus education in the sector on what causes child abuse and harm, how to prevent it, and understanding families in context, rather than 'signs of abuse'. The former creates a workforce that can take action to prevent harm, the latter creates a workforce focussed on surveillance.
- Consider reporting within the wider context of Te Tiriti, prevention and community devolution paradigms.

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The wildest dreams and the Asian gaze

Ai Sumihira, Registered social worker

Earlier this year, I received an email from Liz Beddoe suggesting I read the article "Smashing the patriarchy to address gender health inequities: Past, present and future perspectives from Aotearoa (New Zealand)" written by Came et al. (2021). The article was creative, about cutting-edge feminist health research, investigating power relations between patriarchy and gender health inequity over four decades and imagining a better future for women. Being a healthcare professional working during the Omicron pandemic, reading such an article was a breath of fresh air and reflecting on its contents made my gaze wander with curiosity over a few interrelated gender health topics. All three authors, Associate Professor Heather Came, Dr Anna Matheson, and Associate Professor Jacquie Kidd, shared their personal stories in the article. I very much appreciated the hopes and aspirations projected by those intimate narratives. Since I am an ethnic minority here in Aotearoa New Zealand, this article made me want to explore how we, Asian women, are doing in Aotearoa New Zealand in relation to our health. My curiosity got me wondering if there is such a thing as *feminism* in Asia, or if there is such a thing as a feminism in Aotearoa New Zealand that contributes to minority women's health. This commentary essay is about a personal and professional reflection on the article written by Came et al. (2021) through my meandering gaze, with the realisation that I don't even know how to say "feminism" in my first language.

Background

In 2007, one of the most respected scientific international climate panels, namely the Intergovernmental Panel on Climate Change (IPCC), published their fourth report (IPCC, 2007). For the people who were interested in environmental issues, or for people who were simply wanting to survive through climate change, this "Fourth Report" was a bomb. In other words, it was ground-breaking. The report basically stated (with evidence) that climate change was man-made (probably the first time to acknowledge it formally), and the impacts of climate change (given the speed of erosion at that time) would be most dire in Asia, Africa and the Pacific Island nations. The report also alerted us that we didn't have much time at all if we wanted to reverse the consequences expected (IPCC, 2007). To me, the message presented by the report was very clear. It was very concise and comprehensive—you could not have misinterpreted it. What the report said was consistent with what I and my community in Japan have witnessed over the last decade or so. Although typhoons are annual seasonal events, and communities have lived through them for hundreds of years and thousands of seasons, the force of recent typhoons seems to have become more intense—beyond what we have previously experienced.

Back in 2008, I was a first-year social work student in Auckland and was in the social policy class. The coastal environment was the topic I had chosen for the policy analysis assignment. When I spoke from my own experiences that climate change was a social issue because it would worsen the existing social issues, everyone in the class laughed. One of the smartest students in the class tried to calm others down by saying "don't laugh, this is what Ai believes!" I didn't think it was just my belief, it was my lived experience that had grown into my passion for helping others who were in need. Because, from where I stand, to this day, life is hard. In the class in 2008, most social work students were women, Pākehā women to be exact, who

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probably had not seen any intense typhoons, nor had they lost any family members in the environmental calamity. I was only one of a few migrant students in the entire class then; I felt very embarrassed. This experience got me wondering if the classmates would have laughed if the comments had come from a person (say a middle-aged Pākehā man), who had a proper university degree, not just a person with lived experiences.

Gaze is a concept that originated in film-making terms to describe the frame of the picture, or in this case, a *standpoint*, which is widely applied in feminist analysis (Mohanty, 2003; Rahmanipour et al., 2019). Everyone has a different standpoint, depending on where you are coming from and who you are. Multiple realities exist in this world, particularly in this post-modern world. In the classroom in 2008, I was unable to be sure about my own knowledge and experience, because I desperately wanted to fit into the dominant culture.

In 2022, I am a part-time postgraduate student staring at the Zoom screen, trying to engage in discussion in class. The lecturers emphasised several times during the discussion that "there are no right and wrong answers, just try to articulate your points". I know, for sure, that what I said in 2008 in the social policy class wasn't wrong, but the learning environment made me feel like I had said something wrong. Particularly over the last few years, climate change and its impacts have become mainstream knowledge. Young people have initiated climate strikes and demanded that the government address global warming (Sumihira, 2019). There is nothing new about climate issues, though—not new to where I stand as an Asian woman. The awareness about climate change in this community might have changed dramatically in the last few years. In the Zoom class, I could hear Taylor Swift's song "22" in the background of one of my classmates' screens. Although the song was about age, being 22 years old, the words "we're happy, free, confused

and lonely at the same time" (Swift, 2021) sounded like a precise phrase to describe 2022 so far.

Asian health in Aotearoa New Zealand

Asia refers to the region from the far east of Mongolia to the far West of Afghanistan. The Asian region is considered to be one of the most culturally and linguistically rich areas on the planet (Ameratunga et al., 2008). In Aotearoa New Zealand, the Asian population has grown to become the third-largest ethnic group, based on the 2018 Census (Statistics NZ, 2020). Almost 20% of young people aged 15-29 years in Aotearoa New Zealand are Asian (Peiris-John et al., 2022).

The majority of Asians in Aotearoa New Zealand were born overseas. While it is considered that the process of migration can have an impact on health and wellbeing (Abubakar et al., 2018), information about Asian health has been somewhat invisible here. Some scholars point out that the statistics seem to be insufficient, or suffer from inadequate analysis (Ameratunga et al., 2008; Liao, 2019). Health statistics of the Asian population tend to be projected as healthier than other ethnic groups sometimes; however, the data tend to be missing a detailed analysis. For instance, health research often refers to *Asian* as an aggregated group, although there are significant variables amongst sub-groups. In comparison to Chinese, Indian people tend to have a higher prevalence of diabetes and cardiovascular disease. In essence, aggregated data often camouflage the details of Asian health status (Liao, 2019; Peiris-John et al., 2022).

The "healthy immigrant effect" was highlighted in some Asian health studies. Liao (2019, p. 32) explains that "[h]ealthy immigrant effects" refer to the process of immigration requirements in which candidates need to present a good state of health, work skills and employment

opportunities in order to move to Aotearoa New Zealand. At the same time, some scholars have called attention to the data which reveal that, overall, Asians have significantly low usage of health services—as though they were afraid to be sick (Ameratunga et al., 2008; Liao, 2019). For instance, Asians in general, showed lower usage of ACC, disability services, residential care, and mental health services. The lowest enrolment with primary health care was also highlighted. The low rate of usage cannot be simply interpreted as though there is no demand (Liao, 2019). From my experience, it was very difficult to find literature that describes why Asians have a lower rate of health service usage, therefore, I searched for more specific explanations.

Asian women's health

Around the year 2008, I stopped wearing feminine clothes, because I felt unsafe doing so. It seemed there was unhealthy attention directed towards Asian women in the community at that time. I did not know what to do about, or where to report, harassment. A Swedish study in 2008 showed that Asian women in Sweden were also more likely to encounter less favourable sexual experiences such as unwanted touching. The majority of Asian participants in the study disclosed encounters involving inappropriate sexual comments made by men in public, and some women reported that they chose to stop wearing dresses in order to cope with those disheartening comments against their appearance (Lindblad & Signell, 2008). It was good to know that I was not alone.

At about the same time, the Victoria University of Wellington carried out a study in 2010 about New Zealanders' attitudes towards Asian migrants, and the study reported that about half of New Zealanders believed Asian migrants were driving New Zealand in an unpleasant direction. The same study reported that the majority of New Zealanders held an untruthful false belief that Asian migrants had brought

more crimes to the community. The actual data showed only 2.5% of the incarcerated population was identified as Asian in 2010 (Girling et al., 2010). Nearly a quarter of Asians in this study reported experiences of discrimination and racism—it was a lot higher than for any other ethnic group (Girling et al., 2010).

An Aotearoa New Zealand scholar, Associate Professor Rachel Simon-Kumar, highlighted in her study in 2009 how media contributed to constructing the negative images of Asian females in Aotearoa. It was reported that a period in 2002 showed a rapid rise of interest in Asian females' sexual health. Several headlines such as "Asian Shame", "Multiple-abortions not uncommon for Asians", and "student troubles" broadcasted throughout the media, projected the image that young Asian students' sexual practices were "reckless and risky" (Simon-Kumar, 2009). In her study, Simon-Kumar (2009) investigated and reported that the actual data showed that the Pākehā women had the highest number of abortions in Aotearoa New Zealand. However, the higher rate of abortions amongst Asians was noted, the majority of service users were married older females in contrast to how the media presented it. The number of abortions in younger Asian women was, in fact, the lowest.

Gender-based violence is a major public health issue as well as the most prevalent human rights issue (Langer et al., 2015). Amongst the Organisation for Economic Co-ordination and Development (OECD) countries, Aotearoa New Zealand has the highest rate of family violence (Hager, 2020). Violence creates significant negative health consequences including low self-esteem, post-traumatic stress disorder, and self-harm (Langer et al., 2015). A number of studies, such as the Lancet report (Langer et al., 2015), Ministry of Social Development (MSD) report (2010), Simon-Kumar et al.'s (2017) study and Rahmanipour et al.'s (2019) study, underscored the vulnerability of migrant

women to family violence. MSD's report (2010) highlighted that migrant women, particularly Pacific peoples and Asians, were at a higher risk of relationship-related homicides. Some Asian cultures suppress women for speaking up about family violence, which perpetuates these unhealthy behaviours. The risks have been highlighted however, family violence statistics about minority women are less comprehensive nor accurate (Simon-Kumar et al., 2017). The recurrent theme here is, that Asians seem to be invisible in the health research and policy-making sphere. It is clear that more detailed Asian health data are needed in order to be able to support the community. This has got me thinking further, as to why the voices of Asians seem to be absent in addressing our own issues.

The Youth 2000 survey (https://www.youth19.ac.nz/) is a local study that aims to capture the current state of secondary school students' health and wellbeing. Since the survey in 2000, Asian youths have shown a trend that they tend to miss out on healthcare for various reasons. The latest Youth 2000 survey with Eastern and Southern Asians provided a detailed analysis, reporting that Asian adolescents reported the highest rate of being treated unfairly by healthcare professionals (Peiris-John et al., 2021). More concerningly, 33% of East Asian females reported severe depressive symptoms, 17% witnessed violence at home, 50% of young Asian women did not feel safe in their neighbourhood, and one in five girls had experienced an unwanted sexual touch or sexual activity in the last 12 months. Those numbers were much higher than for young Pākehā women (Peiris-John et al., 2021). Reading this report made me feel helpless knowing that nothing has changed since 2008 when I felt unsafe living in my own community.

Ministry of Health statistics on the cervical screening carried out between 2005 and 2015 showed that Asians have had the lowest rate of attendance (Ministry of Health, 2019).

Gao et al.'s (2008) study based on Chinese women living in Auckland also showed the lowest rate of 45%, compared to the national level of 73%. Cervical cancer is preventable and curable if detected earlier, like any other cancer, although, about 50 women die from it in Aotearoa New Zealand each year (Ministry of Health, 2022a). The World Health Organisation (WHO, 2020) launched the Cervical Cancer Elimination Strategy in 2020. There is a chance that cervical cancer may be able to be eradicated. Those numbers and data, on how frequently Asian women experience unwanted sexual attention, how negatively the Aotearoa New Zealand society perceives Asian migrants, how much risk Asian migrant women are at of family violence, how badly young Asian are missing out on healthcare due to racism, and how many Asian women are avoiding cervical screening, seem to me screaming out for help that Asian communities must be recognised and their needs to be met in a better way. But instead, it almost feels like the Asian communities' voices were silenced, as though their side of the stories do not exist or do not matter. Looking back in the little social policy class in 2008, my stories and my experience did not matter in terms of defining what social issues in Aotearoa New Zealand and what social policies ought to be. My gaze wanders to see if that is what Asian communities in Aotearoa New Zealand are experiencing. Therefore, there are no further data attached to it.

I only recently learned about "an unfortunate experiment" carried out in the National Women's Hospital in Auckland between the 1960s and 1980s by reading Came et al.'s (2021) article. In this clinical experiment, a Pākehā male physician enrolled women in his clinical trial to prove his belief about carcinoma-in-situ without informing and gaining consent from participants. During this period, women with carcinoma-in-situ were inadequately treated by him despite a high risk of developing cancer in later life. Some women passed away as an outcome (Coney, 1995). The research started in 1965

and did not end until the lead physician's retirement in 1982, although there were opposing opinions about the unethical nature of his research (Coney & Bunkle, 1987).

The original article was published in *Metro* magazine, both authors were women (Coney, 1995). Not long after the *Metro* article was published, the Ministry of Health ordered an investigation of the case. The inquiry was led by a female District Court Judge Dame Silvia Cartwright in 1987. Judge Cartwright's report responding to the event brought about significant changes in healthcare in New Zealand which are relevant to the present day. The Health Commissioner was established as one outcome as well as a hospital ethical committee to approve all clinical research and trials. The Health Commissioner launched the Code of Patient's Rights which stated that a patient has a right to informed consent for any tests or treatments. The report also included offering treatment to all the women participating who showed signs of disease. Interestingly, the Minister of Health at that time who initiated establishing National Cervical Screening Programme was also a woman, Hon Helen Clark (Coney, 1995).

Knowing about those women's existence, including those who passed away as an outcome of the unethical experiment has changed my attitude towards cervical screening forever. I am not going to take an accessible screening programme for granted. The original article, "an unfortunate experiment" highlighted the narratives of women who underwent this experiment. It feels like their stories would have been unheard of if these two women had not decided to write about it. At the same time, the Came et al. article motivated me to look at how the health status of Asian women has been invisible here in Aotearoa New Zealand.

Women's movements in Asia

In 2022, we call our prime minister by her first name, Jacinda. In her recent commencement speech in the USA, she mentioned a fellow woman prime minister, Benazir Bhutto, who in 1988, became the first female prime minister in the Islamic nation. Benazir was the first female prime minister in Asia. Jacinda quoted Benazir in her speech, "Democracy can be fragile" (Ardern, 2022). I know exactly what this statement meant. Asia has lived through critically fragile periods with antagonistic political agendas such as dictatorships, wars, and colonisation. Needless to say, my home country Japan has played a large part in damaging the continent.

Considering feminist advocacy on healthcare, I realise that I hardly know anything about women's movements in Asia. Came et al. (2022) narrated that one of the authors' grandmothers fled to New Zealand as a refugee. I am aware that learning about women's history in Asia can be somewhat uncomfortable. For example, learning in depth about sexual slavery in Japanese military services during World War II (Mackie, 2004) would be devastating. My grandmother was born in Manchuria in China which was, at the time, occupied by the Japanese Military. She was able to attend school rarely for various reasons, including the fact that education for women had not been a priority in Asia, and it is the case to this day in some ways. My grandmother had no qualifications but she was able to speak both Japanese and Mandarin. My gaze wandered over what my grandmother might have seen at that time; I wondered if she saw herself as a coloniser while she learned to speak the local language.

The second wave of feminism was criticised particularly for being ethnocentric (Mann & Huffman, 2005). The work of African American women, for example, is not as well-known as that of the male leaders. The American Civil Rights Movement grew rapidly after Rosa Parks refused to sit in the area that was designated for black people in the bus in 1955. Alongside of well-known advocates such as Malcolm X and Martin Luther King Jr., women advocates

such as Linda Brown who fought for equal education also contributed to the movement (History, Art & Archives, U.S. House of Representatives, 2008).

As an outcome of the critique of white feminism (Cree & Philips, 2019), third-wave feminism brought minority perspectives, such as Black feminism, to the front (Mann & Huffman, 2005). Some scholars argue that the political perspectives of women of colour had existed long before the emergence of third-wave feminism. For instance, the Combahee River Collective is a Black Feminist organisation formed in 1974, and its statement released in 1977 (and reprinted in 2019) emphasises that its focus was to promote overall women's wellbeing and solidarity including sexual minorities such as lesbians (Combahee River Collective, 2019). There is some evidence that women in the Black Panther Party used to study womanhood in communist Asian nations such as Vietnam and China, in order to build a strong allyship between men and women in the party (Young, 2019). I could not find any clear indications of the existence of allyship between white women and minority women.

Where I stand as an Asian woman in 2022 feels like an intersection of delicately woven connections and history. There are multiple perspectives and realities existing within me. As feminist scholar Mohanty (1988) once described it, the minority feminism in the Western country I live under and within the Western gaze in Aotearoa New Zealand. At the same time, I will always be Japanese, and I may come across as the residue of the dominant culture within Asia (Mohanty, 2003). Perhaps similar to how Black Feminism started, Asian womanhood may have sought connections and allies with men instead of "othering" from the beginning. Western feminism often expresses views that oppose manhood or patriarchy; however, Asian perspectives on women's issues have sought alliance and solidarity with men. Under the fragile democracy or

dictatorships, seeking allies was considered a necessity (Roces, 2010). But I could find limited evidence of an alliance between minority women and Caucasian women overall—it got me thinking that feminism is still for people of European descent.

I am the first person to obtain a postgraduate degree in my family, and clearly, it did not occur in a vacuum. In the classroom in 2008, I did feel powerless and invisible. I did not think I could survive another course of study. Powerlessness made me doubt the value of my own experience and knowledge (which is often called internalised racism), putting the dominant culture before your own. You may say that I had an identity crisis.

Social work and the social determinants of health

We are very blessed in Aotearoa New Zealand that we have a lot of Indigenous and minority scholars locally. Learning about te Tiriti o Waitangi taught me that two distinct interpretations can exist simultaneously, and it takes ongoing negotiations and commitment to have it right for both parties. It taught me that I need to speak up for my own opinions if I wanted others to see where I stand.

My first job as a health social worker was in South Auckland, and I did not leave this very first job for almost 10 years. I acknowledge that the role and the experiences I have had with this community have shaped who I am today, personally and professionally. The significance that made my "becoming" possible, I believe, was a strong presentation of minority culture, including Māori and Pacific Island culture in the locality. Their embracing culture literally welcomed me as who I was. When I started working as a new graduate then, racism was more visible than it is now. I ended up writing my master's thesis about climate change in collaboration with the Pacific Island Communities in Auckland.

On racism, one of the original members of Polynesian Panthers, Dr Melani Anae (2020, p. 170) wrote "Identity Verse":

I am a Samoan, but not a Samoan.
To my aiga in Samoa, I am a papalagi.
I am a New Zealander, but not a
New Zealander.
To New Zealanders, I am at worst a "bloody coconut", at best a "Pacific Islander".
To my Samoan parents, I am their child.

Although I was not born in New Zealand, I can relate to the sense expressed in her writing. No doubt racism challenges who you are, and your identity. I certainly had a moment doubting my own experience. "The story of a mighty pen" is well-known amongst a community of colour in Aotearoa New Zealand, alongside Polynesian Panthers' influences. In 1978, a young Niuean man was arrested by police officers on Karangahape Road simply because he had three plastic combs in his pocket. Police officers accused this young Polynesian man of stealing; however, he worked in a comb factory and combs were given by his employers. The following morning, a Pākehā law lecturer from the University of Auckland who read the story on the paper presented himself to a police station, with a pen with the University of Auckland logo. At the police station, he reported that he stole a pen from his workplace. Of course, the law lecturer did not get arrested (Chapman, 2021).

Stories like this are still strongly relevant to where I exist in Aotearoa New Zealand. Similar to how I experienced the learning environment in 2008, the dominant culture seems to define what the current reality is—it did not matter what this Niuean man was actually doing. He was probably just heading home after a long shift at work. I remembered this story because this was another example that the minority's reality was ignored, regardless of the well-established fact that we live in a post-modern world. We know that multiple realities exist, in theory, but the dominant culture still tends to decide what is right and wrong for us minority anyway. It made me wonder if racism would impact on men and women differently. I wondered, would

Pākehā feminism have different opinions about this?

At this present time, we are aware that social stress, including racism and sexism, impact one's health outcomes significantly. For instance, chronic stress, attributed to experiencing racism can exhaust one's physiological responses to stress which often results in cortisol overload for a long period of time (Marmot & Wilkinson, 2005). Cortisol overload could lead to Type 2 diabetes (Marmot & Wilkinson, 2005). Moreover, physiological stress responses over time can make one's blood platelets stickier, therefore, increasing the risk of stroke and blood clots (Marmot & Wilkinson, 2005). The bodily stress reaction is a signal sent from the brain. While the brain is occupied by dealing with chronic stress, often one's brain experiences a delay in responding to infectious diseases (Marmot & Wilkinson, 2005). No wonder some ethnic groups experience disproportionate poor health status statistics. The prevalence of hospitalisation due to Covid-19 experienced by Māori was 1.4 times worse while that of Pacific Islanders was almost twice that of Pākehā (Ministry of Health, 2022b). The data in Aotearoa New Zealand project that Māori people have about 10 years shorter life expectancy to this day. We have enough evidence to prove that injustices in our community are a reality. I am a social worker raised by "the village", and I am no longer comfortable being a bystander.

I am not convinced, in my reality, that the patriarchy is the first thing that we need to smash right at this moment as Asian women. We, Asians, firstly need to be seen and heard, for the young generation who are suffering more than ever. I am not here to recommend any easy answers. The original article by Came et al. (2021) presents their research results, which indicates that Māori women hope for culturally appropriate healthcare to be mainstream in the future—I do truly hope this notion includes other minority women in Aotearoa New Zealand, because, I am begging for alliances to feel safe to be ourselves, to

express our needs and challenges, and to be okay to exist. It is exhausting always having to defend myself. My gaze wanders again, and asks, how would the picture look if feminism included the minority who are voiceless, and what if feminism and patriarchy make an alliance instead of smashing each other? Are we able to appreciate differences between us, and different opinions then, instead of offending each other?

Conclusion

This commentary essay was inspired by the article written by Came et al. (2021), "Smashing the patriarchy to address gender health inequities". While learning about how Western feminism impacted on women's health advancement locally and internationally, the original article made my mind wander through transnational imagination. The article also made me realise that I knew only very little about my own roots, and womanhood studies in Asia. Smashing patriarchy may not be my wildest dream at this time. I tend to think there may be something more out there in the future when I smash my own internalised biases and find a safe space to be an authentic self. I do think that the Niue man was just carrying the combs which were given to him. And I know that my experience with natural disasters are real. I do hope that our realities are recognised as true as those from the dominant culture as the postmodern theories state and are being taught elsewhere. The original article by Came et al. (2021) got me to reflect and think further about what feminism really means. The local data show that Asian women could do better, in terms of their health, with more recognition and opportunities to have safe spaces to express their challenges.

Note

[1] I obtained the data from the Ministry of Health website https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-case-demographics#hospitalisations, and applied prevalence calculation

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Stepping into the unknown: Reflections and learnings from the journey from social worker to researcher

Stefanie Doebl

ABSTRACT

Whilst social workers have skills and experiences that could be well suited to a research environment, moving from frontline social work to research can be daunting. Drawing from my own journey, I reflect on initial misconceptions and provide potential reflection points for others interested in undertaking research. I also suggest a selection of resources which may be relevant to social workers. By sharing my experiences, I offer an example of a journey from social worker to researcher. Future opportunities to expand this conversation are necessary and could be pursued by the Aotearoa New Zealand Association of Social Workers.

KEYWORDS: Social work; practitioner-researcher; PhD journey; research; reflection

Taking the step from frontline social work to research can be an unfamiliar and daunting process, especially for those with limited access to people who have worked in a research environment. Reflective papers by social workers turned researchers can offer a good starting point, although they are limited in number. Exceptions to this include the work of Cleaver (2020) and Moyle (2016), who share their perspectives as Indigenous Māori researchers within Aotearoa New Zealand. Overseas experiences from Australia and Ireland are offered by Brydon and Fleming (2011) and Lotty (2021) respectively. These authors provide encouragement and first-hand insights to others on undertaking Master's degree or PhD research. Having recently celebrated the award of my own PhD, I take the opportunity to build on this existing knowledge by reflecting on the *entire* process of becoming a researcher. This article outlines, thereby, my journey from a social work undergraduate to a PhD degree. I start by providing some personal context before

sharing the seven misconceptions I had about research. Each misconception focuses on my own experiences and provides some reflection points based on my learnings. I finish with some useful websites for further information. By writing this paper, I hope to contribute another resource for social workers who are considering starting (or continuing) their own research journeys.

My background and personal journey

Before I share my own research journey, it is important to recognise that the current dominant model of academic research is based on an Eurocentric, colonial, neoliberal knowledge system and practices including in Aotearoa New Zealand (McAllister et al., 2022; Pacific Early Career Researchers Collective et al., 2022). These structures continue to affect disproportionately the opportunities and experiences of under-represented groups, such as Indigenous and Pacific peoples. Considering my own cultural

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identity as outlined later, I had privileges which cannot be taken for granted (for example, I was never questioned about why and how I got admission into university).

I would like to acknowledge who I am and the context in which my research journey was undertaken. I am a female, white Pākehā and the first generation in my family to attend university. I began my undergraduate social work degree several years after finishing school and returned to postgraduate studies years after working as a social worker. Hence, the university considered me as a 'first generation' and 'mature' student. To enable fair access and participation in higher education, many universities recognise potential challenges such as issues around academic preparedness and work pressures and offer specific support to navigate the academic environment.

When I finished my social work undergraduate degree, I entered the workforce without any research skills. I worked as a social worker for over a decade. During this time, I was involved in a practice-based research project and built on my limited research experience by completing a Master's degree. I continued to practise social work until I went on to do a PhD. So, whilst academic research is not the only way to develop your research interest and skills, my journey mainly took place within universities which is reflected by my experiences and learnings.

I strongly believe that social workers bring professional knowledge, skills and experiences which are useful and highly relevant within a research environment. Social work is based on building trusting relationships with different people and communities, working with their strengths, dealing with often complex situations, facilitating societal change, and improving lives. However, the journey from social worker to researcher is often not straightforward. Until I began my Master's degree, I had never considered moving into research for reasons which I will discuss in this paper. I fell into research, supported by encouraging supervisors who I was fortunate to meet at the right time. Hence, this article

does not offer *the* right way, but an example of undertaking such journey.

Personal misconceptions

International evidence shows that social workers recognise conducting research as an opportunity for reflecting and improving their practice (Vincent & Hamilton, 2021), or taking part in a collaborative, real-life project to create change (Chhetry et al., 2022). However, research uptake amongst social workers can be hindered by, for example, a lack of confidence and time constraints due to a high workload (Beddoe, 2011; Donley & Moon, 2021; Wakefield et al., 2022). Several personal misconceptions impacted my journey from social worker to researcher. I now unpick these misconceptions step by step and include reflection points to facilitate thinking and decision making processes.

Misconception 1: research is for a few selected social workers

The curriculum of my social work qualifying degree did not emphasise learning research skills. Where research was discussed, a focus was placed on *numbers*, with qualitative research being not mentioned at all. Role models in the form of social work researchers were also missing. As a result, I finished my degree without any research skills or understanding of its potential for social workers. I saw research as something for other people.

I gained hands-on experience with the research process during my first social work position. My team undertook a survey, which was led by an experienced social worker. My tasks included collecting questionnaires and data entry. This project was influential in securing funding for a new social work role. Whilst I enjoyed this new experience, I could not picture myself (as capable of) doing more research in the future, let alone leading research activities. Years later, I became interested in research after starting a role as a social worker within an interdisciplinary primary healthcare practice.

Reflection points: Research involves many stages and aspects, from planning a project, collecting data, to writing up and sharing the findings. Even if you are unsure whether you want to do research in the future, there are endless ways to develop valuable skills and experiences as part of your social work role. These include, but are not limited to, presenting social work data from your role, evaluating the process or impact of your work, presenting on social work topics to others at work, community events or professional forums, and networking for knowledge exchange or collaborative work projects. Another option you might want to consider is, for example, an Atlantic or Churchill Fellowship. These international fellowships foster partnerships and support research-related capacity-building by enabling people to undertake an intensive course or travel overseas. The aim is to bring about long-lasting connections and societal change.

Misconception 2: academic writing is the most important communication skill for researchers

I always assumed academic writing is an important skill for researchers to have. However, I never considered academic writing as one of my key strengths and believed that my other experiences, such as writing social work notes, were irrelevant in this context. This misconception proved to be wrong. I later found out that my published practice reflections helped me secure a PhD position.

During my PhD, I came across the competition "Images of Research", which the university had advertised via email. This competition challenges postgraduate students to describe their research with a self-created, single image, accompanied by a 100-word description. My reason to take part was simple: I wanted to bring awareness and enable discussions about a stigmatised long-term condition I had researched about. However, this also started me on an additional path of exploring illustration as a means to communicate my research more widely.

Reflection points: A key learning for me was that academic writing can be learned. Developing this skill takes practice and discipline for most people. Publishing the work from your summer research scholarship or your research Master's is a great opportunity to gain practice in academic writing. You can further hone your skills by asking for regular, constructive feedback. Professional development activities also offer an avenue for learning. For example, the Aotearoa New Zealand Association of Social Workers (ANZASW) recently hosted a webinar about writing for publication. There are three further important learnings I took from my supervisors which have helped me improve my writing: 1) keep in mind who you are writing for; 2) tell a story with your data; and 3) use plain language.

Academic writing, however, is just one part of the bigger picture. Researchers need to be able to communicate (complex) information to a range of different audiences. Writing journal publications and preparing conference presentations may be important, but so is communicating beyond academic settings. Using diverse approaches ensures that research is accessible, inclusive and relevant. So, think about the different ways you could build up your experiences, reaching and engaging a range of people in different contexts. Examples include writing a blog or viewpoint; sharing practice-informed reflections (Eketone, 2016); participating in community events or public engagement activities such as Pint of Science; and using art/traditional approaches such as animation, comics, dance, photography, music, poetry, stitching, storytelling, or theatre (which can lead to important collaborations).

Misconception 3: research training options are not flexible

I started my part-time Master's degree as a way to meet some of my professional development requirements whilst working full time as a social worker. Initially, I chose

to undertake a coursework programme instead of doing a postgraduate degree by research. This format felt familiar and more achievable to me due to its clear course structure with written assignments, presentations and set attendance dates during study terms. Additionally, I did not know how I could manage a research project due to my full-time job and was not sure how to meet supervisors whilst living in a different part of the country, far from the university. I was also convinced that I did not have the skills needed to do a Master's by research.

I moved from a coursework to a research Master's, which was prompted by my health social work course. As part of the course, I had to undertake and present a literature review on a topic of my choice. My review focused on the integration of social workers into primary healthcare practices. This topic was inspired by my own role at that time; working in primary healthcare I regularly encountered healthcare colleagues and social workers with little understanding of this specific role. The assignment enabled me to explore the untold history of these roles and to provide a more *evidence-informed* approach to my own work. Whilst I increasingly thought that this could be an important research topic, I did not consider undertaking further research on this myself. However, my lecturer suggested that I move to the research pathway to write my dissertation on this topic (Doebl et al., 2017). She then became my research supervisor, and suggested her healthcare colleague as co-supervisor. We discussed my concerns and found adequate solutions. I was also fortunate that my past employer granted me a few study hours for undertaking the research interviews during my working week.

Reflection points: There can be various (multiple) barriers for social workers considering taking up research. You might be concerned about becoming a mature, or distance, research student, or fitting research around caring responsibilities, work and

other commitments in the community. Whatever your own concern(s) and barrier(s) are, I encourage you to discuss these with potential supervisors and members of staff, including support services at the university, as well as your employer. There has been an increasing understanding, partly driven by the Covid-19 pandemic, about the different needs and circumstances of research students. This knowledge has brought a shift towards providing more flexibility and support in addressing these needs. It is also worthwhile to remember that your potential supervisor(s) may have similar life experiences or understand that you bring important skills and new perspectives.

Misconception 4: social workers need to fund their own research training

Working full time as social worker whilst conducting my research part time was the best solution for me. I was lucky that my past employer provided good professional development support which helped me to partly finance my degree. However, I decided after this experience that I wanted to have the ability to focus fully on my research and hence decided that I would only do a PhD if I could find appropriate funding. Years later when I started looking into PhD opportunities, I secured a competitive overseas scholarship for a PhD project.

Reflection points: Undertaking postgraduate research has financial impacts which constitutes a genuine concern for many and raises challenges that need to be navigated. Part of this process is to think about financial, professional, caregiving and other commitments when considering options around whether to embark on research training, when, and through what route.

There are various ways to fund your research journey, each with their own benefits and challenges. I will focus here on paid scholarship and employment opportunities going beyond the usual work–study route and professional development support from employers.

Universities offer various postgraduate scholarships, including summer research, Master's and PhD scholarships. They often provide mainstream and targeted funding for students including from Māori, Pacific, refugee and other under-represented communities to widen access for everyone. Further financial support opportunities may come from sources such as the Health Research Council as well as Māori or iwi-based organisations.

You can extend your university searches to different PhD-related websites which advertise funded research projects across the world. Securing funding is nonetheless a challenge and even a full scholarship can make for a difficult financial situation (Soar et al., 2022). You may also face tough decisions as to a potential relocation as your options can widen substantially if you are able to consider going overseas. There are academic fellowships which enable you to undertake fully funded research training within your existing social work employment. Whilst these paid dual social work–research roles are relatively rare within social work, they can often be found within healthcare (although opportunities vary among professional groups). However, there is an increasing recognition to support social workers to be part of advancing important research. For example, the National Institute for Health Research (NIHR) offers paid pre-doctoral and PhD fellowships for social workers based in social and healthcare in the United Kingdom (UK). In comparison, some countries, such as Norway, offer PhD positions in which students are employed as research fellows and paid a full-time salary. In these roles, students often undertake their PhD project and carry some teaching responsibilities.

Misconception 5: social workers can only do research on social work topics

After graduating with my Master's by research, I knew that I wanted to do a PhD at some stage to further my interest and skills in research. I was keen on undertaking a project within a healthcare or health services research field. This decision was based on three reasons: first, I enjoyed working within mental health and primary healthcare settings; secondly, I believed (and continue to do so) that social workers can offer important new perspectives, knowledge and skills which can improve healthcare delivery for all people (and not only those who access (mental) health social work support). Indeed, my hope was to create a positive impact at a system level. Finally, I felt that this choice would open up more research/work opportunities within healthcare and social work in the future.

Up until this point, I had not met a single social worker with a PhD undertaken in a discipline outside of social work and did not know whether such opportunities were available. In searching for funded PhD positions, I mainly found laboratory-based health sciences scholarships. Nevertheless, over time I found additional opportunities, including my own PhD project.

Reflection points: Sharing my experience is by no means a call to skip social work research but rather an attempt to show the wide range of (funded) opportunities available. There is also, increasingly, the option to have supervisors from different professional disciplines. So, talk to specific departments, researchers or professionals working in the field. Most importantly, you will be able to develop professionally and gain relevant experiences independent of your decision to undertake research within or beyond social work.

Misconception 6: social workers need to have their own research idea

Before I started looking into PhD opportunities, I always thought that I would have to have my own research idea, as I had for my Master's. I discovered a PhD-related website which advertised (funded) project ideas during my internet searches. These proposals are conceived by researchers who

will supervise future students to undertake this work. Whilst some people might have an idea in mind or prefer to develop their own PhD idea, these advertised projects are not a shortcut and may be worth considering. They have their own benefits and challenges. Luckily, I was able to find one I considered a perfect match to my interests and experiences. I undertook my PhD as part of a larger programme of work called "Patient-centred Care for Fibromyalgia: New pathway Design" (PACFiND) (Doebl et al., 2020; Doebl et al., 2021). The project gave me the opportunity to use my (health) social work experiences to move forward thinking around community-based healthcare provision for a common, but often stigmatised, long-term pain condition.

Reflection points: If you consider a proposed PhD project, clarify with the supervisors if there is scope to shape and develop the project to your interests and experiences. As an anecdote: healthcare provision is complex, which is a reason why many avoid doing such research as my PhD supervisor once told me. Hence, he welcomed getting a social worker because "social work is all about complexity" (G. J. Macfarlane, personal communication, May 2019). There is interest from other research fields in social workers joining their teams.

Misconception 7: doing research means loss of connection to people and communities

I was able to keep working closely with people and communities during my research in two different ways. Whilst I only focused on social work and healthcare professionals for my research Master's, I continued working as a social worker. This situation, whilst out of financial necessity, enabled me to continue a role I enjoyed. The situation changed for my PhD. This time I had a full scholarship and my research focused solely on people with fibromyalgia. Whilst I stopped my frontline social work, I continued to work with people and communities, albeit in a different capacity.

I worked both with research participants and *patient partners* (Doebl, 2021). The term patient partner refers to members of the public (although there are a range of terms). They are not participants, but people with lived experience—in this project—of fibromyalgia who are involved throughout the research and in various capacities. The opportunity to work with patient partners was one of my key motivations to apply for the funded project. Additionally, I participated in public engagement activities such as Soapbox Science and visited a long-term pain support group to share my research more widely.

Reflection points: Generally, you work in a different though important capacity when you undertake research with people and communities. It is crucial, nonetheless, to remember that research has often meant that something was *done to* people or communities, potentially with grave consequences; especially when focusing on Indigenous populations or groups who have been historically marginalised. However, Indigenous approaches and frameworks (Smith, 2021), participatory action research (Flanagan, 2020), co-production, and patient and public involvement (PPI) (National Institute for Health Research, 2021) have opened conversations on power imbalances in research—although there is still a long way to go. These approaches facilitate varied levels of involvement of people with lived experience and communities in research. Such research also recognises people's expertise and is grounded in their needs. Importantly, people and communities are enabled to create their own solutions or develop more appropriate cultural models/theories.

The next step

Having finished my PhD, I now work in mental health promotion and suicide prevention. The new role enables me to use my diverse knowledge, skills and experiences, including research.

Reflection points: The decisions surrounding your research journey do not stop after

finishing a PhD. Questions continue—such as applying for a postdoctoral fellowship, conducting research or other work outside of an academic setting, or returning to social work. It might be that you are able to follow a blended work model. As outlined throughout the article, there are many different ways of undertaking your research journey.

Conclusion

In spite of the challenges involved, moving from social work to research can be a rewarding process. Social workers have much to contribute to research and facilitating research in social work is key to advancing knowledge and practice in a range of areas. This article contributes to the limited published work on research experiences by social workers, offering a starting point for others. I hope that sharing my personal misconceptions and experiences provides encouraging and useful reflections for others thinking about starting (or continuing) their own research journeys. The ANZASW could provide a valuable platform for encouragement, information, exchange of experiences, and discussion on the outlined issues and opportunities outside of academia (for example, via community events or webinars) to make this more accessible, especially for those (currently) not engaged in academic settings.

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Further information

There are many opportunities across the world which can enable social workers to gain research skills and experiences. I provide a small selection of resources here:

Atlantic Fellowship

Seven programmes with different foci are available across the world (https://www.atlanticfellows.org/programs). Melbourne offers an Indigenous-led social equity programme (https://www.atlanticfellows.org/program/social-equity).

Churchill Fellowship

Aotearoa New Zealand: https://www.wcmt.co.nz/
Australia: https://www.churchilltrust.com.au
UK: https://www.churchillfellowship.org

Potential funding opportunities

Worldwide: https://www.findaphd.com

Aotearoa New Zealand:
https://www.hrc.govt.nz/grants-funding/funding-opportunities

https://www.hrc.govt.nz/maori-health/funding-opportunities

https://www.hrc.govt.nz/pacific-health/funding-opportunities

England:
https://www.nihr.ac.uk/health-and-care-professionals/career-development/social-care-practitioners.htm

Examples of social work research and/or journeys

Podcast episode with Professor Jioji Ravulo speaking about his life including his research journey in Australia: https://anchor.fm/2brownishgirls/episodes/S3-E11---Australias-First-Pasifika-Professor--Prof--Jioji-Ravulo-e1akitl

Two social workers sharing their experiences in mental health research in the UK: https://mentalhealthresearch.org.uk/case-studies/

Podcast hosted by Ben Joseph in which he talks with social workers about their research in Australia: https://swdiscoveries.com/

Public engagement activities

Soapbox Science worldwide:
http://soapboxscience.org/

Pint of Science:
Aotearoa New Zealand:
https://pintofscience.nz/

Australia: https://pintofscience.com.au/
UK: https://pintofscience.co.uk/

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From a conversation with Honourable Nanaia Mahuta: Social workers reflect on expertise and skills for contributing to policy and political processes

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The purpose of this article is to share learning gained by a small group of registered social work practitioners who participated in a group reflective conversation, reviewing an event at which they had all been present. This article describes the event, the group reflection process and the learnings gained by the social workers.

In fulfilling social work's professional obligation to engage with human rights and social justice concerns (ANZASW, 2019; IFSW, n.d.) social workers need current knowledge of social policy and political processes. According to Aotearoa New Zealand's Social Workers Registration Board's Competency Standards, social workers must be committed to, and advocate for, social, legal and civil rights and justice and be competent in understanding and contributing to policy-making (SWRB, n.d.). According to research conducted by O'Brien (2009), while this professional requirement is clear, examples of social workers enacting practice aimed at change on a macro social policy level is not common—even though concern regarding social justice is prominent for social work practitioners.

An event primarily organised for Bachelor of Social Work (BSW) students was attended by a small group of social work practitioners, some of whom accompanied their placement students. The BSW programme is provided at Te Kuratini o Waikato or Wintec, a tertiary education provider based within a provincial city in Te Ika a Maui or North Island of Aotearoa New Zealand. The Honourable Nanaia Mahuta (Waikato-Tainui, Ngāti Maniapoto and Ngāti Manu; Minister of Foreign Affairs and Local Government and Associate Minister for Māori Development and local Member of Parliament (MP) for Hauraki-Waikato) met with the students and practitioners for a two-hour conversation. All present at the event were able to interact with, and closely observe, a senior cabinet minister who works in politics locally, nationally and globally providing an experience where personal, cultural, and political aspects of the Minister's life were brought closer to all who were present. Seated on chairs and mattresses on the floor in Te Kōpū Mania o Kiririroa's wharenui and supported by Wintec's kaumātua Tame Pokaia, the Minister (who had been briefed by tutors from the BSW programme), answered questions from students and practitioners (see Figures 1 and 2).

At the conversation's conclusion, social work practitioners present expressed excitement and renewed energy from the experience. The idea was put forward that there could be value in unpacking the experience together to distill understanding of what had been acquired from the event. Three weeks later, the five practitioners met again, this time on Zoom to conduct a collegial reflective conversation to review and consider their experiences. What follows is a discussion of points raised in that conversation—these are expanded to

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Figure 1 Classmates Watch on as Tarryn-Louise Retter, a BSW student, asks Minister Mahuta a Question

find links with social work and other theory and literature in order to extract the learning and connections made that day.

Meeting Minister Mahuta

During the 2 hours at Te Kōpū Mania o Kirkiriroa Marae the Minister shared openly about her personal and professional life. Her discussion was broad-ranging and included: her upbringing and parents' lives; thinking process regarding decisions such as when her children were ready to walk to school by themselves; pathway into politics including influences particularly by women from Māori Women's Welfare League; responding to challenges and conflict; hopes for Aotearoa New Zealand; gaining her *moko kauae*; the importance of finding your spark/super power; the importance of being present; experiences regarding the pandemic personally and within government; Te Tiriti o Waitangi; achievements within Parliament and her own community.

Minister Mahuta is aware of the publication of this article, has reviewed it, and supports its content. People appearing in images in this article have given written permission for the images to be used.

Background

The Aotearoa New Zealand's Social Workers Registration Board's Competency Standards refer to the obligation for registered social workers to be competent in understanding and contributing to policymaking in order to advocate for social, legal, and civil rights and justice (SWRB, n.d.). Social justice commentators emphasise how important it is that social workers understand and engage with structural macro change if social justice is to be gained. Bartley (2018) states:

> As an act of resistance against neoliberalism, social work must reassert its position towards social justice, and this is invariably a political endeavour, which understandably scares social

workers. But as McKendrick and Webb (2014, p. 358) put it, "the decision for or against a political stance becomes a little clearer when one understands that the decision is also a choice for or against social justice".

The need to "reassert social work's position" is relevant, since social workers' involvement with macro social concerns is not commonly part of the practice. This is asserted within research conducted in 2009 with ANZASW members as participants. Findings were, that while social work practitioners regard issues of social justice as being of high importance, the largest proportion of examples participants provided of social justice practice were centred around individual cases where change benefited outcomes of the individual case but was not designed to create further change (O'Brien, 2009, p. 5). A much smaller proportion of examples were provided in the research where change was affected at a broader policy and political level (O'Brien, 2009, p. 9). To translate social justice practice from a micro level to macro, O'Brien (2009) argued that practitioners must be able to provide:

> ... the skills, support, and resources to ensure that the practitioners' work is converted and translated into active participation in the broader structural dimensions of redistribution, recognition, and respect (p. 10).

This area of social workers' professional practice provides a challenge for social work educators, as noted by Fraser (2009), "Although advocacy and social action are important features of social work practice, they are not always easy to 'teach', nor straightforward to learn" (Fraser, 2009, p. 259). Academic staff note that students' interest in social policy learning is enhanced when guest lecturers with direct experience of politics and policy-making meet students and share their real-life experiences. These kinds of experiences provide authentic learning, a philosophy of learning that argues students actively construct meaning from what they are learning rather than being passive receivers of information. When learning opportunities provided are authentic and relate to the real world of what they are interested in, learners' motivation and engagement increases. Herrington and Herrington (2007) identified value in providing authentic student-centered learning experiences "... where students are motivated to learn in rich, relevant and real-world contexts" (p. 68).

The reflective conversation

Reflective practice involves practitioners using a variety of methods to help them to become aware of ways in which one's own background, perspectives, and ways of assuming the world works impact on how they see a situation within a holistic context (Fook, 2016). Additionally, merging a reflective practice method into a group conversation with social workers from diverse backgrounds and different fields of practice can enrich opportunities for learning since multiple knowledge can be shared and participants are enabled to share their personal and collective experiences (Bilous et al., 2018).

The use of reflective practice processes within communities of interest (groups of teachers who meet to conduct collegial discussions), have been found to be valuable in supporting and sustaining professional practice (Kuh, 2015). In a social work context, revitalisation of the use of reflective practice within a group and peer supervision is gaining support (Davys & Beddoe, 2021). The event with Minister Mahuta provided a professional development opportunity for the practitioners, and the reflective conversation held 3 weeks later, enhanced that professional development further. During the reflective conversation the process of sharing their observations and discussing meanings attached to what they noticed, further exploration and learning, occurred.

All collaborative reflective conversation participants were registered social workers from a range of social work fields. These were: a migrant women's service, a reintegration service for people leaving prison, a youth therapeutic service, and social work education. They were invited to participate in the reflective conversation and to be part of collaboratively writing up what was learned in the conversation with the possibility of it being submitted to a journal for publication.

Connaughten and Edgar (2012) cited a reflective model, developed from Borton's (1970) and Rolfe et al's (2011) earlier models, chosen to structure the discussion. The model involves using three questions: "What?", "So what?" and "Now what?" This simple format helpful for a group conversation pushed participants to think about and articulate what they were thinking, promoting awareness. Reflective sub-questions were added under each of the three questions to support discussion. Photographs taken at the event were sent to participants in advance allowing them to begin reflecting on the event with photographs as a visual prompt. Writing up the experience of the conversation involved input from all participants to ensure everyone's perspective was included and to ensure they were each comfortable with what was finally provided should it be published.

Covered in the conversation, and provided below, include the following topics: the broad ranging and inter-connected psycho-social nature of the narrative; the Minister's practice that related strongly with social work practice; the importance of not being de-railed by negativity; the importance of paying careful attention to relationships and viewing each encounter as unique; the connection between social work practice and knowledge and political work; Te Tiriti o Waitangi and its place and value for understanding identity and upholding integrity in relationships; her approach in responding to difficult conflictual situations; the importance of knowing and returning to your *puna* or wellspring for well-being and renewal; and the value and experience of participating in the reflective conversation.

Theory and practice of social work

The inter-connected nature of the Minister's narrative ranging between inter- and intra-personal areas of her life to broad global concerns stood out to participants. She referred to her own parenting and home life, being within the government as the pandemic came into Aotearoa New Zealand and her role as Foreign Affairs Minister. This way of sharing across such wide-ranging topics resonated strongly for participants because of the way that everyday social work focuses on very personal impacts of factors often traceable to broad social political and even global factors.

Social work's definition and practice hinges on a bicultural mandate based on Te Tiriti o Waitangi and a psycho-social approach situating and examining social concerns within complex systems including whānau, neighbourhoods, employment, education, government policy and business, societal discourses, and chronological systems. While the Minister herself did not refer to social work, participants recounted themes throughout her discussions that they saw connecting strongly with social work practice. For example, she spoke about maintaining focus and awareness of what has been achieved and is to be achieved, taking small steps, and being careful not to get caught up with negativity when challenges are complex. At the same time, the Minister emphasised the importance of remaining present so as not to miss things that may be unexpected. Participants reflected that these comments could be related directly to their practice—they drew parallels with unravelling problems alongside families and communities, breaking problems into smaller parts, maintaining focus, and the importance of noticing and celebrating even small amounts

of progress. The Minister noted that it was important not to be derailed by negativity, a point reiterated by a participant quoted here: "If we get caught up in too much negativity we can lose sight of where we are headed."

A participant saw a connection in the Minister's discussion to *ngā takepū* (Pohatu & Tīmata, 2008). These are Māori principles and guidelines compiled by Pohatu and Tīmata (2008) promoting what is needed for developing healthy relationships. Among the *takepū*, careful attention to relationships and kaupapa are important in guiding successful relationships. The principle of *Whakakoha Rangatiratanga* refers to: "... recognising that successful engagement and endeavour requires conscious application of respectful relationships with kaupapa and people" (Pohatu & Tīmata, 2008, p. 244).

Participants made multiple connections between what the Minister shared and their social work practice. The importance of thinking critically, having flexibility and being open was relatable to key social work competencies (SWRB, n.d.). Another connection they spoke of was the importance for social workers to maintain a view where each situation encountered is unique, rather than fixed or black and white—this way of viewing human concerns has the potential to lead to dangerous, oppressive, and unethical practice.

The Minister made a direct reference to Urie Bronfenbrenner's eco-systems theory referred to in Eriksson et al. (2018) which, she explained, aids her understanding of complex situations. She noted that the theory helps her recognise the importance of collaboration in creating change, as well as dialogue and maintaining relationships.

It was noticed by participants that the Minister's discussion of how she works was future-focused. They commented that this resonated, as it is a familiar way of viewing problems and concerns in social work. People involved with social work services need acknowledgment and exploration of their concerns and difficulties—but looking ahead to what may be achieved or different in the future is important also, as this approach aids in creating opportunities. Hearing this perspective within the Minister's approach was affirming for the practitioners since it is a common and useful approach in social work.

Social work and political work

During the reflective conversation, participants shared that they could see an important relationship between social work and political work—a realisation for some as the discussion unfolded, and something that they had not seen so clearly before. One participant described their reason for attending as being because they needed to connect with social work's broad view beyond her own field and agency—the bigger picture. On her return from the event, she described her experience to her agency colleagues:

> I shared what I experienced with colleagues—it was good for me and good for them to hear.

Participants reflected that they had previously assumed that influencing and being involved with policy and politics was beyond their experience, but this assumption had been challenged by the experience. One participant summed it up when she said:

> She made being involved with politics seem possible.

One participant (pictured in Figure 2), commented that social workers have direct, grounded working experience, knowledge, and ability to contribute to advising analysing and creating policy and that listening to the Minister affirmed this belief. They argued that social workers gain knowledge and expertise through working directly with whānau, family, and communities impacted by cultural, political, systemic processes.

Figure 2. One of the Social Work Practitioners and Co-author of this Article Fariya Begum, Asks about the Place of Ethnic Representation Within the Minister's Work.

We have skills we use daily to collaborate with whānau and families to create solutions to the very challenges that government policies are creating or influencing. Further, she emphasised that the important social work practice of whakawhanaungatanga (process of establishing relationships, relating well to others, Te Aka, 2022) is also key for contributing in political processes and referred to Minister Mahuta's expertise in diplomacy. In summary, the participants were recognising that the Minister had ways of working and viewing situations that were not just familiar but, in significant ways, were like every day social work practice.

Te Tiriti o Waitangi

The ANZASW Code of Ethics (2019) notes that members of the Association are committed to Te Tiriti o Waitangi. This is the case even though society in general in

Aotearoa New Zealand is not governed by Te Tiriti o Waitangi (ANZASW, 2019). Minister Mahuta has engaged in matters relating to the Treaty of Waitangi (1840) and Te Tiriti o Waitangi (1844) during her political career and made reference to Te Tiriti o Waitangi (1844) throughout the her narrative. She stated that Te Tiriti o Waitangi promotes a strong relationship between Tangata Whenua and Tangata Tiriti where each are confident and strong in their own identities, pinpointing a theme in Minister Mahuta's political approach. She described a hope she holds for Aotearoa New Zealand, which is a time when her daughter's Scottish friend would be confident in her Scottish heritage and also speak Te Reo Māori. This vision can be identified in a speech in April, 2021 to NZ's China Council where the Minister referred to Te Tiriti o Waitangi emphasising that Te Tiriti highlights important considerations regarding relationships between peoples and nations. Considerations include the importance of respect for nations' self-determination, customs and values which must be respected and maintained (Mahuta, 2021).

The discussion with the Minister helped reinvigorate participants' understanding of the relevance and importance of Te Tiriti o Waitangi (1844) in Aotearoa New Zealand today. They could see it provided a framework for strengthening relationships between Tangata Whenua and Tangata Tiriti New Zealanders in a global context. Some participants commented that the Minister's explanations clarified for them the place held by Tangata Tiriti New Zealanders in Aotearoa New Zealand, who do not relate to the British settler side of the original agreement. In particular, participants shared that the discussion of the Tiriti o Waitangi has provided confidence in referring to it within their work, both in direct social work practice and social work education.

Sustaining practice

Participants noted a line of questioning that students asked about more than once and

in a number of ways. The question asked was "How does the Minister maintain her mana and sense of self—given the strongly western context of parliament and global politics?" Further, they wanted to know how she has managed to be successful and not become discouraged, particularly when she is confronted by challenging dynamics and interactions. This is a theme for social work and particularly for Māori social workers where institutions that employ social workers predominantly have a strong Western orientation in their philosophies and norm-governed practices.

Participants recounted and appreciated a response the Minister provided to this query: she described a process that involved not reacting too quickly, allowing herself time, even possibly including sleeping; it is during this time that she is able to develop her understanding of the encounter or concern and then consider how she can respond. She noted the importance of maintaining and looking after relationships and the importance of dialogue—discussing and talking about concerns that have been raised.

A participant remembering the Minister's description provided above found *tau kumekume,* another *takepū* from Pohatu and Tīmata (2008) discussed earlier, helpful in understanding the process she described. *Tau kumekume* refers to recognising that tension is always present in any endeavour or relationship, positive or negative. Noticing tension is important since it provides an opportunity for developing insight and interpretation (Pohatu & Tīmata, 2008).

Conflict and tension is often present in social work, and social workers must understand what tension is about and learn to cope with and use conflict effectively. This can involve noticing tension, learning to reflect well, managing our own reactions, and maintaining practice in assisting people who are facing often complex challenges. While in a situation there may not be space for reflection on action (Schon, 1987) and the Minister's approach of allowing

herself space to settle and reflect in order to understand what has happened and deciding on what approach to take, relates to this principle of *tau kumekume*, where tension is used as a means for identifying an opportunity for reflection and deepening understanding.

A participant was inspired by the Minister's description of maintaining her wellbeing through visiting her puna (well-spring). A puna is a natural source known to bring life-sustaining water from the depths of Papatūānuku (the mother of the Atua) to all of her descendants. The Minister referred to puna and wellspring as a metaphor for where she goes to keep herself sustained in the high-pressure environment and with the responsibilities of her mahi. When referring to her well-spring, she talked about immersing herself in the things that give her life, including quality time with her whānau which she had to do more of with the Covid-19 lockdowns. In social work, self-care is recognised as a professional requirement to ensure that practice is safe and ethical.

A further reflection enjoyed by participants was the Minister's emphasis on being sure to find out and *know* your spark or superpower; maintaining an optimistic view and avoiding being cynical. Participants described feeling inspired, hopeful, uplifted and unexpectedly and powerfully restored by the event.

> I was blown away and thankful. I'm still excited.

At the conclusion of the reflective conversation, participants evaluated the reflective experience. They found it had been a good experience and that, by recalling, thinking and talking about what they heard and saw, their understanding and learning developed further. Additionally, reflecting in a group meant memories were sparked by others' recollections. Hearing the meaning other group members drew from the experience meant participants saw things in the experience that they had not noticed or valued earlier. As one participant noted:

Everyone got something different from the experience.

Participants said that the group conversation allowed them to connect with one another in a meaningful way. They found that being from different fields of practice did not impede collaboration in the conversation and, in fact, enhanced learning.

It was more rich than on the day itself.

The value of future engagement with each other was recognised. This is noteworthy as, according to Weeks (2003, as cited in Rollins et al., 2017, p. 50), collaborative activities and collective processes among social service and social work education providers are an important counter to neoliberalism. As noted in the opening of this article while social workers consider practice to address social justice concerns important, this is less often aimed at macro or at sustainable change (O' Brien, 2009). This discussion highlights the opportunity that social workers meeting to discuss, reflect and learn together in itself provides a link for enactment of broader change. Sustainable change can be created because collaborative activities increase responsiveness capacity and enable the advocacy effort needed for changing ineffective structures (Weeks, 2003, as cited in Rollins, et al., 2017).

Conclusion

During a reflective conversation between social work practitioners revisiting an event held with the Right Honourable Nanaia Mahuta, participants were able to identify that social workers possess skills, knowledge, and experience that mean that they have skills which can be used to influence policy regarding macro concerns. They were inspired by recognising the value that social work knowledge, experience, and practice can provide at a macro level and the inter-connectedness of micro and macro spheres. As a result, the participants said that

they could already see change within their practice such as thinking more about macro concerns, being proactive in connecting with politicians, and staying abreast of changes within politics and policy. Also, they spoke about a new desire to sharpen awareness of political macro concerns and to be proactive in seeking out opportunities such as speaking with relevant politicians and researching what is happening in Parliament. Participants also reflected on the confidence and reinvigoration they gained from being at the event, which deepened and extended further when they reflected on the experience as a group of practitioners.

The value and relevance of Te Tiriti o Waitangi were affirmed by participants, including how this document upholds mana and cultural identity for people within Aotearoa New Zealand. Recognition of the importance of developing and maintaining a strong cultural identity and personal attributes such as our *spark* were valuable reminders for participants. Emphasis on the importance of practice that maintains wellness within demanding difficult contexts, and knowing where to draw your renewal from, reminded participants that we have sources that restore and support us which we must continue to use.

Holding a collaborative reflective conversation between a small number of social workers from different fields provided an opportunity for renewal, connection and to gain depth of understanding of the event they had shared and why it had impacted them so positively. Through reflecting together, participants could re-connect with and re-affirm social work's collective purpose. In turn, the recharged and invigorated collective commitment becomes available as these practitioners engage with social processes and services, service users and social work students. The benefits of the experience, it is hoped, will generate ideas for other opportunities for learning between social work education and social work communities and networks.

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Out of the shadows: The role of social workers in disasters

Angie Bartoli, Maris Stratulis, & Rebekah Pierre (Eds.)
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The role of social workers in disaster settings is becoming more likely in the context of the climate emergency, where disasters are predicted to continue to intensify. *Out of the Shadows* is a timely and fascinating text for the social work profession. Despite it being focused on UK practice, there are many elements that will translate to social work practice in Aotearoa.

Out of the Shadows is a concise book, written in language accessible to social workers across all sectors. The introduction (Chapter 1) highlights the basics of "what is a disaster" (p. 1) and who will be impacted; it uses case studies, including the recent Covid pandemic, which most of us can relate to. Each chapter throughout the book helpfully acknowledges the need for self-care when reading the book, urging the reader to take their time and reach out if in need of support.

Professor Lena Dominelli, a seminal writer in this area, reports in Chapter 2 on the role of social work in the Covid pandemic across international borders. Dominelli highlights the hidden social work role in disaster events, "they perform a vast array of roles to protect people and provide services to human victim survivors … tackling climate change to obtain climate justice becomes another strand in that work" (p. 27). Clearly linking the increase in disasters to the climate emergency. She urges social workers to take to traditional and social media to seek recognition, arguing that social work is often hidden from public vision.

From chapter 3 onwards, the book gives voice to people with a lived experience of disasters (C hapter 3). Their stories were so fascinating I found it difficult to put the book down. The survivor stories were from people who have a connection to social work, either social workers themselves or who were in training at the time. Their stories are heart-wrenching and difficult to read but give a real and unique insight into the experience of living through a disaster. One poignant statement stood out: from a mother of a boy killed in the Hillsborough football disaster, "I have not recovered, none of us have, you can't recover from losing a child you learn to live with it" (p. 34). For those of us lucky enough not to have had disaster experience, it offers valuable learning and a vicarious experience of such difficult and traumatic events. The chapter ends with valuable, practical advice from the victims to social workers on how best to offer them support. A recurring and especially insightful message to social workers highlights the need for dedicated Disaster Social Workers who are specifically trained and ready for disaster response. They urge managers not to give the work to social workers on top of their already busy schedule. In the case cites, this just made survivors feel like a burden and they did not get the support they needed (p. 46). Training in disasters was a recurrent theme in chapters 2 and 3: trained, "pre identified social workers should be seconded into a specialist team. This way they can drop what they are doing and provide an immediate response" (p. 49), which needs to be ongoing over time and not just a quick fix.

Chapter 4 showcases the voices of social workers who have lived through and supported communities through disasters.

Social workers talk about their experiences supporting people in manmade disasters, such as the Hillsborough football disaster (1989), the Manchester stadium bombing (2017), the Grenfell fire disaster (2017) as well as two airplane disasters. All had the commonality of working alongside grieving families. The chapter offers a poignant reality check, "you can only do what you can to help people be more ready to survive" (p. 57). It also offers practical advice such as what to take with you when you are called out to attend a disaster and the importance of having supportive colleagues around you (p. 62). It addresses issues uncommon in other social work, such as being in the spotlight of the media and the re-trauma that can come from replays of the event on the news.

A particularly interesting point raised was that of when the social worker should leave, how to do this safely with the people they have been supporting and, importantly, the support they themselves may need during and afterwards once they resume normal duties (p. 66). The book provides a useful list of potential training for social worker in preparation for a disaster situation (p. 69). This education is not in the usual social work training programme in Aotearoa and would be worth looking at for social work educators going forward.

I was interested in the focus on the Covid pandemic both in chapters 2 and 5. Being the most prominent health emergency of recent history, it is fitting to attend to the findings so far. I was proud to see a mention of the stark contrast in the response to the pandemic in the protection of lives by the UK PM, and our PM, Jacinda Ardern, who was praised for her supportive approach to leadership and protection of the public (pp. 86 and 87).

The final chapter (Chapter 6) looks to the future in healing and recovering from disasters, particularly the impact of disasters on the social workers involved. The chapter highlighted new concepts, "post traumatic growth" and "vicarious resilience" (p. 109). These are explored in the aftermath of disasters, where the community and social workers can learn and grow from the experience and deal with the trauma. There is a helpful list on page 111 which helps reader to "promote and prioritise self-care" (p. 110).

Overall, the book has a UK focus and, although there are useful lessons, we can take from this text and the experiences of UK disasters. The challenges for our region both meteorological and political are unique, so a text that attends to our Pacific social work needs, addressing colonisation and inequalities in our Pacific island, would be most welcome.

From this book I will take away the experiences of disaster survivors and the social workers who supported them in desperate times. I both cried and felt hope while reading it. I would definitely recommend this as a foundational text for anyone who is unfamiliar with the social work role in disaster work or is interested in learning more about this urgently needed, and extremely relevant, emerging social work practice, as our profession prepares to support humanity facing an uncertain future.

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