

**Social Workers Becoming Parents:
Exploring a Transitioning Professional Use of Self
in the Age of Intensive Parenting**

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Abstract

Background: The social work profession is immersed in the task of working with parents. This focus on parenting as the nexus for societal change is most visible in child protection social work, however social work assessments of parenting practices are frequent across all fields of social work. Consequently, social workers who are not yet parents, but have many years of valuable social work practice experience inevitably form views and concepts surrounding ‘best’, ‘safe’, and ‘adequate’ parenting practices. The transition to parenthood then for these social workers can present with contradictions and feelings of ambivalence.

Aims: This research project sought to explore how experienced social workers in Aotearoa New Zealand navigated their transition to parenthood, and how this evolution impacted upon their professional use of self. Accounts of people, workplaces, and practices that facilitated as well as hindered this transition were actively sought.

Methods: This project included semi-structured qualitative interviews with 10 individual social workers who had a minimum of three years practice experience before becoming a parent. Data was analysed using a thematic analysis framework, and NVivo 12, a qualitative data analysis software.

Findings: This thesis found that social workers were very articulate and adept at reflecting upon the changes to their professional practice upon becoming a parent, though they found almost no professional milieu in which to safely communicate those changes. Participants were concerned with presenting a professional façade that did not acknowledge the internal or familial difficulties in their transition to parenthood or current parenting practices though they felt that their struggles had increased their empathetic capacities as practitioners.

Conclusion: Paradoxically, despite enhanced awareness and personal experience of parenthood, many social workers communicated an increased hesitancy regarding social work practice with children and families. Social workers who have a wealth of practice experience before navigating their transition to parenthood bring unique, reflective perspectives to the social work profession. However, without any formalised supports, this thesis has demonstrated that some practitioners may feel unable to continue to practice as social workers and parents.

Keywords: parents, social work, intensive parenting, professional use of self, children, families, mothers, assessment

Acknowledgments & Dedications

If it takes a village to raise a child, then it must take a metropolis to raise a master's student. I am forever grateful to the many people who helped me along the way.

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Journey to this thesis

This project was born from my personal experiences as a social worker becoming a parent and my inability to find any specific social work literature about what amounted to a seismic shift to my personal practice.

My partner and I decided to start a family. This, in some devastating ways, did not proceed according to plan. A diagnosis of unexplained infertility and subsequent recurrent pregnancy loss led to a reimagining of life plans, and I embarked on my Bachelor of Social Work (BSW) as a mature student. Therefore, it was with great surprise, delight (and significant trepidation) that I gave birth to our first child in the summer break between the second and third year of the BSW. He was born late-term premature and though suffered no ongoing medical complications, I nevertheless found the foray into first-time parenthood shocking and overwhelming. Consequently, it was as a first-time mother to a 4-month-old baby that I began my first social work practicum at a Non-Governmental Organisation (NGO) tasked with visiting parents in their homes and supporting them to parent their child(ren).

Throughout the practicum I felt a growing sense of disconnect between what I felt able to achieve as a mother personally, what I endorsed and expected of service users (also new mothers) as a burgeoning social worker, and the societal expectations surrounding both those positions. In passing, a senior lecturer from university sent me a journal article titled ‘The Potential Impacts of Becoming a Parent on Practice’ (Cousins, 2016). It was a practice-based reflection piece, written by a very experienced child protection social worker and concisely described the experience of transitioning from ‘being a social worker’ to ‘being a social worker and parent’. The article concluded that there is a need “...for more research and greater thoughtfulness around the impact of becoming a parent on practitioners themselves and on their practice” (Cousins, 2016, pp 106).

I had a second child, began my second full-time practicum, and parenting became more complex. That second practicum, in the busiest hospital emergency department and maternity ward in all of Australasia continued to hone my nascent social work practice skills at the coalface of child protection work. I gained employment in my local community outpatient adult mental health and had my third child; still struggling with the role of ‘parent’ and most especially ‘mother’. The nature of the heightened environment of modern parenting – so

pervasive that I was unable to even name it – remained elusive until the final year of the BSW when I met an academic studying the nature of neuroscience, intensive parenting ideology, and social work. This, it appeared was the final piece of the puzzle, and my research began to solidify.

Relevant Terms

CPS	An abbreviation of Child Protective Services, designed to include broad agencies involved in care and protection including Oranga Tamariki, non-governmental organisations, the police, and district health boards (among others)
Family Start	An intensive home visiting programme that works with vulnerable 0–5-year-old children and their whānau. Delivered via non-governmental organisations contracted to the Ministry of Social Development, employing social workers (MOH, 2021).
IP/IM	Intensive parenting, or intensive mothering, the current dominant parenting culture in western wealthy nations
Koha	Te reo Māori word meaning gift, donation, contribution. Denotes a degree of reciprocity in relational interactions
NGO	Non-governmental organisation. In New Zealand NGOs are independent of government and generally receive significant funding from the government to provide social services in the community.
NQSW	Newly qualified social worker
Oranga Tamariki	Also known as the Ministry for Children. Government agency with statutory legal powers to intervene to protect children. Responsible for the well-being of children, specifically children at risk of harm, youth offenders and children of the State. Previously the Ministry for Vulnerable Children, Child Youth and Family (CYFs), and Department of Social Welfare.
Pākehā	A person from Aotearoa New Zealand of European descent
Te ao Māori	The Māori world
Tikanga	Te reo Māori word meaning that which is correct. It is the historic and customary system of values and practices that are embedded within the social context (of te Ao Māori)
Tino Rangatiratanga	Te reo Māori expression meaning self-determination and sovereignty (enshrined legally under the terms of the Treaty of Waitangi)
Tīpuna	Te reo Māori word meaning grandparents, ancestors
WCTO	Well Child Tamariki Ora, the universal health programme for children aged 0-5 years old.
Whakawhanaungatanga	Te reo Māori concept for the process of establishing relationships, relating well to others, and forming connections
Whānau	Te reo Māori word meaning family, however whānau is also extended family, family groups, and the primary economic unit in traditional Māori society. Modern usage embraces non-kin relationships

Table of Contents

ABSTRACT	II
ACKNOWLEDGMENTS & DEDICATIONS	III
JOURNEY TO THIS THESIS	IV
RELEVANT TERMS	VI
CHAPTER 1. INTRODUCTION	1
1.1 WHY SOCIAL WORK AND WHY SOCIAL WORKERS WHO BECOME PARENTS?	1
1.1.2 <i>The Age-Practice-Parenthood Gap</i>	2
1.1.3 <i>Modern Parenting</i>	3
1.1.4 <i>Notes on Language and Terminology</i>	4
1.2 THESIS STRUCTURE	5
CHAPTER 2. LITERATURE REVIEW	6
2.1 INTRODUCTION	6
SEARCH STRATEGY AND METHODS.....	7
2.2 SOCIAL WORKERS AND PARENTS: A LOADED HISTORY AND BRIEF OVERVIEW.....	8
2.3 THE SOCIAL WORK ASSESSMENT	13
2.3.1 <i>What is a Social Work Assessment?</i>	13
2.3.2 <i>Parental Capacity Assessment</i>	14
2.3.3 <i>The Assessment of whānau Māori or Colonialism through Child Protection</i>	17
2.4 THE PROFESSIONAL USE OF SELF	25
2.5 INTENSIVE MOTHERING AND THE INTENSIVE PARENT	30
2.5.1 <i>Risk Society & Modern Parenting</i>	34
2.6 CONCLUSION	36
CHAPTER 3. METHODOLOGY	37
3.1 INTRODUCTION	37
3.2 RESEARCH AIMS.....	37
3.3 QUALITATIVE RESEARCH	39
3.4 RESEARCH METHODS	41
3.4.1 <i>Sampling</i>	41
3.4.2 <i>Recruitment</i>	42
3.5 PERSONAL POSITIONING	43
3.6 ETHICS APPROVAL	45

3.7 DATA COLLECTION: PARTICIPANT INTERVIEWS	46
3.8 DATA ANALYSIS.....	46
CHAPTER 4. FINDINGS.....	49
4.1 INTRODUCTION.....	49
4.2 “EVERYTHING I THOUGHT I KNEW, I DIDN’T”	51
4.2.1 <i>Empathy Increase</i>	54
4.2.2 <i>Reflection in Action: Practice Knowledge</i>	57
4.3 BEYOND CHILD PROTECTION	63
4.3.1 “ <i>I was better at child protection before becoming a parent</i> ”	64
4.3.2 <i>Organisational culture and working conditions</i>	67
4.3.3 “ <i>What’s good for the goose is good for the gander, isn’t it?</i> ”	70
4.4 INTENSIVE PARENTING	73
4.4.1 “ <i>You’re one hundred percent in it</i> ”	74
4.4.2 “ <i>There’s cultural aspects to that</i> ”	82
4.4.3 “ <i>Sometimes a nappy change is just a nappy change</i> ”	88
4.5 TRANSITIONS.....	94
4.5.1 <i>Returning to Work: Supervision</i>	95
4.5.2 <i>Disclosing Parenthood</i>	97
4.5.3 “ <i>I’ll give you another little story... </i> ”	101
4.6 CONCLUSION	105
CHAPTER 5. DISCUSSION.....	107
5.1 INTRODUCTION.....	107
5.2 “EVERYTHING I THOUGHT I KNEW, I DIDN’T”	107
5.2.1 <i>Empathy Increase</i>	107
5.2.2 <i>Reflection in Action: Practice Knowledge</i>	112
5.3 BEYOND CHILD PROTECTION	116
5.4 INTENSIVE PARENTING	120
5.4.1 “ <i>You’re one hundred percent in it</i> ”	120
5.4.2 “ <i>There’s cultural aspects to that</i> ”	122
5.4.3 “ <i>Sometimes a nappy change is just a nappy change</i> ”	124
5.5 TRANSITIONS.....	127
5.5.1 <i>Returning to Work: Supervision</i>	127
5.5.2 <i>Disclosing Parenthood</i>	129

5.5.3 “I’ll give you another little story...”	131
5.6 CONCLUSION	135
CHAPTER 6. RECOMMENDATIONS AND CONCLUSION.....	136
6.1 INTRODUCTION.....	136
6.2 LIMITATIONS	136
6.3 RECOMMENDATIONS	138
6.4 CONCLUSION	142
REFERENCES.....	144
APPENDICES.....	149
APPENDIX I UAHPEC APPROVAL LETTER.....	149
APPENDIX II PARTICIPANT ADVERTISEMENT	151
APPENDIX III PARTICIPANT INFORMATION SHEET.....	153
APPENDIX IV PARTICIPANT CONSENT FORM.....	157
APPENDIX V SEMI-STRUCTURED INTERVIEW QUESTIONS	159
.....	6

Chapter 1. Introduction

1.1 Why Social Work and Why Social Workers Who Become Parents?

This thesis explores the experiences of social workers who became parents after, in some cases, many years of frontline social work practice. Arguably more so than any other occupation in the so-called caring professions (for example, teaching or nursing), social workers are frequently tasked with the assessment of parents and parenting practices (Ramvi & Davies, 2010). Child protection social workers are of course, explicitly directed and authorised with this task by the State. Additionally, the profession of social work itself has the unique dual mandate of aiming to provide direct assistance to those in need (micro level practice), as well as working towards greater societal and systemic change that ameliorates conditions for many (macro level practice) (IFSW, 2021). Micro level social work practice requires a specific set of skills, as it necessitates working closely with people who are often in various positions of vulnerability or marginality. It is relational work, meaning that workers ability to build relationships and capacity to empathise with service users is fundamental and foundational to the work taking place. Ramvi and Davies (2010) stress that it is essential in any kind of relational work to acknowledge that the separation of the personal, social, and professional selves is not possible, nor is it appropriate or advantageous. Correspondingly, a professional practice identity, otherwise known as ‘professional use of self’, is not a static entity. While there are many precise definitions of the professional use of self concept, it is generally understood within the social work profession to refer to how a practitioner inevitably brings their self to the relationally based process of communicative engagement with a service user. This professional use of self forms the foundations of therapeutic social work and involves skilfully blending the use of appropriate self-disclosure, empathy,

authenticity, as well as the knowledge, skills, and values of the social work profession to enhance work with services users and communities. Thus, rather than the professional use of self being a fixed workplace persona, it is instead an identity in a perpetual state of flux, forever tailoring and reinterpreting aspects to better adapt and suit the social work practice and personal life of the individual worker (Featherstone et al., 2014). This research was concerned with exploring specifically the changes that occurred (and continue to take place) to this professional use of self by social workers who already had significant social work experience prior to becoming parents. Becoming a parent is a quotidian enough occurrence that it appears to not warrant much specific attention in the social work literature. This thesis is not preoccupied with exploring whether becoming a parent is ideal for practitioners, or ‘essential’ in building empathy or professional capacity. There will always be adults who do not parent, and this demographic continues to grow in all developed countries, Aotearoa New Zealand included (Statistics New Zealand, 2019). This thesis focuses specifically on the transition to parenthood because unlike other life events involving grief and loss, or traumatic or triumphant experiences, it is such a relatively common phenomenon that it is unaddressed by professional bodies and research literature.

1.1.2 The Age-Practice-Parenthood Gap

Social work is considered an aging workforce – 48% of registered social workers are older than age 51 (Social Workers Registration Board, 2020). This is generally indicative of social workers with many years and decades of experience, not necessarily of Newly Qualified Social Workers (NQSW) joining the profession in midlife. In Aotearoa New Zealand most students who graduate with a qualification from a tertiary provider are between the ages of 20-24 years old (Education Counts, 2021). While social workers may be gaining their

qualifications and joining the workforce on average in their early to mid-twenties, latest census data in Aotearoa New Zealand presents a continually increasing median age of first birth for women as 29.0 years (and 30.9 years for fathers), in line with other developed countries (Statistics New Zealand, 2019). This means that there are potentially many social workers graduating to practice and working for an ever-increasing number of years before becoming a parent. Inevitably these social workers will have developed some version of a professional use of self, an idea of how they practice, what forms their knowledge base, and how they assess a service user or a situation. How do these professional and personal knowledge bases alter their social work practice after becoming a parent?

1.1.3 Modern Parenting

An additional layer of complexity can be observed in this transition to parenthood for social workers. Modern discourse surrounding parenting has undergone a seismic shift over the past 25 to 30 years. The current dominant ideology is known as intensive mothering, a term first coined by Hays in 1996, and its central tenets have become so normative that they are now the standard by which mothering practices are evaluated (Lee, 2008). Intensive mothering builds on the modern concept of mothering as "...both the private responsibility of individual mothers, and also a matter of public scrutiny and intervention, with mothering practices defined as 'good' and 'bad' in expert and policy discourse..." (Lee, 2008, pp 468). Thus, intensive mothering can be described as a set of requirements for modern child-rearing that involves being wholly 'child-centred' (ideally with the identity of 'mother' entirely absorbing the persona of the mother), as well as being very demanding of the mother's time, labour, and finances. Yet paradoxically these mothering activities are conceived to be of such importance to society at large that the tasks cannot be left to mothers alone and so expert advice,

guidance, and validation is also required (Lee, 2008). Social workers play a critical role in this group of expert advice and validation providers. Numerous studies have demonstrated that despite the vast distinctions in cultural backgrounds, socioeconomics, and social classes experienced by mothers, doctrines of intensive mothering have become key characteristics by which ‘good vs bad’ mothering is now defined (Lee, 2008, Sinai-Glazer, & Peled, 2017).

1.1.4 Notes on Language and Terminology

Language use throughout this thesis has been carefully considered; the terms ‘parent’, ‘parenting’, and ‘intensive parenting’ have been selected to best describe the people and phenomena being studied. Notably however, the literature regarding modern parenting focuses heavily on intensive mothering (IM). Especially relevant to this research is the well-established fact that most child protection and welfare social workers are women (Ramvi & Davies, 2010). Accordingly, social work research studies often include more women social workers than men as participants (Ramvi & Davies, 2010). This thesis is no exception; all but one of the participants interviewed for this project are women who also identify as mothers. Even the term ‘parenting’ within frontline social work practice and casework has, anecdotally, come to mean ‘mothering’. In my practicum at an NGO with a contract to provide Family Start services to a large Auckland catchment area, the term parent was almost singularly used in both company literature and case notes. However, the overwhelming majority of work undertaken was with mothers, exclusively. Documented safety plans about the ‘whānau risks’ invariably meant *mothers’* risks, i.e., what is the *mother* doing to sufficiently mitigate identified risk. The highly gendered nature of discussions surrounding parenting did not go unnoticed by fellow social workers but was often rationalised with knowledge of the service user demographics and statistical analysis that 83% of solo-parent

households in Aotearoa New Zealand are headed by women (Statistics New Zealand, 2019).

The highly gendered nature of modern parenting discussions cannot be overlooked and is considered in depth further in this thesis.

1.2 Thesis Structure

This first chapter introduces the unique challenges faced by social work professionals with years of experience who become parents. Chapter Two is a review of the relevant literature surrounding the fraught history of social work's involvement in interventionist child protection practices, social work assessments, the development of a professional use of self, and modern parenting in the current risk society. There is a noticeable scarcity of research into this specific topic within social workspaces both internationally and within Aotearoa New Zealand. Accordingly, other 'sister professions' (i.e., therapy, nursing, midwifery) are included to better explore the issues these professions have faced with practitioners who have experienced a change to their practice upon becoming a parent. The methodological design, participant recruitment, and research processes of this project are discussed in Chapter Three. Chapter Four reports the findings from the thematic analysis of the individual semi-structured qualitative interviews and Chapter Five discusses those findings in greater depth while also presenting the broader implications for social work practice. Finally, Chapter Six explores the limitations of this study as well as recommendations for future research on this topic.

Chapter 2. Literature Review

2.1 Introduction

This literature review brings together several relatively siloed social work subject areas: a history of social work focusing on child protection, social work assessment frameworks, the current climate of intensive parenting, and how caring professionals navigate the transition to parenthood. A few of these topics have extensive coverage within the social work academic and practice literature (for example, child protection histories and assessment processes), while others are a burgeoning area of research outside of the social work field, like intensive parenting. Yet literature that focuses on how specifically social workers experience and manage life transitions – and especially the transition to parenthood – is a comparatively under-researched topic; studies based in Aotearoa New Zealand are non-existent. From an insider, social worker and parent perspective, it appeared evident that the transition to parenthood for experienced social workers had the potential to pose professional challenges. However, this potentially challenging transition may not be apparent to an outside observer, and furthermore it did not appear to be a well-documented or researched phenomenon in the social work literature.

Accordingly, the literature review undertaken concentrates on the substantial history of the social work profession and individual social work practitioners as arbiters of ‘acceptable and unacceptable’ parenting and how that history connects directly to the ways in which social work assessments are undertaken today. It is also crucial to appreciate the modern context in which these assessments take place, as it is inextricably tied to how social workers understand their roles in parental assessments. Therefore, modern intensive parenting

doctrine is extensively explored. Finally, though there are no Aotearoa New Zealand studies of social worker transitions available, there have been international studies undertaken within similar western societies (namely, Australia, Canada, the UK, and the USA) of comparable professions that are analysed in-depth in this chapter.

Search Strategy and Methods

The bulk of the literature search was conducted prior to participant recruitment and was used to inform the construction of participant interview questions. With no previous studies focused specifically on social workers transitions to parenthood upon which to build this research project, the search strategy began as very broad endeavour. It encompassed academic journals, both domestic and international, as well as grey literature focused on modern parenting, all in English, and all published within the past 40 years. Searches were undertaken in wide range of databases on subjects including social work, sociology, psychology, law, family studies, and feminist studies. Databases searched included EBSCOhost, Elsevier, Google Scholar, ProQuest Social Science Journals, SAGE Journals, Taylor & Francis Online, Wiley Online Library, as well as Aotearoa New Zealand based dissertations and theses. Due to the often-disparate subject matters involved, many different search terms were used. The most commonly used search terms were “social work*”, “child protection”, “assessment”, “risk”, “social work* parents”, “modern parenting”, “intensive mothering”, “New Zealand parenting”, and “professional use of self”. Twenty-seven pieces of literature were selected for inclusion and formed the basis of this literature review. The majority of the literature concerning both social workers as parents and intensive parenting practices were not from within Aotearoa New Zealand. This is a significant gap in the literature as Aotearoa New Zealand has a unique societal context and bicultural social work

mandate that is unlike almost anywhere else in the world. Current (as well as historic) research into the lived experiences of social workers who became parents while working was negligible, and when extant was undertaken overseas. Most literature surrounding intensive parenting focused on the impacts upon the mother, as an individual. Literature linking the influence of omnipresent intensive parenting mandates on those tasked with child protection (namely, social workers) was very limited. There was only one practice-based reflection piece that explored social workers experience of becoming a parent after many years of child protection practice. The author put forth brief theoretical frameworks for understanding this transition and highlighted the need for further research to better explore this experience.

2.2 Social Workers and Parents: A Loaded History and Brief Overview

“...the child protection system as a whole has two primary tasks: an explicit or overt one of acting to protect the most vulnerable children from serious harm – a task at which, on some indices at least, it does quite well. Its second, implicit or perhaps unconscious, primary task is to protect wider society from dangerous and disturbing knowledge...this second primary task is to manage on behalf of the rest of adult society our deep ambivalence about children, about parenting, and about the propensity in all of us to feel like doing violence towards our own children; in other words the ubiquity of ordinary hatred within the everyday job of parenting.”
(Cooper, 2013, pp 152).

Social workers and the parents they assess did not wake up yesterday at odds with one another. There is a very long, and very fraught history that explains (and occasionally) creates the tensions apparent when social workers engage with a family and raise concerns of a child protection nature. Indeed, child protection social work more so than perhaps any other domain of social work practice, including (but not limited to) mental health, policy development, research, community work, is at the forefront and heart of modern social work (Ferguson, 2004, Featherstone et al., 2014). It is the specific area of practice that appears

virtually guaranteed to provoke intensely moralising rhetoric, to elicit the most controversy, and to receive most media coverage and public outrage (Featherstone et al., 2014). The contemporary age of intensive parenting considerably influences present-day conceptions of child protection, adding to the myriad reasons why child protection practice looms so largely in the public consciousness and within social work practice. Furthermore, there are no other professions tasked so singularly with the specific tasks of child protection. While many occupations work in tandem with social work for the care of children; physicians, police, psychologists, early childhood educators, childcare nurses, teachers and others, child protection social work stands alone in having been solely tasked with the care and control, protection and assessment of children and by extension, their parents. Comparatively, healthcare social work is frequently recognised as a collaborative practice involving a more multi-disciplinary approach among for example, social workers, psychologists, physicians, nurses, and occupational therapists. Additionally, the history of social work intervening in parenting is long and well documented (Ferguson, 2004). Many of the particular processes and rhythms developed over the past 120 years of child protection work are understood to form the basis of modern social work practice. The constructs of children as ‘cases’ and ‘casework’, conceptions of risk, and what Ferguson (2004, pp. 43) calls the “optimistic professional belief” that it is possible to both prevent child death and reform deviant parenting through social intervention are all concepts visible and recognisable from the late nineteenth century through to the present day.

The 1960’s is often when child abuse – in the way we conceive of it now – is understood to have been ‘rediscovered’ in the western world (Broadhurst, Grover, & Jamieson 2009, Ferguson, 2004). Prior to the publication of a medical paper focusing on ‘battered baby syndrome’ by American paediatrician Henry Kempe, social work with families and children

was principally concerned with prevention and provision of care for children considered unable to remain at home (Broadhurst, Grover, & Jamieson 2009). The target of most of these preventative measures and alternative care arrangements were people living in poverty. Poverty, of course, occurring along class, ethnicity, gender, and age demographics, meant that some populations were targeted with much more interventions than others. While this pre-1960's social work practice is still recognisable as it involved visiting service users in their homes and assessing them, it was not explicitly preoccupied with signs of serious physical abuse that could cause injury or death (Broadhurst, Grover, & Jamieson 2009). After this 'rediscovery', a significant shift in child protection practice began; it becomes a more medicalised field with more specialist involvement and a clearer emphasis on the psychology of parents who offend against (their) children (Ferguson, 2004). There were many societal and economic upheavals happening in western countries around this time that undoubtedly influenced this shift in social work practice, but the net result, over time, was a practice that became more bureaucratic, procedural, and defensive (Ferguson, 2004, Broadhurst, Grover, & Jamieson 2009). Governmental inquiries into child deaths began and continue to this day. With hindsight in these inquiries, social workers are often judged to have been too intrusive and overly authoritarian with parents once having received expressions of child welfare concerns or conversely, gullible and incompetent for not having intervened sooner (Hyslop, 2017, Ferguson, 2004, Featherstone et al., 2014).

This shift in child protection practice happened concurrently with an overall shift in white, middle-class parenting practices to an ideology identified as intensive mothering (IM) (Reich, 2005, Hays, 1996). Hays (1996) is the first to describe and name intensive mothering ideology as a set of beliefs surrounding suitable caregiving for children and corresponding acceptable maternal behaviours. Consistent with this doctrine children are understood as

innately good, innocent, and ‘pure’, mothers must sacrifice all in their roles as primary caregivers, and standard childrearing should consume all of mothers’ time, energy, and resources (Hays, 1996). The wholesale uptake of the tenets of IM is now so widespread and influential to social work parental assessments that this is examined in further detail in this literature review. Undoubtedly, it has contributed to two significant criticisms of family welfare policies both from within and external to child protection services. Firstly, that when the state intervenes into the family unit, in most cases, it is the mother who is cast as the bad actor or the deviant. The mother is generally the party singled out by welfare services for allegedly straying from ‘normative’ parenting (Reich, 2005, Sinai-Glazer, & Peled, 2017). Secondly, that “...when the State asserts that parents are incapable of raising their child, it casts itself not only as the surrogate parent, but also as the supreme and supervisory authority on the proper way to raise children” (Sinai-Glazer, & Peled, 2017, pp. 1485).

Further confounding relations between social workers and the parents they are tasked with assessing, is the rise of neoliberalism and its impacts on modern social work practice. The consequences of neoliberal policy principles i.e., the market driven economy, the deregulation and privatisation of formerly state-owned enterprises, as well as austerity measures targeting public spending, have all had enormous impact on both social work and its service users in the last forty-odd years (Hyslop, 2017, Ferguson, 2004). In its current dominant socio-political and economic ideology, it emphasises both fiscal restraint and individual accountability. Not coincidentally, this emphasis on the individual deftly aligns with intensive parenting ideologies that encourages and extols the virtues of raising resilient and flexible individuals. Successive neoliberal governments in Aotearoa New Zealand (and other Anglophone countries) have favoured more medico-scientific, rational, and supposedly apolitical methods for working with service users (Keddell & Hyslop, 2019). This has

resulted in a significantly increased focus on individual pathologies at the expense of social work practice that acknowledges social inequalities, inherent uncertainties and the fraught power-dynamics present in all work with service users (Ferguson, 2004, Hyslop, 2017). Featherston, White, and Morris (2014) note that this current hyper-focus on standardisation and actuarial processes in social work is problematic as it "...obscures complexity while creating complication" (pp. 79). With increasing managerial administration, a heavy focus on a demonstrable evidence base, and cost-saving initiatives, frontline social work practice has by necessity, become an increasingly time-constrained affair (Hyslop, 2017). While social workers now have less time available for the critical relational aspects of practice, many service users find themselves in entrenched intergenerational poverty. So, at a time when understandings of structural inequality and social injustice are essential in frontline work more now than perhaps ever before, much current social work demands detached, clinical, risk-averse, and defensive practice (Hyslop, 2017, Featherstone et al., 2014). It is in this heightened climate that social workers approach service users who are parents.

Research into parents' experiences of the child welfare system suggests parents feel intimidated, fearful, powerless, and accused both by the child protection processes and the social workers themselves (Featherstone et al., 2014). So how do social workers overcome these barriers to engagement with parents who confess to feeling threatened from the outset? It has been suggested that the ways in which social workers engage differently with service users to for example, counsellors, is in their need to raise concerns (most especially within the realm of child protection work) (Forrester et al., 2007). Most of this nuanced, relational, concern-raising work is undertaken in face to face with parents via a social work assessment.

2.3 The Social Work Assessment

“Social workers are the instruments of delivery of child intervention public policy and legislation”
(Choate, 2018, pp 5).

2.3.1 What is a Social Work Assessment?

All practice-based social work involves some form of assessment of the service user.

Whether it is a brief case note in a patient’s medical files, or an in-depth court report prepared by order of a family court judge, social work’s bread and butter involves speaking directly with a service user and then documenting this interaction. These case notes are not merely descriptive however, they must impart some form of appraisal, evaluation, and essentially require judgement from the social worker. By design these appraisals are subjective; for example, a service user may assert that their substance misuse has had no impact upon their ability to safely parent, while reports from whānau and schools may indicate the opposite. Precisely *how* a social worker proceeds to record this example scenario is absolutely critical to the work taking place between the service user and the social worker. For example, Milner, et al. (2020) describe a social work parental assessment (of a parent attempting to retain care of their children) that noted the parent as having demonstrated ‘disguised compliance’. They use this specific example, found in social work case notes to illustrate the capacity for moral assumptions and heavy judgements to stealthily influence social work assessments. The authors note that this is a problematic and potentially incomprehensible assessment standard; has the service user complied with social workers, but not in a way that the social worker found genuine? If the service user were to demonstrate genuine compliance, would this be dismissed as evidence of further ‘disguised’ compliance?

The inherently subjective nature of these appraisals is well documented (Milner et al., 2020, Choate, 2018). This does not however, detract from their validity and necessity to social work. The specifics of *how* social workers do assessments is still a somewhat under-researched area of study (Choate, 2018, Woodcock, 2003). It appears to be taken-for granted knowledge and is usually highly contextual to the organisation, making it a difficult subject to standardise. This researcher's first-hand experience in both an NGO Family Start capacity and in an allied health hospital setting involved filling in standard psycho-social assessment templates about service users. Necessary information on these templates included demographic details, presenting problem/s, relevant history, relevant medical concerns, and lastly a space for 'social' issues. Anecdotally, it was often the 'social' field of the template left blank as there was general acknowledgement that every service user we worked with was struggling with multiple deprivations. A subtle and pervasive stance of 'we cannot change the social forces that create these problems – not our mandate – so focus on the aspects you can have an impact upon' permeated both workplaces.

2.3.2 Parental Capacity Assessment

There does not appear to be any debate in the literature regarding the necessity for some sort of comprehensive process when assessing the safety of children and their parents. However, it is generally understood that social workers, in their work with parents, must progress beyond the presenting problems regarding the safety of the child; this means determining what must change, if a change to parental functioning is possible, and if not, what kind of alternate care arrangements will be made for the child (Choate, 2018, Milner et al., 2020). In making these very challenging and informed decisions, both the courts and social workers therefore use a Parenting Capacity Assessment (PCA) methodology. There are many actuarial

tools used in child protective services (CPS) social work; some are more informal such as social worker case notes, some are very formal and can be legally binding documents, as in the case of a PCA. In Aotearoa New Zealand, within the context of child protection, the PCA framework currently used by Oranga Tamariki is the Tuituia Assessment, and it is child protection social workers who undertake these assessments (Oranga Tamariki, 2021).

Although many frontline social workers in any capacity may not have completed a Tuituia assessment for Oranga Tamariki, the framework in place for PCAs like Tuituia is largely overarching, it becomes the foundation upon which all assessments, safety plans, and case notes are built (Milner et al., 2020).

Recent evidence from Aotearoa New Zealand shows that when a PCA is undertaken with families due to child maltreatment (specifically abuse and neglect) harm is more widespread and persistent than among other families also involved with CPS (Whitcombe-Dobbs, 2020). Clearly, the stakes for families, children, and social workers are very high, which is why it is instructive to understand these types of assessments. Generally, a PCA is a tool, a process, or a framework used to determine the ability of a parent to be ‘good enough’ (Choate, 2018, Whitcombe-Dobbs, 2020). Choate and Engstrom (2014) examined how the notion of the ‘good enough parent’ came to pervade the field of CPS, and how the lack of clear definitions regarding what is or is not a ‘good enough’ parent means that determinations in CPS cases can be overly subjective and have hugely damaging outcomes. Despite this, PCAs in use today continue to focus heavily on the notion of the ‘good enough’ parent; the parent who is not perfect but has enough capacity for the child to essentially thrive (Choate, 2018, Milner et al., 2020). Personal strengths, characteristics, skills, deficits, and histories are all considered within the bioecological perspective used in PCA’s (Choate, 2018). Correspondingly, issues of safety, care, emotional regulation and warmth, and boundaries are also carefully

deliberated in the PCA (Choate, 2018). Attention to and analysis of structural factors like, housing, income, support systems are also required when completing a PCA (Choate, 2018). A comprehensive PCA should aim to consider all these aforementioned factors as well as patterns within the family over time, not simply single events of mistreatment (Choate, 2018, Whitcombe-Dobbs, 2020). To do this, a formal PCA involves by necessity interviews, observations, psychometrics, and data from external sources (e.g., medical practices, NGOs) generally collected and collated by social workers. This is the case in the Aotearoa New Zealand context (Choate, 2018, Whitcombe-Dobbs, 2020). However, Choate (2018) comments on a growing paradox found in many formal court ordered PCAs in Canada and other western nations and states that “the front-line [social] worker is not seen as expert in assessment of parenting which results in the PCA being contracted to supposed experts in parenting, including psychiatrists, psychologists and social workers in health, court based or private practice environments.” (Choate, 2018, pp.14).

The knowledge base that the PCA draws upon is explicit; it is based on current parenting literature, as well as clinical and forensic assessment texts (Choate, 2018). How that PCA is then understood and applied in practice can vary widely dependent upon social worker interpretation. What influences their constructions of parents as acceptable or risky are of critical importance. Social workers play a key role in determining under what circumstances a child will leave parental care, and subsequently under what conditions the child will be returned safely (Choate & Engstrom, 2014). Woodcock (2003) noted almost twenty years ago that there was a distinct lack of research into how, precisely, social workers conceptualise parents and parenting. This remains an under-examined area of study, though their research provided several broad themes for future researchers. Social workers in their study expressed four main types of expectations that underlay their determinations of both ‘good enough’ and

‘not good enough parenting’ (Woodcock, 2003). These were named, an expectation to prevent harm, an expectation to know and ability to meet appropriate child development levels, an expectation to provide routine and consistent physical care, and finally the expectation to be emotionally responsive and available (Woodcock, 2003). The study notes that how social workers determine whether parents were meeting these expectations varied greatly; few social workers discussed explicitly being informed by the literature (Woodcock, 2003). In many instances social workers drew on their own childhood experiences of being parented, or if they were parents, their experiences parenting, or they drew from previous social work cases (Woodcock, 2003). Most social workers in the study held the dominant view that parents were avoiding or resistant to competent parenting because they wished to avoid painful reflections of their own insufficiently parented childhoods (Woodcock, 2003). Despite appearing to have empathetic analyses of the parents they were assessing, the social workers primarily did not address the parents underlying psychological problems and instead exhorted service user parents to change (Woodcock, 2003). When this did not work, the researchers suggested that social workers were (perhaps by necessity) more focused on their legal responsibilities to prevent harm to the child (Woodcock, 2003).

2.3.3 The Assessment of whānau Māori or Colonialism through Child Protection

New Zealand, through its colonial history, has been designed primarily to benefit Pākehā. Māori were required to fit into Pākehā culture and systems. All our basic institutions function on the assumption that being Pākehā is ‘normal’ and that there is only one way to make decisions, one way to deliver justice, health and education, one approach to conservation, and only one language that matters. Assimilation was predicated on the assumption that Māori tikanga was irrelevant if Māori were to succeed: everything had to be done the ‘white way’. The result is that the infrastructure of New Zealand society is structured to deliver white privilege. Only the exotic features of Māori culture were

encouraged, where they benefited the country in areas such as tourism and sport. (Consedine & Consedine, 2005, p.19)

The practice of social work inevitably involves applied and socially informed decision-making, meaning that one singular and official knowledge base that informs all social workers parental assessment may not exist. This can be understood as a particularly sore criticism given that there is a well-documented history of social work practice and experiential knowledge not receiving official acknowledgement or being otherwise construed as lacking legitimacy (Hyslop, 2017, Kedell & Hyslop, 2019, Milner et al., 2020). While there may be no singular ‘Official Parental Assessment’ social work document used globally, there is ample evidence that what comprises the various social work assessment frameworks is dominated by western constructs of parenting (Choate, 2018, Moyle, 2016). Additionally, it is well established in the literature that parenting capacity is greatly affected by a higher degree of disadvantage and stress (Woodcock, 2003, Hyslop, 2017). Research has consistently found a disproportionate number of families who come to the attention of CPS are multi-disadvantaged (Woodcock, 2003, Kedell & Hyslop, 2019). How this multi-disadvantage is understood to impact upon the parenting capacity of Māori in social work assessments, however, is less well understood. There are countless available statistics in Aotearoa New Zealand and other colonised nations (including Australia, Canada, and the USA) quantifying the overrepresentation of indigenous populations in poor health outcomes, criminal justice involvement, and child welfare inequalities (Keddell, Hyslop, 2019, Choate, 2018). This overrepresentation is due to many complex current and historical factors, but the possibility that it continues and is in fact perpetuated by CPS and social work intervention in the lives of whānau Māori remains high (Moyle, 2016, Choate, 2018, Keddell & Hyslop, 2019).

Keddell and Hyslop (2019) undertook a study of CPS involved social workers (both statutory and NGO) in Aotearoa New Zealand and explored their assessments of a case study that was randomly attributed to a Pākehā family or whānau Māori. Their findings indicated limited quantitative evidence of differential responses based on ethnicity, however overall, their findings showed more decisions were made about whānau Māori (Keddell & Hyslop, 2019). These decisions manifested as more assessments, more family meetings, more interviews of children, and more investigations into alternate care arrangements (Keddell & Hyslop, 2019). A multitude of complex factors were suggested to play into these apparent biases; one proposed that practitioner understandings of risk and problems may reflect a universalist understanding of family that fails to account for the structural factors affecting whānau Māori (Keddell & Hyslop, 2019). Another suggestion from the study findings concerns conceptualisations of risk. Social worker responses to perceptions of risk appeared to differ, if only slightly, between Pākehā family and whānau Māori, in that Māori were perceived as having a higher inherent level of risk and Pākehā were ascribed with more protective safety factors that helped to mitigate risk (Keddell & Hyslop, 2019). The authors argue that it is perhaps “...overexposure to known risk factors such as poverty, discrimination, mental illness, and/or substance abuse that increase family stress.” (Keddell & Hyslop, 2019, p. 409) and not simply being a member of an ethnic minority that increases real or perceived risk of actual harm. Yet social workers exist and practice in the current neoliberal environment where media portrayals of the abuse of Māori children are rife and individualised blame is a standard response in public outcry, media commentary, and political remarks (Keddell & Hyslop, 2019). Thus, perceptions among practitioners that the child in the whānau Māori was at higher real risk of harm than the child in the Pākehā family are not unexpected.

Another, smaller, qualitative study undertaken in Aotearoa New Zealand focused on Māori child protection social workers and aimed to explore their experiences of assessments with whānau Māori. The social workers described that the “...assessment tools used to assess risk for whānau were culturally inappropriate, even non-applicable” (Moyle, 2016b, p. 58). Many of the Māori social workers interviewed concluded that imported child risk assessment tools in use with whānau Māori were not culturally appropriate and were thus incompetently assessing the historical root causes of risk for them (Moyle, 2016). Some of the culturally unsuitable assumptions of the risk assessment tools described were its premise of the child’s needs as separate to and overriding all others, to the detriment of the entire whānau system (Moyle, 2016). In a similar vein, misunderstandings and neglect of the centrality of a child’s whakapapa were pronounced endemic within CPS systems in Aotearoa New Zealand (Moyle, 2016). Moyle (2016) defines whakapapa as critical for the child and whānau Māori as it is the means through which one identifies as Māori, it is connections to past and future, it is duty and obligations, and the process through which individual and group cultural identity is affirmed. Consequently, any assessment tools employed by social workers in a parental assessment capacity that were not built from the ground up as kaupapa Māori, (i.e., by Māori for Māori) were likely to replicate the inequalities seen throughout CPS (Moyle, 2016).

Often the body of psychological and medical evidence for a specific assessment tool or framework can be so convincing that wholesale uptake and implementation can occur with little critical analysis or evaluation (Choate & Engstrom, 2014, Joy & Beddoe, 2019). Recent analysis in Aotearoa New Zealand has focussed on such a case, with a diagnostic tool called the Adverse Childhood Experiences (ACEs) checklist receiving general acceptance alongside a growing emphasis on trauma-informed practice (Joy & Beddoe, 2019). The ACEs checklist was developed from a longitudinal study undertaken with medical patients based in the USA

that examined the links between childhood experiences and long-term health outcomes (Joy & Beddoe, 2019). The ACEs checklist is not intended solely as a parental assessment tool, although it does ask questions that evaluate and measure parental behaviours while simultaneously assuming certain (nuclear) family structures (Joy & Beddoe, 2019). The authors note however, that the ACEs checklist was initiated from a medical theory aimed at linking (adverse) childhood experiences and long-term (poor) health outcomes (Joy & Beddoe, 2019). Thus, the ACE's checklist, like some of the other frameworks and tools previously discussed were not only *not* designed by Māori for Māori but were not even conceptualised within a social work or CPS paradigm (Joy & Beddoe, 2019). Accordingly, the authors assert their significant reticence in the use of an ACEs framework within Aotearoa New Zealand as the population sample that was used to design and validate the tool was American, white, middle class, insured, and not representative of the demographics of Aotearoa New Zealand (Joy & Beddoe, 2019). Joy and Beddoe (2019) use one of the ACEs checklist questions to illustrate their concerns, namely that the tool renders invisible the structural and societal forces that impact upon people, and most especially whānau Māori within Aotearoa New Zealand. By having a direct question about whether a member of the household went to prison, the ACEs checklist neatly links poor future life outcomes (for the child) due to parental incarceration in their scoring criteria (Joy & Beddoe, 2019). Joy and Beddoe (2019) stress though that incarceration rates are not evenly distributed across ethnicities; this is especially not the case in Aotearoa New Zealand, where Māori are statistically many more times likely to be apprehended, prosecuted, convicted and receive a custodial sentence. Thus, any tool (and specifically the ACEs checklist) using a question of parental incarceration without adequately exploring the underlying contextual factors of ongoing colonisation, poverty, and systemic racism risks apportioning individual blame

where larger societal problems exist. The authors argue that tools developed and deployed on populations for which they were not initially intended (i.e., Māori), and with no comprehensive examinations of contextual forces like colonisation, poverty, and racism are likely to further damage the populations that have already been abused at the hands of the state (Joy & Beddoe, 2019).

Choate's (2018) examination of the PCA in Canada and its suitability for use with indigenous peoples described first the context in which it is employed. Indigenous populations in Canada have long histories of intergenerational interventions within CPS and criminal justice systems compared to white settler Canadians. Social work in this context has played a powerful role in assimilation and has continued to sustain colonial social work methodologies, structures and practices (Choate, 2018). Similar to Moyle, (2016) Choate (2018) found that Eurocentric understandings are still being imposed upon indigenous parents via application of the PCA in Canada. Choate's (2018) analysis demonstrated that elements related to historical trauma and assimilation efforts did not play an adequate (or any) role in the PCA assessment process, which led to further biasing of Indigenous parents. Choate (2018) asserts that the point of intervention in CPS practice must begin with the factors that propel the overrepresentation of indigenous children, i.e., the underlying and ongoing impacts of colonisation and cultural genocide. Assessment becomes biased when true needs are not adequately addressed, thus CPS intervention effectively beginning with the removal of the indigenous child because of risk assessment perpetuates systems of oppression (Choate, 2018).

The analysis of PCA use in Canada with indigenous populations concluded that it *only* has validity with specific populations that parent from a Eurocentric perspective (Choate, 2018). Accordingly, populations of parents who do not ascribe to a Eurocentric perspective will not

only fail to meet the PCA's requirements, but the use of an invalid approach from the outset sets them up for increased difficulty in then regaining care of their children (Choate, 2018). Consequently Choate (2018) argues that mild adaptation of the PCA to 'better suit' indigenous populations is very unlikely to work for both indigenous peoples and CPS systems. Therefore, the use of the PCA should be discontinued "...with populations for which it is not valid. It is unethical to use such a tool and would be a violation of professional standards of practice to continue to do so." (Choate, 2018, pp. 71).

The legislatively mandated parental capacity assessment tool currently in use in Aotearoa New Zealand is the Tuituia Assessment Framework (TAF). As of this writing in 2021, Oranga Tamariki has publicly advised of that they will be making significant changes to the TAF, stating on their website that, "This content will be strengthened so it more completely reflects our commitment to practice framed by te Tiriti o Waitangi, based on a mana-enhancing paradigm for practice, and drawing from Te Ao Māori principles of oranga to support mana tamaiti, whakapapa and whanaungatanga" (Oranga Tamariki, 2021). The TAF uses an ecological, mixed triangulation methodology, with three sub-domains of assessment (strengths, needs, and risk) (Oak, 2016). Once these sub-domains and their narrative counterparts have been completed by the social worker, the assessment can be represented visually and diagrammatically by degrees of strengths, needs, and risks (Oak, 2016). Oak (2016) specifically challenges the use of the TAF and many western actuarial risk assessment tools, mainly due to the TAF development stemming from neoliberal principles to reduce expenditure, increase efficiencies, and protect against organisational risk. Oak (2016) notes however, that it is not merely the political genesis of these assessment tools, but also their general failure to acknowledge contingency and the inherent complexity of the relational aspects of social work practice. By ignoring many of the moral and ethical dimensions of

day-to-day social work practice that cannot be quantitatively recorded and assessed by tools (e.g., kindness, respect, rapport), Oak (2016) argues that the prescribed use of these tools risks significantly undermining the critical reflexivity required in specialist social work practice. Oak (2016) argues that developing collaborative approaches with service users to enhance cooperation and ameliorate risk has long been considered an essential skill for social workers to acquire and cultivate via practice experience, and notes that the use of the TAF provides almost no opportunity to engage with this skillset. Furthermore, Oak (2016) argues that similar to any other skillsets, competence is only gained and maintained via continual practice. Social workers must be able to effectively translate risks as they are written and quantified in assessment tools (like the Tuituia) into real life decisions about service provisions intervention thresholds (Oak, 2016). Any undermining of specific social worker relational skillsets can have follow on effects in all areas of an especially fraught practice environment like CPS (Oak, 2016, Woodcock, 2003).

Despite its Māori name, the Tuituia framework is not a Kaupapa Māori assessment tool, i.e., it was not a tool made by Māori for Māori and as such can be understood to share similar limitations to the PCA as described earlier by Choate (2018). It is clear from indigenous literature both within Aotearoa and other colonised countries that actuarial parental and risk assessment tools are not working for indigenous peoples. The norms from which the assessment tools have been developed and ascribe to are not the same norms, standards, models, and customs of indigenous peoples. This non-match between the dominant ideology's concepts surrounding children, parents, and family is also applicable in other populations including immigrant and refugee families (Choate, 2018, Woodcock, 2003). This has potentially significant implications for any social worker reflecting on their transition to parenthood. Explicit questions are asked within this research project about how participants

previously conceived and currently conceive of 'family', and how they previously perceived and currently perceive risk. Acknowledging a current and historical climate in which Māori concepts of family are not dominant is a useful lens for interpreting the findings of this thesis in that the aim is to consider how understandings of frameworks for assessment may be influenced, challenged or broadened by changing experiential knowledge. In other words, relational insight based on lived self-reflection may raise awareness about broader gaps in current assessment practice, including issues of culture and class.

2.4 The Professional Use of Self

Beyond the use of assessment tools, many studies have concluded that social worker empathy is the single greatest determinant in social worker-parent assessment interactions, most especially in cases of child protection (Choate & Engstrom, 2014, Woodcock, 2003, Forrester et al., 2007). While empathy is noted as an essential component to any effective social work, definitions of empathy and empathetic social workers are nebulous at best (Choate & Engstrom, 2014). Consistently, empathetic social workers have been shown to be more effective at clearly and carefully raising concerns with parents, they generate less resistance, and achieve more disclosures (Forrester et al., 2007). These social workers were demonstrably the most effective at raising concerns empathetically by not singularly fixating on them; the workers were then better able to challenge parents while maintaining positive relationships with them (Forrester et al., 2007, Choate & Engstrom, 2014). This empathetic disposition in relational social work practice is considered a core component of what is called the professional use of self in social work education and academia.

Professional use of self in social work literature has been a notoriously contestable and ambiguous concept to define (Dewane, 2006, Webb, 2017). It has been variously defined as the skilful sharing of self via empathetic and authentic communication with service users – this may involve selective self-disclosures – that results in the (social worker’s) ‘self’ becoming the therapeutic tool through which transformative change occurs (Dewane, 2006). For this use of self to be effective in practice though, Dewane (2006) posits that it must be a melding of the practitioner’s personality, belief system, their use of relational dynamics, use of anxiety, and their use of self-disclosure. The hallmark of a skilled social work practitioner is one who has seamlessly combined their professional knowledge (trainings, techniques) with their personal knowledge (personality traits, experiences, beliefs) and inhabits this blended self in their professional practice (Dewane, 2006). Webb (2017) cautions though that this expertly blended professional use of self is not a static entity; it is fluid, perpetually customised and reinterpreted by contextual factors. This would suggest that the ‘professional use of self’ concept can be understood as perhaps more problematic and complex than initially envisaged, as it is not the straightforward adoption of the role of ‘professional social worker’ (Webb, 2017).

Webb (2017) and Dewane (2006) both lament how under-researched the topic of professional use of self formation and transition is within the social work literature. While both authors offer excellent definitions, there have been very few studies undertaken exploring how social workers experience professional use of self formation and transformation. Webb (2017) discusses a study of NQSWs in Scotland that demonstrated a pattern of ‘identity splitting’ in their first few months of professional social work employment. The NQSWs were described as using ‘identity-patching’ techniques like scripts to help accommodate to the uncertainties surrounding their new roles (Webb, 2017). After a few months’ employment though, the

NQSW's were seen to have progressed to an identity-enriching process (Webb, 2017). Other than this study which explicitly explores the formation and transformation of a professional use of self, only one other relevant piece of literature was found for inclusion in this thesis. This was a practice-based piece and was the first and only piece of literature found that explored the specific phenomenon of experienced child protection social workers transitioning to parenthood. The author described the unique conflicts and challenges posed by this transition to experienced social workers (Cousins, 2016).

Cousins (2016) noted how little there was available in the social work literature regarding this transition and remarked that this is a significant omission given that becoming a parent represents one of the most substantial life changes an adult can experience during their lifetime. Consequently, Cousins (2016) undertook a small, practice-based, qualitative study of experienced child protection social workers in Australia. Becoming a parent is a process that is full of uncertainties and expectations for anyone (Cousins, 2016). Thus, Cousins (2016) argues that the fact that this topic does not appear in the academic literature or supervisory practice literature means that there is a potential for the enormity of the change in social workers' self-perceptions to be minimised or otherwise hidden. Cousins (2016) first-hand supervisory experience demonstrated that given the opportunity and safe space in which to do so, social workers were eager to explore the impacts on their practice, their views, and their anxieties. Inevitably, in a field like social work that is so heavily involved in issues of parenting, there will be challenges with crossover between the personal and professional selves (Cousins, 2016). Social workers, like anyone else becoming a parent, seek multiple sources of information for how to best manage this life changing event (Cousins, 2016). The difference for social workers, however, is their years of practice knowledge about child development, trauma, abuse, adequate parenting and inadequate parenting (Cousins, 2016).

This means that the questions that naturally arise around doubts concerning personal abilities to parent can be magnified (Cousins, 2016).

These anxieties often manifested most strongly in the return to work after becoming a parent (Cousins, 2016). The participants in Cousins (2016) study described their social work knowledge of optimal parenting as creating a pressure, a kind of compulsion to ensure that they were implementing all their best knowledge when parenting their own children. This (unaddressed and often unnamed) pressure played out in specific real-world ways for the participants, such as the need for childcare when returning to work (Cousins, 2016). As social workers and parents returning to work, these parents are well aware of the literature surrounding primary attachment figures, attunement, and optimum environments for childhood development (Cousins, 2016). Yet, the need for childcare arrangements in order to return to work left participants describing feelings of guilt (Cousins, 2016). This guilt can be significantly amplified for mothers in the current climate. Literature from pregnant and new mother psychotherapy illustrates the issues succinctly: the practitioner returning to work after becoming a mother is contravening an established convention that mothers' ought to devote themselves entirely to child raising and that no others could possibly (or should) meet the needs of her child (Cousins, 2016). Accordingly, "...the conflict between being a good mother and a good professional is unresolvable" (Cousins, 2016, pp 108). Understanding this background of perpetual conflict is central to understanding the role of parent as professional (Cousins, 2016).

Practitioners in Cousin's (2016) study expressed perturbing work experiences of worrying about the potential neglect of their own children while away from them at work while simultaneously raising concerns with parents about potential issues of neglect. Cousins

(2016) called this the ‘crisis of parenting’ while practicing social work. The study proposed a theory for understanding these crises and transitions taking place for social worker-parents, which the author named ‘the fine line of over identification’; this theory has potential implications to this project as well (Cousins, 2016). Essentially, the author proposed that practitioners in CPS environments tended to locate themselves somewhere on a spectrum of either over identifying with the child or over identifying with the parent (Cousins, 2016). Both extremes have the potential to illicit overly judgemental or precariously minimising reactions (Cousins, 2016). This study noted that where a social worker tended to fall on this spectrum depended on a multitude of factors (how the social worker was themselves parented, the dis/similarity of the age and stage of the child, whether the social worker struggled personally with parenthood, etcetera) (Cousins, 2016). Participants who found their transition to parenthood relatively smooth and well-supported tended to find themselves overly identifying with the vulnerabilities of the child and expressly said in some instances “how could anyone harm a child?” (Cousins, 2016). Conversely, participants who experienced a more difficult transition to parenthood (e.g., sick or challenging infants, lack of support) described feelings of “I can see how parents get to breaking point now” and found themselves over identifying with parents on this ‘fine line of over identification’ (Cousins, 2016). Where and how social workers conceive of themselves on this ‘fine line’ spectrum is not in and of itself critically important, as the author notes, these positions can change over time (Cousins, 2016). However, Cousins (2016) suggests that there exists an ethical imperative for social workers to explore these tendencies and their potential impacts on practice. However, these explorations require safe and reflective supervisory spaces (Cousins, 2016).

2.5 Intensive Mothering and the Intensive Parent

“...intensive mothering foregrounds conservative femininities; it redefines women, first and foremost, through their relationships to children” (Budds et al., 2017, pp. 338)

The preceding literature review has aimed to provide a background into the historic and current professional settings in which social work assessments take place; accordingly, much of the focus has been on intra-social work professional literature. However, to gain an understanding of the greater societal climate in which parents are assessed, an examination of the Intensive Mothering (IM) ideology literature is needed. If the dominant ideologies surrounding conceptualisations of children and parenting as discussed thus far have been Eurocentric and generally exclude indigenous ways of knowing, then what of the current dominant culture of parenting? That dominant culture is unquestionably, intensive mothering and it is also a western construction (Lee, 2008, Craig et al., 2014, Walls et al., 2016). The philosophy sustaining IM beliefs consists of several tenets. Hays (1996) the first to identify and describe this ideology, organised these into three domains. The first domain described sacred children and sacred mothers, the second domain surrounds the responsibility of individual mothers, and the final domain concerns intensive methods of child raising (Hays, 1996). Central to IM beliefs is the precept that children are innately pure, good, and of such innocence that they must be protected by mothers at all costs (Hays, 1996, Craig et al., 2014). Moreover, this role of the mother as protector is a moral imperative and the most crucial role a woman could ever have (Hays, 1996, Craig et al., 2014).

IM beliefs place the highest degree of responsibility for children’s welfare on mothers, thus the mothers’ (to the exclusion of almost all others) commitment to their child is intensified (Walls et al., 2016, Lee 2008). Feminist interpretations of the IM mandate note that while

women are positioned as wholly responsible for making the ‘correct’ parenting decisions (i.e., those that lead to optimum developmental outcomes for their children), they are left without the “...necessary energy to compete with men for high status and highly paid jobs” (Walls et al., 2016, pp. 338). Feminist scholars summarise IM beliefs as essentially one of many methods used to maintain women’s subordinate position within patriarchal societies (Hays, 1996, Wall, 2010, Budds et al., 2017, Walls et al., 2016, Lee, 2008). Already this positioning of the mother as ‘primary parent’ has been seen throughout this literature review in CPS social work, with the default focus and intervention strategies focusing overwhelmingly on women and mothers. It is doubtful that this baseline, ‘taken for granted’ assumption is accurately being named as a tenet of intensive mothering within social work practice; the direct connection between the two assumptions was very rarely named in the academic literature and virtually never in the practice literature. There have been a number of studies undertaken about the origins of IM beliefs, the rise in popularity to the point of hegemony of IM beliefs, and the impacts of IM beliefs on various middle-class and marginalised mothers. Only one study expressly investigated the impacts of IM beliefs on social workers tasked with delivering child protection services.

IM methods of child-rearing must be child-centred (a term used throughout CPS practice language) and exhaustive of all the mother’s resources, including time, energy, and financial capital (Hays, 1996, Walls et al., 2016). Children’s wants and needs must be the mothers’ top priority, and IM assumes that this can only take place when the needs, wants, and personal goals of the mothers are deprioritised (Hays, 1996). Accordingly, adequately meeting the requirements of IM (for example, limitless availability of the mother to meet all demands of parenting) means that little room exists for mothers to gain full-time employment outside of the home (Hays 1996, Walls et al., 2016). Most studies surrounding IM propose that IM

beliefs can be acutely problematic for full-time employed mothers of pre-school aged children (Walls et al., 2016, Lee, 2008). This is because IM beliefs have the propensity to provoke sentiments of guilt, anxiety, and depression for these mothers when they inevitably fail to meet the intensive mothering ideals (Walls et al., 2016). When Walls et al. (2016) studied 205 full-time employed mothers of infants in the United States and their IM beliefs, they obtained several paradoxical findings. They found that IM beliefs were not consistently endorsed wholesale by the mothers, and that the extent to which they agreed or disagreed fell along socio-economic, class, and racial lines (Walls et al., 2016). A majority of the mothers studied held beliefs about mothering that were congruent with their employment status and life situations (Walls et al., 2016). Mothers who reported more economic hardship scored higher in their belief in IM methods of child-rearing (Walls et al., 2016). This is demonstrated in the study's findings that full-time employed mothers who were more likely to endorse IM beliefs were "...younger, had lower incomes, experienced greater economic hardship, had lower levels of education, were Black, single/never married, and worked nonstandard shifts" (Walls et al., 2016, pp. 264). The authors noted the evident incongruity present in these findings as IM beliefs are by definition, suggestive of an ideal that is only truly attainable by the economically privileged (Walls et al., 2016).

The only research project found for inclusion in this literature review that specifically explored CPS social workers perceptions of IM beliefs in their practice came from Israel. Findings indicated that despite social workers articulated opposition to dualistic concepts of 'good mother' and 'bad mother', the social workers nevertheless had detailed and clear definitions of what constituted acceptable mothering, and these entirely aligned with the tenets of IM (Sinai-Glazer, Peled, 2017). Correspondingly, the type of intervention endorsed by these social workers demonstrated that although they were cognisant of the therapeutic

needs of mothers they worked with, child-centred psycho-educational parenting interventions continued to overwhelmingly dominate (Sinai-Glazer, Peled, 2017). The study authors note that their findings largely indicate that the myth of the ‘good mother’ persists in social work assessments and CPS practice, concurrent to the disregard for structural, social, cultural, and economic issues (Sinai-Glazer, Peled, 2017). While they caution against harsh criticisms of specific social workers, they do advocate for a critical appraisal of “...the social, cultural and organisational structures underpinning the interventions carried out by welfare services today.” (Sinai-Glazer, Peled, 2017, pp.1496). They note that within current political climates and institutional settings that favour the ‘best interest’ of a child and differentiate meticulously between the best interest of the child’s and that of the family’s, it is not surprising that the child is considered the main service user and the mother’s needs as a human being go unaddressed (Sinai-Glazer, Peled, 2017).

The study concludes with three recommendations for practice interventions with mothers, aimed at the level of personal practice, education, and organisational culture. First, the authors suggest that CPS social workers reflect on their views and attitudes towards mothering and parenthood. (Sinai-Glazer, Peled, 2017). They posit that introspection of this nature may help the social worker to gain a greater in-depth knowledge and understanding of their service users’ experiences, in turn providing opportunities for more suitable and beneficial interventions (Sinai-Glazer, Peled, 2017). Secondly, Sinai-Glazer and Peled (2017) advocate for renewed efforts to broaden the scope of social workers knowledge and practical acknowledgement of the socio-cultural processes that impact upon a person’s capacity to parent. They suggest that this increased appreciation of wider social contexts is more likely to lead to interventions that do not focus solely on developing parenting skills (Sinai-Glazer, Peled, 2017). Lastly, the study emphasises the critical importance of the organisational

climate within workplaces that employ social workers; organisations with an established premise that the child's well-being surpasses that of the mother (at her expense) will continue to see social work assessments exclusively concerned with parenting skill development (Sinai-Glazer, Peled, 2017). The authors remain unconvinced that social work assessment practices cannot be simultaneously child-centred, women-centred, and family-centred (Sinai-Glazer, Peled, 2017).

2.5.1 Risk Society & Modern Parenting

“The idea that children's outcomes are almost completely under parental control is a seductive one. It holds out a guarantee of future happiness and success if parents have the time, resources and knowledge to make the correct inputs” (Wall, 2010, pp. 258)

A brief overview of the prevailing risk society is instructive at this point as arguably this risk society is the one in which social workers undertake assessments and in which parents raise their children. The characteristics of intensive parenting (e.g., the child-centredness, the requirement of external, expert validation and guidance) are viewed as strongly resonant, or indeed wholly incorporated into contemporary neoliberal rationality (Wall, 2010, Lee, 2008, Budds et al., 2017). Scholars argue that the current neoliberal risk society in which social work assessments take place has increasingly emphasised the individual; the individual's brain development, the individual's ability to 'plan for success', the onus on individuals to take personal responsibility, to mitigate risk, for self-surveillance and control (Wall, 2010, Lee, 2008, Budds et al., 2017). Within this current construction of parenting, the child is conceptualised as 'vulnerable', and at risk from an ever-increasing list of threats to wellbeing (often posed by everyday life) (Lee, 2008). Likewise, the parent is construed as 'God-like', and chiefly determinative of, if and how the child survives these risks harm-free (Lee, 2008).

This is also where the modern risk society aligns neatly with intensive parenting precepts in that the parent is, inconsistently, also understood to be unable to effectively manage these myriad risks without input from professionals (Lee, 2008). Thus, the ideal modern parent in risk society (most especially the ideal mother) is one who is vigilantly aware of the manifold risks posed to their child by daily contemporary society and deems it their responsibility to supervise these risks via expert involvement (Lee, 2008).

Contemporary risk society joins forces early with intensive parenting ideology in a person's journey to parenthood; conventional and common public discourse now scrutinises the entirely non-pregnant women as 'potentially pregnant' by proscribing alcohol or certain foods lest the woman is unknowingly pregnant (Wall, 2010). This continues through to birth and the first months of an infant's life, which are now so commonly conceptualised as a critical window of opportunity for optimal developmental as to be unquestionable fact (Wall, 2010, Budds et al., 2017). Increasingly the role of the mother is becoming one of a neuroscientist, i.e., the mother must work to ensure peak cognitive development via the 'right' sensory stimulation (Wall, 2010, Budds et al., 2017). Wall (2010) notes that this then frames the 'full potential' of infants' brain development as just as 'at risk' as their emotional, psychological, and physical wellbeing should the parents fail to adequately invest in their infant. Unsurprisingly, an entire industry has capitalised on these fears in order to sell enrichment activities designed for infants and pre-schoolers to parents to aide them in gaining (the evidently necessary) competitive advantage in human development (Budds et al., 2017). This is despite the fact that multiple studies have demonstrated that these approaches and activities overstate the level of involvement and intervention needed for normal development (Budds et al., 2017).

Underpinning this parenting rhetoric is the often invisible and unnamed, but always omnipresent, notion of risk. Current parenting culture reifies the notion of extremely high stakes and extremely low margin for error (Budds et al., 2017, Wall, 2010, Lee, 2008). It is popular in the modern risk society to remove a minor child-rearing matter from its specific family context and to present it for public consumption in deeply divisive and zealot-encouraging ways (Budds et al., 2017). Examples of these divisive and de-contextualised child-rearing practices include but are in no way limited to, infant feeding (breastfeeding versus infant formula), infant sleeping (co-sleeping, sleep training), and the use of mobile devices with screens. Scholars argue that when this happens, the minutiae of parenting inevitably becomes reconceptualised as having enormous impact upon society as a whole (Budds et al., 2017, Lee, 2008, Wall, 2010).

2.6 Conclusion

This literature review was organised and presented to better provide a background of the multiple (and occasionally competing) interests involved in social workers' engagement with parents. A history of social worker relations with parents and child protection capacities was necessary to better comprehend how assessments take place today. Analysis of current parenting doctrines helps to better locate the context in which social workers today are both becoming parents and assessing parents. It is clear that the specific subject of social workers transitions to parenthood is a largely unaddressed area of study. Consequently, this research project was undertaken. The next chapter explains the precise methods that were used to sample, recruit, collect, and analyse the data this project generated.

Chapter 3. Methodology

3.1 Introduction

This chapter outlines how this research project was designed, how small variations were made throughout the initial steps in the project and how these processes aimed to meet the research objectives. As this was an exploratory study, concerned with social workers' lived experiences of transitioning to parenthood, a qualitative methodology was selected to provide the richest data.

3.2 Research Aims

This thesis was preoccupied with answering the main research question: What are the experiences of social workers (who themselves have abundant professional social work experience) when they become parents?

Connected to that experiential question were questions and discussions of a reflective nature, such as:

1. Pre-parenthood, what kinds of practices did social workers look for or endorse when assessing parents?
2. What, if any, personal expectations of parenthood were met/exceeded/unmet once becoming a parent?
3. Issues related to personal parenting and social work practice – were these discussed in supervision/in the workplace?

Initially, this project was envisaged as a single focus group of social workers who met the sampling criteria. A focus group obviously limited participation to practitioners within the

Auckland region, but as this is primarily an exploratory study aimed at identifying key concepts and themes surrounding this topic, a smaller scale, more local participant group was not seen as restrictive. Focus groups are understood to greatly benefit from group dynamics that can stimulate in-depth discussions (Bryman, 2012, Guest et al., 2017). As initially intended, all focus group members would have a) been social workers practicing in a child protection capacity for a number of years b) become parents and c) returned to social work practice in some capacity afterwards. Accordingly, it appeared as though a group dynamic with these shared experiences could generate many interesting data points. Nevertheless, once advertised in professional body newsletters and online, it became apparent that there was interest from potential participants from all over Aotearoa New Zealand, not just Auckland. Additionally, the specific subset of the population targeted for recruitment into this study were, by their very nature, intensely busy people. As discussed further in this chapter, most participants were women and mothers; many still had young pre-school and primary aged children and worked as full-time social workers. Arranging one specific date, time, and location, for all participants to meet, with the work, family, and childcare considerations that meeting would entail proved to be too difficult.

After careful consideration, the project was revised to individual semi-structured participant interviews. This required an amendment to ethics approval (Appendix i) as well as advertisements through professional social work bodies (Appendix ii). Though this now meant that there would be no group component generating ideas collectively, recent studies of focus group and individual interviews have found that when comparing production of unique data points on a per-person basis individual interviews more effectively generated a broad range of items (Guest et al., 2017). Given the investigative ‘first look’ nature of this project, the widest possible scope of generated data was ideal.

3.3 Qualitative Research

A qualitative methodology was used to collect and analyse data in this project. This study is an exploration of social workers experiences; accordingly, an inductive, grounded theory approach was chosen as most appropriate since the potential findings were unknown. In more positivist, quantitative paradigms pre-existing theories contribute greatly to the design of a research project (Bryman, 2012). Despite the potential for perceived higher validity of quantitative methods (Guest et al., 2017), this project was not as concerned with prevalence of social workers experiencing this transition, or for example, their specific demographics as much as it was concerned with in-depth descriptions of this experience. The qualitative method used here allowed participants to define for themselves the significant parts of their experiences, is acknowledged as advantageous when studying phenomena that are not well-known (Bryman, 2012, Barusch et al., 2011), and can lead the researcher to investigate previously unanticipated topics.

Although the dominance of positivist approaches continues in many disciplines of the social sciences, and indeed in the ‘sister’ professions to social work of nursing and teaching, qualitative methods align agreeably with the espoused goals of social work (Kaushik, & Walsh, 2019, Barusch et al., 2011). Social work’s focus on reflexivity, respect for service users/participants’ stories, and commitment to anti-oppressive practices is reflected in qualitative studies of this nature that aim to explore lived experiences (Kaushik, & Walsh, 2019). Moreover, within the hegemonic neoliberal demands for greater productivity, efficiency, expediency (and a required evidence base both for and against any interventions that may aide or hinder those goals), qualitative social work research can be seen as a return to social work’s more humanistic roots (Kaushik, & Walsh, 2019).

Within a qualitative paradigm, a combination of mostly inductive and some deductive theoretical aspects were used in the design and analysis of this project as elements of both fit well within the objectives of the research. Context-rich, interpretive understandings of social workers transition to parenthood and the impacts of that transition on their practice selves were sought, thus an inductive approach, driven by participant voices was most appropriate. A grounded theory, constructionist methodology is not primarily concerned with finding and determining a single, solitary 'truth' (Bryman, 2012, Braun & Clarke, 2019) and this project was not preoccupied with defining one comprehensive experience. However, it is instructive to examine the choice to use a combination of both inductive and deductive approaches with the data analysis. An inductive approach to data coding is principally drawn from the data collected, and accordingly privileges the voices of participants over that of the researcher (Braun & Clarke, 2019). In contrast, a deductive approach emphasises the pre-existing concepts and theories that the researcher brings to the project that they then apply in coding the dataset (Braun & Clarke, 2019). A combination of theoretical frameworks was used within this project in acknowledgement that it is likely impossible to be purely inductive (Bryman, 2012, Braun & Clarke, 2013). Researchers will always bring some pre-existing knowledge and experiences to the data while they analyse, and this is unquestionably the case with this project. So, while the themes identified in the next chapter were mainly identified via inductive analysis, data was simultaneously and broadly interpreted through a deductive lens of feminist and social constructionist frameworks.

3.4 Research Methods

3.4.1 Sampling

Purposive sampling was used in participant selection for this study. This sampling method was chosen from the outset as in-depth and information-rich data was desired from social workers who had experienced the specific phenomenon of parenthood after considerable experience in social work practice. Within qualitative thematic analysis research, purposive sampling of participants is generally understood to provide this type of comprehensive data (Braun & Clarke, 2013, Bryman, 2012). Practitioners were purposefully sampled for the two following attributes:

- Currently work or have previously worked in a child protection capacity. Statutory social work was not a requirement (participants may have worked for other NGOs in other parenting-assessment capacities).
- Had practiced for multiple years (3+) in this child protection capacity before becoming a parent themselves.

Determining a precise measure of ‘experienced’ versus ‘inexperienced’ practitioner was a matter of researcher estimation. Presently in Aotearoa New Zealand there are no official terms defining an ‘experienced’ social worker versus a ‘newly qualified social worker’ (Hay et al., 2019). However, recent research undertaken in Aotearoa New Zealand concerning newly qualified social worker’s readiness to practice has provided suggestions for descriptions and defining terms. A newly qualified social worker is a practitioner who has graduated from a recognised social work qualification (Hay et al., 2019). England uses an assessment and supported year (ASYE) model for the practitioner’s first year of social work,

in recognition that they will need additional supports to gain confidence and further develop their capabilities while consolidating their practice knowledge in that first year (Hay et al., 2019). The AYSE is not an official programme currently in use in Aotearoa New Zealand. Inevitably social work career trajectories differ for every practitioner; however, it is commonly acknowledged that the first year and likely second year of practice would not confer the description of ‘experienced social worker’. Consequently, a minimum of 3 years’ experience was requested of participants, as it was felt that this was sufficient time (especially when spent in a child protection practice context) in which to have developed a robust professional use of self and understanding of personal social work practice. Despite a minimum of 3 years’ experience requested, no participants recruited for this study had less than 5 years practice experience before becoming a parent. The average years of experience before parenthood for the participants was 8 years.

3.4.2 Recruitment

Participants were recruited via newsletter emails from social work professional bodies; both Aotearoa New Zealand Association of Social Workers (ANZASW) and Social Workers Registration Board (SWRB). Initially participant interviews were to be held in person at times and locations suitable to the participant; roughly half of the participant interviews were conducted in this manner. There was considerable interest expressed from outside of the Auckland area however, and another email invitation to potential research participants was sent via professional social work bodies highlighting the availability of video interviews. Participant recruitment was relatively swift as it became apparent that some social work practitioners had been reflecting on their experiences for some time.

Table 2: Participant Demographics

	Pseudonym	Gender	Age Range	Ethnicity	Qualification/s	Years of SW Experience Prior to Parenthood
1	Amohaere	Female	20-30	Māori	BSW	11 years
2	Belle	Female	30-40	Pākehā	BSW, MSW	9 years
3	Christine	Female	30-40	European*	BAppSocSc	~3 years [†]
4	Iosefo	Male	40-50	Pacific Peoples*	BSW	12 years
5	Jennifer	Female	40-50	Pākehā	BSW, MSW	10 years
6	Lesieli	Female	30-40	Pacific Peoples*	BApsych, PGDipSW, MSW	~5 years [†]
7	Mary	Female	40-50	Pākehā	BSW	6 years
8	Rebecca	Female	20-30	Pākehā	BSW, PGCertHealSc	5 years
9	Samira	Female	30-40	Pākehā & MELAA* (Middle Eastern/Latin American/African)	BScPsych, PGDipSW	6 years
10	Sue	Female	50-60	Pākehā	BEd, MSW(Applied)	~5 years [†]

*More specific nationality is redacted here to preserve anonymity

[†] Estimated years due to practicing before/during formal (social work) qualifications (often in adjacent work, e.g., teaching, psychology)

3.5 Personal Positioning

From the outset, this project was not envisaged as research undertaken by a casual outside observer. All researchers bring preconceived notions to their research, and themes and perspectives are created by the researcher interacting with the data (Bryman, 2012). Many research questions came about through lived practitioner experience: my own. Being an insider to this experience of becoming a parent while practicing social work did not mean that

this was now a vanity project, aimed only at answering personal quandaries. In seeking out any literature from more experienced and knowledgeable social workers and finding that this was not a topic of study, and then determining to study this transition, I inevitably placed myself firmly within this research. The destabilising feelings of this new dual mother-practitioner role I experienced throughout practicums continued throughout the duration of the degree and into social work employment. Incidentally, I do not fit the participant criteria for inclusion in this study as I did not have years of practice experience before becoming a parent. This insider position then necessitated a high degree of critical reflexivity, and supervision was used throughout the project to challenge and examine pre-conceived notions and interpretations of data.

Consequently, I have not aimed for a stance of researcher objectivity or neutrality. This type of positivist approach to one 'true' objective knowledge is recognised as inherently contradictory as all research reflects the worldviews and understandings of the researcher (Barusch et al., 2011). Qualitative methodologies recognise 'truth' as contextually shaped and inconsistent across time, people, and places (Barusch et al., 2011). While isolating the researcher from the research is not possible, this does not inescapably undermine qualitative research credibility, especially when researcher awareness is recognised as critically important and steps are taken, as in this project, to facilitate researcher self-reflection.

Additionally, my identities as a cis-gendered Pākehā woman and mother have inevitably shaped the creation of this research. It has to be acknowledged that I am not a member of a marginalised group; I am not a member of any of the demographic groups most often targeted for interventions with child protective services. I have no first-hand experience of what it is to be a Māori mother parenting today, and extra care has been taken to safeguard against the

complete dominance of western ideologies within this research. I do however, fit the target demographic for IM ideology. My positions as social worker-mother and interviewer required additional considerations as well. Having shared similar experiences of becoming a parent while practicing social work meant that participants may have seen me as more empathetic. This in turn could have affected how and what they said during interviews, making them potentially more likely to divulge personal experiences. Equally, this insider role could have fostered a degree of reticence in their answers if they perceived a difference in our experiences. Again, extra care and researcher reflexivity was taken throughout the process with participants to mitigate either of these scenarios.

3.6 Ethics Approval

Ethics approval for this research project was sought from the University of Auckland Human Participants Ethics Committee (UAHPEC). Ethical approval was gained on 15 May 2019 for three years, Reference Number 023068 (Appendix i). No participants were personally known to the researcher prior to interviewing, and as this study was more concerned with personal experiences and less with workplace specifics, all locations and identifying information were removed from the dataset in an effort to further safeguard anonymity. Participants were given the Participant Information Sheet (PIS) and the Consent Form (Appendix iii, Appendix iv) via email in advance of the interview and where face to face interviews took place participants signed the Consent Form with the researcher present. In video interviews participants generally signed their forms on screen and scanned through these documents.

3.7 Data Collection: Participant Interviews

Semi-structured interviews were used to collect participants experiences as they are often flexible and rich in detailed data (Braun & Clarke, 2013). The list of questions given to participants in advance of the interviews is available in Appendix v. The questions were sent via email beforehand and discussed again briefly at the beginning of the interviews, and followed a loose structure of pre-parenthood, becoming a parent, and post-transition to parenthood/present day. Although this was the initial configuration of questions, semi-structured interviews allowed for a natural progression and flexibility when participants had more to elaborate about a specific experience or when as the researcher, I wished to explore a response in greater detail. The in-built responsiveness present in semi-structured interviews also permitted for some subjects to surface that I had not initially envisioned as an area of exploration. For example, discussions surrounding specific social work agency workplace environments and policies were not originally foreseen as an area of significant inquiry. However, several participants shared many thoughts relatively unprompted about the specific policies that impacted upon their practice as both social worker and parent. Consequently, this line of inquiry was incorporated more fully into subsequent participant interviews. Most of the interviews were approximately sixty minutes in duration and were transcribed verbatim. Identifying names or people, locations, and workplaces were altered or removed entirely for the purposes of anonymity.

3.8 Data Analysis

Thematic analysis was the method used to analyse data collected in this study. Braun and Clarke (2013) describe thematic analysis as "...a method for systematically identifying, organizing, and offering insight into patterns of meaning (themes) across a data set" (pp.57).

Thematic analysis can allow the researcher to see and make sense of a collective experience; identifying themes and commonalities is encouraged via the analysis of the entirety of the dataset (Braun & Clarke, 2019). This method is most reflective of the key objectives of this study, i.e., to explore social workers' experiences.

Braun and Clarke (2013) outline a six-step approach to thematic analysis of data, step one involves the researcher familiarising themselves with the data. As suggested for researchers employing a thematic analysis method, I began by listening to each participant interview recording, taking researcher notes of points, phrases, pauses, or entire exchanges that caught my attention. After this first run through the recordings, I began transcribing the interviews verbatim and as orthographically as possible; meaning that all hesitations, false starts, long pauses, et cetera, were included in the transcripts. Only the names and locations of people and workplace were redacted to preserve anonymity. With transcription complete I used a combination of hardcopy transcript data and visual data mapping and NVivo 11 qualitative coding software to begin coding the dataset. The second step entails the generating of initial codes. Codes are loosely the beginnings of larger themes; they help identify and provide labels for aspects of the data that may help answer the research question (Braun & Clarke, 2013). In this research project, some of the initial codes were descriptive in nature while others were more interpretive. A few initial descriptive codes came from participants exact expressions such as, 'I knew all about best practice and ideal parenting and attachment', 'the reality of parenting was very different to what I imagined'. More interpretive codes included conceptual frameworks about 'the (in)ability to assess a situation as a social worker'. The third step concerns searching for themes. A theme denotes something significant from the dataset, something that represents a concentration of patterns, and something that is highly relevant the specific research question (Braun & Clarke, 2013, Bryman, 2012). Braun and

Clarke (2013) caution that themes do not ‘emerge’ from the dataset, that they are actively sought and constructed by the researcher. This process involved reviewing all the coded data and identifying similarities across and within codes; this is also where a larger, visual data-map was used to assist in viewing codes. Most codes were collapsed and clustered together when they shared a unifying topic, for example the theme of ‘beyond child protection’ included many smaller sub-codes of ‘I can’t go back to child protection’ and ‘I was better at child protection before becoming a parent’, and ‘lack of faith in ability to (‘correctly’) assess within child protection spaces’. The fourth step in the thematic analysis process is about quality control and involves reviewing potential themes (Braun & Clarke, 2013). Here, the themes and subthemes were reviewed for coherence, whether they were too distinct, or lacked enough data to make them substantial enough to stand alone as a theme.

The final steps five and six require the defining and naming of themes and the writing of the final report (Braun & Clarke, 2013). These steps happened concurrently throughout the analysis process in this project. That is because initially many themes were identified and named, and it was only through the course of writing about them that they were honed into the resulting final five themes presented in this thesis.

Chapter 4. Findings

4.1 Introduction

Four major themes were constructed through thematic analysis of ten interview transcripts. Each of the major themes has smaller, subordinate themes that relates to the wider topic while also revealing a specific aspect of the major theme (see Table 3). Participants went into great detail about all the ways in which becoming a parent altered their personal and professional lives; all of the themes presented here reflect features of their transitions to parenthood.

Table 3. Themes

Theme	Subthemes	Key Terms
“Everything I thought I knew, I didn’t”	Empathy Increase	The space to see the big picture “I know now how <i>hard</i> this is”
	Reflection in Action: Practice Knowledge	Nuance and Grey Areas Strategic and Purposeful now “I’ve been thinking about this a lot”
Beyond Child Protection	“I was better at child protection <i>before</i> becoming a parent”	“Whose children am I working for?”
	Organisational culture and working conditions	“Working against the system” “Too close to home”
	“What’s good for the goose is good for the gander, isn’t it?”	Challenging work “It’s a huge disconnect”
Intensive Parenting	“You’re one hundred percent in it”	“What village?” Unsolicited advice
	“There’s cultural aspects to that”	“Inadequate parent”

	“Sometimes a nappy change is just a nappy change”	“It’s a white ideal”
Transitions	Returning to Work: Supervision	“So, I just kept working...”
	Disclosing Parenthood	“...consciously or subconsciously indicate to people that I have children”
	“I’ll give you another little story...”	

The first theme ‘Everything I thought I knew, I didn’t’ pertains to aspects of the participants personal and professional selves from before they became parents. This theme, by necessity and design, is a very reflective one in that participants were asked to think back or recall their pre-parenthood personal and professional selves. The subthemes of ‘Empathy Increase’, and ‘Reflection in Action: Practice Knowledge’ each represent the different ways in which participants described their social work practice and conceptualisations around parenthood. The second theme, ‘Beyond Child Protection’ was an unanticipated and very strong theme throughout all participant interviews. Three significant subthemes came out of the participant stories related to expressions like, “I’m not looking for roles in child protection *at all*”. These subthemes were, ‘I was better at child protection *before* becoming a parent’, which is about participants’ experiences of feeling more assured, more confident, and more “black and white” in their reasoning and practice prior to becoming a parent. The second subtheme relates to the specifics of organisations and workplace culture. In this subtheme many participants discussed feeling unable to be both a competent child protection social worker and a good, functioning, adequate parent. The third subtheme is ‘What’s good for the goose is good for the gander, isn’t it?’. It comes from an interesting idiom shared by one of the participants (though many expressed similar ideas) of having dual standards for parenting, i.e., one for themselves, and one for their service users. The third major theme is Intensive

Parenting. Although intensive parenting was an explicit element of one of the questions asked during interviews, all participants shared experiences of personal and professional parenting expectations that aligned with intensive parenting ideology, in many cases without explicitly using the term 'intensive parenting'. The first subtheme, 'You're one hundred percent in it' relates to participant experiences of aspiring to, expecting to use, and accepting intensive parenting ideals. The second subtheme, 'There's cultural aspects to that' surrounds participants acknowledgements, understandings, and concepts of where intensive parenting fits within different cultures. Lastly, 'Sometimes a nappy change is just a nappy change' is about the ways in which participants challenged or otherwise resisted the intensive parenting mandates. The final major theme involves transitions. This theme is broken down in to three subthemes. The first is about 'Returning to work: Supervision'. The second is 'Disclosing Parenthood' and concerns how, when, and why participants choose to do so. The third subtheme, 'I'll give you another little story' involves participants sharing unsolicited and unprompted vivid memories specifically from around the time of their immediate return to social work practice, indicating that this may be a meaningfully sensitive time in the career of a social worker.

4.2 "Everything I thought I knew, I didn't"

When explaining how she felt about returning to social work practice after having her first child, Amohaere said, "everything I thought I knew, I didn't". This sentiment encapsulated a lot of what participants were saying when attempting to describe, illustrate, categorise, or even quantify the changes they perceived to their professional use of self after becoming parents. Jennifer shared an analogous outlook about her knowledge pre-and-post parenting stating that, "I think, I mean, it's easier as my kids are getting older but um yeah. Again, you

know it was like that idea, I learnt, *I had to learn everything I didn't know by becoming a parent* (laughter)". This was a large over-arching theme from within the data that showed a significant second-guessing, or re-analysis of what the participants 'thought' they knew, and what they feel they know now. Parallel to expressions that denoted 'not knowing' were examples of intensified empathy for other parents.

I think I've got more of an appreciation, more empathy like and I see – like I used to really hate on solo mums and like young moms that were doing the most obviously wrong things with their babies, "baby is cold, what are you doing out at night?" or "don't buy those shoes, you don't need them!" or "stop giving them coke!" and shit like that. But now I'm just like: you just do what you gotta do. You don't know what you don't know.

-Iosefo

Iosefo's phrasing of "you don't know what you don't know" was repeated throughout his interview. Many times, it appeared to have a dual meaning for him, indicating the things he, *personally*, did not know prior to parenting, as well as the things that 'no one' can know from the outside looking in (when assessing parents).

When naming concrete changes to their practice post-parenting, every participant very clearly articulated an increase in empathy, with most explicitly using the word empathy and explaining the specific ways in which they saw this increase in action. These experiences formed the subtheme 'Empathy Increase'. There were a variety of ways participants expressed empathy. Some, like Iosefo, described it in terms of increased empathy for hypothetical situations with service users. Others, like Belle, described it in terms of scenarios she was personally familiar with now.

I used to be judgmental of parents who didn't follow up with health needs for their kids. And now, I've been in the health system I realise. How much parents have to - how much I've had to push for things to happen that should have just happened? Like, how easy it is to fall between the cracks.

-Belle

Belle frames her increased empathy for service users by referencing her first-hand experience as the parent of a premature infant that needed ongoing support from the healthcare system. She was careful to note in interview that she could have personally had a condition that required management through the healthcare system and through experiencing and witnessing those successes and/or failures she could then be better equipped to assist service users. But her particular experience was as a *parent* to a sick child, thus altering her perception when working with parents. Previously she described being “judgemental of parents who didn’t follow up with health needs for their kids” and she now mitigates this judgement via her personal parenting experience. Additionally, Belle described a slower, developing change to her social work practice that she was better able to articulate and appreciate over time.

I don’t feel a huge change in my practice, just a gradual – I think there was just like a nuanced understanding of things like – I used to gather developmental histories and it was a bit meaningless to me? Like, I couldn’t, like, “I know I need to do this” but now it makes more sense. And then I think umm, I’ve probably moved away from - a little bit away from the behavioural approaches. In thinking - especially when I’ve been supervising people and they’re talking about you know, “we need to – this young person, we need to reinforce this other behaviour more” and actually I think: do they need that? They just need some love (laughter). And so like, where’s the humanity? Like, we can’t just treat them all as objects to be manipulated.

-Belle

Belle’s explanation of her increased understanding of nuance as well as experiential knowledge fits within the subtheme ‘Reflection in Action: Practice Knowledge’. This subtheme demonstrates the ways in which participants reflected upon their pre-parenthood social work practice, compared to what they now perceive constitutes their practice knowledge.

4.2.1 Empathy Increase

Participants frequently framed their heightened propensity for empathising in their practice in terms of ‘shared life experiences’ with service users. Often, they articulated this increase in empathetic practice even when service users’ lives clearly differed and there was perhaps little actual ‘shared life experiences’ beyond both having become parents.

So, it definitely helps, just empathising with new mums as well. Like how hard it can *actually* be, like I’ve got a few of single mums as well, “Oh my God I’m so tired, so exhausted”. And I’m like “I can only imagine!” Like, I have a partner and you don’t!

-Christine

Christine here acknowledges that she is not a solo mum and has a partner that shares the parental load with her, yet she also recognises that she feels “tired and exhausted” and so “can only imagine” how much more acutely that must be felt by her service users in more difficult life situations. Iosefo expressed a similar sentiment to Christine, acknowledging that it is “hard enough for us” (meaning social workers, and potentially the middle classes in general) and extrapolating from that how much more arduous it is for service users.

I’ve got a very much more sort of honest appreciation of teen mums. Solo mums, solo dads especially. Even more so with the systematic prejudices against them. They don’t get as much support, there’s no organisations for their support, they’re supposed to, “harden up”. “Why aren’t you at work?” and that sort of thing. And with the prisoners that I work with now I just realized now as a parent, God damn. That must’ve been hard, you know. It’s hard enough for us.

-Iosefo

Rebecca describes undergoing a threefold alteration to her practice after becoming a parent. In the following quote she illustrates her capacity for reflexivity (discussed in detail in the next subtheme) in her personal parenting practice (to help self-regulate), her increased

capacity for empathy with service users, and finally her inclination to, now, empathetically reframe her relationship with her own mother.

I think it's all about, social workers are very good at reflecting on what we're doing or what we've done and how we could do things better. And it's been really useful as a parent to be able to use that reflective capacity like when driving and she'll be screaming in the back and you just get so angry and you're like: what about those families who don't have any of those emotion regulation strategies in this situation because every kid does it. And I'm barely holding it together! So, what is life like for them? It must be *so* hard, and I can see why my mum, a solo mum would give us a whack when we were like stressing her out because life would have been so hard.

-Rebecca

In a similar vein to Christine and Iosefo, Lesieli describes her feelings of increased understanding and empathy for service users who are parents, especially ones she presumes must struggle more than her due to issues with family violence and/or deprivation.

I mean, my biggest reflection has probably, especially – hmm, yeah. I guess in the child protection spaces is kind of *really* having an understanding of you know, what the impacts are of having little kids and kind of you know, messy houses and chaos and actually you know, what *is* good enough parenting and actually the pressures that that parents are under? You just *actually* have that understanding, don't you? Like, wow. Yeah, it was hard for me and look, imagine how much harder it is with layers of layers of, um family violence, or whatever, you know? Yeah, you just can have that empathy I think, a whole lot more. I think that's the biggest, the biggest thing I guess, yeah. . . And even mums who would say like, "I don't want you to come to my house I'll come to you." Like they don't want to come to the office but they'd rather that than me come to their home and I just completely understood why. And I'd try and reassure them like, "I know what it's like don't feel any pressure to clean up, yeah I can come another time." But *then* you feel pressure that, "Hey, you haven't met with this mum yet? You've had seven days. Why haven't you gone to see her? We have timeframes, you haven't done the safety and risk assessment." And you're like, "well she's just had a baby" and they're like, "yeah but the hospital is on us, the midwife is gone, and so you know." So, you're really trying to navigate that and find, and then trying to meet them halfway, but then you've also got that pressure. But then you also understand: this a new mum like let's give her a break. Yeah. But that really helped you know?

-Lesieli

Lesieli also concisely portrays the balancing act she feels she must traverse in her social work. She describes “the pressure” she feels from within her organisation to meet timeframes and complete specific tasks within a precise matrix when assessing new mums. However, she feels she has a deeper appreciation for the sensitivities and difficulties of new parents having personally experienced becoming a parent. Lesieli’s description of “navigating” between two competing demands appears to have been a habitual facet of her practice, however it is the way in which her personal experience has increased her empathy that is noteworthy. Through her experience she feels more resolved in her ability to advocate for new parents and push back against organisational pressures.

Echoing what other participants expressed, Sue remembers feeling increased empathy for mothers, specifically upon her return to social work.

I certainly remember – post children – really identifying with the mother in particular. And particularly mums who were doing it on their own or particularly mums who were having to juggle a whole lot of things. Um, I do remember...feeling really understanding where the mother was coming from - especially mothers that would you know, be occasionally losing it with the kids or you know.

-Sue

This description of “really understanding where the mother was coming from” also fits within a concept discussed further in the next chapter regarding where (or with whom) a social worker identifies the most. Here Sue is clear in that she found herself identifying with mothers in particular after returning to work as a parent. Increases in empathy do not appear to have been evenly distributed, and with whom participants identified having increased towards has potential ramifications for their practice.

I’m working now with uh, people who have gone through trauma and mostly sexual abuse as children – and thinking about them now as parents and what it’s like for them to parent having been a victim of childhood sexual abuse and how that kind of transference stuff affects them with their children. So, I

think although I'm not directly working with children I'm still working with parents and I think at this point I have a lot of sympathy, empathy, umm understanding of what the challenges are as a parent. So, the space that I offer now is really around, yeah sort of supporting parents now really, rather than assessing children and some of the dysfunctional parenting that um for me just feels sad and devastating and painful because that's a child. And how could this be happening? And how could you do this? And why would you do this? And can't you see? And your child's – you know, so all of these sorts of judgements that I have? When people are harming children I think, yeah. So, I like my role now that I can sort of empathise with some of the challenges of other parents.

-Jennifer

Jennifer here is unambiguous in her feelings of increased empathy for service users who are parents. She appears to combine her personal understandings of the difficulties of parenting with her practice knowledge about the challenges of surviving childhood trauma and sexual abuse to create a space that holds enhanced empathy and understanding for her service users. Jennifer interestingly identifies how arduous it must be for these parents, while simultaneously recognising that currently, she prefers to work in more of a mental health capacity, versus work of a more explicit child protection nature, as she feels she may find herself potentially over-identifying with the child to the detriment of her practice with the parent service users. Similar to Sue, Jennifer's reflections acknowledge her heightened capacity for empathy and with whom she sees this increase. However, Jennifer differs to Sue in that she shifts even within the same conversation about where she sees her increased empathy manifesting.

4.2.2 Reflection in Action: Practice Knowledge

I thought it would be easier, I thought I'd be a far more natural mother and even so like, I said I've got a 9-year-old and a 6-year-old and even now I am surprised at the disconnect between what I *know* or what I think I know I should be doing and what I actually *do*. Yeah.

-Jennifer

More so than any other question asked during interviews, the prompt ‘what formed your knowledge base in parental/familial/child assessments pre-parenthood?’ appeared to elicit the most reflection. Participants frequently described complex concepts surrounding their pre-parenthood practice selves and demonstrated significant reflexivity. Some of these reflections took the form of ‘imagining themselves as the parent service user now’. “And actually, I’ve often thought to myself if a social worker were doing an assessment of me right now (pause) how would that be? How would *that be*? Yeah. I thought about it lots.” Belle’s quote here illustrates what many participants described feeling after becoming a parent, that they now had a much more visceral understanding and appreciation of being assessed as a parent. Belle acknowledged that her reflections and perceptions of social work practice were directly influenced by her transition to parenthood that involved a premature baby, weeks in the NICU (Neonatal Intensive Care Unit) and navigating the healthcare system as a parent to a (potentially) unwell child.

And my first baby spent seven weeks in NICU. That's I think a different experience also around entering parenthood. And I thought lots about what influences that start - and I hadn't quite thought about it from a social work perspective because sometimes I find it difficult to know what's me and what's, you know, a social professional? . . . And looking back I definitely felt a sense of being, like on stage or being observed or performing. Yeah. And I think lots of that is that you are in NICU and you *are* being observed and it's a bit like a fishbowl.

-Belle

Belle attributes her feelings of being observed as a parent due to the observations inherent to an environment like the NICU, but nevertheless carries that into her social work practice when she says she has thought about how it would feel to be on the receiving end of a social work assessment. Other participants described the increase they felt in their empathetic practice as being a positive change, yet it made their parental or family assessment work

fundamentally more challenging. When considering her practice pre-parenthood to her current practice, Rebecca reflected, “I’d probably say my actions are the same but it’s *harder*, emotionally. . . There’s more, there’s more cognitive work going on in the background there’s more reflection”. Samira shared the sentiment of increased reflection and concluded that she found herself being more careful about her assumptions in practice. While like other participants, she found herself identifying more readily with service users who were parents, upon reflection she felt that this identification had the potential to presume too much about service users.

Often, it’s case by case too. Yeah, and because there absolutely is an impact in terms of how much you see yourself or your own experiences or yeah. There absolutely is. Or your own children, you know? And, you know, it’s kind of sometimes, I am aware of, yeah. I kind of get that and then you know you’ve got to be careful making assumptions. Actually, you know it *is* or it *isn’t* the same as your experience.

-Samira

Participants reflections on their pre-parenthood practice and their current practice also involved reflections about their practice knowledge now and how they integrated their knowledge gained through personal parenthood experiences. Often the word ‘skills’ was used when participants described their current practice knowledge.

Yeah, I think I was probably more compassionate, and I think more empathetic, and I think more *useful* in the sense of having more skills and strategies up my sleeve. If it were needed so that you know, if I observe something that I thought I might be able to sort of support with suggestions some alternatives. For example, I felt I had more credibility because I had actually tried it myself or whatever and I just had more tools in my kite, really.

-Sue

Sue touches on a few concepts shared by other participants, namely, increase in empathy, the usefulness of specific skills, a perception of credibility for having 'real life' experience of a situation. Rebecca touches on this notion of credibility as well.

I think I was at the (location redacted) before having kids and being a social worker in that environment as well. So, yes for kids when you're sitting having a parents session and they're like "well, have you got kids? how do you know about this?" And so, I would reflect on that quite a lot with supervision and the response was always, "well I work around a lot of kids and I've had a lot of married life experiences" and that. I felt a lot more comfortable having had a kid giving advice and working with them because I could then go, "well I *do* have a kid and I *do* get the basics of like, yeah, boundaries and consequences and all of that and I *do* understand development because I'm seeing it. Yes, so it definitely gave me more confidence once I had a kid.

-Rebecca

Rebecca described the classic question young NQSW's are told to expect and dread from service users, the "do you have kids, well then how would you know?" questions. These can be interpreted as a form of questioning legitimacy and authority and are likely asking less about the parental status of the specific social worker, and more about what level of expertise that social worker possesses to be involved with this service user. When framed and understood in this context, Rebecca describes feelings of confidence but also almost a palpable relief. It is as though now as a parent herself she has respite from having to establish her authority and legitimacy as a practitioner. Amohaere described the inverse of the confidence that Sue and Rebecca describe, stating:

I think it was easier before I became a parent to give advice like that because I was very confident in the advice I gave um, and I was almost clinical about it? I wasn't very emotional, I wasn't attached so I could, I was good at that? And now that I've become a parent, I'm less, I'm more attached and less clinical and I offer a lot less advice.

-Amohaere

In her reflections on her current practice around not offering as much advice as she did prior to becoming a parent, Amohaere seems to indicate that she senses a complexity in her work and in her service user's situations that dissuades her from advice-giving. Despite the fact that she feels that she "knows so much more now", some aspect of her transition to parenthood has not increased her confidence in the same way seen with other participants. In similar discussions surrounding practice knowledge, Samira alludes to the newfound confidence of a returning parent-practitioner as a double-edged sword.

And yeah, it's about confidence, isn't it? Things can kind of either build your confidence or shake it and it might not be based on anything real, but it might be just that that I'm not feeling confident here as a parent and that kind of spreads through everything, including social work. And that's happened to me before, you know. Yeah.

- Samira

Samira was describing the ability for confidence gained via personal parenting struggles or triumphs to either help or hinder her practice. She discussed feeling more inclined to offer advice or suggestions to service users had she personally experienced success with a specific method or intervention. However, personal parenting 'failures' not only led her to be less inclined to endorse the specific model or intervention (that had not 'worked' for her and her children), but to also question the usefulness of *any* of her professional suggestions. Christine discussed similar feelings of having gained legitimacy and confidence in her practice with parents after having become one herself, but also seemed to falter when a situation arose where she once again had no parental experience.

Cause I felt so awkward, and I wonder if I was sort of like what it was like before - not being a parent and trying to help parents sort things out. So I was reading out this article and all of these things they should be doing and they could try and I'm like "Oh my God, are they actually taking this in? I don't know what I'm talking about!" Like, is any of this useful? I just felt really weird, it just didn't feel

sincere at all. And then I think in passing we tried a few of those things as well and I'm like "that doesn't work! That's rubbish. That's not practical at all!"

-Christine

Christine was specifically describing her work with a parent who was struggling with toilet training their child, an aspect of parenting that Christine had yet to undertake at the time.

Christine reflected on what she described as not feeling "sincere at all" when she shared a personal parenting dilemma she experienced with colleagues who are not parents.

A while ago my daughter wouldn't go to sleep. She was just like, ugh, she was not sleeping! Like, I can't get her to sleep in her own bed! So, I went to work and I'm like "oh my god, I'm so tired like she wouldn't sleep in her own bed" and so they had all these brilliant ideas and basically social worked me into you know, all these options, and what I should be doing, and I'm like "oh my god, you guys have *no* idea!" (laughter) That doesn't work!

-Christine

Having been on the receiving end of this 'helpful' and 'well-meaning advice' from social work colleagues, Christine appeared more cognizant of how that genuinely feels as a service user receiving advice from professionals. This resulted in situations of metacognition for Christine in her practice, as seen in the aforementioned quote where she appeared hyper-aware of the validity of practice self while simultaneously working with a service user.

Many of these reflections around previous practice knowledge, current practice knowledge and confidence to integrate newfound experiences into practice, can also be summarised as facets of a transitioning professional use of self. Iosefo describes his practice knowledge reflections here as a realignment.

Given how wrongly we see it (parenting) can go, exactly. And I think we're really hypersensitive to um the way we parent because you know, it's a reflection of us as practitioners as well. Where's our integrity? So, I think to myself this is, this is where it gets good, now I'm a dad. It's like I've really struggled in the past, but now I'm trying to align my integrity at home with integrity everywhere.

Whereas before when we're young, you know, we're out doing drugs (laughter) you know, we were drinking, we're doing stupid things that we're not supposed to while we're practicing. But that doesn't mean – doesn't matter cause we're still professional. You know, separate to my personal life. Not now. You can't hide. The personal *is* professional and it's gotta align.

-Iosefo

Iosefo did not elaborate further on why this specific transition, the transition to parenthood, more so than any other life event, warranted this kind of personal and professional realignment. Neither did any of the other participants explicitly address why becoming a parent was such an ascendent life event. Once again, the fact that becoming a parent is 'common' and the fact that it radically alters or realigns one's life values appears to be taken for granted, mutually understood knowledge.

4.3 Beyond Child Protection

This theme was a source of very rich data; it was a reoccurring topic in interviews and was evident throughout thematic analysis. Repeatedly participants expressed sentiments like Iosefo "...I left when I realised that it was getting to me. It was getting to me so much that it was starting to impact my world view like, are we, you know, normal? Or is that normal? Which, it isn't. It's the exception. Yeah, like *no more*." The 'no more' aspect Iosefo is describing here meant 'working in a child protection capacity'. There were a variety of reasons that participants gave for leaving their role in child protection capacities or what Jennifer called "stepping back". They concern the participants self-perception around ability, capacity, competence, and confidence to practice, which is the subtheme 'I was better at child protection before becoming a parent'. The 'Organisational culture and working conditions' subtheme includes instances where participants did not divulge significant hesitation around their own personal abilities in social work practice, but instead discussed the difficulties

working as a parent and practitioner within specific workplace environments leading them to conclude that working in child protection was no longer viable. The final subtheme, ‘What’s good for the goose is good for the gander, isn’t it?’ is more complex in that it denotes the incongruence that participants described in their social work practice once becoming parents. Participants expressed this dissonance often with the word ‘disconnect’ and expressed it both between agency and societal expectations of themselves as parents, and between their personal expectations as parents and those they accepted for their service users.

4.3.1 “I was better at child protection before becoming a parent”

This subtheme serves almost as ‘the other side of the same coin’ to the subtheme of ‘Empathy Increase’. So, while participants described their expanded capacities for perceiving nuance and empathising with parents, children, struggling families, and service users, that expansion appears to have come at a cost; the cost of their professional confidence and certainty in decision making within the sphere of child protection work. Remarkably, both Amohaere and Jennifer used the expression “raw wound” when describing their post-parenthood practice selves. Jennifer explained how she removed herself from practice that involved any aspects of child protection, saying, “...I remember at the time thinking I’m just a bit of a raw wound, you know. I just can’t be in that space, making decisions because I’m too raw.” Likewise, Amohaere describes herself as overly affected by the work, and subsequently determining that she was “better at” child protection before parenting.

I felt too raw, you know? Too sore, like a sore bruise. And nothing was wrong! With me or baby. But, I just – when I had to be in that room and look at those photos, and then the mum, when we, you know, talked to her, she was beside herself and I was getting the same way and I didn’t know what – and I felt like my professional, my personal protective layer or skin was gone. I couldn’t do it. I was better at child protection before becoming a parent. Definitely.

Amohaere was specifically describing her first case back at work of physical child abuse and the need to remain professional in multi-disciplinary meetings involving peer professionals (e.g., the police, doctors, nurses, specialists). Potentially, some of these descriptions could be simply attributed to a person who has been through an inherently emotive life change returning to the inherently challenging and emotive context of child protection work.

However, Jennifer's descriptions went further and illustrated her perceptions of decision making and judgement in social work practice.

I sometimes say to people, I think probably before you have children you can provide that much more clear advice, suggestions, you know? So, there is an advantage of not, not understanding all of that sort of emotional complexity. Umm, just because it was much more black and white for me before I had children. . . I think sometimes you know, when you're making those hard decisions umm, around child protection or reports of concern or advice around how to manage the behaviour of your child or raising concerns about risk or suicidality or whatever it might be, actually when you don't have children it's much easier because you're not entangled inside that like 'ugh, imagine hearing this as a *mother*' (laughter). . . What I found increasingly difficult was the grey area. Umm, around you know, identified risk and concerns. And then you know, who's making this decision, who holds this responsibility? I don't think I want to hold it. And so my fear around, you know again like something could happen to that child and I am involved, and I was the last person there and I just, that became just completely overwhelming to me when I had kids and I recognised the vulnerability of the children and you know, yeah. And just that those decisions felt really really profound and ummm hard. Yeah hard. Really hard.

-Jennifer

Both Amohaere and Jennifer have described what they feel are necessary attributes of a child protection social worker, and more importantly, that these are characteristics that they have somehow 'lost' in their transition to parenthood. Jennifer in particular describes two significant shifts in her identification with service users in the above quote. Initially she appears to identify and empathise with the mother in this scenario, stating "...imagine

hearing this as a mother”, inferring that listening to concerns for your child’s welfare from a professional as a mother would be difficult and would likely feel awful. While later in the conversation she identifies with the “...the vulnerability of the children” and acknowledges how “overwhelming” it feels for her, holding the responsibility for any decision making in child protection work. There is also the possibility that complexity of understanding, balancing, and reconciling both of these conflicted stances has become an acutely uncomfortable space in which to practice social work for Jennifer. These shifts are explored in greater depth in the following chapter.

Even where participants did not go into great detail about why they chose to leave child protection work (sometimes, like Samira, flatly stating “I couldn’t do it anymore”), often their rationale for *returning* illustrated their perceptions.

I’m going back to Oranga Tamariki. And I’ve kind of wanted to go back to Oranga Tamariki for a while now but I knew that when I had a small child, I didn’t have the capacity to like hold – like, to be like: “Are you fucking serious? Why would you do this to your kid?” Like I knew that I would sort of lose my shit at people.

– Mary

Here, similar to Jennifer, Mary is also demonstrating some shifts in her identification with service users, clearly acknowledging that she felt an inability to hold ‘both’ – i.e., both the perspective of the child and the perspective of the parents/wider whānau. Mary simultaneously recognises that the capacity to sit with uncertainty, examine knee-jerk judgements, and see a wider view of a given situation in child protection work is necessary for good social work practice; and recognises that she was not in a space to do so. This was something Mary denied having discussed with her supervisor, simply stating that she decided this for herself, and thus left child protection work. Now that her child is older, she feels better placed to work in child protection again. This sentiment was echoed by Samira.

And I think I've always thought to myself that probably when my children are less dependent and I'm not quite so in the moment with them that I'll have – that that will become a tool. But at the moment I'm still feeling quite that um, challenged personally as a parent

-Samira

The 'that' to which Samira refers is her experiences as a parent, stating that she feels that the knowledge gained through her experiences in parenting young children will be of benefit to her future service users. But that she still feels not quite ready to re-engage in child protection work yet.

4.3.2 Organisational culture and working conditions

When participants were not describing the personal, emotional, or psychological toll of child protection work, they often alluded to the specific organisational practices and working conditions that they found intolerable after becoming a parent.

But unlike other {child protection} work, this so much more fulfilling this work for me and my family. What's it gonna be? I thought, I'll be present and available and energetic for my boy. And then be able to help my wife, or come back and just be stressed. Be very distant and whatever but it just didn't make sense.

-Iosefo

Here Iosefo refers to a dichotomy that a few participants mentioned that was initially coded as 'whose children am I working for anyway?'. This came though discussions like Iosefo's above that indicated he felt as though the choice for him as a parent practitioner in child protection work was between his service users (namely, children) and his own child.

I just think that you know in a sense I really have put my children on the back burner for this job. And when I say that I mean things like, you know we're scarce when it comes to caregivers {at organisation}. And yeah, a lot of our staff have to spend nights in hotels with children. You know it sounds horrible, but I mean it is horrible! It is what it is, so this young person and the social worker in

pairs or the social worker alone will just you know, sleep on the couch while this young person sleeps in a hotel bed. And I'd be doing this while my children are at home with no mummy. Funnily enough last year they brought these new tools on how to do child focused interviews. . . So, I thought I'd try it with my child who was 6 years old at the time and one of the questions was: "tell me about a time where you felt really worried". And of all the times I think she's worried which is like night-time and it's dark, in the hail and lightning storms, she says: "that time that you didn't come home from work". And you know, my heart just broke.

-Lesieli

Lesieli's story illustrates in more concrete terms how she felt that her work in child protection overly or negatively impacted upon her own children due to the demands of the organisation. Both Iosefo and Lesieli used a specific term when describing how continuing to practice in this field, with the tensions between what they felt was best for their own families and what they felt was demanded of them by the organisation: "institutionalised".

. . . like I could feel my practice just becoming so institutionalised. And I knew I needed to get out. I needed to change I had to change something that's when they didn't approve, they didn't approve me study me...because it was seen as cost rather than a visible...and it's the best thing that I did just to have some nuanced discussion like...and be able to have those conversations in a safe space. Because you just couldn't do it at (redacted).

-Lesieli

What worked really well was when I went into youth justice because I was still young and I, and I had a real empathy for what they were going through. And then when you read this stuff, their files, you kind of go: how could you not go that way? How could this not result in the way it had? But the institutionalised sort of inequity of it - it really was just a formula for failure. So I sweat, like am I gonna do this for the rest of my life? Am I gonna be all institutionalised? Then you've got these experienced practitioners that have found a way to desensitise or just tick the boxes and keep going and they're the ones who've suffered – and stayed in. And even the ones with heart! They've just learned to block that off. And it still does their head in, they still have issues.

-Iosefo

Both participants describe recognising that something had changed within them and their practice once returning to work after becoming a parent, and that the organisations that they worked for, in a child protection capacity, were not conducive to nuanced discussions surrounding this change. Christine also struggles to articulate what she perceives as a shift in her practice and wonders aloud if the change she sees is due to purely personal factors (i.e., becoming a parent) or the organisational culture that heavily emphasises the paramountcy of the child.

Maybe it's I guess just gaining more knowledge as well and learning more? I guess probably having a different role as well now sort of even more focusing on that, like, my role in Family Start versus (redacted). I guess more focusing on the child? Like, constantly thinking about the child, whereas probably my old role was more like, "whatever the parent's doing, we'll go with that" sort of thing? (laughter) But then I don't know if that was sort of the culture or if it was me? It could have been a bit of both too.

-Christine

Finally, Lesieli shared a personal story of her treatment as an employee social worker within a child protection organisation.

So even now that I'm at this kind of crossroads, I'm not looking at social work roles in child protection at all, I don't look *at all*. So, it's interesting just to take a break from it. To be honest I put it down to the organizational culture and the working conditions and really you know and just the way that we are treated. So, I've miscarried twice and...I went for the gender ultrasound and there was no heartbeat, but I went during work lunch like, "oh I have to go to ultrasound, I've got a scan". And I remember calling and saying, "look, I'm not okay to come back" and our practice leader emailing, sending me an email saying "you better get back here, the team need you". And so, I went back. And I worked that day with this dead bubba in my womb. Devastated.

-Lesieli

Lesieli later in the interview considered "the irony" that this organisation was tasked with "the care, the awhi, the protection, of all these taonga" and yet "...it didn't seem to mean

anything when it was us”. Once again highlighting a perceived dichotomy between the personal lives of the social worker at the expense of the demands of the practitioner roles in child protection.

4.3.3 “*What’s good for the goose is good for the gander, isn’t it?*”

This idiomatic phrase was spoken by Amohaere and struck the researcher as curious. Subsequently, in communication about the interview transcript after the interview, Amohaere clarified that she uses the expression to convey the idea that when someone is held accountable or subjected to scrutiny in some way, everyone else should also be subjected to that same level of scrutiny and accountability. This could also be expressed as a ‘do as I say, not as I do’ subtheme. Much of social work is predicated on sincerity however, and despite social work’s inherent dual mandate (balancing and working within both the micro level and macro level concerns), most participants articulated discomfort with their experiences of personal parenthood now having created new dualities for them in practice. This sentiment came through in participant accounts of their work with parents and families – most especially in a child protection or safety capacity.

I was doing them, but it wasn't working and I felt like this is weird that I'm supposed to tell you what to do and I don't know what I'm - ? And we're just figuring that, I'm just figuring it out. And so, it was this weird disconnect between what I felt. Like if I'm supposed to tell you to do it, shouldn't I also do it? What’s good for the goose is good for the gander, isn’t it?

-Amohaere

In this specific scenario Amohaere was talking about her experience visiting postpartum mothers in their homes in a Family Start capacity and stressing to them the importance of not co-sleeping. Amohaere went to great lengths in her interview to justify and defend her decision to co-sleep with her infant (“she just *would not* sleep!...I was a teary mess...I tried

everything and then you know, my mum co-slept with us, my sister and her kids...and it's important that I sleep too, you know?") despite that particular parenting practice not being the focus of the research. It is clear that this is a highly emotive and contentious parenting practice (one of the aforementioned child-rearing practices that is frequently decontextualised and becomes a deeply divisive public debate). Some participants like Amoheare, dealt with this personal/professional practice incongruence by preparing for scrutiny (e.g., having pre-arranged rationale for the eventuality that they are questioned), while others like Christine, expressed their inherent incongruence in slightly more lightweight ways:

And I even find that now, you know they're like "oh, you shouldn't send your baby to daycare too early, like it's good they're with you" that I always felt like, "oh where's your baby?" "Oh. Well...(laughter) Hmmm, let's not worry about that one!" (laughter)

-Christine

Similar to Amoheare, Christine is referencing here her workplace's emphasis on mother's staying at home with their infants in the 'crucial' first few months. She notes however that when service users would then query, 'where is *your* infant', she would jokingly attempt to dismiss the question since her infant was clearly not 'with her' at work and was indeed, in daycare at a young age.

Crucially, some of these instances of incongruence were not only about workplace mandated expectations about best parenting practice but surrounded what the participants themselves expected of service users. Those expectations often differed in that participants expressed significantly reduced expectations of their service users as parents compared to themselves as parents.

Oh no, so like my expectations around that are now just: fucking, pick your battles! But I think that's from working in this field. Like, yeah. Like at the moment, quite often for dinner, like possibly five

out of seven nights he'll have a wrap with grated cheese and grated carrots. And I'm like (groans) I feel terrible! But, but if I was seeing a client who said that and I was there I'd be like: Are you serious? So, I sort of have to try and cut myself some slack around that.

-Mary

Mary here appears to hold both perspectives simultaneously; she thinks that a wrap with grated cheese and carrots for dinner most weeknights is not an ideal meal for *her* child, and laments that inadequacy. However, she also acknowledges that were a service user she was working with describe this scenario she would be entirely unconcerned. Some of this disconnect between social work practice and personal parenting practice was expressed and experienced along the lines of 'our children are so lucky'.

It's a real, it's a huge disconnect. So, then you start thinking about the privilege that some kids grow up with versus others. And you know? Like it's, it's um, and I think that's part of the pain is the reality that some kids really grow up drinking coke and white bread because that's how we've structured everything in our society that's affordable. So, I think you know, when we think about sort of privilege and that's always existed in New Zealand for sure – but it does sort of - you know, it's a little bit hard to sort of come home to your you know, organic baby food whilst you've been out you know and seen kids just you know eating what they can.

-Jennifer

Jennifer was expressing here the balancing act she perceives between wanting to do 'the best' for her children (described here with an example of organic baby food) versus knowing, from professional experience, that many families and children were living with food scarcity. This is explored further in the next chapter and relates to issues of the relational work social workers do with service users. This was one of the ways in which Jennifer expressed an awareness of the widening gap between her life experiences and the ones of her service users. The expression 'lucky' children, when referencing their own children, came up multiple times for participants. Most acknowledged that the feelings of having 'over-privileged' children was likely inevitable in this line of work, though they expressed uncertainty that it

was a beneficial reaction. They appeared to try to mitigate those feelings for their own children.

Like when I growl my kids, I'll be saying things like that because I've seen – yeah, I've seen children starving. I've seen children who've been neglected, beaten. I've seen children who you know, who are a result of mum using meth or FASD. And so, I just, I have to stop. That's not healthy. But I do kind of try and just remind them of their privilege. Yeah, you know, how lucky they are.

-Lesieli

Lesieli here describes here knowing that using her professional experience comparatively with her own children is likely unfair or dismissive of her own children. Iosefo shares a somewhat hyperbolic sentiment stating, “I would - I started thinking that my son was like super, super privileged and you know, like, ‘what are you crying about?!’”; inferring that he occasionally compared his child to his service users and felt that his son had no legitimate reason for crying. No participants described having these feelings with friends or family members or other acquaintances prior to parenthood, despite the fact that they were working in a child protection capacity and would have been exposed to some of the aforementioned scenarios as described by Lesieli.

4.4 Intensive Parenting

The third substantial theme throughout participant interviews was the concept of Intensive Parenting. There were three distinct elements present in the discussions surrounding intensive parenting ideology. The first subtheme, ‘You’re one hundred percent in it’ concerns participants direct, personal experiences of intensive parenting ideals. Even when participants were unfamiliar with the term or were certain that they did not subscribe to any specific parenting ideology, they all demonstrated significant awareness of Intensive Parenting mandates. The second subtheme surrounds the cultural constructs of parents and families, and

how the participants conceptualised these in their current practice. The last subtheme presents an exploration into the integration process regarding how participants either accepted or rejected the parts of intensive parenting ideology that aligned or clashed with both their personal parenting practices and their professional practice.

4.4.1 “You’re one hundred percent in it”

All bar one of the participants were mothers; unsurprisingly the topic of intensive parenting, and most especially mothering was frequently discussed. When asked specifically about their expectations about parenthood prior to becoming a parent, most described keeping their expectations low and not having subscribed to any firm ideals beforehand. This did not necessarily follow after becoming a parent though.

I think I wanted to be someone who was attentive to the child. To the extreme it ended up being and they had to be dialled back. But yeah. I think I wanted to be someone who when, when the child's awake, you're one hundred percent in it.

-Belle

This quote from Belle encapsulated many of the aspects that participants shared about their personal parenting styles, philosophies, and beliefs. Participants believed firmly in expending maximal effort with their own children, what Belle calls “one hundred percent in it”. They almost never described their parenting endeavours with adjectives or superlatives like ‘intensive’ or ‘the most’, but these were frequently the attitudes that came through the data. This laborious and sacrificial style of parenting is very aligned with intensive parenting mandates, and notably Belle feels certain that she was unaware and generally unconcerned with these intensive parenting tenets *before* having a child.

See, I had more of those {expectations} *after* she was born. So, I hadn't really thought about those things. And after she was born, I thought “you need to breastfeed because NICU told me that this is

the only way to do it” you know. But you know, so, for me that was more – and maybe in the first six months, I mean like the whole sleep training versus attachment, and you know, aaaaaahhhh what to do?! (laughter) Whereas I hadn't done any research into that before.

-Belle

Belle’s journey to becoming a parent was unique due to her experiences of NICU and a highly medicalised introduction to parenthood, consequently, she appears to attribute any heightened expectations of herself as stemming from her NICU experiences.

So yeah, I’ve thought about it lots. And, not in terms of paying for the activities but everything else I totally bought in to after {I had} my first. . .Yeah. Like, this is your time to do your development and have all your bonding with me and all that stuff. Yeah, and so this is all kind of recent revelations for me, and I was working and realising that actually - the weekends had to be like this – intense, like, you’ve got to do all the relational - *everything* that you would do during the week – I’ve got to cram that into two days now.

-Belle

Belle’s descriptions of what she considered to be ‘intensive’ initially corresponds to other participants describe; namely that intensive parenting is primarily about paying for expensive ‘infant/child enrichment’ activities.

You don't need to go off to like Gymparoo and swimming and Little Kickers and you don't need to get angry at your husband who wants to go to the gym. They don't need to be in dance class when they're eight months old. And yeah and no, with all of the fanciest clothes...

-Rebecca

However, as above, Belle acknowledges that once back at work, she did feel an unnamed pressure to “cram” everything into two days over the weekend. This kind of pervasive, unnamed, compelling force was present in many participants descriptions of their current parenting practices.

Yeah, and I guess doing you know, the job we're doing as well, we've got so much more knowledge about parenting and what deemed to be good and perfect. And you're trying to achieve to that, but you just can't. It's not even possible! I feel like, umm sometimes with you know, CADS work when clients are given plans for sobriety and stuff and it doesn't work. You know, like they try and

sometimes succeed, and many times fail and even though plans are written in black and white, people are messy and all over the show, you know? It's that way with parenting. Like, I know *what* should be done, I know *how* it should be done, there are words written in black and white, but – that doesn't mean it works. It's messy. And somehow, I never thought about that before I had kids.

-Amohaere

In the above quote, Amohaere attributes the pressure she feels to parent 'perfectly' to her background in social work and her practice experiences. She states that since social workers know what *should* be done, she, as a social worker should be able to achieve this. Amohaere notes that it was only *after* becoming a parent, and perhaps even after having attempted specific 'ideal' parenting strategies that failed, that she realised this idealised parenting that she aspired to and endorsed might not be as clear-cut as initially expected.

Christine had mixed experiences and expectations around parenting practices.

And just even while you have the baby, like when they're so little time goes so fast but there's loads of things to do! And I used to Google so much and just trying to find out all these odd things she was doing, going like is that normal? Like, what do I do now? So even just like researching that all the time – and some of it you remember and some of it you don't – but, I mean even when families ask me really odd questions, that I wouldn't have a clue beforehand that would have to go away and research, now I'm like "Oh I think I read something like that when my girl was doing this really odd thing..." something like. Or even those conversations with Plunket nurses that you go "is this normal what she's doing?" and they tell you like this - they're telling you their knowledge, and through that you can pass it out for your clients as well.

-Christine

While she, like many other participants, did not expressly endorse intensive parenting mandates as 'the ideal' way to parent, she also appeared to accept her expectations for 'basic' parenting as normative and standard. Some of those normative ideas were around constant research, and knowledge seeking from external experts (books, Plunket nurses, et cetera).

This was a common refrain from multiple participants.

Just like, I've got a few parents that put their babies in front of the TV. Like don't put them on the floor to play. And I'm like "you just need to let them play. They're 5 months old now, they at least need to be able to be on the floor." I'm on her about it all the time, but it doesn't seem to make a difference (laughter) yet! Yet. We'll get there. Yeah, so stuff like that always gets me, if people don't do anything with the baby and it's just sitting there? And I'm like "it's a baby it's actually learning and it's actually taking so much more than what they think it's taking in." If people - some parents think "oh it's just a baby it doesn't really know anything" "it doesn't experience anything" "it just stares and we'll feed it and change it and keep it warm, but that's all we'll do for it, until it's older. Then we'll play with it."

-Christine

Christine's description of her work with services users involves notions of what is 'best' for a developing infant, what is 'ideal' parenting practices, and what is 'acceptable'. So, while Christine does not directly disparage the service users she works with, there is a sense that a parent who 'feeds (a baby), changes it, keeps it warm' is generally providing inadequate care for a child. In a similar style, Mary is also clear in her expectations of acceptable parenting. While she was clear in the subtheme 'What's good for the goose is good for the gander, isn't it?' that she maintains dual expectations for herself as a parent and her service users as a parent, she does not appear to hold that same duality with her peers.

It's interesting because I look at myself and I think I'm fairly critical of my mum's parenting and so the things that I think she didn't do well I've tried to better and then I watched my brother and sister-in-law do the same stuff and I'm like, why? Why are you doing the same stuff like, why do you not have the capacity to critically think about this and go that's not really good...So, it's maybe other people who are not in this kind of child development kind of area? And I think part of what irritates me more about them is that they are unwilling to accept any advice or accept that they might do things differently. I tried very hard not to give advice but sometimes shit is crackers, like, whoa.

-Mary

Mary's anecdote demonstrates a notable splitting between what is acceptable with and for service users, and what is acceptable for 'peers' (in this case, siblings, presumably of a similar socio-economic background). Mary indicates strong feelings around what is correct

parenting in this scenario and an element of morality may be present in her account; this is an important aspect of intensive parenting discussed in further detail in the next chapter.

In almost every account from mothers the word “guilt” was used by participants. Some were denying feeling excessive guilt, like Rebecca:

Yeah, personally that was probably “oh I'm bored at home. Babies are boring!” (laughter) And so I think I found a really good daycare. So, I kind of had some element of guilt but nothing that like overrode me or made me not do it.

-Rebecca

Yet quotes like this still demonstrate that Rebecca was aware that perhaps she *should* feel guilt, or that perhaps there is a common perception that she inevitably will feel guilt. Some participants expressed “huge” guilt over their parenting choices, but overall, the very notion of guilt itself was pervasive in participant accounts.

Umm, probably the most common thing for me is if I lose my temper and I'm like, you know I raise my voice and I start yelling at my kids. Particularly my oldest son who is very umm, he's not ADHD by any stretch but he's – he's very hyperactive, he's very you know, sort of active, needs a lot of kind of outdoor time and he finds it hard just to participate in family life like in a normal way. Like we're having dinner last night and he's just vocalising and he's just - it really gets under my skin and so I always have to just be like “ok, just you know whatever” and he's very emotional and so it's eggshells, you know I feel like I'm on eggshells with him. So I think when I lose my temper with him um I feel really bad about it and I think, you know I think I should be more sympathetic to his needs in terms of his emotional needs, the fact that he finds it difficult to just participate “normally” what I expect to be, um in contrast to his brother who is very easy for me, so there's that real um, you know so then I feel really guilty cause maybe sometimes I personally privately think I might have a favourite child or that's someone that I just find easier. I love them both dearly but (name redacted) challenges me much you know on a – on a sort a like a patience levels so I think when I see myself, like if I was giving advice to another parent it would be so much easier. But when you're in it and you're living it and it's like been going on all day, all week and then you just lose it I think that's probably when I feel like I've sort of let him down, I've let myself down, I feel really bad about it, umm yeah.

-Jennifer

Earlier in the interview, Jennifer like most participants, described not aspiring to any specific parenting ideal, and not feeling as though she had any particularly lofty goals for herself pre-parenthood. However, in the above quote, Jennifer goes into great detail about the ways in which she feels she disappoints her expectations for herself and how this ‘failure’ manifests as guilt for not providing what she “knows” to be the ideal environment for her children.

Conversely, she describes feeling compassion for service user parents if they were to share that same anecdote with her in a social work capacity.

I would probably be much more compassionate to the parent— assuming I could be guaranteed there were no sort of risky behaviours happening umm but if it’s a general conversation I’d probably yeah, just be much more compassionate to the parent and sort of recognise that it’s really hard parenting and...I would start with um kind of really acknowledging and I guess this is what I would want for someone to talk to *me* about is you know, like how do you kind of maintain your own wellbeing, um so as to be the parent you want to be? You know, not so hard on yourself and we all have these moments and you’re doing a great job and you know. So, it would be you know around really umm acknowledging that parents experience rather than sort of being nervous about, “oh what happens in those moments?” And, “how far do you take it?” And, “do you realise that you’re having like a really profound affect?” Cause I think parents – not all parents and we as social workers know this but – many parents sort of give themselves hard enough time without professionals adding on to that.

-Jennifer

Samira had two significant anecdotes surrounding the guilt she experiences as a working social worker and mother and her personal expectations for herself and her relationship. She does not explicitly tie these expectations to any intensive parenting mandates, and instead attributes them to a personal, “my own family-thing”.

...when I went back to work – the guilt! The absolute guilt for putting much my 2-year-old into a daycare and like...you know - at the same time a lot of kids *do* benefit from early childhood education but I was a playcentre mum! I really believed in that you know, I was like involved in playcentre with my boys and then the little girl gets shipped off to a full time daycare – and so yeah. The guilt. *The guilt*. I still have the guilt about that. And I *still* have that. You know, like many mother’s do, just not being *available* as much as you know I potentially would like. Yeah, so yeah that's the biggest one.

Then also yeah, you know, trying to provide them with all the things that we're meant to you know swimming lessons and music lessons, trying to get them to places to do all that. Um, like holidays. You know, it's holidays now and I'm at work! (laughter) Yeah yeah, I'm trying to be all that, you know, and thankfully with my husband he's actually amazing in terms of sharing that out so I'm very lucky. So, actually my kids probably get everything they need and more and two parents, and everything, everything! But I still feel guilty? (laughter)

-Samira

Samira's account is notable in that unlike other participants she does not differentiate between her parenting and what she understands to be intensive parenting. Rather, she describes her efforts as "trying to provide them with the things that we're meant to..." and goes on to list extracurricular activities that are difficult for her to accommodate while working full-time. Samira does not appear to feel that this is an intensive parenting style or remarkable in anyway, meaning that this is likely a taken for granted practice for Samira. She does however note towards the end of her quote that she recognises that likely her children have "everything they need and more" and yet she still feels guilty. This potentially inexplicable guilt is strongly associated with intensive parenting ideology. Furthermore, Samira seems to have endorsed and internalised some of the directives of intensive parenting as seen in this quote:

I always laugh and say well I hate saying that I'm a behaviour specialist because it's the same like a builder. You know, you never build your own house, do you? And it is like "ahhhh, you know my kids are out of control sometimes – a lot of the time". You know, so yeah. I just have to think about that (long pause). I think of at least some higher expectations and sometimes some like - feeling really bad about, you know, when my kids are behaving badly and when, when things are out of control. Yeah. Um having those expectations, like yeah, I *should* be onto this or I should be able to cope with that or yeah. Or even, even in say my relationship between myself and my husband when things have been rocky in terms of the expectations that, from my own values that I *have* to make this work and I *have* to have - because I want two parents for my children and, and kind of the fear of that falling apart is actually probably a massive one for me. You know, if I get really - if I'm going to be really honest that's probably the biggest one impact...Because, you know, I have that expectation: that's

what I want my family to be because that's 'the best', right? So, it's not really about my parenting as such but it's about my, my relationship status and providing a two-parent family. And I know it's not really realistic! But that's my own – I mean, I'm quite aware that that's my own, yeah my own family 'thing'.

-Samira

A two parent (heterosexual) couple is seen as the ideal parental relationship according to intensive parenting ideology. Samira mostly attributes her desire to maintain this to her childhood experiences of her own parents' divorce but acknowledges that "it's always a blend." A common thread throughout discussions of intensive parenting with participants was this level of metacognition. They were aware they were not parenting 'in a vacuum', i.e., that they are a living in a society that is very relevant to how they parent. Yet despite participants remarkable propensities for reflections surrounding their personal parenting expectations almost all participants attributed their expectations to an individual level – themselves. Sue had the benefit of hindsight; it has been many years since she has parented young children. Accordingly, she shared a somewhat outsider view of intensive parenting and how she understands the pressures she sees on current parents.

Generally speaking, I think we became much better at thinking about, you know being 'good enough' parents as opposed to being um, 'super parents'. But again, you know, there really wasn't anything like the pressure that there is that I see today. Um, and on parents. I just, I don't know. I mean we were middle class so we both had degrees and um stuff but I, I don't remember. I do remember reading baby books but sort of because I was interested. I don't, I mean, we didn't – we even things like, you know, what you're allowed to eat what you're told you're allowed to eat and drink during pregnancy. I mean I don't remember anything like that! I don't remember any dietary restrictions. And I think I remember I didn't really feel like drinking wine, so I didn't really drink wine or drink coffee. But, there wasn't - there wasn't such a strong, even a strong anti-drinking thing. So this was 30 years ago. So things have changed hugely.

-Sue

Sue appears to recognise aspects of modern maternity and parenting that perhaps the other participants did not discuss because the knowledge surrounding ‘correct’ pregnancy is so universal as to escape comment. She specifically mentions what women are “allowed to eat” in pregnancy as she recalls that this was not an aspect of her parenting journey many years ago. Sue continues in her discussion surrounding her perceptions of intensive parenting by bringing up aspects that were generally unremarkable to other participants, like in the following quote:

I think I commented that you know, I think that whole intensive parenting thing is huge now. And I actually feel like we quite often say we feel so sorry for parents now particularly around social media stuff and having to monitor children's use of hand-held devices which we didn't have, it wasn't an issue for us as we went through. So, it's really, I just think it's really tricky stuff to manage. But I also think that the you know the level of, I mean, peoples need to be earning just to keep a roof over their heads and what that means in terms of parenting really creates a whole lot more stress than we experienced.

-Sue

Sue is one of the few participants that engaged directly with the idea of who can afford intensive parenting ideals. She remarks on “what that means in terms of parenting...” and concludes that to attempt to parent intensively while struggling economically would be “a lot more stress” than what she experienced in her generation.

4.4.2 “There’s cultural aspects to that”

While most participants struggled to articulate which aspects of intensive parenting they endorsed with their own families and in their own social work practice, they were generally very adept at describing what cultural features did not fit within this ideology. Sometimes this was revealed as a slightly heightened awareness of the cultural complexities inherent to parenting, like in the following case with Belle:

Most the families I work with have lots of children. And before I just you know, “oh, they’ve got lots of kids” and now I think “how?!” I know there’s cultural aspects to that. But I guess I have more of an understanding of the stress that that causes and how can you be aware of the needs in the family when you’ve got eight children?

– Belle

This suggests that for Belle, perhaps the transition to parenthood has increased the gulf of difference she perceives between herself and her service users. She remarks that prior to becoming a parent she would have merely noticed that someone “had a lot of kids”.

However, after experiencing the difficulties of parenting with her own child, her thoughts go beyond observation. Expressions like “how can you be aware of the needs in the family when you’ve got eight children?” indicating a potential opinion that actually, a parent *cannot* be aware of the needs of the family when there are eight children.

Some of the cultural aspects of modern parenting practices were explored in terms of gender, gender roles, and the division of labour. It appeared that for some participants, becoming a parent themselves highlighted these issues.

I think if any of those intensive mothering messages come through in our work? Yeah yeah. And I think, I think probably we, you know, do perpetuate those, those – yeah! You know, it’s very difficult not to! You know, and all that sort of unconscious biases towards what we think, and that’s come through society’s expectations, for sure. And even, even talking to a colleague about the other day, you know, about you know the dads who get all the kudos when they do a little bit of help, they do this and do that, but women do it *all the time!* And you know things like that are still, you see it still. And then a lot of the whanau we work with you know, are single mums that have a child with disabilities and do it all, and you know, where’s the, where’s Dad? And sort of that sort of thing. And yeah, well it was funny that it was called Family Start because I never worked with a full family. It was you know, always single mums. Maybe should have been ‘Mothers Start’. I felt like a lot of the interventions I was suggesting all fell on one woman’s shoulders, you know? And it felt like a lot.

-Samira

Samira describes here how the inherently gendered work that she undertook in the name of 'family' became very evident for her after becoming a parent. She noticed more fathers receiving praise for work that was considered to be standard for women and describes the possibility that these notions and "unconscious biases" get perpetuated and spread through social work with service users. In a similar vein, Iosefo describes a significant shift in the way he perceives current gender roles within his relationship compared to what he knew and witnessed growing up.

And then another thing roles, I mean, gender roles. Massive. From what I know, from what we've been brought up as, I'm really driven like this. Like all those old toxic masculine stuff? You know, the "men don't play with kids. (Redacted Pacific Island ethnicity)'s don't cry. Don't cry, don't kiss Papa." I'm like nah mate! I'm doing all of it. And I'm um you know, I think you've just got to remember this two people doing this thing. So, we all have to share the load with washing, cooking, dish washing. Just because I'm at work doesn't mean she's not stressed out. Probably even more than I am! I'm actually relieved to leave to go to work sometimes (laughter). So imagine the pressure. So, I know a lot of our old guys, I mean our boys that have got their dad's you know, example of that: "oh nah, I don't do those things, I go to work!" or "I'm on the piss cause I work hard!" And I'm sitting there like, I dunno, bro. I've got a cousin who's really um very toxically masculine and he's very like a 'man's man'. He - secretly he was like admiring the way I was doing things. So I mean like I remember when he and the boys first come around we're having a good talk around the barbie and they're like "oh so how's baby?" because we are similar ages, our babies and then he said he was like "nah! I don't do that". "Nah. That's her job". And "I'll make her cry, I'll let her cry because that's that's how you're gonna learn" and it's like "gees, she's like eight weeks old!" I swear to God. And then so they're like "what about you?" And I'm like, "nah, my boy is up every second, and I am up with him! Yeah. And sleep, I'm starting to adjust." And I think he felt a bit ashamed that I was really honest and very like willing to do whatever it took.

-Iosefo

Iosefo explores concepts of masculinity and toxic masculinity and gender roles in his current parenting practice. He also does not outright condemn his peers and elders who he describes as potentially 'holding on' to 'the old ways', but rather states he says, "I dunno, man" when queried about why he is "doing things differently". There were really intriguing qualities

pertaining to cultural and ethnic backgrounds described by some participants in comparison to what they described as the dominant parenting ideal (once again, infrequently named as intensive parenting, but indirectly referenced). Both Iosefo and Lesieli describe their feelings of dissonance between their cultural backgrounds and modern parenting mandates.

But I found it really difficult when I had my daughter. I didn't experience like postnatal depression or anything like that. But I mean, I didn't have a village. So, you know in our culture you're always told like, "you've got the village" and I have five siblings; it's six of us. A lot of them live abroad. And actually, all of them – just one lived here... But I just had no one I could call on and the husband worked and still does work long hours. That was just me. Yeah. And so there was no breaks. I didn't know what I was doing! Everyone was giving me unsolicited advice and it's all different advice! "Don't ever let your baby cry!" "Let them cry it out until they stop!" "Don't co-sleep with them", but then with Islanders they'd say, "no it's fine to co-sleep with them!" And then um {redacted Pacific Island ethnicity} whanau had all the superstitions, like I wasn't allowed to wear my husband's clothes. Obviously, I'd gained weight and they were comfy, but no, someone in the community says, you know, not to do that because you wear your husband's clothes and your baby's born with a cord around their neck.

-Lesieli

Lesieli describes the challenges she experienced in becoming a parent in a hegemonic Pākehā society, within a dominant intensive parenting ideology, without the benefit of her cultural supports. Even had the absent familial and cultural supports she describes been in place, it is possible that Lesieli would have still experienced the incongruence between her cultural background's expectations of parents and the information she was receiving via official channels. Sue was more forthright in her assessment of modern parenting doctrines stating:

It's a white ideal. Because that's where you know, if you think about what's stored on our social work programmes. So much of it comes from a wisdom framework. And so you have to really be quite actively, actively seeking out alternatives. And I remember really thinking about that when I had my second baby, my daughter. I was bathing her in the hospital for the first time and there was another young woman who was quite a young mum and she was Māori. All the aunties just turned up, and you know, she never even got to hold her baby. All the aunties get kind of whisked it away and they were doing all the bathing and all the care and so they were bonding with that baby too. And I suddenly

kind of, it finally sort of made me realise how individualistic we are as a society. And how, you know this baby was perfectly fine and suddenly look - she had five aunties that had bonded with her really early on. Because they were really involved with her care. And they had left the mum to rest and not have to do that stuff. Whereas for us, that was like okay, maybe it's you or maybe your partner will do it, or maybe your older child will come in and help or whatever but. It's much more, much more unusual for that collective parenting experience. It's not that you know we shouldn't, no judgments about – “Well that so you know the mum – isn't it? – should usually do this”. So, looking at signs of attachment, the way we do is it's really a very umm, *individualised* way of looking at what is ok for children. Because there are many, many babies who do perfectly well when they have three or four or five people doing that early care and they don't necessarily have one single strong attachment.

-Sue

Sue describes her “sudden realisation” taking place after the birth of her second child when she was able to witness a Māori whanau practice that was unlike her own experience of parenting. It appeared to highlight for her the individualistic nature of Pākehā endorsed (and enforced) parenting practices that focus heavily on the mum. Her explaining that “...looking at signs of attachment the way we do...” seems to indicate that Sue has carried this revelation over into her social work practice by, at the very least, broadening the scope of what she looks for in assessing whanau Māori.

Of all the participants, Iosefo indicated having contemplated the most about the role of cultural background to his current parenting and social work practice. He had many reflections surrounding how he would integrate the two, at times seemingly very dissimilar parenting wisdoms.

But no one tells you how to be a dad. All you've got is your own dad. And I think when I was growing up our parents tried their best. They come from a different time and age and we're {redacted Pacific Island ethnicity} and very religious so that, that's (pause) its own set of you know trauma and psychological issues (laughter). So, when I umm came back, I was really determined to *not* do that. Take the best out of my dad's love and my culture the best part of our culture, but with education and with experience with what we do. This is what I wanted to do, so I'm going to calculate the best

opportunity for this little guy, for this kid. And I see my son I think to myself “if I just um take the theories that we’ve learned over experience, and my own stuff – that’s enough.”

-Iosefo

Iosefo then shared complex reflections about the role of race, ethnicity, identity, and culture that he had been reflecting on after becoming a parent. In the following quote Iosefo is discussing how he feels strongly that it is *time* that is needed to give children better opportunities in life. He recognises that his parents were not able to give him or his siblings adequate time because of their socio-economic status and their need to provide financially for the family.

Times change from back then. We now know the absence of fathers is the real cause of a lot of our - and {redacted Pacific Island ethnicity}’s are just the same, Pacific islands, if not more. Cause it's not - because I know of other cultures, that the parents were like incarcerated or something. Yeah, well same thing with lesser socio-economic families, like that need to hold two parent jobs, the parents can't be there. Yeah, boys are gonna find each other and they're all gonna do what boys do. And the parents they're doing their best, right? Because they're trying to get the money for the family. “Please do go to school. Please do this. Please do that” and kids all “yeahyeahyeahyeah” (laughter). But unless you’re there, umm moulding what they become, with personality with integrities and stuff, they're gonna find their own way. And I think because we were different – we were New Zealand born and our um, Western upbringing, compared to our traditional cultural stuff, is just the *opposite*.

-Iosefo

Iosefo appears to feel strongly that in the absence of parental supervision, it was very challenging for him to navigate his bi-cultural upbringing. He describes the Aotearoa New Zealand parts of his upbringing as directly in opposition to his parent’s cultural beliefs. Iosefo continued to share his thoughts about his child now, and the kinds of opportunities he envisioned as a father for his child.

So, my son's really fair, like he could pass as white. Like so before you know, I didn't think you know about socially unjust stuff, but now I'm thinking more personal selfishness. Like, you should use this! Like you should use that white privilege son! And people say “that's racist!” and I say you don't even

know, my friend, when you've never lived it. Like with single-sex schools, yeah so, you're more likely gonna go hang out with boys and if you're with the island boys, this is another sort of approach – if you're gonna be drawn to the boys, the island boys, you're gonna be running into island boy problems. Which might possibly be fights and gangs, and let's face it some armed robberies, some car stealing. Whereas if you're with some white boys – what's the worst trouble you're gonna get into, drugs? (laughter) Or um, in all seriousness like they get in trouble for stuff like, like sex videos and stuff. Things that you can kind of like, things that you can survive. Whereas the other stuff, that other stuff? You're going *down*. Yeah, I know that my wife keeps saying “you gotta stop saying that!” People are gonna think that they're not good enough!” But I tell her its cause they don't *see* what I see. If they knew, you know, a *smidgen* of what I've seen in my career? You'll know what I'm saying is the reality. I wish it wasn't, but it is.

-Iosefo

Iosefo's description here is multifaceted. Superficially, it could read as internalised racism. It appears that his wife is alluding to that in her comment, “you gotta stop saying that! People are gonna think that they're not good enough!”. Certainly, Iosefo suggests this as well when he acknowledges that it is likely a confronting thing to say, but equally he feels that if people shared his same practice experiences, they would not argue the truth of his assertion. There is likely a very practical reason for his rationale, indeed the statistic surrounding youth offending in Aotearoa New Zealand correspond to his claims. The above quote is especially remarkable in that it demonstrates the evidently significant impact Iosefo's years of practice experience as a social worker have had on the type of parenting he pursues with his own child.

4.4.3 “*Sometimes a nappy change is just a nappy change*”

In the previous sub themes participants described the pressures of intensive parenting, the incongruent ideals of intensive parenting along cultural lines, and in this sub theme they describe the ways in which they resisted or otherwise overcame intensive parenting

mandates. There was a specific parenting practice, endorsed by a well-known and respected parental education organisation about how to change a nappy that was referenced by multiple participants. Hence the name of this subtheme, ‘sometimes a nappy change is just a nappy change’.

The Brainwave article about the nappy change - which I've been to lots of talks and it's often referenced, and I thought ok, “so every nappy change I need to be fully engaged to be loving and helping and high contact.” And now I realise, it's sometimes, it's okay to just be like: just change a nappy.

-Belle

I felt like I was trying to do the things I'd taught in Te Āhuru Mōwai, and a lot of that stuff came from the Brainwave place – like, the nappy change stuff! I knew I was supposed to be engaged, you know? Like, *really*, making eye contact and talking to bubba the whole time, telling her what I was doing and I just, I couldn't? I didn't. I felt real down about that for a while, but then my mum like looked at me funny and was like, “sometimes a nappy change is just a nappy change.” (laughter)

-Amohaere

Both participants here describe aiming to achieve a specific standard they had been taught (and had potentially endorsed with other service users and peers) and failing to live up to this ideal. What is noteworthy is that it took this failure for them to reassess the validity of the standard they were aspiring to. This theme of ‘personal failure or inability to achieve a standard leading to a reconsideration of the standard's suitability’ was present throughout many participant accounts.

Like I've really wanted to like, to teach my daughter how to talk (redacted language). But it's just like - and we know great it is for the brain! And all these things – but it just. It doesn't work. (laughter) Like I can't do it. Like not in any way, like I know what you *should* be doing and how to teach your child to grow up bilingually, but I can't put it in to practice. Like I can't talk to her in only (language redacted). It's just not possible. And then you feel, like – umm my mum especially is like “well now our grandchild can't talk to us” and like, I feel really judged by the family sometimes as well. Like,

I'm doing my best. It's just not possible living with like four other people who only speak English. It just doesn't fit in our daily living.

-Christine

Christine appears to feel the disappointment of not raising her child bilingually more acutely because of her social work background that has reinforced her knowledge around how “it is great for the brain” and ideal for baby’s development. Combined with her familial pressures, it seems as though Christine’s distress was magnified when her personal expectations were not realised. Conversely, it is Rebecca’s social work background knowledge that she feels enables her to more readily dismiss parenting practices that she finds “too much”.

I think working closely with maternal mental health and my manager was the manager of maternal mental health as well. And she's like all of that – I forget the terminology but that like intense parenting stuff she said we get a lot of mums who have so much *pressure* in maternal mental health because of the expectation that, “I've got to be everything.” And I've I always kind of held onto that where I'm like, “I need to be in a good headspace to be a good mum for her. And so that you have to balance need. And so I'm not going to be everything and I'm not going to do ‘best practice’ in all scenarios sometimes she'll have chocolate at 9 a.m. and I don't care about that! (laughter) Sometimes I'll miss her cues and that's okay like, sometimes you are tired, sometimes your grumpy. Everyone's a human...like you need to meet the cues thirty percent of the time and they'll form a good attachment. So yeah, you know we throw around this like term ‘attachment’ and people use it really way too often and it's really hard to actually assess attachment and it's really - you've got to really fuck it up to have a bad attachment so and that doesn't seem to be what people understand right?

-Rebecca

It is her specific knowledge that “you only need to meet cues thirty percent of the time” that she uses to ease any pressures she feels to remain constantly engaged with her child. Iosefo seems to share similar notions of ‘acceptable failures’ despite not naming any particular social work practice or knowledge that informs this concept. He appears more ready to dismiss parenting ideals that do not serve his family or align with his “natural instincts”.

Well funny you mention that because like, I felt a little inadequate as a parent - just like what we're saying here how we're advising other parents and getting it wrong and we're getting it wrong as shit (laughter) but at the same time I know enough to know all this new research or this latest you know up dated information that's coming through - it might not necessarily be true (laughter). Our natural instincts are a bit different.

-Iosefo

For other participants the shift to questioning intensive parenting mandates was more due to the toll adhering to these mandates took on their personal lives and families. This was often explained in terms of accessibility of intensive parenting ideals; they are only realistically feasible with one child.

Yeah, but also, she was our only child. So medically fragile to start. Single child. Parents who were like *intensely* involved with her when we were with her. And then. Another one comes. And then like, we can't do this! And ideas like, both of us use think – I think we talked about this recently – both of us used to think we have to entertain her. And now it's this whole idea of it's actually good for her to have to find her own entertainment. And um, just chill out a little bit. And also, like just being kinder to myself, I think? In valuing my own needs because I used to be very much like, a martyr. . . But now I'm a better mum when I get what I need. Yeah. So, it's only been recently - she's three and a half. It's only been in the last couple of months that I've said things like, “mummy actually needs to have some time by herself for 15 minutes. Can you find your own thing and I'll come back to you?” which I never did before. I thought that that was bad. Like, I had quite a strong belief that I needed to answer all of my daughters ‘why’ questions because you need to interact with them and now I realise that's ridiculous.

-Belle

Hmm and yeah, that idea that the early years absolutely have to be, you know like intensively parented. So, so it's very directed at the child and there's a lot of you know parent child interaction and stuff. Yeah, and I don't know about you, but I mean I think our first baby had that? And then by the time number two and certainly when 3 and 4 came along it was survival mode really and so they got a lot less of that one-on-one time. But they got other things, you know? They had the older brother and sister to read to them, play with them, and you know that turned out perfectly fine which of course they were probably always going to do! (laughter)

-Sue

In Belle's case she was describing what she perceived to be the high cost of achieving intensive parenting mandates, and ultimately concluded that these were too high for her. She is also unambiguous in her belief that she cannot maintain these standards with another child. Sue shares a similar sentiment and reflects that it is likely that her first born received the kind of hyper parent-child dyad focus endorsed by intensive parenting. Yet she arrives at a comparable result to Belle, i.e., adhering to these ideals did not work, therefore it is perhaps the ideals that need amendment, not my parenting practice.

Many participants seemed ready to critically engage with the intensive parenting mandates when they had a familial or cultural rationale that felt better aligned with their experiences, either with their families of origin or their work with service users.

And then we have to just look at previous civilizations or like other cultures that got it right. But like, back in the day you just had a kid next to you all the time and then when he's ready you know, he'll be able to go with everyone. And the village raises everyone. But because we're here, like "you gotta condition them, they will play up if you don't let them cry", or "they manipulate you." It's a frickin infant! How's he got the insight to manipulate you?! (laughter) And so I'm thinking nah nah nah, I'm gonna do what I want to do.

-Iosefo

In the scenario described by Iosefo, he depicts his ability to reject normative parenting mandates (e.g., "condition them", "let them cry", "they manipulate you") because they are so incongruent with his personal, culturally located experiences of childhood and parenting. It is as if the notions expressed by intensive parenting ideology in this context are so dissonant that Iosefo feels no compunction to follow any of the other mandates. Amohaere illustrates a similar situation where she is able to rationalise her current parenting experiences via examination of her mother's parenting experiences.

Because I was joking with my mum, I said “did you even know like, psychology?” Like, they weren't thinking about what you know, ‘what an infant thinks, what does an infant feel?’ That's not the way my parents raised me. And it's not the way they were raised right? Like, they {infants} were just like contained.

-Amohaere

In this case Amohaere is expressing a sentiment shared by a few participants along the lines of ‘we survived this’ or ‘less-intensive parenting ideologies might not be wholly inadequate’. In an interview exchange before this quote, Amohaere described feeling that her knowledge of and preoccupation with her infant daughter’s psychology was affecting her oppressively. This quote specifically demonstrates that Amohaere appears to mitigate the pressure she experiences towards unattainable or unrealistic parenting goals by reframing her expectations via her mother’s parenting behaviours. Amohaere describes her mother as an “excellent parent” and yet acknowledges that her mother knew very little of academic infant and child developmental psychology, perhaps indicating that Amohaere holds multiple constructs of ‘good enough’ parenting.

In a different vein, Christine differs from Iosefo and Amohaere in that it is not her cultural background nor her familial childhood experiences that she has employed to diminish or negate the pressures she feels.

Christine: I think sometimes back to a mum I was working with at my old job, a mum, she had a disability like intellectual disability and had a baby and like was looking after the baby, like she was doing a good job. Yeah, except in the end Oranga Tamariki – at the time, CYS, removed the child which we all felt they shouldn't have cause she was actually doing a good job. Like that was – ugh. And then she had another baby as well. And she’s still got that baby.

Interviewer: Did she ever get the first baby back?

Christine: No. She didn't. But like quite often I still think about it now sometimes and also when I had my baby. Like I'm like, well she did it. Like, she's got so much more difficulty

having this disability. But she's learned all these things and she's taking care of the baby. Yeah, maybe not the best way always but she's doing it. And she didn't seem to struggle as much as I did sometimes! (laughter). And you're like, "what's wrong with you?! Like why are *you* struggling?"

Rather, Christine here frames her perceptions of challenging personal parental experiences through her work with service users. This framing appears to be double-edged however, as on the one hand Christine acknowledges that this service user mum is "doing a good job". This seems to refute the current parenting mandates that insist on intensive engagement with infant development, potentially demonstrating to Christine that she need not hold herself to such exacting standards in her personal parenting practices. On the other hand though, Christine appears to feel that this comparison indicates she should not struggle as much as she does, even stating "what's wrong with you?!"

4.5 Transitions

I really got a better snapshot of what it's like for that population. And I'm like damn, I had it wrong all this time, you know? I never got the uh, rationale. And now I've got it in droves and I'm like I've got nothing but admiration for youse. This surviving, this resourcefulness, in my opinion. So now I'm a parent I'm like, you just did what you had to do. So, of course you're gonna go slag some drugs or mule or prostitute so that your boy or your baby can you get some food, so you got a place to stay. Yeah. I would never call someone out on their parenting. Unless it's obviously like sinister and malicious and stuff. If you're trying to do your thing and you're dumb but you're just trying you're always going to get my vote! And as I'm hearing this shit man, as a practitioner? *No*. No! I *never* thought that'd be the case

-Iosefo

Iosefo here highlights one of the more profound shifts in a professional use of self in the above quote. It is noteworthy in that Iosefo himself purports to struggle to comprehend the enormity of the change he has experienced as a practitioner. While all participants described

a change to their social work practice, they often categorised these changes into three separate aspects. The first change surrounded their experiences of supervision upon returning to work. There were many discussions with participants who described ambiguous feelings around discussions about parenting in supervision. Most participants were able to describe the supervision they think they needed or that could have benefitted their return to work, however, most described not personally receiving that kind of supervision at the time. Issues around disclosing parenthood to both service users and within supervision were prevalent throughout all participant interviews; there were many mixed feelings around the professional necessity versus appropriateness of disclosure. Finally, the last subtheme from this thesis identifies the enduring nature of specific return to work situations for many social workers. These stories were not especially sought from participants, nevertheless many participants appeared compelled to share them.

4.5.1 Returning to Work: Supervision

“I was also worried that it would reflect poorly on a professional and personal boundaries level, that somehow it would make me seem triggered or something” (Amohaere). The feelings that Amohaere describes were repeated many times over with participants. There were often long pauses, hesitations, and mixed expressions when participants were asked whether they talked about their transition to parenthood with their supervisor. Jennifer expressed the sentiment of ‘individual choices’ in her description of leaving a child protection role, stating:

Uh, I just made that decision on my own. I didn’t think supervision was the place...I think I just umm yeah the thought of going back to work umm in that space was just yeah *quite* overwhelming. So I just decided that I wouldn’t be in the right space to be able to do the job. Umm yeah. So I decided to step back from that (laughter)

-Jennifer

When pressed further about what sorts of supervision she felt would have been helpful during that critical time in her practice return, Jennifer had many suggestions.

I think having um sort of formal, I guess, I think there needs to be some acknowledgement that you become – that you change. Like you're profoundly impacted by having your own children and so therefore, there is a real realignment in terms of your practice, I think. And it's based umm, on your personal experience. So, I'm not sure like, social work as a profession, umm sort of has a format for supporting people to make that transition? And to really reflect on their practice and have that as a sort of valuable and valued process that *doesn't* marginalise people that don't have children. You know cause I think, like people without children almost have an advantage because there's a certain switch in their brains that hasn't been activated possibly? Certainly, that was my experience, but I think having – and for me it was probably, possibly different because I'd had a job, my intention was to go back, I went back, looked around and was like *I can't* (laughter). So, I think umm, you know if there was some acknowledgment by your manager, your supervisor, your people who had direct contact with you, umm if you were open to it? Because I don't think every social work mum, probably mums especially and dads might want to bring their own personal stuff into it. So, I don't know. It's tricky but I think for me personally it was a profound change in my thinking.

-Jennifer

Rather than stating that the topic of transitioning to parenthood was entirely unwelcome in a supervision context, Jennifer describes feeling that it simply was not a topic that existed. Thus, the onus on discussing the changes to her practice was completely 'on her' to both identify and bring up in supervision at a time when she describes feeling acutely vulnerable. Both Lesieli and Christine's feelings around their capacity to discuss parenting issues in supervision were heavily influenced by their difficult returns to work as described in the last subtheme 'I'll give you another little story...' Because the challenges in their return to work stemmed from conflicts with their supervisors, both participants felt that they were unable, and unwilling bring up the subject of personal-professional parenting challenges in supervision.

Umm so, I had to fight quite hard to go back sort of staggered and part time. My work at the time was not supportive at all. So, I had to fight really really hard, I had to involve like upper management as well. Until they granted for me to come back umm, so I started two days a week for two weeks then three days a week for two weeks and then four days... it was very stressful, just because I had to fight so hard for that to happen. So, no. No way would I have been like, vulnerable in supervision. I don't know if it would have been welcome?

-Christine

Ummm I think, maybe I could have? But after, after the return to work I just – didn't feel like there was space for that conversation. And you know...there was a social worker, this was at {location redacted} during my frontline experience. I know that there was a staff member who had smacked {their} child and {they} said really clearly to me that, "I just had a really bad day". And I understood that. Yeah just like; okay. But I think {their} family member must have reported {them}. So {they were} subject to an investigation and {they were} stood down immediately and I just felt like, this is why parents – like social workers who parent - and because we're so black and white in our thinking we don't, like are we just gonna assume that every parent that works in {redacted} has never ever messed up? Are we going to keep this whole façade up? I got it and I felt devastated you know...I can only imagine that blame and shame kind of culture around you know, how we treat parents, and this is how a staff member was treated! And I guess you know at the end of the day they have to you know, we have a code of ethics, a code of conduct and so you have to do what you have to do and they have to be really cutthroat about it. But for me I guess my own personal view I just, I really struggled with it. I was really conflicted.

-Lesieli

It is noteworthy that Lesieli imparts this anecdote of a dismissed former colleague due to the colleague's parental failures when discussing whether she would discuss her personal parenting difficulties in supervision.

4.5.2 Disclosing Parenthood

Two significant facets around disclosing parenthood came through analysis of the interview data. It was clear that social workers made a distinction between disclosing parental status with service users versus disclosing parental status with colleagues or otherwise in the

workplace. Some, like Amohaere, noticed a considerable shift in their personal disclosures when working with service users, stating "...you know, all the experiences of humanity but somehow this is the one – my parenting experiences – that tends to be more disclosed than any of it". She was reflecting in the interview and in this excerpt that more so than details about her relationship status or her family of origin, her status as 'mother' was the one that 'got dropped' casually into conversation with service users.

...sometimes when people do, "oh do you have any children?" or you tell them like a little story or how you did this little bit of parenting practice you're trying to teach them and how it made a difference. They're like "Oh really?". Like this little light bulb goes off in them and it makes you that much more believable as well. That you're not just teaching from a textbook.

-Christine

In a similar vein, Christine found that disclosing her parental status provided a bit of increased legitimacy in her work with service users. She indicated that the disclosure of her parental status meant service users understood she had lived experience and was not 'merely' teaching from a guidebook. When asked if she generally disclosed her parenthood status with most service users, Christine was certain that she did not, stating, "I probably sort of say, you see what they're like first. Cause, I mean, we work with really vulnerable families and you know it's not always appreciated either". Demonstrating here that same reflexivity in action discussed earlier as well as a considered application around the process and rationale of self disclosure. Rebecca also revealed similar notions around disclosure of parental status with service users, explaining:

Yeah, so I find easier to do in an NGO than in a statutory organization...working with cultural advisors, it's all about disclosure itself. Which I like. I like being able to show weaknesses in my parenting too because it normalises things and they can see that you're experiencing similar struggles...social workers we're all about like hey, there's no power – we're all about eliminating power.

-Rebecca

Rebecca brings up concepts of power, culture, eliminating power differentials, and using disclosure of parental status as a tool in her relational work with service users. Further in the interview she directly discusses her status as a middle class Pākehā woman and what that means to her practice with multi-disadvantaged families saying,

...I think I'm always all about like disclosing that kind of thing as well especially when sometimes I think you can go into a family open to both Oranga Tamariki and mental health and they feel like they're coming in judged and *especially* as like this white middle class person working with them. I try and disclose as much around like growing up in (redacted location), you know, solo mum, you know all of those struggles, left school early. And so, I think it helps, a little bit of self disclosure.

-Rebecca

Samira also expressed ideas around self-disclosure of parental status in terms similar to Rebecca and Christine, and additionally explicitly referenced the Māori concept of *whakawhanaungatanga*.

...that level of you know, self-disclosure and sharing your own experiences...I guess it's that you know when you do that. It's always kind of like, "hey why am I doing this and what's the rationale? Is it helpful or is it not helpful?" And sometimes when you share you know, you're actually invalidating what they're (the service users) saying and not hearing but sometimes it can be helpful. And so how do you make those decisions about self disclosure?...I was just talking to a couple of...new graduates and they were talking about "well maybe there is some times that you know, that we can use this in a therapeutic way or whatever" And I said, "in building relationships, *whakawhanaungatanga et cetera*". You know it's something that as social workers you know, we're trained to be aware of these issues. And you know sometimes we get it wrong. But often you can use a level of self disclosure to build relationships, get some buy in get some, you know? But they definitely need to have that clinical process to consider about whether it's okay or not okay.

-Samira

Samira described a personal journey surrounding disclosure of parental status. Earlier, in the subtheme about organisations and workplaces, Samira discussed the workplace culture of

young social workers who were not parents as being “staunch” in their belief that parental status did not need disclosure and is irrelevant to the work taking place. After becoming a parent, she described disclosing her status as parent without “really thinking it through sometimes”. Finally, she appears to have found a balance of a highly considered process and rationale around when, how and why she discloses her parental status. Jennifer’s experiences placed her on both sides of the service user/colleague disclosure divide.

I notice that when I’m working, now when I’m working that sort of professional use of self like I would, I always try and, whether its consciously or subconsciously indicate to people that I have children....Yeah, especially if you’re working with another parent I guess...I just maybe it might be like um “Oh yeah I know how you feel” or “yeah that sounds really familiar” you know “my kids” dot dot dot. So, I think I’m going from being a professional like a social worker with no kids to a social worker with kids. Umm I sort of really identify that that’s an important indicator for my clients. Yeah. So that’s what I notice. I will always, I don’t really ever say that I’m married or that I own my own home. Like there’s lots other things that you could indicate where you sit in the world, but I find that if I’m working with a family that it’s probably important for them to know that I also have children and that I get some of that complexity around exhaustion, joy, worry, anxiety about your kids, um, that’s a shared thing.

-Jennifer

In her work with service users, Jennifer explains that she usually finds it appropriate to disclose her status as parent now, expressing a similar sentiment to Amohaere in that she finds it is unique amongst her personal attributes that get regularly disclosed to service users. But while Jennifer felt comfortable with her disclosures with service users, she felt differently about colleagues and supervision.

When I was working at (location redacted) I worked with a lot, a lot of the um social workers were parents um of varying age children. Umm so I felt like there was, there was an understanding but to take your own personal parenting challenges um wasn’t really, there wasn’t really space for that. It was like, tell us about your happy family um and your cute pictures from the weekend of your kids but that’s all we really want to hear about. Umm I also felt like, like it was, like I didn’t feel like you

could make your own social work practice about your family or your kids. Umm so there was that sort of professional personal boundary that I felt was important to hold...like in terms of supervision, no she would have been open to it, but it didn't come up. Like: "how's the family?" "Good." "Ok, oh great. So how's work?" You know? So, it was more of that. So, there wasn't a lot of space in there.

-Jennifer

The next chapter involves more in-depth discussions around Jennifer's concept here of "space" for acknowledging and disclosing parenthood within the social work profession.

4.5.3 *"I'll give you another little story..."*

Many times, towards the end of the interviews, participants conveyed a desire to impart 'one last story'. While these stories all differed in their specific details, they were remarkable in that they all shared entirely the same timeline, i.e., they all occurred at or shortly after the participant returned to social work practice. These highly detailed and precisely timed stories could indicate something about the highly sensitive and susceptible nature of social workers at the specific point of returning to practice having become a parent. Unfortunately, these experiences were invariably described as "not good"; participants used words like "awful", "difficult", "pretty hard", "really horrible", and "triggered" in relating their memories. Many experiences shared by participants involved particularly their first return to work, after their first child.

Lesieli: It was a really tough time and I still reflect on it today that, my first child, that first year was really difficult. Yeah, but going back to work you know I remember dropping her off at her first day at daycare. And I mean I go and then just cry the whole way to work and then going to work and just not being ok. And I remember saying to my boss, "look I'm still breastfeeding. Is that okay that I just - ?" And her daycare was only like two kilometres away. So super close and she was just like, "Well I need to talk to the team about it". As in, the senior team and come back to you. When she did come back to me she said, "We'll do this for three month trial

basis but we're going to have to review it". So, she let me breastfeed, and Bubbas only down the road, and I'd breastfeed. Even during my lunch break. But we needed to review it after three months which. And I don't think we ever did review it but just the idea of...

Interviewer: Holding it over your head?

Lesieli: Yeah, like I know this is temporary and me feeling like I just asked for some *super huge* privilege.

This exchange about Lesieli's memories from her first return to work echoes some of the sentiments shared within the 'Beyond Social Work' theme and specifically the 'Organisational Culture and Working Conditions' subtheme. Many participants commented on the absurdity of working for a social services agency that purports to work for the needs to families and children yet finding their own needs as mothers and the needs of their own children were dismissed. Participants described this outlook as contributing to their reasons for leaving their specific roles, or even child protection work entirely. Christine shared a memory of her return to work that was noteworthy in that it could have been Lesieli sharing her story; the similarities were striking.

...like I was expressing at the time as well, like it was really handy cause the daycare was just next door as well, like just a few houses up. So, I would go like once a day I would go and feed her and the other time I would express...Cause like, they're like "legally we have to supply you a room to do that" but I'm like "well I'm just happy typing my notes while (laughter) it's running out (laughter)...So I just kept working and it was fine with me but then my manager at the time she would like time how long I would be away feeding her and say like, oh well that was over your lunch time (allowance) so you know, you need to stay longer now and stuff like that. Like, it was awful.

-Christine

Christine and Lesieli's returns to social work practice demonstrate the enormous effort they expended attempting to do what was 'best' for their own child (and what is considered best practice for most children, i.e., breastfeeding, and expressing breastmilk) while

simultaneously working in what they describe as an unsupportive environment. Potentially the added layer of complexity due to the nature of the work being undertaken (these participants were told to encourage breastfeeding in their work with mothers) reinforced these vivid memories for both Christine and Lesieli. Sue imparted her return-to-work memory that is akin to the two previous ones in that it related to her (lack of) workplace supports. She described that although the birth of her first child and her return to practice happened many decades ago, it remains a very strong memory for her.

But there's a really interesting story around that first child. So...in the two months before he was born, I was involved in that case I've just mentioned that...went to Family Court and was contested. So what um, what I ended up having to do, like when he was three weeks old and I was breastfeeding him I had to give evidence in court um, for three whole days and it was in the days where they weren't cell phones. So how I had to manage it was literally that my partner had to be home with the baby, and I would be on the stand giving evidence and it was pretty horrible, like I got really grilled about you know, what the Department's role had been in this, in all of this and asked you know – cross-examined and all of that sort of stuff. So it was quite stressful straight after you've had a baby you're not sort of – I just – that's very strong in my memory because it was such a horrible thing to have to do with a tiny baby. And then because there were never any set breaks um, the judge would say: oh we'll stop now. So I'd have to race out to the court foyer, and I'd usually have to queue up with people to use the telephone to ring my partner to say: bring the baby down! And he'd have to put the – wake the baby up, drive down to the court...which was an hour away! And then go round and round and round the block, while I was feeding the baby in this really grubby, dirty foyer. Or trying to express breastmilk into these really dirty toilets because I needed to. And um, it was really horrible! It was a really horrible experience. And I got – there was just no support or anything...And actually, not only that, but I got no support from my employer either. And, in fact, I don't even think I got paid. Like it just like: okay, you have to do this, you have to give evidence and I don't even think I got paid for those three days.

-Sue

Once again, many of the aspects of this subtheme dovetail with the subtheme of 'Organisational Culture and Working Conditions'. Other stories were more concerned with what participants described as 'the first event', or the first time something happened at work

that previously would have been a manageable occurrence. Though these experiences mostly pertained to the individual social worker's experience, some, like Rebecca, offer suggestions for social work organisations.

The return to work was probably quite hard. The first week that I got back there was a suicide...And it's just an email that goes out from triage saying 'just so everyone knows, there's been this suicide blah blah blah' and you're just like (loud gasp)...And that email, I had checked on my day off which I shouldn't have. And so, I think there probably could have been more supports in place specifically for returning parents back into a work environment where there are children...I would have not checked messages when at home and that would have probably been something that they (the organisation) could encourage you to do...But it just triggered you to your stressful - your most stressful time and your most stressful clients and you're just like what am I doing back here?! Like yeah, my heart is at home. Can I really practice here and be the, you know, 'the best social worker' for these vulnerable people that are here - including me! (laughter)

-Rebecca

Rebecca suggests here that had a return-to-work support framework been in place in her organisation – she specifically suggests a peer support mentorship programme, which is explored further in the next chapter – she potentially would have been better prepared for a triggering event like service user suicide. When asked directly if she felt she could discuss the suicide and its impact on her as a new mum and practitioner in supervision, Rebecca replied:

“...I think I could have? My supervisor was from another DHB and it was like a peer supervision type and she didn't have kids. And by the time I had seen her next it was like gone. It wasn't as big of a thing. Yeah. And so, I probably moved on to more alternatives and so she probably would have been quite good but I just think. And even though I've given parenting advice when I was not a parent - in that moment I want to hear from someone who is a parent in that kind of reflection, reflective space?

-Rebecca

In the same vein as Jennifer's previous quote in the Disclosing Parenthood subtheme, Rebecca thinks she likely could have discussed this in supervision (though she did convey hesitancy around the idea) but did not or chose not to at the time. Aspects of 'getting on with

it' and simply 'dealing with it on your own in your own time' are present in Rebecca's account, and shares similarities to Belle's story below.

I'll give you another little story. When (baby) was almost one I was supervising somebody, and she was talking about some baby that was in hospital and the alarms were going off and she made the alarm noises and then this baby died. And I. Like. I burst into tears. Because like, I was totally triggered. And the anniversary. Um, so and I was like, I wasn't down on myself about I just though oh I need to do something different. But I didn't think about that as a workplace issue...I thought of that as a personal and me thing.

-Belle

Belle is unambiguous here in identifying that her reaction to a story of infant death is hers and she holds sole responsibility for managing that reaction in the workplace. There were significant resemblances to the story shared by another social worker in supervision with her, notably, Belle's first child was born premature and spent time in the NICU and this event occurred on the one-year anniversary of her child's birth. Belle does not make the same overt connection to workplace supports that Rebecca does in her memory of an upsetting workplace event.

4.6 Conclusion

The four major themes presented in this chapter all overlap at various points. Aspects of the theme 'Everything I thought I knew, I didn't' are present in the theme 'Beyond Child Protection', in that occasionally it was feelings of hesitancy or a loss of confidence that led to leaving child protection practice. Similarly, elements of the dissonance described by participants within the subtheme 'What's good for the goose is good for the gander, isn't it?' are visible throughout the entire theme of Intensive Parenting. The last theme, concerning Transitions is a major common thread throughout this entire thesis. Participants described

changes to their professional use of self in ways both incremental and radical after having become parents. These changes have the potential to greatly impact both the profession of social work and the service users who rely on their services. The next chapter explores the themes identified via participant interviews in greater depth.

Chapter 5. Discussion

5.1 Introduction

This study was intended to explore social worker's experiences of becoming a parent in the current climate of intensified parenting and the impacts of that transition on their professional use of self. As this is an under-researched area of practice, matching for comparison purposes the findings of this study with pre-existing research from, for example, international literature was not entirely straight forward. Consequently, literature from other 'caring professions and wider domains of social work practice are presented here in this chapter. Although participants discussed many different experiences of becoming parents and held a variety of perceptions of this transitions impact on their social work practice, common themes from the data support the general conclusion that this is a significant and profound change that is generally unacknowledged by the profession. This finding presents somewhat of a dilemma for the social work profession, as social worker relational skills, observations, assessments, and judgements are vital to the work taking place, especially so in an area of practice as hotly contested as child protection. With a life event as common and unexceptional as becoming a parent having such an acute influence on practice, it is perhaps time to consider supports or at the very least formal acknowledgements of this potentially personally and professionally fraught time.

5.2 "Everything I thought I knew, I didn't"

5.2.1 Empathy Increase

Within this theme participants expressed various feelings of hesitancy, second-guessing, and re-analysis of their personal and professional parenting concepts. The participants often

directly tied their increased feelings of uncertainty and greater appreciation for nuance to their augmented capacity for empathy in their social work practice. Within the social work literature there are two notable aspects linked to this observed increase in empathy among the participants in this thesis. One study examined the necessary elements in child protection social worker communication with service users and found empathy to be the single most crucial factor (Forrester et al., 2007). Another practice-based piece explored what the author calls ‘the fine line of over-identification’ and explored the concept of where, or with whom, social workers most identified empathetically (Cousins, 2016).

In a 2007 study that simulated social worker-service user interactions in a child protection capacity, social worker empathy was shown to be the single most influential factor in service user engagement, cooperation, and disclosure (Forrester et al., 2007). The authors noted that “...empathic social workers created less resistance and increased the amount of information disclosed by clients. This was *not* associated with failure to identify and discuss concerns” (Forrester et al., 2007, pp. 41). Their study also observed a general marked deficit of empathetic expressions in the social workers who took part in the research and concluded that given its overall significance in social worker – service user relations, the development and maintenance of empathetic communication should be prioritised (Forrester et al., 2007). The authors concluded that empathetic and reflective social workers were the most proficient at raising difficult issues, and child protection social work is replete with difficult issues.

Given that all participants in this thesis had extensive experience in child protection social work prior to parenthood, and once becoming parents almost all participants did not return to CPS practice, or if they did, they were unable to remain long term, the aforementioned study from the UK is intriguing. This thesis involved multiple social workers, with many years

practice experience, in a particularly fraught area of practice, who report experiencing significant increases in empathy (for both service user parent and children), who then choose to discontinue social work practice in the field of CPS. Yet, Forrester et al. (2007) assert that empathetic social workers appear better able to manage two competing directives, the need to focus on difficult issues while simultaneously empathising with parents during complex and potentially tense social work interviews, than non-empathic workers. The phenomenon of social workers leaving the field of CPS work after becoming parents is very likely to be a multi-factoral one. However, it is noteworthy that professionals who appear to not only retain but expand upon their capacity for empathy (considered essential for effective CPS social work practice) throughout their transition to parenthood are then choosing other areas of social work practice more distanced from CPS once they return to practice.

When Cousins (2016) explored the potential impacts of becoming a parent on social workers, she described a continuum she calls ‘the fine line’ of over-identification, either over identification with parents or over identification with children in CPS social work. Cousins (2016) proposed that most social workers will naturally be drawn more to one end of this spectrum than the other, though the goal will always be, as much as possible, to maintain a more neutral practice. The degree to which a social worker will be drawn to over-identifying with the trauma and distress of a child (and potentially developing overly judgemental attitudes towards parents) or over-identifying with the challenges of a parent (to the potential detriment and risk-minimisation of a child) are influenced by many factors (Cousins, 2016). The quality of the relationship between social worker and service user-parent, the ways in which the social worker themselves was parented when they were young, and the similarity (or dissimilarity) of the life experiences between social worker and service user-parent, are all some of those myriad factors (Cousins, 2016).

Cousins (2016) experience as both a social work practitioner and supervisor and a new parent, led to her exploration of newly returned to work (after becoming parents) social workers, and where they then placed themselves along this continuum. Like pre-parenthood social workers, many practitioners were heavily influenced by their own experiences of being parented, though some mentioned the similarity in ages and stages of their child/ren to the service users as heavily influencing their innate reactions (Cousins, 2016). Notably in Cousins (2016) discussion, it was difficult to predict where a social worker would shift along this continuum (or if they would at all). An initial finding appeared to demonstrate that practitioners who experienced a relatively smooth transition to parenthood with minimal difficulties and adequate supports tended to find themselves shifting slightly more towards over-identification with the vulnerability and innocence of the child (Cousins, 2016). Conversely, practitioners who experienced a more challenging transition to parenthood, with sick or struggling babies, or with minimal supports tended to shift slightly more towards over-identifying with the parent (Cousins, 2016). Cousins (2016) notes that neither position is surprising and that both contain a certain logic, however an understanding of where they stand on this continuum and the potential impacts of these shifts on practice is critical to safe social work practice.

The participants in this thesis all described experiencing increases in empathy since returning to practice, though *with whom* they most felt this empathy for varied. Some participants (Christine, Lesieli, Rebecca, Sue) were clear that since returning to practice after having become a mother, they felt a noticeable increase in their empathetic disposition towards mothers. This was most especially the case when they observed service user mothers who were “doing it harder” than they were or otherwise struggling with multiple deprivations. In the case of Iosefo he explicitly stated his increase in appreciation and empathy for fathers,

specifically young and/or solo fathers with the expression, “that must've been hard, you know. It's hard enough for us”.

Other participants (Jennifer, Samira, Amohaere) appeared to have slightly less straightforward shifts in their empathy increase. Jennifer, in particular described swinging between the two ends of the over-identification spectrum within the same scenario. Initially, Jennifer describes working to create a supportive and safe space that can hold a lot of “...empathy and understanding of what the challengers are as a parent” in her current social work practice; indicating that she perceives an increase in empathetic disposition towards parent-service users. However, she then portrays “...these sort of judgements that I have”, by describing an example of her stream of consciousness thoughts when undertaking any kind of child protection practice “...sad and devastating and painful because that’s a child. And how could this be happening? And how could you do this? And why would you do this? And can’t you see?”. Jennifer directly attributes her ‘judgemental’ thoughts as contributing to her decision to leave child protection practice. Similarly, Samira acknowledges her inclination for over-identifying varies dependant on the circumstances. She describes the propensity to over-identify as “it’s case by case” and was one of the few participants to openly discuss her awareness of her personal positioning on this spectrum. Samira described that in her daily practice she subtly challenges her perceptions (in this case, that the service users experience was ‘the same’ as her own) by stating, “I’m aware of, yeah. I kind of get that - and then, you know you’ve got to be careful making assumptions. Actually, you know it *is* or it *isn’t* the same as your experience.”

Cousins (2016) asserts that social workers, especially social workers who have responsibility around determining ‘good enough’ parenting, have an ethical imperative to acknowledge,

explore, and address these over-identifying tendencies. However, this assertion comes with a caveat, an exploration of these sensitive personal and professional topics requires a safe and reflective social work supervisory space (Cousins, 2016). Additionally, social workers who have transitioned to parenthood must also be honest and willing to explore these issues of transference and countertransference and the impacts on their practice (Cousins, 2016). For the participants of this thesis, many appeared more than ready and willing to discuss these sensitive issues, however none of them found a social work supervisory space in which to do so.

5.2.2 Reflection in Action: Practice Knowledge

Much of the social work literature is clear on the necessity of reflection in the formation and maintenance of a professional use of self in relationship-based practice (Ferguson, 2018, Forrester et al., 2007). The common refrain is that social workers must be able to acknowledge and understand their own feelings if they are then to engage with the feelings of service users (Ferguson, 2018). A social worker practicing reflectively will learn from experience, be self-critical, will analyse why they think, feel, or do a specific thing and will integrate all these learnings into their practice (Ferguson, 2018, Webb, 2017). The participants in this thesis all described feeling as though they reflect more during their social work practice after having become a parent or described scenarios that clearly demonstrated that reflexivity in action. Participants expressed these reflective practices in different ways, including “imagining being assessed as a parent” (Belle, Jennifer), “harder, more cognitive work required” (Rebecca), or as having the potential to both build and erode confidence and authenticity (Samira, Christine). These participant descriptions are supported by two social

work reflection concepts from the literature, concerning practitioner internal supervisory processes and necessary non-reflection in practice.

Ferguson (2018) argues that the interior work that social workers do on themselves is highly complex and is more directed than simple reflection and could be better described as internal supervision. With practice, effective social workers learn to use internal supervision processes like establishing and maintaining a benign split that holds both the perspective of the service user and themselves as professional within the same face-to-face interaction (Ferguson, 2018). This benign split allows social workers to simultaneously observe the service user and themselves (Ferguson, 2018). Social workers experiences of professional supervision, however, is critical to their ability to develop this practice (Ferguson, 2018). Belle, Rebecca, and Samira all described having generally positive and somewhat supportive supervisory relationships in their immediate returns to social work practice. Notably, elements of this internal supervision process are evident in all three of these participant's return to work experiences. Belle, in her post-becoming-a-parent practice describes directly feeling and asking herself in interactions "...if a social worker were doing an assessment of me right now (pause) how would that be? How would *that be?*". While Rebecca and Samira also depicted social work practice that very sensitively and deliberately held the dual perspectives of the service user and themselves as professional simultaneously in face-to-face interactions.

When participants described struggles in their practice after returning to work, it was not, however, due to a newfound inability to internally supervise (or 'benignly split' themselves). Rather, it appeared to be due to a lessened ability to *not* reflect, i.e., employing necessary non-reflection in practice. Ferguson (2018) studied social worker capacity and limitations for

reflexivity in practice and found that while social workers were able to think about some aspects of what they were doing with services users while they were doing it, there were very clear limits to this ability. Sometimes the demands of face-to-face social work are so great or visceral that practitioners are unable, or in many cases directly choose not to think about or feel complexities while they are in the moment, lest they lose focus on the service user in front of them (Ferguson, 2018). Ferguson describes this as necessary non-reflection and explains it happens when social workers face moments with “unbearable levels of anxiety” (Ferguson, 2018, pp. 416). Two participants described directly feeling this sense of acute anxiety in practice. Christine’s anxieties appeared to stem from her personal parenting apprehensions, when she discussed feeling, “so awkward” and, “Oh my God, are they actually taking this in? I don’t know what I’m talking about!” and concluded that the service user interaction, “didn’t feel sincere at all”. While Christine’s anxieties in this scenario do not seem to be based on a particularly confronting or difficult child protection situation, they nevertheless demand her attention in the form of reflections that in turn take her ‘out’ of the interaction with the service user.

Similarly, Jennifer described unbearable anxieties in her practice once returning to work in the following hypothetical scenario.

...some of the dysfunctional parenting that um for me just feels sad and devastating and painful because that’s a child. And how could this be happening? And how could you do this? And why would you do this? And can’t you see? And your child’s – you know, so all of these sorts of judgements that I have?

-Jennifer

Jennifer’s questions here can be understood as her stream of consciousness thoughts during face-to-face practice with a service user (in a child protection capacity). In this way Jennifer

is explaining that she feels she has very little protection from a barrage of personal and professional reflections during work with service users. Ferguson (2018) describes necessary non-reflection as essential to making some (particularly confronting) parts of social work bearable and doable. Without the ability to ‘move away from themselves’ social workers were unlikely to be able to establish a healthy division between thinking about difficult emotional and sensory experiences as they occurred in the moment, and not thinking about those experiences so as to not become consumed or paralysed by them (Ferguson, 2018).

Elements of potentially successful use of necessary non-reflection were present within participant stories, particularly Rebecca who recall, described her social work practice post-becoming-a-parent as “harder” with “more cognitive work going on in the background”

I don't think it shifts a lot of my practice but *emotionally* I respond more to it. And so, when I returned to work after having her, I would notice that if I was in a house visiting a family, one family in particular was a grandmum raising grand kids and it wasn't even them! But the area was state housing and I could hear a baby next door crying and I was *very* alert to that. And there's no reason! Right. I have no reason to think that baby's cry was, but I was very alert.

-Rebecca

Rebecca appears to have a heightened awareness of her triggers and anxieties after returning to work. Here she shows the use of meta-cognition in recognising and permitting herself to feel some emotion with the repeated phrase about how “*very* alert” she was to the crying baby. But Rebecca also demonstrates a hesitation or barrier to acknowledging the possible deeper impacts of what she is experiencing in the moment. Although the theoretical concept of necessary non-reflection was not discussed, the fact that Rebecca describes her current practice after becoming a parent as emotionally harder and requiring more effort could indicate that she is actually engaged in some aspects of necessary non-reflection in action. It

may appear paradoxical to presume that participants who verbally describe having increased levels of reflection in practice are actually engaged in aspects of necessary non-reflection, but Ferguson (2018) notes that this is still complex and multi-faceted process that consequently can be experienced as reflective work.

In Ferguson's (2018) study, the workers demonstrated reflection in action but only up to a certain point where they then ceased to reflect; this cut off point was when social workers felt the impact on their inner selves as too intrusive. The author noted the irony of this phenomenon given the significance placed on reflexivity in practice, as practitioners felt they had to erect this barrier in order to 'get through' an encounter with a service user. Echoing Cousins (2016) contention that social worker reflections of this nature require safe and skilful supervision, Ferguson (2018) asserts that necessary non-reflection in action must only be a temporary state. It is imperative for continued safe social work that the temporary state of non-reflection ends with supervisory containment, and a space in which to safely critically reflect on what has been experienced (Ferguson, 2018).

5.3 Beyond Child Protection

For the purposes of this discussion, the three sub-themes within the Beyond Child Protection findings have been collapsed into one. There is significant literature within social work academia to indicate the inter-related nature of the three sub-themes, "I was better at child protection before becoming a parent", Organisational culture and working conditions, and "What's good for the goose is good for the gander, isn't it?" and their contribution to participants expressed desires to move beyond child protection.

It has been well established in the practice literature that CPS social workers face some of the highest levels of workplace stress that frequently results in high levels of worker turnover (McFadden et al., 2015). Concerns relating to CPS social worker retention and burnout go back decades (McFadden et al., 2015). This inevitably leads to what Gibbs (2001) and McFadden et al. (2015) describe as substantial apprehensions about the level of inexperience in the CPS workforce due to high levels of staff turnover. This is a highly specialised field of practice and one that the academic literature acknowledges requires perhaps one of the most competent and committed workforce, especially due to the nature of statutory services with a vulnerable population of service user children and families (McFadden et al., 2015). A recent systematic review of the literature found two overarching themes in CPS worker research into resilience and retention, organisational factors and individual factors (McFadden et al., 2015).

There is a significant body of literature examining the ways in which organisational policies and workplaces contribute to worker turnover or retention (Gibbs, 2001, McFadden et al., 2015). Studies revealed that workers who receive supervisory support, convey high levels of trust in their supervisors, and form functional, mutually beneficial attachments to their supervisors report higher levels of job satisfaction than workers who do not (McFadden et al., 2015). CPS social workers who felt their employer was ‘committed to the mission’ and who reported a high level of congruence between what the agency espoused and what they perceived their work achieved were all correlated to worker retention and overall job satisfaction (McFadden et al., 2015). Similarly, trust between colleagues and adequate resourcing for the complex work undertaken by workers were also positively associated with low turnover (McFadden et al., 2015). Large scale quantitative studies have shown that CPS workers with very high caseloads in high stress environments perceive such working conditions as indicative of the low importance their employer places on their welfare

(McFadden et al., 2015). This in turn causes a lack of organisational commitment and higher rates of attrition (McFadden et al., 2015). Certainly, these sentiments were shared by participants in this thesis who, like Lesieli remarked “this is Child, Youth, and Family – but *whose* child, *whose* youth, and *whose* family? Didn’t feel like mine”. Furthermore, some studies analysed in the systematic review demonstrated that organisational climate had significant predictive power for positive outcomes for children in CPS systems (McFadden et al., 2015, Gibbs, 2001).

Interestingly, the review’s focus on individual characteristics and circumstances did not mention workers personal parental status. There was an emphasis on workers childhood experiences of trauma, but no discernible focus on whether CPS worker experiences of parenting their own child influenced their job satisfaction and turnover rates. This can be interpreted as another indicator that there continues to be very little available in the literature about the impacts of becoming a parent on practice for social worker. There was, however, discussion around worker burnout, i.e., the physical, emotional, and mental exhaustion stemming from long term involvement in emotionally demanding occupations (McFadden et al., 2015). The review noted the plethora of research into different aspects of CPS social worker burnout, especially as there is much evidence to suggest that CPS workers are at increased risk for experiencing burnout compared to their peers in other fields of practice (McFadden et al., 2015). CPS workers appear especially susceptible to burnout due to their widely acknowledged “...poor working conditions, excessive paperwork, long working hours, little opportunity for advancement and ineffective bureaucratic structures (McFadden et al., 2015, pp. 1548).

Concurrent to discussions of individual CPS social worker burnout in the literature was an exploration of individual coping mechanisms, or resilience strategies. The strategies identified involved embracing risks and challenges, meaning making, anticipating surprise, remaining realistic, gaining competence and confidence, seeking support from supervision and colleagues, and maintaining an important life outside work (McFadden et al., 2015). Notably, many of the participants in this thesis demonstrated utilising many of the aforementioned strategies, and yet still left the CPS field of practice. Intriguingly, the top three reported active coping mechanisms employed by CPS social worker were ‘talking to a co-worker or spouse’, ‘exercising’ and ‘dining out’ (McFadden et al., 2015). A thesis of this size is not designed or powered to determine any causal relationship between social workers who become parents and social workers who leave CPS practice. It is noteworthy though that all participants left statutory CPS practice, and almost all left the entire field of child and family practice social work after becoming a parent. This could be due to simple sampling bias; participants who left their CPS roles after becoming a parent simply had more to say on the matter and were willing to participate. However, this phenomenon is seen over many years and decades of practice across a non-homogenous sample of social workers in Aotearoa New Zealand.

It is conceivable that in a highly constrained and stressful workplace environment like the ones described by participants in this thesis and systematically reviewed by McFadden et al. (2015) that small erosions to workers ability to pursue any of these active coping mechanisms eventually reaches an internal, personal threshold whereby they chose to leave the role. Potentially in the case of social workers transitioning to parenthood within a CPS capacity, there is already a baseline deficit of supportive and safe supervision, or the workloads are already unmanageably high. In combination with the inherently highly emotive nature of the

work and the new parent practitioner's functional inability to pursue active coping mechanisms like exercising and dining out (with an increased personal life workload due to the demands of parenting), it is plausible that social workers simply remove themselves from CPS practice.

5.4 Intensive Parenting

5.4.1 "You're one hundred percent in it"

The degree to which social workers subscribe and adhere to IP mandates is a significantly under-researched area of social work practice. This is especially so given the nature of the work undertaken in CPS, how, by what metrics, and what informs a social workers assessment framework have all been covered in the literature review. However, it is evident from these findings that the participants were quite heavily involved in IP style parenting. This is to be expected given the almost complete dominance of IP mandates in western wealthy nations. The issue then with such a dominant paradigm like IP, is in remaining aware to its pervasiveness. It is not clear from this thesis that participants were able to acknowledge how entrenched their personal parenting practices were in IP ideology.

A recent study of Israeli social workers who are also mothers explored the ways in which the pervasive myth of the good mother infiltrated the practice of family and CPS social workers (Sinai-Glazer & Peled, 2017). Parallel to the participants in this thesis, participants in Sinai-Glazer and Peled's (2017) study articulated outright rejection of IP mandates, often stating 'there's no such thing as perfect parenting'. Almost identical sentiments were shared by Jennifer, Belle, Rebecca, Christine, Lesieli. The notion of the 'good enough' mother was shared by participants (Rebecca, Belle, Samira) in this thesis and the participants in the Israeli

study (Sinai-Glazer & Peled, 2017). The research undertaken with Israeli mother social workers demonstrated that despite protestations of rejection for the notion of the ‘good mother’, most of the social workers had very clear mental representations of the ‘good mother’. In Sinai-Glazer and Peled’s (2017) study the ‘good mother’s’ main characteristics were, a strong and innate desire to be a mother, perpetual learning of the maternal role, taking full risk-mitigation responsibilities for the child’s life, the supremacy of children in the mother’s life, and continuous concern for the child’s welfare. While this thesis did not delve deeply into the participants constructions of IP and the ‘good mother’, it is apparent that some participants were already practicing many of these characteristics in their personal lives. Aspects of the ‘perpetual learning of the maternal role’ are seen in Christine’s descriptions of constant Googling for expert advice. Jennifer spoke candidly of her sensation of feeling overwhelmed when discussing the care and protection of young children that aligns with the ‘taking full risk mitigation responsibility for the child’s life’. In that instance it appeared Jennifer felt the full weight of that immense responsibility (and thus chose to remove herself from social work practice that placed her in similar scenarios). Finally, it is clear from the quote used in the title of this sub-theme, participants like Belle appeared to inherently feel that ‘good’ parenting necessarily entailed being “one hundred percent in it”. That notion speaks directly to the concept of ‘the supremacy of children in a mother’s life’ as described by Sinai-Glazer and Peled (2017).

Some of the findings of the Israeli study (Sinai-Glazer & Peled, 2017) were also analogous to findings in this thesis in that participants in both studies expressed views that were not fully consistent. Participants in this thesis and the Israeli study claimed there is no such thing as the ‘good mother’ and expressed a preference for the concept of the ‘good-enough mother’, while simultaneously communicating “...clear notions of what is expected of themselves and of

others as mothers that were very much in line with the ‘good mother’ myth” (Sinai-Glazer & Peled, 2017, pp. 1490).

5.4.2 *“There’s cultural aspects to that”*

Participants in this thesis all acknowledged to varying extents the degree to which culture played a role in how they practice social work after becoming a parent. Certainly, for participants who did not identify as the dominant Pākehā majority in Aotearoa New Zealand, the ways in which their concepts of parenting differed from the hegemonic norm were more pronounced (Iosefo, Lesieli). In Aotearoa New Zealand, the universalist childhood (age 5 and under) wellbeing and development service is called Well Child Tamariki Ora (WCTO). Its primary objective is to support families to nurture the early development of their children by providing opportunities for early intervention services to primary healthcare, specialist healthcare, or social services (Ministry of Health NZ, 2021). In 2020 the current Labour led government commissioned a review into the WCTO due to concerns about the programme’s contribution to equity and outcomes (Ministry of Health NZ, 2020). In the Well Child Tamariki Ora Review Report the differences and disparities noted by participants between outcomes for Pākehā children and tamariki Māori and Pacific are explicitly discussed.

The review found that although the current WCTO programme contributes to the overall health and wellbeing of infants and children in Aotearoa New Zealand, there is a critical need to “...design, deliver and resource it differently to promote equity for pēpi, tamariki and whānau who are Māori, Pacific, have disabilities, are in state care, or have high needs” (Ministry of Health NZ, 2020, pp. 27). The rest of the review follows on from this initial finding and describes a need for more devolved funding to Māori community-based

providers, more flexibility and integrated wraparound services delivery to improve social wellbeing supports, and more whānau-led approaches that acknowledge and reaffirm the communal aspects of parenting that involve māmā, pāpā and the wider whānau (Ministry of Health NZ, 2020). They conclude with suggestions for improvement and make special note of the necessity for whānau care and support assessments stemming from both a kaupapa Māori and mātauranga Māori approach (Ministry of Health NZ, 2020). The review explicitly states that implementing any mātauranga Māori assessment and programme delivery frameworks will, by definition, mean a move to whānau-led assessment of their own strengths, needs and aspirations, and a move to support more flexibility in models of care (Ministry of Health NZ, 2020). Accordingly, any of these programmes will “...likely require more time and less prescribed delivery, to support the development of trusting relationships between whānau and practitioners...” (Ministry of Health NZ, 2020, pp. 32).

The majority of the WCTO programme is generally not delivered by social workers, however the NGO Family Start is firmly located within the umbrella of the WCTO programme and Family Start is delivered almost exclusively by registered social workers (Ministry of Health NZ, 2021). The nature of the programme delivery, intake and assessment criteria, and the overall mission of an intervention programme like Family Start is predicated on official documents like the WCTO Review. Despite the WCTO being primarily a programme produced by the Ministry of Health, this specific review discusses the need to better collaborate across a broad spectrum of community and social services. It is interesting to note the ways in which the WCTO review explicitly describes how the needs of whānau Māori and Pacifica are unaddressed within the current programme delivery, as this appeared to be a difficult to articulate subject area for participants, hence the slightly vague “there’s cultural aspects to that” (Rebecca) title of the sub-theme. The only Pākehā participant to directly

named the current parenting norms as “a white ideal” was Sue, the farthest along in her parenting journey, having become a mum over thirty years prior. The hesitancy and couched, ambiguous expressions that participants shared, like Christine’s comment that “one size does not fit all” could indicate that social workers (especially workers of the dominant Pākehā ethnicity) can still choose when and if to engage in the cultural aspects of work that significantly differs from the dominant ideology.

5.4.3 *“Sometimes a nappy change is just a nappy change”*

This subtheme outlined the ways in which participants mitigated the pressures of IP. Many of their strategies involved wholesale dismissal (Iosefo) when IP mandates did not align with personal experiences, and others involved more subtle qualifications to help alleviate stressors when IP induced anxieties became untenable. A useful study to explore how parents moderated the expectations of IP involves an examination of infant formula feeding and mothers constructions of risk (Lee, 2008). Though the authors research primarily investigates constructions of ‘good motherhood’ via infant formula feeding, they note that the messaging received by parents surrounding infant feeding is about much more than merely nutrition (Lee, 2008). In a similar vein, when participants were describing “sometimes a nappy change is just a nappy change” (Amohaere, Belle) there was a clear implicit message present that indicated that often, nappy changes were about much more than cleaning a soiled infant. Infant breast or formula feeding was not explicitly a topic brought up for discussion with participants, however it is widely recognised within the literature (Lee, 2008) to be one of the previously mentioned parenting practices that are frequently divested of context and virtually guaranteed to elicit strong, emotive responses.

Lee (2008) argued that the imperative to breastfeed is very reflective of IP ideology in that it requires mothers to manage risk by following expert advice. The author uses the claims that formula feeding will lead to ‘impaired bonding,’ (and impaired bonding will inevitably lead to poor life outcomes) to exemplify the kinds of risk parents are required to assess and overcome (Lee, 2008). Lee (2008) found that mothers who formula fed their infants lived with risk in a range of ways, many of which were dependant on perceptions of control and choice. First time mothers appeared to be especially vulnerable to IP messaging and were particularly vulnerable to what Lee (2008) called ‘moral collapse’ when infant feeding did not happen as envisioned (i.e., exclusive breastfeeding). Lee (2008) described ‘moral collapse’ as an experience stemming from unrealised motherhood ideals that engendered powerful feelings of failure, guilt, and uncertainty due to extensive internalisation of IP ideology. Meanwhile experiences of mothering appeared to counter the effects of IP mandates, and second- and third-time mothers were better placed to reject messaging they no longer felt was relevant (Lee, 2008).

Much of Lee’s (2008) study observations correspond to the ways in which participants discussed their rejection of or mitigations of IP mandates. Mothers who fed their infants formula after having determined to exclusively breastfeed engaged in what Lee (2008) described as ‘identity work’, i.e., they needed to establish alternative reference points for ‘good motherhood’. On three separate occasions Amohaere reveals moments of ‘identity work’ like the ones Lee (2008) explores in her study. This is first apparent when Amohaere depicts accepting that “sometimes a nappy change is just a nappy change” after seeking external validation from her own mother. Secondly, Amohaere describes her own mother’s parenting as “excellent” and therefore appears to accept her mother more easily as a legitimate source of authority and information. Subsequently, later in the interview when

Amohaere describes worrying about her potential parental deficiencies with regards to her infant's psychological development (specifically referencing once again her inability to make every nappy change into a moment of profound connection) she appears to mitigate these feelings of inadequacy by way of comparison with her mother. She describes joking with her mother "did you even know like, psychology?" "That's not the way my parents raised me. And it's not the way they were raised right?" In this case Amohaere appears to emphasise the "didn't *even* know", indirectly saying, 'and look how this has turned out, my mother and her tīpuna had no formal knowledge of psychological best practice, and yet they were still excellent parents'. Finally, Amohaere demonstrates another distinct aspect of 'identity work' when she brings up the subject of co-sleeping in the professional congruence, 'what's good for the goose is good for the gander' sub-theme. Lee (2008) observed that mothers who found themselves outside of the IP mandated norms found themselves in positions of 'moral jeopardy'. In the case of infant feeding, dominant constructions of motherhood required that the mother participants in Lee's (2008) study perform 'identity work' to respond to definitions of breastfeeding and formula feeding as 'good' and 'bad'. In Amohaere's case the specific scenario involved co-sleeping; IP mandates construct co-sleeping as (morally) 'bad' and separate sleeping arrangements for infants as (morally) 'good'. Amohaere's 'identity work' manifested as a preparation for the eventuality that she would be challenged about this practice. This preparation took the form of rationales and justifications that were ready and apparent, even when unprompted.

5.5 Transitions

5.5.1 Returning to Work: Supervision

None of the participants in this thesis described experiencing supervision that facilitated or ameliorated their return to work after becoming parents, nor did any participants describe being invited to speak on their experiences in a supervisory context. Admittedly for some, they did not appear to feel this was a significant omission (Belle, Rebecca, Mary) but others seemed to feel this oversight more acutely (Jennifer, Amohaere, Sue). The critical and essential role that supervision plays in the social work profession has been well established within the literature (Gibbs, 2001, Ferguson, 2018, Davys & Beddoe, 2020). Multiple studies have confirmed that effective supervision has a positive impact on staff retention, and equally, low supervisory support has been unquestionably linked to the intention to leave and staff turnover (Davys & Beddoe, 2020). The powerful impacts of positive or negative supervision are perhaps further amplified within the fraught field of CPS social work (Gibbs, 2001).

It is noteworthy that writing twenty years ago in 2001, Gibbs (2001) studied the turnover and retention of child protection social workers in rural Australia and concluded with a case for refocusing supervision. Gibbs (2001) expressed that "...front-line workers represent the organization's most precious resource" (pp. 324) and yet, supports to retain and maintain the health and wellbeing of these 'precious resource' social worker were found to be considerably inadequate. Significantly, the descriptions from the participants of this twenty-year-old study read as dispiritingly familiar to description from the participants in this thesis. Gibbs (2001) found that the prevailing model of supervision was overly managerialist and paid too little attention to the emotionally charged nature of the work and its impacts on CPS

social workers. Critically, Gibbs (2001) described CPS social workers as frequently adopting unconscious defence mechanisms in the face of highly emotive, stressful, and anxiety-inducing work. While these defence mechanisms were to a degree understandable given the nature of the work and the need to ‘survive’, left unexamined and unaddressed Gibbs (2001) argued that they had the propensity to become damaging and dangerous for the worker and service users.

There is no evidence to suggest that the demands on social work supervisors in a CPS capacity have lessened since Gibbs 2001 study. In fact, the findings from this thesis would suggest otherwise. Gibbs (2001) is careful to note that it is not merely ‘bad’ supervisors who carry the blame for this failing of front-line social workers. Too often the extensive demands and organisational imperatives placed on supervisors means that they are then unable to shift from an organisational accountability function to an empathetic containment one (Gibbs, 2001). Gibbs (2001) notes that while the goal of combining these two not altogether compatible functions in one supervisor is a worthy one, their study demonstrated that organisational pressures in a CPS environment frequently meant that the inquisitorial, accountability-focused supervision inevitably took precedence over the emotional containment style.

Gibbs (2001) study contained one last intriguing and comparable finding to this thesis, namely that for most of the participants twenty years ago, participating in the interview appeared to be one of the few opportunities the social workers had to talk about their thoughts and feelings. This holds true for the participants in this thesis who confided that while they had frequently thought about these topics (some for many years), they had never disclosed their professional and personal anxieties or worries within a social work context. Gibbs

(2001) argues that this supervisory lapse points to a critical need for social work organisations to consider ways to “...address the emotional intrusiveness of this work so that these feelings can be confronted and contained” (pp. 327). Overriding supervisory priorities described by Gibbs in 2001 such as political and organisational pressures to ensure work is completed on time and conforms to acceptable standards appear to hold true today, many years later (Davys & Beddoe, 2020). Similarly, Gibbs (2001) cautions appear to stand the test of time as well, i.e., the consequences are immense and both professionally and personally unsafe if supervision does not meet the empathic-containing function.

5.5.2 Disclosing Parenthood

The literature surrounding social worker self-disclosure is generally not focused specifically on parental status, and tends to focus more on the when, how, and the rationale for social worker professional disclosures of any personal nature (Archard, 2020). The sharing of any personal information as a social worker with service users is understood to be both a potentially beneficial and potentially harmful undertaking (Archard, 2020). Recent research into the specifics of social worker disclosure of their parental status in a CPS workplace capacity has revealed that social work practitioners are likely talking about personal lives and experiences more commonly than has previously been assumed (Archard, 2020).

Furthermore, there is evidence to suggest that social workers who disclose in this way with service users are perceived as more authentic and potentially more credible professionals (Archard, 2020). Archard’s (2020) study of professional parental status disclosure among CPS social workers even indicated that in some cases, the exercise of professional self-disclosure was correlated with more positive outcomes for families. While it is beyond the scope of this thesis to find any associations with social worker disclosure of parental status

and CPS work outcomes, the participant experiences described here do support Archard's (2020) assertion that disclosure is likely a more regular occurrence than previously described in the literature. Every participant in this thesis provided one or more examples of their personal and professional disclosures with service users. Some had very well thought out and critically examined processes in place for any potential disclosures (Samira, Rebecca, Mary) while others appeared to have more difficulty in describing their rationales and methods for when they chose to self-disclose (Amohaere, Jennifer, Iosefo).

Most of the participants in this thesis appeared aware that self-disclosure of parental status was highly contextual and had the potential to be both very valuable for service user-worker relationships and potentially inappropriate. While only one of the participants (Samira) explicitly stated that they occasionally employ self-disclosure in strategic ways (i.e., to gain more/better buy-in from service users) more participants (Rebecca, Christine, Iosefo) did however directly comment the power dynamics at play in CPS social worker and service user relations. Archard (2020) depicts the CPS social worker and service user relationship as a "...meeting of groups of unequal status and resources, with the surveillance of families in child protection associated with single parenthood, particularly mothers, and poverty..." (pp. 5). These power differentials appear to be what participants in this thesis were referring to when they described "eliminating power" (Rebecca).

Significantly, Archard's (2020) research into CPS social workers self-disclosure of parental status with service user parents involved two distinct groups, social workers who were not parents, and social workers who were parents. There were observed differences between the two groups, however, the study was not involved in exploring the transition between the two identities. It is that specific transition that concerns this thesis. Similar to Archard's (2020)

study, participants in this thesis described having rote replies and ready-prepared answers for when they received questions about their parental status pre-parenthood (Christine, Jennifer, Sue). Within Archard's (2020) study, the parent practitioners demonstrated similar preparation for inevitable personal questions, though they did appear to be far more comfortable with disclosures than their non-parenting peers. Precisely how these social workers evolved their self-disclosure strategies (from being a non-parent practitioner to a parent-practitioner) was never discussed. The study does conclude with a note of caution that social workers will very likely have the decision of whether to disclose parental status imposed on them due to the highly intimate nature of being in service users' homes, compared to say clinicians or counsellors in consulting rooms (Archard, 2020). Accordingly, social workers will need to have worked out in advance, hopefully through supportive and safe supervision, strategies and rationale surrounding their self-disclosures with service users (Archard, 2020).

5.5.3 *"I'll give you another little story..."*

Every participant shared unsolicited stories that all shared a remarkably similar timeline. Unfortunately, the phenomenon of critical events occurring in this timeline (the specific point of return to social work practice) is not represented in the social work literature to date. Overall, the availability of literature concerning social worker transitions to parenthood is negligible, but any research undertaken to specifically explore the immediate return to work period for social workers is unknown to the author at the time of writing. Consequently, it is enlightening to consider a 2008 study undertaken in the UK of midwives returning to work after having become parents. There are notable similarities between the professions of social

work and midwifery (hence the ‘sister professions’ designation), and in the case of return-to-work experiences, there appears to be many parallels with the participants of this thesis.

The overwhelming majority of midwives (both in the UK and in Aotearoa New Zealand) are women, and the overwhelming majority of those women will go on to become mothers (Redwood, 2008), very much like the social work workforce in both countries. How midwives manage their transition to parenthood has direct impacts on both staffing levels within the profession and levels of care provided to women and families (Redwood, 2008). This is arguably also the case within the social work profession. Also, like social workers, Redwood (2008) argues that midwives and nurses undergoing transition to motherhood have ‘insider knowledge’ that means their experiences differ from members of the general public who do not have professional knowledge surrounding birth and early childhood. The 2008 study demonstrated that due to their practice experiences, knowledge, and education, many midwives felt that they would go on to naturally master, or at the very least, be adequately prepared for the transition to motherhood (Redwood, 2008). Redwood (2008) notes however that “...despite their diverse knowledge bases, most participants were ill-prepared for the intensity, introspection and pain experienced during labour” (pp. 35). Though the examples from the 2008 study frequently pertain to the specific labour and birthing process, it is notable that it is those precise birthing experiences that lie at the very heart of the midwifery profession and yet, midwives (‘the experts’) themselves reported feeling unprepared for the experience when it was happening to them. This echoes what participants described in their transitions to parenthood in this thesis, i.e., they thought they knew ‘what’ to do, and ‘technically’ how to do it. But as described by Amohaere, the lived experience was vastly different, “like, I know what should be done, I know how it should be done, there are words

written in black and white, but – that doesn't mean it works. It's messy. And somehow I never thought about that before I had kids.”

Redwood's (2008) study also analysed the process of return to work for midwives and drew two comparable conclusions to the findings in this thesis. First, the midwives all believed and described their practice as having been positively changed by the process of becoming a mother (Redwood, 2008). The midwives provided examples of working with mothers who disclosed feelings of infanticide and felt that as midwives and mothers that they were now better placed to understand, appreciate, and empathise with the pressures of new motherhood (Redwood, 2008). This is remarkably similar to some of the participants in this thesis (Belle, Jennifer, Amohaere, Lesieli, Christine) who reported feeling much better placed (post parenthood and return to work) to empathise with service-user parents who disclosed struggling with challenging aspects of parenting. Midwives in the study used terms such as, 'increased flexibility', 'more empathy', 'increased tolerance', 'greater understanding and appreciation', 'more realistic, less idealistic', 'improved time management skills', and 'better relational abilities with parents' (Redwood, 2008). All these near identical expressions were used by participants in this thesis when asked to describe how they viewed their practice after having returned to work. Redwood (2008) notes that the examples provided by the midwives, remarkable in their similarity to those provided by the social workers in this study, are all undeniably examples of behaviours that any employer or patient would wish to hear.

Additionally, the midwives in the 2008 study unanimously described the experiences surrounding the specific time they returned to work in negative terms (Redwood, 2008). Once again this is notably similar to the experiences of social workers in this thesis. The midwives experienced the time surrounding their immediate return to work as difficult and highly

stressful (Redwood, 2008). They described difficulties and tensions with line managers and inflexible work schedules and used descriptors like ‘torn’, ‘pressure’, ‘juggle’, and ‘nightmare’ (Redwood, 2008). The participants in this thesis used variations of ‘not good’, ‘awful’, ‘difficult’, and ‘really horrible’. Midwives in the study noted that it was their managers (who were predominately female) that caused the most difficulties for them when returning to work from maternity leave; they described struggling the most with their managers’ attitudes and inflexibility (Redwood, 2008). Both Christine and Lesieli provided specific examples of their direct supervisors/managers’ (who were both female) inflexibility and dismissive approaches that contributed greatly to the stresses Christine and Lesieli experienced upon returning to practice. A few midwives in the 2008 study even noted the incongruity of being an unsupported mother working in a profession that aims to support mothers (Redwood, 2008). One midwife described how “it is sad that the very people who are supposed to support other women...receive so little help to do so themselves” (Redwood, 2008, pp. 38). In a similar vein Lesieli remarked on “the irony” of working for an organisation that was tasked with the care and protection of children and family and yet feeling that the care and protection of her own children and family was not relevant.

Redwood (2008) does not delve into the ethics surrounding the (seemingly poor) treatment of these midwives in the study and makes a case for improvements to return to work processes from a professional-body standpoint. Midwives who return to work after having become mothers bring added value to the professional practice as a direct result of their personal experiences; thus, retaining these value-added midwives is beneficial for the profession (Redwood, 2008). Any retention attempts should aim to understand the unique perspectives of returning-to-work midwives in an effort to allay the stressors they experience when they return to practice (Redwood, 2008). There are unfortunately no studies of a comparable size

from within the social work academic literature, and certainly none undertaken in Aotearoa New Zealand that could speak definitively to social worker experiences upon returning to practice after becoming a parent. Though certainly the findings of Redwood's (2008) study align quite remarkably with the findings from this thesis.

5.6 Conclusion

Despite the dearth of social work academic literature specifically exploring the experiences of social workers who become parents and continue to practice, it is clear that many of the findings present in this thesis resonate across other areas of the literature. It is remarkable that many of the participants in this thesis expressed very similar sentiments to, for example, CPS social workers who became parents in Australia, midwives who returned to practice in the UK, and parent social work practitioners who experienced difficulties disclosing their personal parental status. Having to cast such a wide net within academic literature in order to capture the myriad factors at play in a social workers experience of returning to work and choosing whether to continue to practice in a CPS capacity demonstrates the extent of inadvertent oversight surrounding this topic in social work academia. Given these findings, the next chapter involves participant suggestions and recommendations gathered from the literature that aim to better support the current and future generations of social workers who become parents while practicing.

Chapter 6. Recommendations and Conclusion

6.1 Introduction

This thesis aimed to explore the experiences of social workers who had significant practice histories before they became parents and examined how they navigated and perceived that transition. This project found that these social workers had all extensively and privately reflected upon the changes they observed to their professional use of self, and essentially employed their considerable social work practice skills on themselves in attempting to work through their triggers and difficulties when returning to practice. Consequently, in concluding this thesis, this researcher as well as the participants have suggestions, cautions, and recommendations for future practitioners.

6.2 Limitations

Some of the limitations of this study and its findings are inherent to many small-scale qualitative research projects. Namely, that these findings are largely not generalisable as the sample size is small and not representative of the wider social work population. However, as this was an initial, exploratory project into a little-researched aspect of social work practice, it was designed to provide richly detailed accounts.

Due to a small sample size, there was significant variability in ages and years of experience of the participants; some participants were reflecting back on their transition to parenthood over decades, for some this transition was very recent. For an exploratory study this was not understood as detrimental, however future studies could aim to tighten their timeframe for analysis to social workers who have transitioned to parenthood in the last 5 years to provide

more currently indicative findings. Equally, due to sample size, participant workplaces, roles, and organisations were highly variable. In order to make any firm statements about specific social work agencies, further studies would need to take place analysing the particulars of their workplace cultures and return to work policies. In a similar vein, the majority of participants returned to work as frontline social workers, and not as supervisors or managers. The inherent hierarchy in and distinctions between these roles could affect how social workers experience and express this transition, though a study of this size is very unlikely to discern a difference.

In addition to study size, there are potential limitations regarding data collection and analysis, especially in the researcher's dual role as both researcher/interviewer and insider. Despite the use of critical reflexivity throughout every stage of the project, strong supervisory oversight, and multiple academic colleague suggestions, it remains possible that personal judgements and experience have overly affected this project, potentially impacting upon what and how participants chose to discuss, what was coded thematically from the data, and what findings were presented.

One of the limitations was the potential for self-selection by participants. Advertisements were placed in both professional social work organisations (ANZASW and SWRB) newsletters, and not for example, at direct social work workplaces where 'newly returned to work' social workers could be solicited. This meant that it is likely that only those practitioners who were already thinking, examining and reflecting upon their social work practice after becoming a parent sought out the researcher to participate. It is hoped that this thesis will encourage further discussions surrounding social workers who become parents and

that future research projects will seek to gain a better understanding of this transition from a larger population sample.

6.3 Recommendations

In completing this project, it appears clear that further research of a larger, potentially more nation-wide scale could help expound on the themes highlighted in this thesis. Larger quantitative studies would be helpful in potentially revealing the average age of social workers beginning practice, how long they practice for on average before becoming a parent, and the prevalence of social workers experiencing significant shifts in their professional use of self. Future qualitative studies could focus on specific areas of practice, perhaps exploring only frontline, statutory social workers employed by Oranga Tamariki in a child protection capacity. This study, as an initial exploration feels as though it has scratched the surface surrounding a generally professionally unrecognised phenomenon. Accordingly, a crucial recommendation is for expansion of research on this topic.

The following four recommendations are drawn from participant perspectives and suggestions. In sharing their own accounts, they demonstrated meaningful reflection on the changes they had experienced to their professional use of self and came prepared with proposals and endorsements. Moreover, their recommendations for the social work profession aligned with what little literature was available on the topic of supports for social workers returning to practice after having become parents.

1. All participants indicated that the transition from social worker to social worker and parent was entirely unaddressed, unacknowledged, and unrecognised by the social work profession at large as well as the specific agencies they were working for. A few

participants expressed frustration about what they felt was an omission (Jennifer, Belle, Christine), while others were content that though it had been “tricky” for them to navigate (Sue, Samira, Iosefa) they still felt that it was largely a personal process that did not necessarily require professional input. Nevertheless, all participants felt that by talking about it professionally in a more casual way upon return to work, they may have been better prepared for when they experienced hiccups or triggers in practice. While no participants demanded a precise form that any acknowledgements should take, many suggested that simply mentioning the topic and “opening the door” (Jennifer) to a discussion (via management or most especially in supervision) would have been immensely helpful. Many participants *did not* discuss their feelings of anxiety or express questions surrounding their ability to practice impartially with their supervisors. Yet, when asked why not, most participants asserted that they felt that they “probably could have” *if* it had been brought up (Jennifer, Belle, Rebecca). This highlights the intensely sensitive nature of the transition explored in this research project; an event that alters how you practice professionally as a social worker has the propensity to be an event that engenders anxiety about who you *are* professionally. Clearly then, not a topic to be brought forth lightly or otherwise uninvited in supervision, especially if, as many participants described, they felt that this was an issue they were “supposed to work out on my own” (Jennifer).

2. Beyond merely introducing the topic as an event worth noting in a professional capacity, Jennifer, Mary, Christine, and Rebecca all suggested some kind of peer support or mentoring programme for social workers returning to work after becoming parents.

I think it's around that need to be supporting parents, like when we do return. Like having some kind of structure. Especially in those places where there are kids, that supports the role identity of coming back and in. So those kinds of coaching programmes, maybe it's not coaching, it's probably more peer mentoring or peer – just a space to discuss it in and having it in a structured space that can help people kind of reflect on what's going on.

-Rebecca

Amohaere mentioned her concerns around speaking up, and these were shared by most participants. Many seemed to feel that by requesting help or otherwise asking for peer support there was the potential for their request to be misconstrued as the dreaded 'only social workers who are parents can or should practice parental assessment/child protection', and participants were adamant this is not how they feel.

But it's not about people who aren't parents not being good social workers and I don't want, you know, parent social workers getting more treatment or more professional development or anything.

-Amohaere

3. Along the lines of peer support programmes, most participants described feeling that this was a topic they would have welcomed in supervision had it been initiated by the supervisor. So, suggestions of a supervisory professional development module or programme were mentioned by some participants. Supervision is highly variable, and most participants acknowledged this, saying that in jobs where tension already existed in supervision, a peer support or colleague mentorship would likely have been better suited. However, if supervisors are not aware that this transition could be problematic, or triggering, or could otherwise alter a social workers professional use of self, how are they to initiate a conversation in a professional supervisory context? Due to the exploratory nature of this thesis, there are no exact suggestions around professional

development programmes for supervisors (at the time of writing, the researcher is unaware of any that exist for this specific topic).

4. Finally, social work organisational congruence was suggested by many participants. While they struggled personally and privately with dissonance in their practice and incongruence between what they felt they were told to do in practice and what they then practiced as a parent, participants noted that the organisations they worked for appeared to notice no such conflict. As Lesieli said “this is Child, Youth, and Family – but *whose* child, *whose* youth, and *whose* family? Didn’t feel like mine”. Christine explained “I’m supposed to be all about supporting mums at work, but that was a really unsupported time to be a mum” when referring to her immediate transition back to work. She suggested organisational flexibility for social workers who become parents and return to work, the same flexibility that “...we advocate for with our clients, you know?” Iosefo called it “walking the talk” when he described the organisational changes he would like to see take place to better support social workers in general, but especially after they return to work as parents. In a similar vein to Lesieli and Christine, he acutely felt the paradox of working for agencies that were predicated on supports for families but fell short with their own employees.

Social workers who have many years practice experience in a profession as demanding as social work are valuable assets to any social services organisation. For these social workers to eschew any child protection related practice and describe experiencing difficult, professional-anxiety-inducing transitions indicates a significant gap in supports needed to retain these social workers and to ease their transitions in their professional use of self.

6.4 Conclusion

Social workers *themselves* are the ‘tools of the trade’. They, and what they know and how they know it, are what service users respond to and engage with, not risk management and assessment systems. The status quo of social workers “just getting on with it” (Amohaere) and working through any triggers or confronting practice situations privately in their own time may not initially appear problematic. However, participant accounts presented in this thesis have demonstrated the need for professional supports for social workers returning to work after becoming parents. In the current risk-averse, defensive social work practice environment it could be tempting for organisations to see this call for support as further evidence that social worker autonomy is too variable and thus more actuarial tools and checklists are needed to standardise practice. It is this researcher’s position that to do that would be a mistake. Participants all described significant growth in their practice and relational work with service users; they all described eventually feeling as though they were better, more confident and knowledgeable practitioners after a significant period of upheaval. This period of upheaval, of transition, and return to work after having become a parent was particularly distressing for some participants though and was potentially drawn out as they had no formal professional forums or avenues for seeking supports. Unexpectedly, all of the participants in this thesis left formal, statutory child protection work after becoming a parent. While their reasoning varied, their timing did not. A few felt immediately that they could not return to that type of practice environment, while others returned and attempted to practice as long as possible before determining that the work was unsustainable. While a study of this size and scope is designed to be exploratory and cannot make larger statements, this is an interesting finding that could be indicative of the very nature of child protection work and social workers transitioning to parenthood. Future, larger mixed-methods research projects

designed to capture and quantify this experience on a nation-wide Aotearoa New Zealand scale could prove beneficial in any attempts to design a return-to-work programme for social workers. The lack of professional supports described by participants does not necessarily have to be the case for future practitioners who become parents after significant social work practice experience. The social work profession is founded on support for people, perhaps it is time for more supports for their own lest the profession lose valuable practice knowledge in the form of experienced practitioners who leave social work after becoming a parent.

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Appendices

Appendix i UAHPEC Approval Letter

Office of the Vice-Chancellor

Office of Research Strategy and Integrity (ORSI)



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humanethics@auckland.ac.nz

UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE (UAHPEC)

14-Jun-2019

MEMORANDUM TO:

Dr Irene De Haan

Counselling, HumServ & SocWrk

Re: Request for amendment of Ethics Approval (Our Ref. 023068): Amendments Approved

The Committee considered the amendment(s) requested to your ethics approval for the project entitled **Social Workers Becoming Parents: Exploring a Transitioning Professional Use of Self in the Age of Intensive Parenting - Masters Thesis.**

Approval was granted for the following amendments on 14-Jun-2019:

1. To use semi-structured qualitative interviews rather than the originally proposed focus groups.

The expiry date for your ethics approval is **15-May-2022**.

Completion of the project: In order that up-to-date records are maintained, you must notify the Committee once your project is completed.

Amendments to the project: Should you need to make any further changes to the project, please complete a new Amendment Request form giving full details along with revised documentation. If the project changes significantly, you are required to submit a new application to UAHPEC for approval.

The Chair and the members of the Committee would be happy to discuss general matters relating to ethics approvals. If you wish to do so, please contact the UAHPEC Ethics Administrators at humanethics@auckland.ac.nz in the first instance.

Please quote reference number **023068** on all communications with the UAHPEC regarding this application.

(This is a computer generated letter. No signature required.)

UAHPEC Administrators

University of Auckland Human Participants Ethics Committee

c.c. Head of Department / School, Counselling, HumServ & SocWrk

Dr Ian Hyslop

Mrs Jessica Steele

Appendix ii Participant Advertisement



EDUCATION AND SOCIAL WORK

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Participants wanted for research project exploring the transition to parenthood for child & family social workers

Project title: **Social Workers Becoming Parents; Exploring a Transitioning Professional**

Use of Self in the Age of Intensive Parenting

Social workers who currently, or have formerly, worked in a child protection and/or family social work (e.g. Family Start NGO) context for at least 3 years prior to becoming a parent are sought for a research project exploring the transition to parenthood for social workers tasked with assessing parents.

Participation in this research will involve an individual interview which will be carried out in person (in Auckland), or via Skype/Zoom online accessible to anywhere in NZ. The interview will last between 60 to 90 minutes and you will be asked a range of questions about your experience relating to parenting assessment, your personal transition to parenthood, and implications on your practice. Questions you will be asked are designed to explore how experienced social workers manage the transition to parenthood in a climate of intensified parenting expectations, given their knowledge of acceptable and adequate parenting practices.

Social workers who have worked for District Health Boards, in Child Protection, and NGO's tasked with parenting interventions/assessments for at least 3 years before becoming a parent themselves are eligible to participate in this research.

Participation in this study is voluntary and without remuneration.

If you are interested in this study and would like more information in order to make an informed decision, please email: Jessica Steele at jste194@aucklanduni.ac.nz

For any queries regarding ethical concerns you may contact the Chair, University of Auckland Human Participants Ethics Committee, Office of Research Strategy and Integrity, University of Auckland, Private Bag 92019, Auckland 1142. Telephone 09 373-7599 ext.

83711. Email: humanethics@auckland.ac.nz

Approved by the University of Auckland Human Participants Ethics Committee on 15 May 2019 for three years, Reference Number 023068

Appendix iii Participant Information Sheet



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Participant Information Sheet (Interview)

Social Workers Becoming Parents; Exploring a Transitioning Professional Use of Self in the Age of Intensive Parenting

Researcher: Jessica Steele (Masters student)

Supervisors: Dr Irene De Haan & Dr Ian Hyslop (Principal and Co-Investigator)

Jessica Steele is currently completing a Master of Social Work through the Faculty of Education and Social Work at the University of Auckland.

Jessica has previously completed a BSW (Hons) through The University of Auckland. She became a parent during her BSW studies, specifically while navigating social work practicums. Jessica has worked in a community mental health NGO setting concurrent to her studies and parenthood.

Overview of project

This research is being carried out as part of studies towards a Master of Social Work (MSW) at the University of Auckland by Jessica Steele.

This research project is interested in exploring how social workers manage the transition to parenthood in the current climate of intensified parenting. The focus on parenting comes from a growing body of literature that describes modern parenting practices as ‘intensive’, financially expensive, emotionally and physically absorbing, time-demanding, and expert guided. Social workers, more so than any other profession, are tasked with assessing parenting practices. Social workers who are tasked daily with assessing adequate vs

inadequate parenting are likely to have great knowledge of parenting practices and are likely to have explicitly and implicitly internalised some of this knowledge.

Transitioning to parenthood is a significant life changing event for any person, regardless of profession. This research seeks to explore specifically how this transition impacts upon the professional use of self employed by social workers in their parental assessment capacities. Individual interviews will involve a discussion of the challenges and obstacles faced when returning to social work practice (or continuing to work) after becoming a parent and what personal strategies were used to overcome or work around these barriers.

What is involved in this study?

If you choose to participate in this study, you will be asked to discuss your experiences transitioning to parenthood as a social worker in one, 60 to 90-minute individual interview with the researcher (Jessica). Interviews can be carried out in person, at a time and location convenient for both the participant and the researcher. Skype/Zoom interviews are also possible.

During the interview you will be asked a range of questions about your experience relating to parenting assessments, your personal transition to parenthood, and impacts upon your professional use of self in practice. The questions which are to be used in the interview can be found on the questions document which has been supplied along with this document.

In total the expected amount of time you will have to commit to this project should not exceed 2 hours. Participation is not remunerated.

The interviews will be digitally audio-recorded and transcribed by the researcher (Jessica). The recordings and transcriptions will be kept secure and confidential, your personal information will not be associated with the recordings or the transcriptions; pseudonyms will be used and directly personally identifying information will be omitted.

Your rights if you choose to participate

Participation in this study is on a voluntary basis and you will be free to stop the audio recording or withdraw entirely from the project at any time during the interview. You can choose not to answer any questions, take a break, or end the session at any time, without giving a reason. Your transcript will be emailed to you to read after the interview. If you choose to review your transcript and make amendments, you will have a period of 2 weeks to

make any changes or to have your interview withdrawn from the study entirely. After this 2-week period has passed, you will not be able to remove your transcript from the study.

Will other people know what you have said?

Your identity will be treated as strictly confidential by the researcher and her supervisors. Every effort will be made to ensure your identity is protected by using pseudonyms and any directly personally identifying information will be omitted from transcripts. If you choose to review your transcript, you may choose to further remove any content that you feel may be identifiable.

The material contained in the interviews will be used in the researcher's master's thesis. Quotes from interviews may be used directly to illustrate significant findings. The preservation of your privacy is paramount.

Risk of adverse consequences

Though distress from interviews is not anticipated, should matters arise during the interview which are personally upsetting, or which relate to your ability to practise professionally, you will be advised to seek appropriate professional support services. There are several free or low-cost counselling service providers throughout New Zealand. Need to Talk is a free call (or text 1737) phone counselling service funded by the Ministry of Health that can connect you with free and/or low-cost mental health professionals in your specific area. Alternatively, our GP, ACC, WINZ, or your employer (EAP – Employee Assistance Programme) can all make referrals through to funded or partially funded counselling services for you.

Storage and retention of data

All recorded and written information resulting from this project will be stored in a locked filing cabinet at the University of Auckland by one of the supervisors of this project for a period of six years. Electronic data will also be stored on a password protected computer. After six years, all stored information resulting from this project will be destroyed.

If you wish to find out more

If you would like to participate in this research project, or have questions about involvement, please contact Jessica Steele for more information. Any communication will be treated confidentially. Email: jste194@aucklanduni.ac.nz

Thank you for taking the time to read this Participant Information Sheet.

Contact details for those involved in this project:

Student researcher: Jessica Steele

School of Counselling, Human Services & Social Work, Faculty of Education and Social Work University of Auckland

Email: jste194@aucklanduni.ac.nz

Lead Supervisor: Dr. Irene De Haan

School of Counselling, Human Services & Social Work, Faculty of Education and Social Work

University of Auckland

Phone: 64 9 623 8899 ext 48614

Email: i.dehaan@auckland.ac.nz

Additional Supervisor: Dr. Ian Hyslop

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For any queries regarding ethical concerns you may contact the Chair, University of Auckland Human Participants Ethics Committee, Office of Research Strategy and Integrity, University of Auckland, Private Bag 92019, Auckland 1142. Telephone 09 373-7599 ext. 83711. Email: humanethics@auckland.ac.nz

Approved by the University of Auckland Human Participants Ethics Committee on 15 May 2019 for three years, Reference Number 023068

Appendix iv Participant Consent Form



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Participant Consent Form

(This form will be kept for six years)

Project title:

Social Workers Becoming Parents; Exploring a Transitioning Professional Use of Self in the Age of Intensive Parenting

Researchers: Jessica Steele (student), Dr. Irene De Haan (supervisor), Dr. Ian Hyslop (supervisor)

I have read the Participant Information Sheet and understand the nature of the research and why I have been selected. I have had the opportunity to ask questions and have them answered to my satisfaction.

- I agree to take part in this research.
- I understand that information from this project including consent forms and transcribed interviews will be kept in a locked filing cabinet at The University of Auckland for six years, after which time all data will be destroyed.
- My participation is voluntary. I understand that I am being asked to participate in an interview with Jessica Steele about my experiences relating to becoming a parent while practicing social work. I understand that this interview will last between one and two hours and that my overall participation in this research project may take up to four hours.
- I understand that my interview will be recorded, either using an audio recorder, or via video conferencing software. I understand that I can ask for the recorder to be turned off at any time, and that I can choose not to answer any questions.
- I understand my interview will be transcribed by Jessica Steele and that material from this interview such as quotes and situations which are described may be used in publications.
- I understand that any time during the interview I am able to withdraw my participation without giving a reason, and to withdraw my contribution to this project up to four weeks after being notified the transcript of my interview is available for review.
- I understand that care will be taken to preserve my anonymity but that there is a small chance that I may be identifiable from excerpts of my interview.
- I understand that should adverse consequences, such as psychological distress, occur as a result of this interview that it is my responsibility to seek appropriate medical or professional support.
- I wish to receive a summary of findings, which can be emailed to me at this email address:

Email: _____

Name: _____ Signature: _____

Date: _____

For any queries regarding ethical concerns you may contact the Chair, University of Auckland Human Participants Ethics Committee, Office of Research Strategy and Integrity, University of Auckland, Private Bag 92019, Auckland 1142. Telephone 09 373-7599 ext. 83711. Email: humanethics@auckland.ac.nz

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Appendix v Semi-structured Interview Questions



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Participant Interview Questions

Project title: **Social Workers Becoming Parents; Exploring a Transitioning**

Professional Use of Self in the Age of Intensive Parenting

Should you consent to participate in the interview, these are some of the questions which you will be asked. However, further questions may be asked to gather more details about, or to gain greater insight into specific topics.

It is your right to decline to answer any/all questions and you are free to leave the interview at any point.

Demographic Questions

What is your ethnicity?

What gender do you identify as?

How many years did you practice social work before becoming a parent?

What is your current role?

What qualifications do you hold?

Opening Questions

What do you think about social work assessments of parenting capacity?

What kinds of practices did you look for or endorse when assessing parents and what factors did you take into consideration when assessing parents?

Do you feel that any of your understandings surrounding parent capacity assessments have changed since becoming a parent?

Parenting Practices (Pre-Parental Experience)

What did you know of “good parenting”? Did you have any specific notions of what makes a good vs not good parent?

What messages, if any, did you receive from your employer regarding adequate or inadequate parenting practices? Ex. specific frameworks, assessments tools, or policies.

What did you understand of the parents that you worked with in your child protection/family social work/etc capacity? When assessing their parental practices, what formed your knowledge base?

Personal Parental Experience

Can you share any personal expectations of parenthood that you met/exceeded/did not meet or otherwise excelled or struggled with once becoming a parent?

Do you feel that any specific knowledge from your social work career helped or hindered or otherwise impacted upon your parenting?

Return to Work at Your Organisation (Post-Parental Experience)

Does (or did) your organisation provide any direction or guidance around returning to work after becoming a parent?

Do you think there are any positive or negative consequences within your workplace for social workers who discuss their personal parenting experiences?

Were there issues related to your personal parenting and your practice that you wished to discuss in supervision? Was this welcomed or not, and what was the outcome of any supervisory input?

Closing Questions

Do you have any thoughts about what might help facilitate social workers’ personal transitions to parenthood?

Do you have any further thoughts about modern parenting practices and/or social work parenting capacity assessments?

For any queries regarding ethical concerns you may contact the Chair, University of Auckland Human Participants Ethics Committee, Office of Research Strategy and Integrity, University of Auckland, Private Bag 92019, Auckland 1142. Telephone 09 373-7599 ext. 83711. Email: humanethics@auckland.ac.nz

Approved by the University of Auckland Human Participants Ethics Committee on 15 May 2019 for three years, Reference Number 023068