

The impact of the Covid-19 pandemic on new graduate social workers in
Aotearoa New Zealand

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Abstract

The Covid-19 pandemic has had a significant impact on the world in many ways, and social workers have been at the forefront in multiple health and social services settings since the beginning. For new graduate social workers, many have experienced disruptions to their studies as well as their social work career post-qualification. These disruptions include not being able to attend their placements in person, having to change their placements' part way through, and working from home with little support and/or guidance from their employer. There is a need to understand new graduate social workers' experiences during the pandemic and the implications for social work education and social work practice, both now and in the future. In this mixed methods study, 36 new graduate social workers in Aotearoa New Zealand completed an online survey and six completed a follow-up interview. Through thematic analysis several key themes were identified regarding new graduate social workers' preparedness for the pandemic, the impact on their mental health and their experiences of the communication and support they received both from their tertiary provider and/or employer. Within these themes, several sub-themes emerged that elicited several implications for social work practice and social work's ability to respond effectively to pandemics and/or disasters.

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Chapter one: Background and rationale for the study

Introduction

The role of social work in pandemics is not a new concept, as Cheung (2022) states, social work and pandemics can be traced back to as early as 1918 during the influenza pandemic. In fact, social work is said to be rooted in service during public emergencies and plays a significant role in disaster preparedness and response (Sullivan-Tibbs et al., 2022). However, while social workers have historically been well trained to respond to disasters both natural and manmade (Sullivan-Tibbs et al., 2022), social work practitioners were often reported to be inadequately prepared for the Covid-19 pandemic (Cheung, 2022).

In December 2019, the first cases of Covid-19 were identified in Wuhan, China and by the 11th of March 2020, the World Health Organisation had declared Covid-19 as a global pandemic (World Health Organisation, 2023). Covid-19 is the disease caused by the SARS-CoV-2 coronavirus and is usually spread between people through close contact. Older populations (those over 60), people with pre-existing medical conditions, immunocompromised and unvaccinated people are at a greater risk of contracting the virus (World Health Organisation, 2023). In New Zealand, the first case of Covid-19 was confirmed by the Ministry of Health on the 28th of February 2020 and on the 19th of March 2020, New Zealand's borders were closed to all but New Zealand citizens and residents. On the 21st of March 2020, the government announced a four-tier alert system (level one; prepare, level two; reduce, level three; restrict, level four; lockdown) to help combat Covid-19 and the Prime Minister at the time, Jacinda Ardern moved New Zealand to Alert Level Two. At 11:59pm on the 25th of March 2020, the entire nation was moved to Alert Level Four and the country went into self-isolation or what most people refer to as 'lockdown'. Then, at 12:21pm, a state of national emergency was declared in New Zealand. On the 29th of March 2020, New Zealand reported its first Covid-19 related death (New Zealand Government 2023).

New Zealand remained at Alert Level Four until the 27th of April 2020, when the country was moved into Alert level Three. Following this, New Zealand faced several more changes to the Alert Level System, particularly Auckland, the region that saw

the most changes. On the 2nd of December 2021, the Alert Level System ended, and New Zealand moved to the Covid-19 Protection Framework, also known as the traffic light system. The Covid-19 protection Framework remained in place until it ended at 11:59pm on the 12th of September 2022 (New Zealand Government, 2023).

While social workers are generally known as professionals who work in a face-to-face environment and act as a bridge between individuals, communities, and macro systems (Evans, 2021), in the world of Covid-19, social workers have had to change and adapt to a new way of working and delivering services. In New Zealand, numerous lockdowns and changes to the Alert Level System and the Covid-19 Protection Framework meant that many social work services had no choice but to deliver services remotely. Yet, researchers have found that social work practitioners (Cheung, 2022) and social work students were not adequately prepared for the pandemic and have highlighted significant gaps in social work education in preparation for the significant challenges global pandemics can bring (Miller et al., 2021).

Rationale

While Covid-19 research continues to evolve over time, there is still little known about the extent that the impact of the pandemic has had on certain populations, particularly in the context of social work in New Zealand. While social work is often considered an essential service, during the Covid-19 pandemic it was difficult to clearly define roles and responsibilities (Ross et al., 2021). In New Zealand, social work was considered an essential service but not all services remained open for face-to-face service delivery (Radio New Zealand, 2020; The Hits, 2023). As a result, many social services found themselves having to work from home in conditions they were not used to. This was further complicated by social workers' lack of understanding of Information Communication Technology (ICT), particularly in a professional context. Tertiary institutions delivering social work education were not exempt from this either (Gates et al., 2022; Wohlsifer et al., 2022), many lecturers found themselves suddenly having to prepare lectures and tutorials to deliver online, whilst social work students' practical experiences were somewhat lost (Paceley et al., 2021).

Given the lack of research of Covid-19, particularly the impact of Covid-19 on social work in New Zealand, the numerous implications for social work (Atfield et al., 2021; Evans et al., 2021; Gates et al., 2022; Leburu-Masigo & Kgadima 2020; Ross et al., 2021) that have already been identified in the literature and the significant gaps in social work's response to Covid-19, including in social work education (Bennett et al., 2022; Crisp et al., 2021; Cummings et al., 2023; Kourgiantakis et al., 2021; Mishna et al., 2021; Morley & Clarke 2020; Pacey et al., 2021; Zuchowski et al., 2021) and preparing social work students, it is crucial that more research be done to improve social work's ability to respond effectively to pandemics and disasters. This includes understanding the impact that the Covid-19 pandemic has had on new graduate social workers and utilising their experiences to better improve social work education, organisations, and services.

[Motivation for this research](#)

This research appealed to me because I wanted to understand new graduate social workers' experiences and whether there were similarities amongst individuals' experiences. I also had a personal interest in the research having also been a new graduate social worker at the time of the first wave of the Covid-19 Pandemic in Aotearoa New Zealand. I had started my first social work job only a couple of months prior to New Zealand entering its second lockdown and was left very much to my own devices. Given that the first lockdown had already occurred, there was an assumption that the staff knew what they were doing and what was expected of them, not taking into consideration the staff who had been hired following the initial lockdown being lifted. Whilst I found my employer to be reasonably prepared for the pandemic, I experienced little communication and felt I did not receive adequate support. As lockdowns continued (particularly as I was living in Auckland, the region that experienced the most lockdowns) this changed over time and my workplace took a very different approach. They began doing many activities online and created several online meetings/forums as a way of connecting, which in some ways became overwhelming. Upon reflection of my experience, I began thinking about the social work curriculum I received in my social work education and the little coverage of content related to social work and pandemics and disasters. I wanted to know if others had a similar experience to me, or perhaps there were people who had much

more positive experiences. From here, I was interested in knowing what worked well, what didn't and how social work could do better in the future.

The research project

The aim of this research project was to understand *“the impact of the Covid-19 pandemic on new graduate social workers in Aotearoa New Zealand.”* The question that underpins this research is, *“what impact did the Covid-19 pandemic have on new graduate social workers in Aotearoa New Zealand?”*

For this research, a mixed methods approach was taken, and an online survey was used to reach a wide range of participants across New Zealand. Following this, semi-structured interviews took place for those participants who chose to participate in a follow-up interview and were conducted face-to-face and online via Zoom. Both the survey questions and interview guide are attached as appendices (see Appendix D and E). The analysis of the data was completed in two parts. Quantitative data from the survey derived simple descriptive information from Qualtrics whilst qualitative data from the open-ended questions from the survey and interviews were analysed using Braun and Clarke's (2006) six phases of thematic analysis.

Outline of chapters

The next chapter, chapter two contains my literature review. The literature review focuses on nine key themes: the role of social work in pandemics, mental health impacts on social workers, professional vs. personal, information communication technology in social work, importance of communication, self-compassion and self-care, exacerbated inequalities, student hardship, and challenges and changes in social work education. Chapter three outlines the aim of the research, the methodology used to meet this aim and the justification for using this methodology. Chapter four presents the survey findings and chapter five provides an analysis of the open-ended survey questions and interview data. Finally, chapter six brings together the literature review and findings of my research to discuss the implications for social work practice and provides recommendations to improve the social work response to pandemics and fill the gaps in social work education.

Chapter two: A review of the literature

Introduction

This chapter will provide an overview of the existing literature on social work, new graduates, and Covid-19. An initial search was completed in early 2022 on Google Scholar and Social Services Abstracts. The search on Google Scholar included the following terms: “social work+new graduate+covid-19” and turned up 5,910 results. Of the 5,910 results, 12 were used and were chosen by reading through the abstracts and including those that met the search criteria. The search on Social Services Abstracts included the following terms: “social work AND new graduate AND covid-19” and turned up 108 results. Of the 108 results, eight were used and were chosen by reading through the abstracts and including those that met the search criteria. It is important to note that the literature has expanded rapidly since the initial search was conducted and the topic is still very much alive, with new articles being published often. Further articles were identified by using a ‘snowballing’ approach and going through the citations of articles included in the original searches as well as an additional search conducted in late 2023.

The role of social work in pandemics

Social work practitioners encompass a broad skillset which is often a strength to the profession (Ross et al., 2021). The goal of social work is to “promote social change and development, social cohesion and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility, and respect for diversities are central to social work” (ANZASW, n.d.). Social work is said to be rooted in service during public emergencies and plays a significant role in disaster preparedness and response. Historically social workers have said to be well trained to respond to disasters both natural and manmade due to their role in supporting vulnerable populations and finding practical solutions to social issues (Sullivan-Tibbs et al., 2022). Okafor (2021) re-iterates the goal of social work and its alignment to its response to the Covid-19 pandemic by stating that social workers play a fundamental role in disaster response, recovery and preparing for future occurrences.

During the Covid-19 pandemic it was difficult to clearly define roles and responsibilities and particularly challenging to achieve universal policies of what was

on site work vs. off-site work (Ross et al., 2021). While social work has a proven role in disaster response, social work scholars have noted that the role of social work during the Covid-19 pandemic was not fully recognised. This is despite social workers playing a crucial role in assisting individuals and families overcome the unprecedented events caused by the pandemic, as well as the pandemic itself (Cheung, 2022). Although in some countries social work was considered an essential service, there was continued confusion in some settings about the role of social work which was further impacted by public perception (Ross et al., 2021). For social workers in South Africa, social work was not considered in the list of essential services at the beginning of lockdown. In fact, the president's speech regarding the government intervention strategies for the Covid-19 pandemic did not include social workers in its response team. This highlights the broader lack of understanding of the role of social work in disaster response (Leburu-Masigo & Kgadima, 2020).

Whilst many social workers were putting their own lives as well as the lives of their loved ones at risk during the pandemic by having contact with people with Covid-19, in comparison to other helping professions, the media reported almost no information pertaining to social workers' risk, access to personal protective equipment (PPE) or overall response to the pandemic (Abrams & Dettlaff, 2020). Despite social workers having training and experience mitigating crises, the Covid-19 pandemic brought new challenges and social work teachers reported it was not possible to be prepared for teaching during the pandemic (Paceley et al., 2021).

[Mental health impacts on social workers](#)

Early studies into the Covid-19 pandemic in China close to the epicentre of the outbreak, indicated that a considerable proportion of healthcare workers reported symptoms of depression, anxiety, insomnia, and distress (Evans et al., 2021). These symptoms were further exacerbated by those facing nationwide lockdowns and having to adapt to service delivery at home through services such as tele-health (Evans et al., 2021; Ross et al., 2021). Social workers from various sectors have reported that distancing restrictions had unintended consequences for practitioners leading to feelings of isolation, even for those working on-site (Ross et al., 2021). In interviews conducted by Abrams and Dettlaff (2022), one woman reported that as a result of the extraordinary essence of the pandemic, "social workers are building the

bridge as they are crossing it” (p.152). For those in social work education, people had concerns for their own financial situations, as many had faced financial insecurities because of the pandemic. However, many were more concerned for their parents’ well-being than their own (Jabbari et al., 2020).

In a qualitative study conducted by Gates et al (2022) in Australia, it was evident that many of the issues that social work clients present with, were the same issues faced by social work students during the Covid-19 pandemic. A significant proportion of students reported disruptions in every aspect of their lives due to Covid-19. These disruptions varied, some noted sleeping more whilst others reported sleeping less. There were people who felt unsafe going to the supermarket in fear of contracting the virus, people whose health conditions or family members' health conditions meant that they needed to be more vigilant than perhaps their peers, and people who experienced having the virus themselves. Overall, the psychological impacts were the most prevalent, with students reporting high levels of stress and anxiety, particularly relating to how the pandemic was being managed by those in power (Apgar & Cadmus, 2022). Also noted by social work students were the immense feelings of grief and the general sense of loss of their educational experience(s). For one student it was difficult having to see those around them suffering whilst at the same time studying the ins and outs of these sufferings in the curriculum, all whilst being isolated at home and away from classmates (Paceley et al., 2021). In an opinion article written by three social work field educators at the University of Otago, it was noted that the social Work Registration Board (SWRB) and the University of Otago were developing policies regarding health and safety and to support student placements whilst also adapting to their own new way of life (Jaquier et al., 2020). In addition, the authors recognised the privilege of university was impacted by other factors such as, finances, employment and other commitments, and some students had to choose which demands were most important (Jaquier et al., 2020). Feelings of exhaustion were also commonly mentioned in studies that have addressed the mental health impacts of both social workers and social work students because of Covid-19. Numerous social work students reported that normal stressors were amplified during the pandemic and even the most mundane tasks became insurmountable. Exacerbated by this was the concerns of the impact of the situation on friends, family members, colleagues, and classmates (Berger et al., 2022).

Due to the Covid-19 pandemic forcing many workplaces to close and people being required to work from home, several social workers found themselves struggling to manage their personal and professional boundaries. In a qualitative study conducted by Mishna et al. (2021) in Toronto, most participants described encountering difficulties managing their personal and professional lives. Some of these difficulties came down to not having a physical barrier between work and home, not being able to shut off from work and finding oneself replying to messages outside of hours, and clients knowing their social worker was working from home and expecting them to be readily available.

Social workers and nurses have experienced acute levels of stress during the pandemic and as current practitioners are experiencing burnout and exhaustion, students have been experiencing similar struggles (Evans et al., 2021). In a study conducted by Jabbari et al. (2020) the median respondent reported not being readily available for learning during the Covid-19 pandemic, often associated with lower levels of social support. Despite many social workers reporting concerns for their own family members, Billings et al. (2021) stated that concerns for their own wellbeing and fears of contracting the virus themselves, was the most prominent concern reported by respondents. Also noted by Billings et al. (2021) respondents were concerns for others, the impacts that personal protective equipment had on communication, increased workload and the impact of this on practitioners' psychosocial wellbeing, as well as the stigma brought on participants for working during the pandemic.

In a rapid review of the impact of Covid-19 on education, childcare and social workers and other relevant parts of the social care workforce completed by Atfield et al. (2021), it was found that there was an increased demand on social work staff as a direct result of the coronavirus pandemic. In the same study by McFadden et al. (2021) cited in Atfield et al. (2021), it was found that 61% of social workers in the study felt overwhelmed by increased pressures. Coinciding with findings and themes from other studies Atfield et al. report:

a large-scale online survey hosted by the BASW website but open to other social workers (n=1119), found that the majority (59%) 'agreed or strongly agreed that working during the COVID-19 crisis had negatively impacted upon their own mental health' which might have also been impacted by the finding that less than a third (31%) 'agreed or strongly agreed that they had felt under pressure to work while unwell'(Atfield et al., 2021, p.19).

Professional vs. personal

Covid-19 has created increased levels of stress for social workers managing their professional and personal lives (Evans et al., 2021). For those working remotely many saw the boundary between their personal and professional lives blurred as the physical barrier between work and home was removed. Whilst others noted that working from home further challenged their work/life balance, something that for many professionals was already in question prior to the Covid-19 outbreak. For those impacted by caregiving responsibilities, financial stress, and family status, feelings of depletion, exhaustion and overextension were further exacerbated (Ross et al., 2021). Despite family and friends being sources of strength and support during the pandemic (Billings et al., 2021) there were instances when this could place an increased burden on professionals. Many professionals reported that they were too exhausted to make time for their families or found themselves becoming frustrated and chose not to engage (Billings et al., 2021). Many of the professional vs. personal challenges faced by social workers were closely related to practitioners' wellbeing. Working from home created many opportunities for practitioners to engage with clients in greater capacity, but at the same time it also contributed to greater feelings of exhaustion. In a study conducted by Mishna et al. (2021) most participants reported increased challenges maintaining professional boundaries with their clients. Professionals attributed these challenges to Covid-19 and changes to their organisations' information communication technology (ICT) use. Those in the study reported finding themselves responding to text messages here and there outside of work hours and during weekends. It was noted that their clients seemed to think because they were working from home, they were always readily available.

Information communication technology in social work

The Covid-19 pandemic saw whole countries go into nationwide lockdowns and most of the workforce working from home. Fears of Covid-19 saw a global paradigm shift in tele-medicine to ensure safety for all (Sullivan-Tibbs et al., 2022). Many studies have investigated the use of tele-services and its benefits of bridging gaps in service delivery. Prior to the pandemic, the use of tele-medicine was being discussed in hospitals and clinics. However, despite the worldwide use of tele-medicine due to the pandemic, inconsistent internet connections have hindered its use (Sullivan-Tibbs et al., 2022). Whilst tele-medicine has its benefits in terms of its ability to reduce risk through social distancing, it does come with its challenges regarding access and quality (Ross et al., 2021). It has been noted that the issue of accessibility needs to be addressed as many clients may not have access to technology. Moreover, they may not have the economic means to then connect to their devices (Leburu-Masigo & Kgadima, 2020). There are also concerns regarding the social workers' ability to form therapeutic relationships within a virtual environment (Earle & Freddolino, 2022). Also noted in the literature was practitioners' personal experience using technology. For new practitioners there were feelings of being left out in online communications. Whilst for others, there were issues with discussing sensitive or confidential information, particularly in circumstances where practitioners share their workspace at home (Atfield et al., 2021). There were also concerns for practitioners in situations where online responses were not deemed clinically appropriate and services continued in-person for their own personal/familial safety (Gates et al., 2022).

Like the issues faced by service users regarding the accessibility with technology, were issues faced by social work students. In their paper, Gates et al. (2022) found that the widespread adaptation to online learning exacerbated already existing issues for social work students. For example, students who had limited access to the internet and relied on campus facilities could no longer rely on these services due to being locked down, whilst others experienced an unreliable internet connection. Due to this, it was noted that students' inability to access and maximise online learning could have further implications to social work practice in the future.

Social work has historically held an ambivalence towards ICT (Earle & Freddolino, 2021) and during the Covid-19 pandemic, social workers had to quickly adapt to telehealth services to meet Covid-19 guidelines for safe clinical practice. This demonstrated a gap in social work education during the pandemic, as field educators reported their students having little knowledge/direction using telehealth services and developing a therapeutic alliance prior to the pandemic taking place (Earle & Freddolino, 2022). In their study, Earle and Freddolino (2022) looked at the concepts of the therapeutic alliance and e-therapy and the relationship between the two. Their study reported that prior to the pandemic, social workers had mixed responses to e-therapy and the ability to form a therapeutic alliance, and that a lack of education and information regarding e-therapy and the therapeutic alliance may underpin social workers' hesitance in using e-therapy. In their reflective commentary, Keddell and Beddoe (2020) discuss people's experiences of moving to online communications in relation to their age, competence and experience, suggesting that those who are younger and perhaps more familiar with technology may disagree that ICT is a lesser form of communication than face-to-face interactions. In addition, MacAulay (2021) discusses their experience as a continuing professional development coordinator during the Covid-19 pandemic and lockdowns and developing a guideline for computer mediated social work. MacAulay reported that in her communications with social workers over this period she found they were actively thinking about what we do, how we do it and what we can do better while facing such significant change in the location and nature of our work.

Regardless of the challenges of ICT in social work, practitioners have noted many benefits to the use of ICT and its flexibility with clients. For example, in a study conducted by Mishna et al. (2021), practitioners stated a "client driven approach" (p. 487), whereby organisations allowed practitioners to make their own decisions about ICT based on what the client was comfortable with. Sullivan-Tibbs et al. (2022) noted that prior to the pandemic, consults via tele-medicine operated by New York University Langone Health (NYULH) averaged around 100 calls per day, but in March/April 2020, this number rose to around 800 calls per day. Current literature addressing the use of ICT in services such as e-therapy suggests that it is a viable way to provide health services and has been proven to be an affordable way of

addressing health disparities for marginalised and vulnerable people (Earle & Freddolino, 2022).

The use of virtual services has also been useful for social work practitioners and students, to stay connected with colleagues and educators. Social work students have reported that having the ability to have virtual meetings with their educators creates the sense of having face-to-face meetings and provides the human connection that is pivotal in education (Gates et al., 2022; Pacely et al., 2021). Yet, for social work educators some did not have the expertise for online learning nor any previous online learning experience. There have also been challenges experienced by both social work students and educators regarding access to ICT, such as financial barriers, poor internet connection(s) and having to share devices with other household members (Gates et al., 2022; Wohlsifer et al., 2022). Whilst there is some evidence in the literature to suggest that there is no significant difference in educational outcomes for those engaged in online learning versus those engaged in on campus learning, there is limited research that addresses the efficacy of online social work education (Vito & Hanbidge, 2021).

The rapid and unanticipated shift to online education provoked strong emotions. In an interesting study by Wohlsifer et al. (2022) applied theoretical frameworks of ambiguous loss, interpersonal neurobiology and the here and now approach were used to understand the affective experiences of Covid-19 in social work education at the onset of the pandemic. When looking at the framework of ambiguous loss, Wohlsifer et al. (2022) developed the premise that ambiguous loss is the most stressful loss. Their study found that changes to online learning happened within a week of the onset of the pandemic. This led to a great deal of uncertainty amongst students as to whether they would be able to continue their practicums or even complete their degree. Regarding the move to online classes, it was noted that there were challenges regarding students' access to technology. Whether that be access to the device itself (such as having to share a device within a family) or access to a (stable) internet connection. There were also concerns regarding the quality of teaching itself, including the lecturer's ability to use technology as well as the lack of interaction both between students and the lecturer, and with the content itself.

Importance of communication

A common theme in the literature regarding Covid-19 and social work is the importance of communication. A recent study by Ross et al. (2021) found that across all groups, clear, concise, and transparent communication was an important facilitator in social work practice during the Covid-19 pandemic. Yet, for many there was a fine line between needing effective communication and there being too much communication. Many professionals reported inconsistent and ineffective communication (Billings et al., 2021), whilst students found “university communications more stressful than media communications” (Jabbari et al., 2020, p. 17) because they were able to choose to stop looking at media communications if they became distressing. Maintaining clear and timely communication with students was an important factor for students in a study conducted by Pacey et al. (2021). Students noted that they valued responsiveness and compassion from their tutors during the Covid-19 pandemic and expressed providing flexibility and options were important factors that supported their learning. In the same study, effective communication also referred to students being able to collaborate with their tutors regarding their curriculum. For example, students noted it was beneficial when they were able to express when certain assignments were not going to work well during online learning and were able to make other suggestions. On the contrary, students reported that being left out of decision making was perceived as being unsupportive and unhelpful in their learning experience. Communication was vital to frontline healthcare workers who noted stark differences in communication during the pandemic. In some instances, there was inconsistent and ineffective communication as well as a lack of consensus between sources of information. Whilst in other instances, there was too much information. Communication was valued by frontline healthcare workers when it came from reliable authorities, when it was shared effectively and when it was seen as a two-way process (Billings et al., 2021).

Self-compassion and self-care

Self-compassion refers to treating oneself in the same way as you would to someone else in the same situation. It involves being warm and understanding towards oneself rather than self-critical (Gates et al., 2022). Whilst many scholars have addressed the importance of self-compassion and self-care for social work practitioners amidst the Covid-19 pandemic, it has been noted that although practitioners understand its

importance, they do not readily practise it (Sullivan-Tibbs et al., 2022). Current research on self-care practices amongst social workers is scarce, perhaps indicating as to why social workers are not as focused on self-care as they should be (Sullivan-Tibbs et al., 2022). During the Covid-19 pandemic, many students noted having to implement new self-care strategies to deal with the stress and anxiety caused by the pandemic. Amongst these new techniques, technology and social media were common and perhaps the most popular use of technology was to stay in touch with family and friends (Apgar & Cadmus, 2022). However, like social work practitioners, social work students also noted the importance of self-care practices but reported that the demands of their program hindered their ability to engage in such practices (Paceley et al., 2021). Contrary to this, participants in a study conducted by Wampole and Kohli (2022) reported that their view of self-compassion changed significantly because of the Covid-19 pandemic. More than half of the participants noted that they are now allowing themselves more time for self-compassion (for example, structuring their time and taking breaks and engaging in activities such as creativity, being outdoors and maintaining connections with others) than prior to the pandemic.

Exacerbated inequalities

Evidence suggests that the Covid-19 pandemic has exacerbated existing inequalities amongst already vulnerable populations. These inequalities have long been embedded within the social determinants of health and ongoing system failures (Abrams & Dettlaff, 2020; Ross et al., 2021). In their paper, Walter-McCabe (2020) talks about the importance of social work at both micro and macro levels during the pandemic and questions how we can work in a way that does not further exacerbate existing inequalities. At a macro level, Walter-McGabe (2020) provides examples of already vulnerable populations being impacted by the pandemic. For example, the divide between essential and non-essential workers, those who find themselves ill and the divide between those who can access healthcare and paid leave versus those who can't, and the correlation between socio-economic status and medical issues. As social workers our values as a profession call us to challenge structural systems that perpetuate existing inequalities and make changes to improve public health across all communities (Cheung, 2022; Magruder et al., 2020; Walter McGabe, 2020)

Whilst some social services were inundated during the pandemic, many others became quiet, due to usual referral sources such as doctors, schools, coaches, and counsellors being impacted by the pandemic. Some social workers feared that the lack of referrals was not necessarily due to issues not being present but because of a lack of referral sources. Consequently, one social worker reported they feared that child abuse may be at much higher rates if they continue to be hidden (Abrams & Dettlaff, 2020).

Student hardship

Throughout the literature, there were several references to the inequalities faced by social work students that existed prior to the pandemic (Berger et al., 2022; Gates et al., 2022) and which were exacerbated when the Covid-19 pandemic and lockdowns struck. Specifically, the financial hardship placed on students due to having to undertake unpaid practice placements. Student placements are a mandatory component of social work education and a total of 120 hours across the degree must be undertaken to meet the requirements of the Social Workers Registration Board causing financial hardship and stressful juggling of roles (Bartley et al., 2024; Beddoe et al., 2023). The placements are not paid, and often mean that on top of a full-time placement, social work students seek paid employment at the same time as their placement to be able to survive financially, which often results in students going straight to work after finishing a full day on placement. On the other hand, there are those students who make the difficult decision to reduce their hours of paid employment to embark on their placement in full capacity (Beddoe et al., 2023; Hulme-Moir et al., 2022). These challenges can be evidenced in the results from a mixed methods study conducted by Bartley et al. (2024) which showed that “60.7% of participants experienced low financial hardship, 32.6% experienced moderate financial hardship and 6.7% experienced severe financial hardship” (p.9).

Not only does the literature evidence significant financial hardship placed on students whilst caring out social work education, but it also highlights the mental distress faced by students. Social work education tends to draw in higher rates of female students which can in turn result in higher rates of students with caregiving responsibilities, ‘mature’ students, and those who have experienced multiple

Adverse Childhood Experiences (ACEs) (Bartley et al., 2024). Having to balance these issues along with study itself, is a fine balancing act and is only made worse by the added pressure of an unpaid placement especially for those with caring responsibilities (Hulme-Moir et al., 2022). In addition, research suggests that social work students are less likely to report feelings of mental distress to their university lecturers/field educators due to the power they hold in 'passing' or 'failing' that student, and in fear of not passing their degree (Beddoe et al., 2023; Cox et al., 2021; Hulme-Moir et al., 2022).

Challenges and changes in social work education

A major theme within the literature pertaining to Covid-19 and social work was its impact on social work education. There is significant research addressing the importance of preparing social work students for future practice but with the Covid-19 pandemic, many practicum opportunities were missed due to physical distancing requirements (Kourgiantakis et al., 2021). In a study conducted by Pacey et al. (2021) many students reported feelings of loss particularly with reference to their educational experiences and not being able to fulfil their practicums. These feelings of loss were then complicated by students understanding the need for safety but grieved personal connections (Pacey et al., 2021).

The Covid-19 pandemic saw an almost immediate shift from the delivery of social work education face-to-face to delivery online. While social work education has been conducted online in several countries for the last decade, it is important not to compare the traditional online delivery of social work education with the delivery of social work education online during the pandemic (Bennett et al., 2022). Ordinarily, good online social work education is planned and organised but during the pandemic, online education tended to be ad-hoc and did not allow for thoughtful planning (Bennett et al., 2022). In Australia, while online education is allowed, the Australian Accreditation Standards set out that a student's learning must include 20 days of face-to-face in the classroom learning (Crisp et al., 2021). Like the experiences of social work practitioners use of online platforms during the pandemic, social work educators and students also reported several challenges with using online platforms such as Zoom. One of the challenges with using Zoom was related to people's ability to connect with others. Some people found that they used more

energy and referred to the term 'Zoom fatigue' (Sklar, 2020 cited in, Bennett et al., 2022). 'Zoom Fatigue' refers to the challenges in interpreting communication due to fewer non-verbal cues and the difficulty with picking up body language because people are often in little boxes on the screen or without cameras. This can lead to extended eye contact which at times can become threatening (Bennett et al., 2022). Further challenges, such as social work students' safety and a reluctance to turn on their cameras during the pandemic due to issues like domestic violence were also reported by social work educators (Bennett, et al., 2022).

The use of ICT has been widely discussed across the literature on social work and Covid-19, both in practice and in social work education. In their research entitled 'Teaching note - Preparing Social Workers for the Digital Future of Social Work Practice, Mishna et al. (2021) found that "participants were managing the complex and nuanced challenges of ICT use with little guidance" (p. 21). Their research goes on to discuss the implications for social work practice and the role of social work education in preparing social workers to effectively use ICT. This includes educating social work students about boundaries in social work practice and the impact that ICT has on being able to maintain effective boundaries with services, maintaining confidentiality, informed consent, and documentation, and supporting students to learn good risk assessment and management skills when engaging with clients through ICT.

Technology featured in a study conducted by Aynsley et al. (2021) which looked at the factors associated with academic stress in social work students during the Covid-19 pandemic. Their findings suggested that students' experiences of academic stress significantly increased from prior to the pandemic to after. Coinciding with the themes mentioned by Bennett et al. (2022), specifically the switch to the delivery of social work education and the use of technology, Aynsley et al. (2021) recommended several considerations to better support students in the future. These include, supporting students with the shift from face-to-face delivery to online delivery, adapting courses to account for Covid-19 and preparing students with using online platforms.

Given the considerable impact that the Covid-19 pandemic has had on social work education, tutors and students, there are several implications for social work education in the future. As a result, Cummings et al. (2023) have identified five areas for reflection following their research on social work students and Covid-19. The first area is flexibility, adaptability and creativity which were characteristics appreciated by students in their study. The second being effective communication and the importance of transparent and timely communication, whilst also taking into consideration the content of the messaging as there is the potential for certain types of messaging to become overwhelming very quickly. The third is the importance of students feeling cared for and fostering a safe environment for students to share experiences. The fourth is encouraging social work educators to consider engaging in critical reflection and dialogue regarding how field policies and contingency plans can most effectively support students' learning. Finally, Cummings et al. (2023) suggest considering what 'lessons learned' can be integrated into the social work curriculum, such as modelling adaptive coping, self-assessment, self-care, and resilience and revising policies and practices to be more equitable.

While there are several examples in the literature of the negative impacts of the Covid-19 pandemic on social work education, research from Australia suggests that there are also several positive learnings we can adopt from the pandemic. Although it can be difficult to source quality field placements for social work students worldwide (Zuchowski et al., 2021), it is not the location of the placement but rather the opportunities to learn about social work practice (Crisp & Holken, 2016, cited in Zuchowski et al., 2021). In their study, Morley and Clarke (2020) found that students can complete 'non-traditional' placements and still meet the regulated requirements. In addition to this, Zuchowski et al. (2021) and Jefferies et al. (2022) both argue that e-placements and simulation placements should be considered in future social work education and can provide quality practice experience for social work students. It is important that these lessons learnt from the pandemic are not lost and further exploration of non-traditional approaches are considered given that overly prescriptive frameworks do not necessarily assure good student learning outcomes (Crisp et al., 2021).

Summary

The Covid-19 pandemic and nationwide lockdowns brought about sudden change that significantly impacted the way the world operated and resulted in an immediate shift to the delivery of online education and services. While literature regarding the Covid-19 pandemic continues to evolve over time and a lot remains unknown, there are several key themes that come to light, specifically the use of ICT, mental health impacts on social workers and the challenges faced in social work education. The purpose of this chapter was to highlight the current literature regarding the Covid-19 pandemic, particularly in the social work context and to provide a basis for this research project.

In the next chapter, I will outline the aim of this research and the methodological approaches I adopted to achieve this. I will also provide a rationale for the methodological approach that I adopted and why I believe it was the best approach for this research project. Following this, I will outline the processes I followed throughout the research and how the data was analysed, and conclude with the limitations of the research.

Chapter Three: Methodology and study design

Introduction

In this chapter, I outline the research aim, the methodological approach(es) I took to achieve this and a brief summary of the methodological approach(es) in social work research. I discuss the study design including the rationale for the approach I took, who the participants were and how they were recruited, as well as the inclusion and exclusion criteria. I then outline the processes I followed throughout the research and how the data was analysed. Finally, I conclude the chapter with the limitations of my research and a brief summary.

Research question and aim

The aim of this research project was to understand “*the impact of the Covid-19 pandemic on new graduate social workers in Aotearoa New Zealand.*” The question that underpins this research is, “*what impact did the Covid-19 pandemic have on new graduate social workers in Aotearoa New Zealand?*”

As outlined in the literature review, there is limited existing research regarding the Covid-19 pandemic, particularly in the context of social work (and its role) in Aotearoa New Zealand. The overall aim of this research is to understand the impact of the Covid-19 pandemic on new graduate social workers in Aotearoa New Zealand. In doing so, the research explores how well prepared new graduate social workers were both personally and professionally for the pandemic and how well supported they were by their tertiary provider and/or employer. This will help to identify possible gaps in the social work curriculum in preparing social workers to enter the workforce and how organisations and services can better prepare themselves and support their staff responding to a disaster and/or pandemic

Method

Mixed methods

Prior to the second half of the 20th century, social sciences research was primarily dominated by quantitative approaches, whilst qualitative research emerged in the 1970s as a response to the convention of quantitative research and aims to provide a greater depth of understanding to the research and produces a hypothesis (Caruth, 2013). In general, quantitative research tends to be based on a ‘positivist’ worldview

(Glogowska, 2011) and involves the collection and analysis of numerical data, therefore relying on measurement and reason (Halcomb & Hickman, 2015). On the other hand, qualitative research tends to be based on an 'interpretivist' worldview (Glogowska, 2011) and relies on narrative or experiential data (Halcomb & Hickman, 2015) thus assuming that reality is subjective and socially constructed. For decades, these approaches have been treated independently of each other and have been subject to what is commonly known as the 'paradigm wars.' However, Onwuegbuzie and Leech (2005) state that much of the quantitative versus qualitative debate has focused on the differences between the two paradigms rather than on the similarities. As stated by Brennen (1992) cited in Onwuegbuzie and Leech (2005, p. 379) the differences that researchers feel exist between the two paradigms will have profound effects on the focus and conduct of the research. Instead, Onwuegbuzie and Leech (2005) argue that there are overwhelmingly more similarities between the two paradigms than there are differences, and that where there are differences, these are not due to different goals but due to different operationalized strategies to meet those goals. Therefore, methodological pluralism should be promoted by researchers becoming more pragmatic.

In more recent years, researchers have adopted what Onwuegbuzie and Leech (2005) describe as a more pragmatic approach and employed the method that best fits their research aim. With the 'paradigm wars' somewhat a thing of the past, a greater awareness and value of mixed methods research has emerged (Glogowska, 2011). In simple terms, mixed methods research combines quantitative and qualitative approaches and integrates them into a single research project (Halcomb & Hickman, 2015; Hayes et al., 2013). The process of integration can occur at any time in the research. For example, in the research question itself, in data collection by combining open-ended questions or in data analysis (Halcomb & Hickman, 2015). Prior to commencing mixed methods research and mixing research in an effective manner, the researcher must first understand the basic characteristics of both quantitative and qualitative research methods in order to effectively combine both methods (Caruth, 2013). In short, mixed methods research aims to bridge the gap between qualitative and quantitative research and utilises the strengths of both paradigms (Wisdom et al., 2012).

According to Halcomb and Hickman (2015), there are a number of mixed methods designs that can be adopted by the researcher. Firstly, the researcher must consider to what extent the data will interact with one another. Will the data be treated independently or interact with one another? Secondly, the researcher must consider the sequence of the data. Will the data be collected sequentially? For example, the data is collected separately in order for the findings of one set of data to form a basis for collection for the other form of data. Or is the data collected concurrently? For example, quantitative and qualitative data is collected simultaneously. There are advantages and disadvantages to both design methods. A disadvantage of a sequential design is that data collection can take a lot longer to complete, whilst a disadvantage of a concurrent design is not being able to use findings from one data collection method to inform another (Halcomb & Hickman, 2015; Hayes et al., 2013).

After the collection of the data has taken place, the process of analysis and integration occurs. When data analysis occurs will depend on the type of design adopted by the researcher. For example, in a sequential design, the data will be analysed at the end of each phase but in a concurrent design, the data will be analysed at the same time (Hayes et al., 2013). In mixed methods research, quantitative data will be analysed using quantitative measures, and qualitative data will be analysed using qualitative measures. The analyses of both methods are then combined and inferences can be made (Hayes et al., 2013).

Mixed methods in social work research

As discussed above, there has been a long standing debate between the use of quantitative and qualitative approaches in the so called 'paradigm' wars. However, it is only within the social and behavioural sciences that the value of both paradigms is so passionately debated (Onwuegbuzie & Leech, 2005). As discussed by Glogowska (2011), mixed-methods have been increasingly adopted within social, health and educational fields. The motivation for this is likely due to the complexities and multi-dimensional factors that influence these fields beyond the scope of natural sciences. Due to researchers in these fields being concerned more about people and the complexities this brings, a more person-centred approach has appealed to researchers. Glogowska (2011) states that: "Indeed, the broad emancipatory

justification for using mixed-methods research—empowering less than powerful groups to find a voice—finds a significant resonance in this field” (p. 253).

This is reiterated by Padgett (2009) who states that while one of the dividing lines between quantitative and qualitative research is that of social justice values (despite the absence of evidence that suggests socially conscious values are incompatible with rigorous research), research does not need to be an either or situation. In fact, Padgett (2009) argues that: “rigorous methods are vital even when social values are brought in to infuse a study with larger meaning. After all, advocacy without empirical support is a far less credible stance” (p.103).

In a study conducted by Chaumba (2013) the use and value of mixed-methods research in social work is examined. In addition to the argument presented by Padgett (2009), Chaumba (2013) states that there are many advantages to mixed-methods research in social work. By allowing the comprehensive analysis of phenomena, researchers can study things holistically and from more than one standpoint. Given that social workers support some of the most vulnerable people in society, giving a voice to their experiences is integral to social work practice and research (Chaumba, 2013).

Analysis

Thematic analysis

Reflexive thematic analysis can be described as exploring and developing understanding of patterned meaning across a qualitative dataset. It offers a way of packing and unpacking the dataset to develop insight and tell a story about the patterned meanings and why they matter (Joy et al., 2023). Traditionally, thematic analysis has been considered as a singular concept. However, thematic analysis can now incorporate what is referred to as reflexive thematic analysis. Reflexive thematic analysis is a way of describing a particular approach to thematic analysis with concepts, values and practices that can differ (sometimes radically) from other approaches to thematic analysis. Thematic analysis is better thought of as a ‘family’ of methods (Braun & Clarke, 2022) - whilst there are things that can unite a family, there can be several differences between each family member and even things they disagree on (Joy et al., 2023).

Reflexive thematic analysis is a fully qualitative approach which involves qualitative research techniques and underpinned by qualitative research values. In reflexive thematic analysis, the researcher is considered to be a storyteller and the stories they tell of the dataset are inevitably shaped by their personal positioning, lived experience, assumptions and experience of the topic. In this sense, the researcher is not aiming to be neutral or unbiased (Braun & Clarke, 2022).

Thematic analysis has a long-standing history in qualitative research and as a result, many approaches to the method have been adopted over time. What broadly unites the different approaches is the process of coding and generating themes across a data set (Braun et al., 2022). Joy et al. (2023) define a theme as a “pattern of shared meaning united by a central idea” (p.156).

Braun and Clarke (2006) identify six phases of thematic analysis and are detailed as follows. Phase one is *familiarising yourself with the data*. This involves transcribing the data (if applicable), reading and re-reading the data and writing down initial ideas. Phase two is *generating initial codes*. This involves going through the data set and drawing out key features of the data in a systematic fashion and collating the data into the relevant codes. Phase three is *searching for initial themes*. This involves collating the codes into potential themes. Phase four is *reviewing themes*. This involves checking to see if the themes fit with the initial codes and the entire data set, and creating a map of the analysis. Phase five is *defining and naming themes*. This phase involves ongoing analysis to refine the themes and the overall story that the analysis tells and creating clear definitions and titles for each theme. Finally, phase six is *producing the report*. This phase is the final opportunity for analysis. The researcher selects compelling and vivid examples and a final analysis of these examples before relating back to the research question, the literature and producing the final report.

Study design

In order to meet the aim of my research, I employed a mixed-method and complementary approach to the research. A complementary approach refers to

using one method to elaborate on another (Wisdom et al., 2012). To do this an online survey and follow-up interviews were completed concurrently. I chose a mixed-method for two reasons. The first reason being that I wanted to reach a wide range of participants in order to gain a true understanding of new graduate social workers experiences whilst at the same time, giving the opportunity for participants to provide more in-depth responses. As Chaumba (2013) states, the primary reason for sampling in quantitative research is to select participants that are representative of a population which is best employed through random and large sample sizes. The second reason being because I was interested in understanding particular areas in which new graduate social workers were impacted by the Covid-19 pandemic on a deeper level. This is what Chaumba (2013) states as the primary rationale for conducting qualitative research whereby the researcher selects information rich cases so they can gain an in-depth understanding of issues central to the research question and aims.

While I considered employing a sequential exploratory design - using the analysis of survey data to inform the interview (questions) (Halcomb & Hickman, 2015), due to the timeframe of the thesis requirements this approach would not have been feasible. Instead, I chose a concurrent design and completed the online survey and follow-up interviews at the same time. In doing so, I was able to reduce the amount of time required for data collection and extend the findings from the survey data with the interview data (Hayes et al., 2013).

Participants

Participants in this study were new graduate social workers in Aotearoa New Zealand. New graduate social workers were defined as social workers who had fewer than two years post experience following qualification at the time of the first wave of Covid-19 in New Zealand. I chose to look specifically at new graduate social workers due to the somewhat limited support they may receive after graduating and the varying degree of readiness once they enter the workforce (Beddoe et al., 2018; Tham & Lynch, 2014). In addition to this, I was curious what impact the Covid-19 pandemic would have on new graduate social workers practice, in an already challenging adjustment period.

The intended sample size of the survey was roughly 10% of new graduate social workers in New Zealand, which I estimated to be about 100 people. I then intended to interview 10% of those who completed the survey.

Recruitment

Participants were invited to participate in the research via closed professional social work Facebook groups and through the Aotearoa New Zealand Association of Social Workers (ANZASW). Following ethical approval, ANZASW included the research invite in their fortnightly professional development opportunities emails as well as on their website, between the end of October 2022 and end of February 2023. There were four closed Facebook groups that were used to advertise the research: 'Social work in Aotearoa New Zealand' (four advertisements, October 2022, December 2022, January 2023 and February 2023), 'Social Work & Counselling: Professional Development and Careers' (four advertisements, November 2022 (twice), December 2022, February 2023), 'Rebel Social Work' (five advertisements, October 2022, November 2022, December 2022, January 2023, February 2023), and the invite was also run through the e-newsletter of ANZASW - Aotearoa New Zealand Association of Social Work (five advertisements, October 2022, November 2022, December 2022, January 2023, February 2023).

There were 52 initial responses to the survey and 11 participants who said yes to being contacted to complete a follow-up interview. Of the 52 responses to the survey, 16 were incomplete or did not meet the research criteria, leaving 36 usable responses. Participants interested in completing a follow-up interview were contacted and interviewed as they responded to the request and while the survey was still active. Two interviews were conducted face-to-face at locations of mutual convenience and four interviews were conducted via Zoom. The interviews took between 26 minutes and 48 minutes in length. Interviews were recorded and transcribed by the researcher.

Ethical considerations

Prior to this research being carried out, full ethics approval was obtained from the University of Auckland Human Participants Ethics Committee (UAHPEC) on the 6th of October 2022. Information on the ethics approval was included on the participant

information sheet (PIS) which was provided to participants prior to taking place in an interview. Both the ethics approval letter and PIS are included as appendices (Appendix A and Appendix B, respectively).

As participants in this research were social workers, the research was considered low risk. However, there was a possibility that incidental findings could occur. The incidental findings likely to arise were assumed to be related to participants' mental health. Information on where participants could access mental health support should they be adversely affected following participation in the research was provided on the PIS.

Participation in the survey was considered as participants providing consent on submission. However, those who were participating in a follow-up interview were required to sign a written consent form (Appendix C) prior to the interview commencing. The interviews were audio recorded and then transcribed. Participants were informed of the use and storage of the audio recordings and transcripts and were provided an opportunity to review these. If participants did want to review their audio recordings and transcripts, they were informed they had two weeks to advise me of any changes or additions.

Participants were informed that no identifying information would be included in the publication of the research and those who participated in a follow up interview were given a pseudonym. However, participants were informed that the researcher could not completely guarantee that the identification of participants would not occur due to the relatively small social work community.

[Inclusion/exclusion criteria](#)

New graduate social workers were defined as social workers who had two years or less post graduate experience at the time of the first onset/wave of the Covid-19 pandemic in New Zealand - 28th February 2020 (New Zealand Doctor, n.d.). To meet this criterion, participants must have graduated no earlier than 2018 and no later than 2022. Those who graduated outside this timeframe, including those who registered as social workers through Section 13 of the Social Work Registration Act

2003, or who did not provide an answer to the year they graduated, were excluded from the research.

Formulating the questions

I began by drafting the survey questions (Appendix D) by starting with basic demographic questions and made sure this included the year participants graduated to ensure they met the inclusion criteria. From here, I went back to the key themes and gaps identified in the literature and formulated questions based on these and my own experience. Initially I began with closed ended questions but upon reflection and conversation with my supervisor, I altered some of the questions so that if participants wanted to, they could enter free text to elaborate on the question and provide examples.

After formulating the survey questions, I was interested in five key areas that derived from the themes of the survey: preparedness, support, mental health, communication, and change recommended. Each area included between three to five sub questions and two for the changes recommended.

Completing the interviews

At the end of the survey, participants were advised they had reached the end of the survey and if they were interested in participating in a 60 minute follow up interview, they could click on the anonymous link to a separate survey. This survey allowed participants to enter their contact details for me to email them about the follow-up interview. The interview questions were similar to those in the survey but varied slightly, allowing for more in depth responses. An interview guide (Appendix E) was used when conducting the interviews. Of the 11 participants who said yes to being contacted to complete a follow-up interview, three did not respond to email attempts, two were unable to participate in the interview due to personal commitments and six participated in a follow-up interview. Two interviews were completed face-to-face and four interviews were completed via Zoom.

Participants interested in completing a follow-up interview were contacted and interviewed as they responded to the request and while the survey was still active.

Two interviews were conducted face-to-face at locations of mutual convenience and four interviews were conducted via Zoom. At the beginning of each interview, participants were provided with a brief overview of the purpose of the research and the topics that would be covered during the interview. They were then offered an opportunity to begin the interview in a way that they felt appropriate, for example, with a prayer or karakia.

Of the six people who completed a follow-up interview, five were female and one was male. Four were in the 20-30 age range, one in the 31-40 age range and one in the 41-50 age range. Four graduated in 2021 and two graduated in 2019. Four worked in a non-government organisation and two worked in health. Participants' ethnicities varied with some participants identifying with more than one ethnicity, these included, New Zealand European, Māori, Niuean, Samoan and Chinese.

The interviews took place over a four month period and occurred between the beginning of December 2022 and the end of March 2023. It was somewhat challenging to complete the interviews due to busy schedules and there were often several emails sent back and forth before the interview took place.

[Analysing the data](#)

The analysis of the data was completed in two parts. Quantitative data from the survey derived simple descriptive information from Qualtrics whilst qualitative data from the open-ended questions from the survey and interviews were analysed using Braun and Clarke's (2006) six phases of thematic analysis as outlined below. Note: phase six of thematic analysis is to produce the final report and is therefore not mentioned below.

[Phase one - transcribing the interviews](#)

The first phase in thematic analysis as outlined by Braun and Clarke (2006) is to familiarise yourself with the data. This includes transcribing data (where applicable), reading, re-reading and keeping note of initial ideas. Each interview I conducted was audio recorded on a personal recording device and uploaded to my (password protected) laptop which only I have access to. They were then backed up to Google drive. The audio was then deleted from the personal recording device. I transcribed

the interviews in the days following each interview. This took several hours and I often transcribed ten minutes of the interview at a time. To help with transcribing, I used the dictation function on word, where I would play the interview and word would dictate the interview. The dictation function was somewhat accurate but required a lot of additional editing. Initially, I transcribed each interview with little punctuation. For example, without recognition of the long pauses as I found it easier to add the punctuation after listening to the recording several times. Once I had a basic transcript of the interview, I re-visited it an additional three or four times. Revisiting the transcripts on multiple occasions also helped me to familiarise myself with the data and draw out key ideas.

Phase two - generating initial codes

Phase two of thematic analysis is to generate initial codes. To do this, I went through each transcript and the responses to the open-ended questions of the survey data, by highlighting and writing down a list of initial codes. At the end of this process, I had at least 100 codes from across the data sets. To break these down, I created “buckets.” There were five big buckets based on the key concepts of the survey and interview questions (preparedness, support, mental health, communication and change recommended). Once I had created the five big buckets, I placed the codes under the buckets that they corresponded to. To do this, I re-visited the data sets, question by question.

Phase three - searching for initial themes

Phase three of thematic analysis is searching for initial themes. As stated earlier in this chapter, a theme is “a pattern of shared meaning united by a central idea (Braun et al., 2023, p.156).” To search for initial themes, I created thematic tables from the buckets I created in phase two. For example, I created a thematic table titled ‘preparedness’ with all the codes that I had placed in the preparedness bucket. I then went back to the data sets to look for data (quotes) from participants that backed up that theme. Once I had all the quotes that related to the particular codes, I began to write about each code as if I was presenting it in the results section. Once I had completed the thematic table, I could visualise and draw out initial themes.

Phase four - reviewing themes

Phase four of thematic analysis is to review your themes and occurs in two phases. It is during this phase that it becomes apparent that some themes were not really themes, for example, if there is not enough data to back it up (Braun & Clarke, 2006). Phase one involves reading the collated excerpts correlating to each theme and identifying if they form a coherent pattern. During the first phase of phase four, I looked at each of the thematic tables that I had produced and was able to identify some themes that did not fit. In my case, the themes that didn't fit were simply themes that did not have enough data to back them up and were things that were only mentioned once or twice or by one or two participants. I then moved onto phase two, which is similar to phase one and involves a similar process to phase one but involves reviewing the themes in relation to the whole data set. When I followed this process, there were only one or two themes that I removed as they did not provide an accurate representation of the data.

Phase five - defining and naming themes

Phase five of thematic analysis is the final stage before producing the final report. This phase involves defining and naming themes which refers to identifying the essence of the themes. In this phase, I went back to the thematic tables and developed them further. As Braun and Clarke (2006) state, "it is vital you do not just paraphrase the content of the data extracts presented, but identify what is of interest about them and why" (p. 92). To develop the tables further, I went back to the aim of my research to put into perspective the information that I had presented in the tables and to help make sense of the story they were telling me. I then began writing about the quotes and what they were telling me in relation to the theme. In doing this, I could see that some of the themes were interrelated with another theme. As a result, instead of having separate themes, I created a bigger overarching theme and sub-themes within the bigger theme. Finally, I looked at the names of all the themes and determined whether they immediately gave a sense of what the theme was all about. In some cases, I replaced the theme names with excerpts from the data set(s).

Limitations of study

There are several limitations to this study. The first being the sample size of participants, both from the survey and from the follow-up interviews. Prior to

commencing this research, the intended sample size for the survey was 10% of new graduate social workers in Aotearoa New Zealand which was presumed to be about 100 people. Data collection occurred over a five month period and despite a total of 18 advertisements on closed Facebook groups and nine advertisements through ANZASW, only 36 (usable) responses to the survey were received and six interviews conducted. Thus, the sample size could not be representative of the population of new graduate social workers in New Zealand.

While a mixed-method concurrent design was appropriate for this research given the timeframe and sample size limitations, if time was not an issue, this research could have been enhanced by adopting a sequential exploratory design. In doing so, the survey data could have been analysed prior to the interviews taking place and used as a basis to inform the questions for the interview. In addition to this, although a researcher's view is present in all research, regardless of whether it is intentional to or not, a sequential and exploratory design would have helped to somewhat remove the influence of my view because the interview questions would derive from the analysis of the survey data.

Another potential limitation to this research is response bias. While sampling of participants was random, it is possible that those who participated in the study were more likely to be those who were negatively impacted by the Covid-19 pandemic and utilised the research as a way of expressing and venting their frustrations and negative experiences. It is also possible that this was further exacerbated by the types of questions that were asked.

Despite these limitations, excellent data were obtained and thus enabled a rich analysis of the experiences of participating social workers in the study, offering insights for further research.

Summary

This chapter provided a brief comparison of the qualitative and quantitative research paradigms and introduced a third paradigm, mixed methods. I identified mixed methods as the methodology I adopted to complete this research and provided a rationale for choosing this approach, as well as an overview of mixed methods

research in social work. Lastly, I described the processes I undertook to complete the research, including the process of analysis before concluding with the limitations of the research. In the next chapter, I will present the results of my research.

Chapter Four: Survey findings

Introduction

An online survey (appendix D) and follow-up interviews (appendix E) were conducted over a five-month period to gain an understanding of the impact of the Covid-19 pandemic on new graduate social workers in Aotearoa New Zealand. In the following chapter, I present simple, descriptive results from the survey and provide a brief summary.

Results

Response rates

A total of 52 people responded to the online survey and 11 people indicated that they were interested in being contacted to complete a follow-up interview. Of the 52 survey responses, 16 responses were incomplete or did not meet the research criteria, leaving 36 usable responses. Survey participants were able to enter their ethnicity as free text so they were able to identify with multiple ethnicities if necessary. Of the 36 responses to the survey, 19 identified as New Zealand European/Pākehā, two as Māori, two as Māori/Pākehā, two as Samoan, two as Samoan/Pākehā, two as Samoan/Māori, one as South African, one as Irish/Indian, one as European/Canadian, one as Asian, one as Chinese, one as Pākehā/Ashkenazi Jewish, and one as New Zealand European/Māori/Niuean. Please see table 1 for demographic information related to the sample.

Demographic	n	%
Gender		
Male	2	5.56%
Female	34	94.44%
non-binary	0	0.00%
Prefer not to say	0	0.00%
Age range		
20-30 years	16	44.44%
31-40 years	7	19.44%
41-50 years	8	22.22%
51-60 years	5	13.89%

60+ years	0	0.00%
Did you complete your social work training in New Zealand?		
Yes	34	5.56%
No	2	94.44%
In what year did you graduate (finish study) from your social work training?		
2018	7	19.44%
2019	6	16.67%
2020	5	13.89%
2021	13	36.11%
2022	5	13.89%
What sector do you work in?		
Statutory	4	11.11%
Non-Government Organisation	22	61.11%
Health	6	16.67%
Other	4	11.11%
Did you complete your initial social work training in Aotearoa New Zealand?		
Yes	34	94.44%
No	2	5.56%

Participant preparedness

At the beginning of the survey, participants were asked a range of closed-ended questions to gain a general sense of their readiness for the pandemic. In terms of the coverage of pandemics/disasters in their social work education, one person stated their degree covered both pandemics and disasters, seven said their degree covered disasters but not pandemics, four said their degree covered pandemics but not disasters, and 21 said their degree covered neither disasters or pandemics. There were 29 participants who stated that their workplace was considered an essential service during the lockdowns and two we said their workplace was not considered essential during the lockdowns. Most participants (19) said that they were provided appropriate work from home equipment (desk/chair, monitor, laptop, mobile phone), while eight said that they were not. However, not all participants were familiar with

using online platforms (Zoom, MS Teams etc.) to deliver services. There were 15 participants who reported they were familiar with online platforms but not to deliver services, 11 who said they were both familiar with online platforms and using them to deliver services, and six participants who reported not being familiar with online platforms both in general and in terms of delivering services. Finally, participants were asked if they were provided with appropriate personal protective equipment (PPE) and guidelines on how to use it. 18 participants stated they were provided with both appropriate PPE and guidelines on how to use it, 10 said they were provided appropriate PPE but no guidelines on how to use it, four said they were not provided appropriate PPE or guidelines on how to use it, and one said they were not provided appropriate PPE but were provided guidelines on how to use PPE.

Summary

In this chapter, I have provided basic descriptive data from the survey and a brief summary of the closed-ended questions. In the next chapter, I present an analysis of the open-ended questions from the survey combined with an analysis of the interview themes.

Chapter Five: When the going gets tough

Introduction

In this chapter, I combine the open-ended questions from the survey with the interview results and provide an analysis of the findings. The findings produced four key themes, preparedness, communication, mental health and support. I conclude the chapter with a summary of the findings.

Preparedness

One of the key themes from this research was participants level of preparedness for the pandemic. Many participants reported that they were not prepared for the Covid-19 pandemic and could not have foreseen what was to come. As a result of not being prepared for the pandemic, participants experienced several implications, such as a lack of exposure to practical experience and challenges in adjusting to the work from home environment.

“She’ll be right”

Being prepared for Covid-19 was an unfamiliar concept for interview participants who all stated they were not personally prepared for Covid-19. While participants had at least some understanding of Covid-19 and its emergence across the world, many adopted a “she’ll be right” mentality to the pandemic and did not expect it to have such a significant impact on the country and themselves.

I think, well, I guess everyone’s not prepared for Covid at the beginning and I can’t say yeah, personally I’m not prepared at all. [Leon]

Um obviously I knew it was around, but I wasn’t prepared for the impact that it would have. As in starting a new job in this field and then the Covid lockdown happening. [Kate]

Um... I guess I just wasn’t prepared for um, the degree to which it has impacted us. [Gertrude]

Not only did participants comment on a general unreadiness for the pandemic, but one participant noted the different ways in which she wasn’t prepared for the

pandemic in a professional sense. The participant spoke of the privacy challenges she faced during lockdowns due to being in a flatting situation at the time and how she didn't have the necessary means to maintain privacy.

Particularly in terms of like privacy elements as well like I was flatting when and I still am flatting but in quite a different like living arrangement when Covid hit and I umm obviously when I was doing social work was having to deal with quite a lot of sensitive things and didn't really have a means of doing the privacy stuff so that was quite hard. [Eva]

A couple of participants also commented on a difference in preparedness in their workplaces/tertiary institution for the pandemic across the different lockdown levels. This coincides with participants' varying experiences across the different lockdowns regarding the support and communication they received. For example, most interview participants noted that their workplace/tertiary institution was not prepared at all for the pandemic in the first lockdown but by the second lockdown seemed to have at least some level of preparedness for the pandemic, having been through a lockdown before.

I would say they'd already gone through the first lockdown, so I think they'd learned a lot of lessons. [Eva]

While the second lockdown, when that all happened, they were a bit more prepared and where I was on placement that time, they were like, oh just work from home, it's all good. [Nicole]

Taking each day as it comes

Common across all participants was the lack of contingency plans either from workplaces or places of education. There was either no contingency plan at all or the workplace/university simply took each day as it came.

I don't think they really did have a contingency plan; it was just more done by the day. [Kate]

While some interview participants found this approach okay and commented that their workplace/tertiary provider managed the change well with effectively moving things online, communicating regularly and providing support, others didn't. The lack of contingency planning was particularly challenging for those still studying at the time as it created a sense of uncertainty regarding their placements, and whether they'd be able to graduate or have to repeat.

...So, it was just a mess around, in the way of, we didn't have any classes for a while, we didn't know if placement was going to count, all of that sort of jazz.
[Nicole]

Lack of practical experience

Commonly noted by interview participants was the lack of inclusion of the role of social work in pandemics and disasters. Many participants stated that there were no aspects of their social work degree that covered responding to a disaster and/or pandemic. If there was, it was very limited and usually incorporated as part of an existing paper.

Yeah, like I think you could incorporate that within a paper and even within that I mean the practical things could be um, might be applicable for other scenarios as well. So, you could, you know, like these are the practical tips, you know, that you could utilise in this situation but, they're also applicable in x, y and z. [Gertrude]

Definitely, definitely because I think you know placements are one thing but actually having a chance to practice and like do as well. And I think all of the lecturers were trying to do it, I just think there's a lot, a lot of theory and... and I think just some more practical, like this is actually what you're going to go into in the workplace, ah kind of stuff like this is how this is what you might be doing. [Eva]

When asked about the change they'd recommend in the future, many interview participants suggested a greater focus on the practical components of the social

work degree as well as a greater emphasis on disasters and pandemics in social work.

Working from home

There were mixed responses from participants regarding working from home. While in some instances participants found it helpful and reduced stress levels, on the other hand some participants felt that it added to their stress levels. Some participants also found they faced other complexities when working from home, such as not being able to get hold of clients.

At first it didn't, it added to the stress levels and then I actually started to really enjoy it and now I would love to work from home again, but I don't. [Eva]

It definitely didn't add any stress. [Gertrude]

It helped to a certain level. [Leon]

Communication

Communication was a significant theme reported by participants in this research and produced mixed results. While some participants reported that they received adequate communication from their tertiary provider and/or workplace, others reported that they received too little, or too much communication. Participants also reported mixed responses about the relevance of the communication they received, in regard to what they felt was important to be communicated during the Covid-19 pandemic and lockdowns. In addition, participants' challenges with communication were further impacted by whether or not they had a stable and reliable internet connection.

Types of communication - a party mix

There were mixed responses to questions about communication by both survey and interview participants with some participants stating that they received good communication and others not. The types of communication used by workplaces and tertiary institutions also varied across participants. However, emails were among the most commonly used across participants.

A few emails/contacts, but mainly through key University channels, and a lot was constantly changing information/updates, and not much clarity at times. [Participant 1]

Few emails but nothing specific, however I studied distance usually and could be quite hands off and not need that support. [Participant 5]

Emails from tutors, online classes, online tutorials to connect, emails from the institution, morning team meetings online to connect, emails from organisation, group chats to connect on. [Participant 13]

We received regular email communications or phone calls; they were very clear in terms of how we would operate under each alert level which helped to know how we could support families over that time. [Participant 24]

Uni was very emailing, like emaily all the timey and like lots of um people just asking lots of questions um and work was very like we used teams, and it was all very like team chat kind of focused yeah a bit different. [Eva]

Umm, so I think we got emails semi-regularly. I think it was different, I think our tutors would check in more the like, the whole organization was a bit slow on the updates. [Nicole]

Check-ins was a term widely used by participants throughout the interviews as well as within the survey. When asked what type of communication they received or when talking about the level of communication, participants would often refer to having 'regular check-ins.'

Meetings on zoom, team leader checking in regularly. [Participant 4]

Daily team check-ins via zoom. Calls from manager regularly. [Participant 19]

My tertiary provider was extremely poor - or at least the paper coordinator

was. Work had some check ins. [Participant 21]

MS Teams video meetings, regular check ins via phone call with team leaders, updates via email. [Participant 30]

Um but then because it was weekly it got to the stage where it was only like a five-minute meeting because there was nothing to be said. Um, so then that got changed to probably fortnightly which was better. Um, but then I guess once it changed to fortnightly maybe more emails... um, or just more check ins, rather than, rather than team check ins, just individual check ins. [Kate]

I felt that um, so I was um initially, I was with the university, so things, they managed things quite seamlessly. Like all the lectures continued, it just went to Zoom. Um, they reached out, checked in with us, um I thought they did a really good job, um, just being in touch, monitoring our wellbeing. Um, and keeping things running. [Gertrude]

Not enough

Despite a sudden move to online services at the beginning of the pandemic, several participants reported that they received very little communication from their workplace or tertiary provider, and in many cases, not enough. As forementioned, the adopted “she’ll be right” mentality by individuals as well as workplaces and tertiary institutions, left many participants wondering what was happening. Participants reported taking each day as it came but that this also left a sense of anxiety about what was to come. The quality of the communication was also a common challenge faced by participants who found that even when communication occurred, it was poor and did not address key concerns.

So, there was a lot of times when... I just didn't know what was happening. Um and that was the only updates that they were giving, is that “we don't know, we don't know” kind of thing. When I guess that they were... Like leadership... were planning stuff but it just wasn't getting conveyed back to us. Like even that, even if they were planning something, you know, even just a “we're discussing it” would be good rather than “oh not sure.” [Kate]

Like during the first one, 2020 around Easter time there was no communication at least, but there was like an announcement canvas on the day we went into lockdown. Like, hey we are going into lockdown, but we don't, there's no other information on what's going to happen with placement and then probably after... the week after Easter, then they have the first announcement, oh the placement is on hold. It was like okay, but, until further notice... [Leon]

I think in the first one, there was, ahh, hardly any communication. [Moana]

Umm, I don't think it was too much. I don't, oh yeah, between the enough and probably could have done with a little bit more. [Nicole]

Year 3 - online study during work hours and were given one hour per week evening slot session most time the Kaiako had forgotten to show up and or send links to the recorded sessions. Went into lockdown year 3 of placement and had no engagement from my placement coordinator. [Participant 11]

Yes and no - I was in frequent contact with my supervisor and we had weekly team meeting where some basic information was shared. However, high-level decisions were often not communicated, and it often felt like lower seniority staff members were not informed about what would be happening - like when we would be working in person, when we would be working from home, if we were eligible for vaccines, if they would be required for work, etc. [Participant 18]

My tertiary provider was extremely poor - or at least the paper coordinator was. Work had some check ins. [Participant 21]

Minimal communication from the university. [Participant 29]

Too much

While many participants reported a lack of communication, there were a handful of participants who reported the opposite and stated that they felt there was too much communication. Interestingly, those who reported that they experienced too much communication felt it necessary to put boundaries in place to prevent themselves from becoming overwhelmed.

Too many. [Participant 8]

I feel like it was because the communication just wasn't just for me like it was fine for me it was it was a lot more than I needed but I was able to filter it out you know I just ah I like setup my settings so that unless someone mentioned me explicitly in the message then it wouldn't... wouldn't come up with notification. [Eva]

Relevance

While there were mixed responses to the amount of communication received by participants there were also differing reports regarding the relevance of that communication. One interview participant spoke about her experience of finding the communication irrelevant to her and not of any benefit. As a result of this, the participant implemented firm boundaries and would often leave the conversation(s) if it no longer served a purpose for her.

...I think just me feeling confident to um put in boundaries earlier on and just be like hey you know I'm gonna leave now basically you know people are just kind of whining or moaning for like an hour and I felt like you know I wish I had still I think I was able I think I just didn't realise I was able to actually just leave the conversation and which I did towards the end... [Eva]

While on the other hand another interview participant stated that while some of the communication was somewhat repetitive, it was probably relevant and appropriate.

Umm, it was probably relevant... but, if you're kind of keeping in the loop... nationally, it was sort of you know, kind of was repetitive of what was

happening at a national level, like coming down from government and that, but it was probably appropriate still. [Gertrude]

Internet connection

Internet connection or lack thereof was a recurring theme across participants both in regard to people's ability to communicate effectively and in terms of workplaces/tertiary institutions not supporting staff/students who were affected by poor internet appropriately. When asked what would have helped to enhance communication between participants and their workplace/tertiary institution, participants stated the following:

... Um, for me, just Internet connection being in the country... yeah.

[Gertrude]

And then I think, I asked, for my when I was on placement I had, kind of a bit of an old phone... So my PM had tried to get hold of me and my phone was on and I kept checking it, but it wasn't until I restarted the phone that I got all these messages through. [Gertrude]

Better internet, internet quality. [Kate]

Mental health

Mental health was a significant theme in this research. The majority of participants reported negative experiences regarding their mental health during the Covid-19 pandemic and lockdowns. In particular, participants reported feelings of isolation that were coupled with difficulty maintaining privacy with service users and blurred personal and professional boundaries. In addition, some participants reported higher than normal stress levels due to various challenges brought about by the pandemic, including, in some cases, an increased workload and increased anxiety regarding personal safety. While there were some reports of self-care and a sense of resiliency, these were few and far between.

Privacy

Several participants referenced challenges with managing privacy elements whilst working from home during the pandemic. In particular, having other members of the family or flatmates present - thus having to seclude themselves to one room to work. Often, the one room was also their bedroom - where participants spent all day and then all night.

While participants understood the need for privacy due to the sensitive nature of their work - unfortunately there was little they could do about it.

...particularly in terms of like privacy elements as well like I was flatting when and I still am flatting but in quite a different like living arrangement when Covid hit and I umm obviously when I was doing social work was having to deal with quite a lot of sensitive things and didn't really have a means of doing the privacy stuff so that was quite hard. [Eva]

Right. I think there were times where I had to make sure she wasn't close by or just kind of put my conversation on hold, just you know, told her I'd be with her shortly, but she needed to leave me be for a minute, yeah. [Gertrude]

...I literally had to figure out how to compartmentalise how to live at home, work at home, study at home. [Moana]

Boundaries

A couple of participants spoke about the difficulties of creating boundaries during the pandemic, particularly during lockdowns. Noting the lack of separation between work and home (e.g., no physical barrier or drive home) made it more difficult to draw the line.

As with the privacy challenges - one participant noted that they had never worked from home as a social worker which added further complexities. With participants being new graduates with little or no post qualification experience prior to the pandemic, they were learning to navigate a multitude of new things.

Um, I think that ahh in terms of like professionally I hadn't ever really worked at home so that was a real kind of new thing for me. I've always been quite staunch about having kind of those boundaries and if anything, I think that was really emphasised in social work was just like having boundaries between your different parts of your life, so I think I wasn't necessarily prepared for how to navigate those boundaries. [Eva]

Yeah, yeah it's so much harder to do a work life balance when your computer is right next to your bed. [Nicole]

When we did work from home for half the week, and work in the office the other half of the week and just being able just switch off after work was quite difficult, um because it was there and in your face. [Nicole]

I got really into that bad habit of working from bed some days. [Nicole]

Um, it was just that it's you know, it's there, and I wasn't watching the time as much so I was working a lot more. And then it's the evening and I'm like okay, well there's nothing else to do and I kept working. And that wasn't very healthy. [Nicole]

One participant stated that they found putting boundaries in place with colleagues more challenging than they did with clients. In fact, the participant noted that they found the 'informal' meetings and catch ups to be much more time consuming and exhausting and in the end would excuse themselves if the meeting no longer served a purpose. In contrast, other participants appreciated the informal catch ups and found them a good way to connect with others whilst not being able to see them in real life.

...And actually, be honest I'd actually say meetings I find meetings with colleagues more time consuming and exhausting than client work. I feel it was easier to put boundaries in with clients than it was with staff and that kind of informal meetings just to catch up a kind of took up a lot of time and I think at first, they were kind of comforting and nice but eventually they just became

you know I wasn't massively burdened by them, but it became a bit of time consuming yeah. [Eva]

Umm and yeah, I think just like advocating and you know that whole issue like a huge part of the reason I left that workplace was because I found out that their attitudes towards Covid kind of intersected with other opinions about other things that didn't align with me personally or professionally so it was interesting cause it was kind of like this catalyst for um a lot more realisations about the organisation I was working for... [Eva]

Coinciding with the challenges participants faced with managing boundaries was also participants' ability to develop a good work/life balance. Some participants felt that working and studying during the pandemic and lockdowns was "24/7" and the ability to create a positive work/life balance was no longer there - because they could physically see their work/computer from their bed. Coinciding with the 24/7 theme, was participants being with their partner/family 24/7 and not being able to have a proper break from one another.

Very hard to balance working while at home in a family environment, especially with privacy/confidentiality a factor at times, access to devices, working internet, quiet spaces and study rooms etc. [Participant 1]

A lot of work was from home, and it was harder to balance as it was easier to work longer hours which would eat into your own personal time. [Participant 3]

The workplace then invaded my home and safe place. [Participant 5]

With the demand of work and study life during lockdown it was hard to separate the two as work was done at home. [Participant 11]

Finding time for whānau during our work hours. COVID changed the sleep schedule and routines of many people and therefore it was harder to see them online. Harder to engage more than just a 'I'm okay'. And for those not part of our service or on hold... I don't know if anyone called them at all.

They'd ask to meet after hours, and I could've done that due to my own irregular routine. But no. [Participant 12]

As spoken to above, living and working/studying all in one room. This made it hard to shut down when your "desk" is right next to the bed. Didn't have the time to turn off from work and go back to personal life. Studying was hard to do with online classes. Hard to connect online, especially with a profession that really values connection. [Participant 13]

Switching off at the end of the day. Boundaries around hours were hard to keep. My own children were struggling with schoolwork and social isolation being apart from peers. My 16-year-old was an essential worker at the supermarket along with her schooling. Lots to balance. [Participant 19]

I wasn't able to have much of a personal life as we were in lockdown. It meant we worked from home and when we finished, we were in the same environment we had just worked all day and it all merged together. [Participant 23]

Because we were working from home, I found it really hard to separate work and personal life. It felt like there was no work/life balance which made it hard to be present and refresh for myself. [Participant 24]

Adapting small home environments and it felt more like "living at work" than working from home. [Participant 25]

Isolation - a lack of human connection

A significant theme amongst all participants was their need for human connection and interaction. Almost all participants spoke about the importance of maintaining contact with their friends and family in one form or another. There were some participants who remained in contact with their friends and family on a daily basis via online platforms and video calls despite needing to use technology all day for their work/study. However, there was one participant who found that they were "a bit

technology'd out" and did not feel particularly motivated to join video calls after a long day of zoom calls with clients.

... but my friends and I would always go online and video chat and do that and same with my class, we were really close and would video chat and do all that. [Nicole]

...I was lucky I had friends in places, that I could lean on to actually get me through this... [Moana]

I think just like my social networks like my family and um friends and that was I guess kind of it and like you know using like the environment and just being around people so yeah there were people online and friends I was living with seven people during lockdown, so we had a pretty good ahh, there was a lot of us, and we made it work really well... [Eva]

Yeah, like friends cause I live with my partner he's really supportive as well. Yeah, we like care, we check in with each other every day, see how things going and he focuses his work, and I focus on my study and placement and yeah. And friends we check in on social media like every day see how things going, that more emotional support." [Leon]

"Hmm, for study I would say like, actually for study I kind of enjoy kind of going to lecture during lockdown because it's kind of a way to see other people. Even if it's on Zoom, not everyone turning on their camera's, it's still a way to connect with people... [Leon]

So, friends and family were good supports...Which was good because I was away, kind of disconnected from family, which is good when it's like the video calls...Video calls and I stayed, oh I lived with my friends at the time. So, it was quite good having that support. [Kate]

Hmm... I have quite a small group of people that I interact with regularly, so, I mean that continued. [Gertrude]

I think I was a bit technology'd out. Um come the second one and by virtue of my friend a lot of my friends, like I'd only been Aotearoa for eight years and a lot of my friends and family are overseas um and I didn't feel particularly motivated to spend time on a zoom call with them after being on zoom with clients so I'd say that particular aspect did have an effect on me just not feeling is social and I notice it's taking me a few years to kind of come back to the wanting to talk with people online cause there was just you know doing social work on zoom kind of I started I think associating zoom calls with clients and work calls... [Eva]

Although participants maintained contact with friends and family online, some referred to being stuck in one room - particularly those in a relationship and flatting and the challenges with this. Also common across survey participants was the feeling of isolation and being forced to be away from colleagues, friends, and family. This was exacerbated for participants whose friends and family lived overseas and they were unable to see even after the lockdowns were lifted and alert levels changed.

One participant stated that they did not have a day off for almost two years during their study - due to completing their placement and having to continue working to be able to afford to get by.

Umm, being stuck in a room with one other person for a long time is ah, drives you a bit stir crazy. [Nicole]

Oh, yeah, I think, it's also that, that lack of human connection during the first one, and as well with just not knowing when you'd see your friends and stuff again. Then you get back to life. [Nicole]

So... technically my year three, year four BSW programme I don't have a day off for like 2 years during placement. [Leon]

Isolation. My family were expected to share their living spaces with my work with no consultation. Isolation. Isolation. Isolation. Isolation. Mental stress. Depression. [Participant 2]

Isolation from friends and family. Fear of Covid-19 in the place of work. Fear of unspoken repercussions of contracting Covid-19 either in the community or at work. [Participant 6]

I felt isolated. My home became overcrowded due to whānau not having space to keep all children at home at once and I couldn't do anything in peace. Almost killed myself and potentially my family to gain an inch of peace. [Participant 12]

With the living situation at the time, with the 2022 lockdown, there were two of us trying to both study and work in one room together as well as living in the same room. I felt disconnected from friends and family. Trapped into a room. My usual hatred of the supermarkets disappeared, and I loved going there for some freedom. [Participant 13]

As mentioned above - the social isolation, fear and worry about living with an immunocompromised person through the early stages of the pandemic - I feel the distress of being disempowered at the early stage of my employment are still with me three years later - I have recently had adverse health diagnosis (hypertension, teeth issues, pre-diabetic concerns) I feel are related to a period of prolonged distress. [Participant 14]

I am not from NZ. I was not able to see my family for over 2 years. Other than that, I quite liked lockdown. Forced to slow down. [Participant 16]

Isolation and loneliness, being unable to be physically present with family and friends. Missing major life events (my grandfather died, and we weren't able to have a funeral. I got married and could only have 8 people attend due to COVID. Nieces and nephews have been born and I haven't been able to meet them). [Participant 18]

Feeling isolated from the community and disconnected. Also anxious around health. [Participant 24]

Stress levels

High stress levels were common across several participants but not all. While some participants experienced extremely high stress levels and noted an impact of the stress on their body, other participants actually found that their stress levels were lowered during the pandemic. Some participants even noted that they exercised and ate better more during the pandemic than before.

I don't think there was any really. To be honest I think I exercised more and ate better. [Nicole]

... It was more, I mean, if anything it's that financial stress that came out a little bit but that's about it. [Nicole]

Yeah, um... yeah, during the first time, I, I guess, I over stressed my body. [Moana]

Umm the first lockdown definitely more stressful cause I actually think studying social work more stressful than doing social work and I found the study because it was a real blurring of work and of the work and pleasure kind of thing you know you could always be studying and just like the intensity of the lecture on zoom I just found really tiring whereas with work I could do it in shorter like sharper sharper shorter bursts and I was being paid rather than paying so that's a bit of a dynamic change. I think just the level of comms honestly from the uni during that first lockdown because it was just so much more to think about it was just more stressful than the second one it was kind of like get some idea what's going on and and yeah I just found it easier to navigate and... [Eva]

Yes 10 being the highest, most stressful so it's like because it's a new thing for everyone... everyone don't know what to do, and we have all been told to stay at home... [Leon]

Umm, I..., I just don't feel that I was that adversely affected. [Gertrude]

The expectation to work from home alone doing child protection was too much. We should have been given more wellbeing focused delivery. I had a mother I was working with, who we had concerns about, who sent me continuous stressful text messages. It was too stressful and took my managers too long to recognise and assist. My manager was more worried about PPE gear and being a star performer. [Participant 3]

We are all stressed and broke. Pandemic gave my daughter an OCD with hand washing which increased my worry and fear. [Participant 5]

I wouldn't say my mental health, but I would say my wellbeing. I see that as two different things for me. It was just stressful being in a new job, particularly this one. [Participant 21]

Mood Changes and Emotions

Moods varied across participants, with most participants reporting negative impacts to their mood. Common amongst both survey and interview participants was a (greater) sense of anxiety. Coinciding with the lack of boundaries, one participant felt as though they were "sleeping with their books" - which created a sense of heightened anxiety and the inability to switch off. For another participant, it was the fear of the unknown that led to a greater level of anxiety.

Yeah, that, you know, I was having, I was literally sleeping with my books, and, and all of that type of thing. So, my, my anxieties were heightened. I wasn't sleeping properly, so I wasn't clocking off properly. [Moana]

So, between that two weeks around Easter time it's like everyone's like confused like scared and just don't know what to do. [Leon]

Anxiety (pre-existing) got a lot worse, had a bout of depression when University was very disrupted, and really struggled with mental health in general. [Participant 1]

Client anxiety was majorly heightened so this meant more energy required to support stabilising of moods and working through challenges with clients. Doing this over the phone or on zoom added another layer of complexity to guide not only self but client through. I am not sleeping well when in lockdown and able to work but not to travel to see my adult children, especially one who has very poor mental health. [Participant 3]

It's too deep to explain here. Overall, it's changed my worldview, still upset about what happened on so many levels. [Participant 4]

I found it hard to re-enter the world after. [Participant 15]

Anxiety of getting sick or loved ones getting sick. Difficulties of homeschooling, working etc, and having callouts - the juggle was stressful and took its toll. [Participant 19]

I developed anxiety during this time and had to take Lorazepam. [Participant 25]

The fear of the unknown was common across participants - many of whom noted that no one knew how long the pandemic would last and how it would affect them. For one participant, Moana, the fear of the unknown contributed to a greater sense of not being able to “enjoy the journey.”

So, it's quite scary at the same time, not knowing how to manoeuvre around, and at that time, the fear of this pandemic, and how it would affect us personally as well. [Moana]

Yeah, it was but I guess the journey I didn't enjoy because it was all new learning, umm, there was a lot of unpacking in there. I guess I was, my anxieties were always heightened, of the unknown, yeah. [Moana]

Two weeks after Easter. Then that, that two weeks before Easter we went into lockdown and no one knows what's gonna happen and as students we don't know what's gonna happen with our placement or lecturer the teacher at uni, they say not sure what's gonna happen either because none of us know how long the lockdowns going to be. [Leon]

Yeah, that will... I would say that would be the first lockdown definitely because as I say it's new, everyone's new to it, don't know what to do, well everyone doesn't know what to do and there's no plan, can't see how we can navigate through all of this, there's no light or can't see the light at the end of the tunnel, yeah. [Leon]

Feelings of anger and frustration regarding the lack of communication and support for students from their tertiary provider was prevalent for one participant, Leon.

But surprisingly there was none. Even for the second year and the communication from the team is ah, I will say like none either. There's like, that was the thing we were really frustrated about and were angry about and things and because I was a student Rep for the cohort. [Leon]

...So stressful and anger at the same time for the second year.”[Leon]

... I did send a couple of e-mail kind of showing our frustration and anger about the things, lack of communication, lack of supporting for the students. [Leon]

One participant, Eva, spoke about the importance of being disciplined during the lockdown. Eva noted that she is quite well structured when it comes to study and this proved helpful during the pandemic, as she was able to mix her day(s) up with

work/study/exercise and so on. In fact, stated that her sleep actually improved during the lockdown because she had to develop a much stricter routine.

But then in other senses I think I was quite well adapted because I do like being outside and I just really value you know the small moments when we could go outside during lockdown.

And I've always been quite well structured when it comes to study so um, I think a mix of... of the above, yeah. [Eva]

Definitely mood a first decreased but then it increased cause I just started running everyday like the cliched, did my Pilates, did my yoga blah blah blah. Ahh definitely my sleep actually improved because I had to just be more routine, I just had to be way more disciplined because I had no external stimuli to rely on really... [Eva]

Self-care - a roller-coaster

While interview participants knew the importance of self-care and referred to it being an intrinsic part of social work, there were some participants who stated the concept was much easier than putting into practice. Interestingly, self-care was sparsely mentioned by survey participants.

The ability to be out in nature and to exercise was a common form of self-care amongst interview participants. Many of whom noted that going outside for a walk was a good way to break up the day.

I would say it would be a roller coaster. Rollercoaster, like you'd have your good days and then you'll just have your slum days but then I think also for me it was impacted by um not being able to just go and see my own family. Um, who were outside of the border... um, yeah. Because I'd often go away... and that you know... that was like a good um, mental health, self-care. Which... especially during the lockdowns, you couldn't do because of the border restrictions being put up. [Kate]

...I guess for like, studies obviously now they're probably going to start adding in how to deal with pandemics. Um, but I guess if they were to put it in, it would be how to look after yourself during the pandemic. Like you get told self-care this, self-care that but when you can't go out, and meet up with people, which you know sometimes, a lot of the time, people use that as a way to... do self-care or they go do like different sports. But like, during the pandemic when a lot of that wasn't... allowed, especially the lockdowns, um I just guess how to proper look after yourself, um in your home environment, or in ways it's gonna... Oh, I guess not in ways but... in line of like the rules of the pandemic... [Kate]

Yeah, it is one of my primary self-cares, is exercise so yeah. [Gertrude]

Definitely, and it even helped to break up the days, you know I could go for a walk on my lunch break you know, or I could just work a little bit later if I went for a big hike up the hill. [Gertrude]

Umm, I don't think I'd really developed my kind of self-care regime to the extent that I have now. And I think a lot of the things I did use were things I couldn't really use during lockdown like one of those things I've always been into is swimming and that kind of became something I couldn't do during lockdown. [Eva]

Resilience - learning new tricks

Despite the challenges faced by participants, several noted that they developed a greater resilience and learned new coping tools/strategies.

I guess that also impacted my wellbeing, you know, so my emotions were heightened at that time out of the fear of losing my house and not being able to pay off, because I was the main income earner during that time, um, it was a bit difficult, but I guess, I was lucky I had friends in places, that I could lean on to actually get me through this, and tap into the services that I needed to... to get my KiwiSaver out, um, so I did utilise the social services. I guess that

experience itself, um... taught me how to advocate for my own needs.

[Moana]

Yup, and so you know, over time, I learnt new tricks, how to separate that.

[Moana]

...but then when I developed kind of coping tools and then they improved actually yeah. I feel I did pretty well over lockdown eventually.” [Eva]

...It was still stressful, the virus itself but study less because I have study plan now, I just need to commit to it, just finish it one way or the other, somehow finish it and how cohort is really resilient we all managed to survive it so that was great. [Leon]

Support

Support was an important factor for participants in this research, with many participants reporting that they felt as though they were thrown in the deep end. While participants’ experiences of the support they received during the Covid-19 pandemic and lockdowns varied, the term ‘check-in’ was commonly referred to by participants when speaking about the type of support they received from their tertiary provider and/or workplace during the Covid-19 pandemic and lockdowns.

Check-ins

Survey participants and interviewees were all asked if they felt well supported by their tertiary provider and/or their employer, as well as the type of support they received. Whilst there were several differences between the interview participants, a common response was “check-ins.” Most, if not all participants reported that they received support by way of check-ins.

I was with the university, so things, they managed things quite seamlessly. Like all the lectures continued, it just went to Zoom. Um, they reached out, checked in with us, um I thought they did a really good job, um, just being in touch, monitoring our wellbeing. Um, and keeping things running. [Gertrude]

...and then kind of the second half, I was on my 4th year placement, and we went into lockdown then... and they again seemed to do a really good job keeping in contact, um, reaching out, um, and letting us know what supports were available... [Eva]

Umm, so during that very first look down in 2020, um, it was just more kind of checking in to see how I was doing because I was new to the role, into the agency so that support... [Kate]

...And then we had our, you know field work educator that was checking in and making sure we were okay and um... [Nicole]

Thrown in the deep end

Feelings of being thrown in the deep end, isolation and loneliness were mentioned by interview participants, particularly by those who were new to their roles at the time of the pandemic and/or lockdowns. Many commented that they were left to their own devices without any real communication from their workplace.

Working from home doing child protection social work was isolating and traumatising. My male supervisor and manager did not create connection that was participatory by staff. There was no follow up about our mental health from working at home. I said no to working at home in the end. [Participant 2]

I started work at the beginning of the pandemic. So, my orientation was online and when I started work, I was completely thrown in the deep end. Straight into schools for 1:1 work after only 1 observation session. I had to figure it all out myself... [Participant 3]

I was on placement during first lockdown which was weird and obstructive to learning, difficult to learn when worrying about safety... [Participant 5]

I was new at the time of COVID and didn't receive much support due to me not having a full caseload etc. [Participant 12]

Some staff felt very neglected as there was no communication... [Participant 16]

Managers/professional lead didn't really check in at all - we had a couple of emails but not much else. [Participant 20]

Lack of resources and technology

Whilst the majority of interview participants stated that they felt at least somewhat supported, several participants commented that they received limited support with appropriate PPE and technology. This included those located in rural areas where the internet is less accessible.

Training for donning/doffing PPE not supported through the close contact guidelines being unclear and or difficult to navigate with leadership teams. [Participant 6]

Year 3 - was able to do placement at work however no office equipment (desk and chair) ... [Participant 11]

No Wi-Fi support or compassionate consideration for poor/no cell phone coverage. I live in a remote rural area - having no collegiate support or access to reliable technology exacerbated by the distress of working from home so new into my profession... [Participant 14]

We had basics such as masks and a letter if stopped by police. No real guidance when going to visit on what to actually do. Only out for emergencies but once there with escalated child they didn't want to see us in a mask and struggled to cope with this. [Participant 19]

We were expected to transport covid positive young people without appropriate PPE. [Participant 25]

Summary

The Covid-19 pandemic and lockdowns had a significant impact on participants in this research with many reporting that they were not adequately prepared or supported during the pandemic. Participants reported several implications of the Covid-19 pandemic and lockdowns on their social work education and practice, coupled by an increased workload and increased stress levels.

In this chapter, I have presented the results from my research and grouped them into four key themes, preparedness, communication, mental health and support. In the following chapter, I discuss these results in relation to the existing literature and provide recommendations for social work, social work education and further research.

Chapter six: The benefit of hindsight

Introduction

The primary goal of this research has been to determine what impact the Covid-19 pandemic has had on new graduate social workers in Aotearoa New Zealand. When this study was first designed in 2021, the Covid-19 material was just beginning to emerge. Since then, there has been an avalanche of relevant research. In this research, I have reviewed the existing literature and the role of social work in pandemics and disasters and conducted a survey and follow-up interviews to determine the impact that the Covid-19 pandemic has had on new graduate social workers in Aotearoa New Zealand.

The findings from this research illustrate that despite social work historically having played a significant role in disaster and pandemic responses, during the Covid-19 pandemic, the social work role was not clearly definable and there were several ethical implications caused by the pandemic. These ethical implications include, maintaining trust, privacy, dignity, and service user autonomy in remote relationships, allocating limited resources, balancing the rights and needs of various parties, conflict between policies and the interest of service users, and handling emotions, self-care, and the care of colleagues (Banks, et al., 2020). In addition, during the Covid-19 pandemic, social workers often found themselves in conflict with having to uphold their ethical obligations but not being able to due to the constraints of the pandemic (Barsky, 2020). In this research, most social work students and new graduate social workers reported a lack of support from both their tertiary providers and employer, were often left to their own devices and experienced significant challenges with their mental health.

In this chapter I will discuss the four main themes of this research, preparedness, communication, mental health, and support as well as social work education, in relation to some of the material published over the last few years that my findings resonate with. I will then conclude with my recommendations for social work practice, social work education and for future research.

Preparing for a world of Covid-19 – She'll be right.

In New Zealand it is not uncommon to hear the phrase “she’ll be right.” Many New Zealanders will use it to mask their true feelings or to justify a lack of planning and a tendency to “go with the flow.” The results from this research indicate that most participants adopted the “she’ll be right” approach when it came to the Covid-19 pandemic and were not adequately prepared for what was to come. This was both in a personal and professional sense. Personally, there were participants who reported that they did not feel you could ever be prepared for something like the Covid-19 pandemic. While participants had heard about Covid-19, many felt that living in New Zealand, a country often so disconnected and isolated from the rest of the world, that the pandemic would not reach us or perhaps thought it wasn’t as significant as it ended up being. From a professional perspective, participants not only reported that they were not prepared for the extent that the pandemic has affected the world but were also not prepared for the practical implications that were caused by the pandemic.

Several participants in this research mentioned implications with privacy and confidentiality (Atfield et al., 2021; Banks et al., 2020; Barsky, 2020) and access to technology (Gates et al., 2022; Leburu-Masigo & Kgadima 2020; Wohlsifer et al., 2022), themes congruent with existing Covid-19 related literature. The Covid-19 pandemic caused New Zealand to go into an instantaneous lockdown resulting in the country moving to working from home effective immediately. However, participants reported that their tertiary education and/or workplace either did not have a contingency plan in place or they were not aware of one being in place. A consequence of this was that a large majority of participants were not prepared to be working in the same environment as their partners, families, flat-mates and so on. Many participants reported that because they weren't the only ones working from home, they often did not have access to privacy and at times were forced to work from their bedroom. In some cases, particularly for those living in a shared flat situation, some participants were living with their partner, and both were having to work from home and from their bedroom - resulting in the need to sit with headphones on all day. Consequently, it was difficult for participants to maintain the same level of privacy that they would if they were working in the office environment, or working from home when the rest of the household was working from the office.

While working from home became the new normal, there were several instances where access to technology became a barrier, both for service users and social workers (and students) (Gates et al., 2022). For those living in rural areas, having a stable internet connection, or even just having internet was a significant barrier to them being able to continue working. In some cases, participants were not even provided with basic work from home equipment, such as a desk, chair, and a mobile phone. In addition to this, those participants who did have access to work from home equipment and a reliable internet connection were not necessarily familiar with using platforms such as Microsoft Teams and Zoom to engage with their colleagues, students, or service users.

Unfortunately, a lack of knowledge and understanding of service delivery using tele-health (Atfield., 2021; Earle & Freddolino, 2022) and nationwide lockdowns resulted in a lack of practical experience (Wohlsifer, 2022) for social work students prior to graduation. There were some participants who had both of their placements impacted by the pandemic and some who were fortunate enough to only have one placement impacted. In some cases, the pandemic caused so much disruption that there were participants who reported having to change placements part way through their practicum because the organization was not going back to face-to-face service delivery or no longer had the ability to support a student. This created anxiety amongst participants and a fear that they would not be able to complete their practicum (Kourgiantakis et al., 2021; Pacey et al., 2021). These experiences were not isolated to this research alone and have been reported in existing research whereby students grappled with understanding the need to maintain physical distancing requirements versus grieving for missed opportunities (Wohlsifer et al., 2022).

This suggests a wider degree of unreadiness and lack of understanding of the importance of preparation and the need to familiarize social workers and social work educators with ICT (Mishna et al., 2021; Mishna et al., 2021, a,b). It is also congruent with existing literature that addresses a historical ambivalence towards the use of ICT in social work education and service delivery (Earle & Freddolino, 2022). Despite there being existing research that suggests that tele-health is a viable way to provide service delivery (Earle & Freddolino, 2022; Kim & Tesmer, 2021; Mishna et

al., 2021; Sullivan-Tibbs et al., 2022), and in some ways can reach a wider population of people, this research indicates a significant gap in social work's familiarization with ICT and tele-health services and ability to use it for service delivery. In a world where technology continues to advance and is very much engrained in people's everyday lives, it is critical that social work invests in ICT – to deliver education to students, to communicate and to deliver services.

In addition to a general lack of understanding of the use of ICT, this research also suggests a lack of understanding of the role of social work in responding to pandemics and/or disasters. Despite social work's longstanding history in disaster preparedness and response (Sullivan-Tibbs et al., 2022), all interview participants reported that their social work education either did not cover any aspect of disasters and/or pandemics at all, or only touched on it in a lecture or two. In response to this, participants reported that they felt tertiary providers should include greater coverage of disasters and pandemics in social work and expressed that this would potentially provide greater support and preparation for students in the future (Boetto et al., 2021; Hay & Pascoe, 2021).

While there was a general sense of unreadiness for the Covid-19 pandemic reported amongst participants, some participants reported that the degree of readiness changed at different points during the pandemic. For example, some participants reported that their tertiary institution or workplace was not prepared for the initial lockdown and did not have a contingency plan in place, but by the time the second lockdown occurred, they at least had some sort of plan in place and had gained learnings from the first lockdown. This demonstrates an ability to engage in reflection and to learn from one's mistakes.

Communication - is it just an illusion?

The results from this research suggest that communication was extremely important to participants and finding the balance between enough communication and too much communication was critical for positive outcomes (Billings et al., 2021). There were several differences in participants' experiences when it came to communication, including the type of communication, how relevant it was and the level of communication. Not all participants felt the same when it came to

communication and their expectations of what they found was suitable. There were some participants who felt overwhelmed by the amount of communication they were receiving while there were other participants who felt totally left in the dark and did not receive adequate communication at all. In addition to this, what was being communicated also contributed to positive experiences for participants. In some situations, participants felt that some of the communication was not necessary and simply occupied space and meant they were engaging in conversations that had no relevance to them. While on the other hand, some participants enjoyed regular communication and did not mind if it was to deliver a certain message or simply to connect with one another.

These experiences are congruent with the experiences of participants in existing research on the Covid-19 pandemic, highlighting the significance of communication throughout the pandemic. In fact, clear, concise, and transparent communication was an important facilitator in social work practice both in this research and in research conducted by Ross et al. (2021). Participants have highlighted the importance of communication being a two-way street and a desire to be actively involved in communication and decision-making (Paceley et al., 2021). Some participants who were students at the time of the Covid-19 pandemic reported that they were often left out in the dark when it came to communication and decision making regarding their placements, and would have valued any form of communication, whether that be that there was no update, or that they were looking into various options but were still uncertain about the next steps.

In some cases, barriers to effective communication were a result of poor technology as opposed to a people element, and participants reported that at times it was difficult to communicate when needed due to poor internet connections and living in rural areas. Additionally, when the same participants were asked what would have helped to enhance communication between themselves and their tertiary provider or workplace, their responses were, better internet connection/quality. It is important to note that despite living in the 21st century, where technology continues to advance at a rapid rate, it is not always as easily accessible to all members of the population. For example, those living in remote and rural areas, or those who rely on technology provided to them (work laptop/phone, university computers).

Unfortunately, such mixed responses from participants suggests that a one-size fits all approach is not going to work for everyone. However, I believe that it is important that tertiary institutions and workplaces are responsive to the needs of their staff and students irrespective of this and includes thinking about what is being communicated. As forementioned, many participants in this research reported that they felt the silence from their university or workplace was too loud, that no news wasn't good news and in fact, they would have appreciated even just a simple update. While on the other hand, participants in research conducted by Ross et al. (2021), reported finding university communications more stressful than media communications. Other considerations include asking students what works for them. In a study conducted by Pacey et al. (2021), effective communication was found to exist when students were able to collaborate with their tutors regarding their learning and reported that being left out of decision-making was perceived as unsupportive and unhelpful to their learning. While it is difficult to please everyone all the time, one of the key messages from participants, both in this research and in other research is the importance of including staff and students in decision-making. To have the ability to do this, workplaces and tertiary institutions must be equipped with the proper technology that will allow them to communicate with their students remotely. There must also be consideration for employees and students who live in remote and rural areas who may not have adequate or reliable access to the internet, and contingency plans put in place to overcome these barriers. Students must also be given opportunities to provide feedback and can be achieved in several ways – through forums, class evaluations, polls, dedicated feedback sessions and so on.

[When working from home becomes living at work](#)

The results from this research indicate that there was a considerable impact on participants' mental health because of the Covid-19 pandemic. Often it is not uncommon for social workers to enjoy the drive between work and home as a way of "de-fragging" before having to go home. However, with the inability to work from the office and having the opportunity to cool down before going home, participants found it difficult to transition between the work and home environments. Common across participants was the challenge of being able to form and maintain boundaries and balance between their work and home lives. For some participants, they had not

experienced working from home prior to the pandemic and had not had the opportunity to formulate boundaries in advance. In addition to this, without a physical barrier between their work and home environments, it was difficult for some participants to differentiate between the two and they would find it challenging to “switch off.” In some cases, this led to participants formulating a habit of working from their bed. These findings are consistent with a study conducted by Mishna et al. (2021) who reported that most of their participants reported challenges with managing their professional and personal lives, particularly due to the lack of a physical barrier between their work and home environments. Interestingly, one participant in this research reported that in the end they felt as though they were living at work as opposed to working from home. While not as commonly reported, there were some participants with families of their own and who had caregiving responsibilities who experienced additional pressures on their work/life balance as a result (Ross et al., 2021).

Social workers are face-to-face beings, so much of their work requires them to be meeting with people and in-person interaction. The nationwide lockdown(s) changed all of this and those whose workplaces were not considered as essential services were forced to deliver services via tele-health. Not only did the pandemic impact service delivery but it also impacted social workers’ interactions with others in their personal lives. Participants in this research found themselves isolated from their friends and family – not able to see those important to them in person for several months. This was exacerbated for participants who were not originally from New Zealand and whose families were living overseas, in some cases, these participants were not able to see their family for two years because of travel being significantly restricted and the closure of countries borders. Maintaining connections with friends and family was important for participants in this research who reported that their friends and family were a main source of support during the pandemic.

Interestingly, while participants reported struggling with feelings of isolation, in some instances, maintaining contact with friends and family became more of a burden than a blessing. Often this could be attributed to the fact that participants spent all day on their computers/devices on phone calls and video calls, to then spend additional time after work on technology was stressful rather than helpful. These findings align with

findings from a study conducted by Billings et al. (2021) where participants reported that they were too exhausted to engage with their families or found themselves becoming frustrated and chose not to engage. In addition to this, there were some participants who were living with their partner/family/friends during the pandemic and being with them 24/7 could at times become overwhelming and difficult to manage and was exacerbated when living in a shared-flat situation, and both having to sleep and work in the same room with one another.

This research shows that stress levels varied amongst participants and each participant's experience was different (Gates et al., 2022). While on one hand there were participants who reported they experienced higher levels of stress than normal during the Covid-19 pandemic, some participants reported that the pandemic helped to reduce their stress levels. In situations where participants felt their stress-levels had reduced, participants reported having more time to focus on things like getting better sleep, exercising more, and maintaining healthy eating habits because they weren't as tied up with work commitments than they would have been prior to the pandemic. These findings contrast with most existing research (Apgar & Cadmus, 2022; Evans et al., 2021; Jabbari et al., 2020; Ross et al., 2021) where high stress levels were commonly reported by social workers (and students). Although some participants reported reduced stress levels during the pandemic, most participants in this study reported higher stress levels than normal. Higher stress levels were commonly associated with additional pressures, often beyond the participants' control. One participant working in child protection stated that the expectation to work from home alone doing child protection was too much and spoke of receiving stressful messages from a person they were working with, while not having a responsive manager for support. Another participant faced financial stress and a daughter who developed an obsessive-compulsive disorder (OCD) with hand washing which in turn increased the participants' worry and fear. These findings are like those of findings in other research regarding Covid-19 and social work students whereby students reported significant increases to their stress levels during the pandemic, both because of the pandemic itself and because of the pandemic exacerbating existing stressors (Apgar & Cadmus, 2022; Berger et al., 2022; Pacey et al., 2021).

Unfortunately, higher stress levels meant that many social work students found themselves in a position where they were unable to study or felt as though their cognitive functioning was much lower because they were too pre-occupied with the stressors of the pandemic to be able to focus on study. One participant who experienced a lockdown as a student and then a subsequent lockdown as a qualified social worker, stated that they found studying social work more stressful than doing social work because it was difficult to determine when to stop studying, coupled with the intensity of lectures and the financial burden of being a student. Similar feelings were reported by students in a study conducted by Jabbari et al., 2020) where students reported they were not readily available for learning during the Covid-19 pandemic.

Alongside high stress levels were significant changes to participants' mood(s). In most cases, participants reported negative changes to their mood during the pandemic which could often be associated with a fear of the unknown, unknown of what would happen with their social work education, in particular, their placements and the unknown of when the pandemic (lockdowns) would end (Morris et al., 2022). In addition, there were several participants who reported that they either developed anxiety or their (pre-existing) anxiety was made worse by the pandemic (Chonody, 2022; Lawrence et al., 2022) and one participant stated that they found it hard to re-enter the world following Covid-19. I believe that many of these mood changes could have been mitigated or experienced at a lower level if participants were communicated with and felt supported. While no one was able to predict when the pandemic would end, there were situations where tertiary institutions or workplaces could have provided further clarity on what would happen with students' placements, or even what options they were considering. In workplace settings, these mood changes may not have been so negative if employees' personal situations were taken into consideration and managers were more responsive to their staff's need for support – both professional and personal.

While social workers are often teaching others the importance of self-compassion and self-care, previous research has found that despite social workers recognising the importance of these practices, they do not readily practice it themselves (Sullivan-Tibbs et al., 2022) and a contributing factor to this could be the scarcity of

current research on self-care practices amongst social workers (Sullivan-Tibbs et al., 2022). Interestingly, the results from this study re-iterate the findings from previous research and suggest that social workers tend to be of the mindset, “do as I say, not as I do” when it comes to self-care practices. As found in other research, participants in this study reported that while they understood the importance of self-care and referred to it being an intrinsic part of social work, there were some participants who stated that the concept was much easier to understand than to put into practice. In addition to this, survey participants rarely mentioned self-care in their responses. However, for those participants who did mention self-care, many acknowledged it was like a roller-coaster and some days they were better at it than others. Getting out into nature or participating in physical activities were common forms of self-care for participants but were at times challenging due to lockdown restrictions. I believe it is critical that we take practical steps to improve practitioners’ self-care practices and invest in research to better understand the barriers that social workers face when it comes to self-care. Unlike many other professions, social work is a profession where often the only tool a social worker has, is themselves. A mechanic cannot fix a car with a broken wrench, and a social worker cannot practice (effectively) if they are not well. However, despite there being low reports of self-care by participants, there were some participants who stated that irrespective of the challenges they faced during the Covid-19 pandemic, they managed to develop a greater resilience and learned new coping strategies. These learnings will be crucial in enhancing social workers’ ability to develop and maintain good and effective self-care strategies. While self-care is about one’s ‘self’, it is important that tertiary institutions and workplaces also understand the importance of self-care and can foster an environment where self-care is readily talked about and can be implemented effectively.

[The support that never came](#)

Despite the continued evolution of research on the Covid-19 pandemic, there is limited research that directly discusses support for social workers and/or students in relation to the pandemic. In relation to this research, when it came to participants feeling supported by their place of work during the Covid-19 pandemic, most participants reported feeling somewhat supported, while a handful of participants felt either very supported or not supported at all. Examples of why participants felt they

were not supported varied but were often related to professional vs. personal boundaries and responsibilities, isolation from friends and family, as well as feeling isolated at work due to a lack of communication, inadequate information about the pandemic in regard to safety, access to PPE (Kingstone et al., 2021), role clarity, and the exacerbated stress of the job as a result of the pandemic.

Interestingly, the word 'support' was not often used by participants unless specifically asked about it. Interview participants instead commonly referred to the term 'check-ins' when talking about the support they received or throughout their interview. Check ins appeared to refer to a more informal support and could be something as simple as a generic email sent out to a cohort asking how they were doing and providing information about where participants could access other forms of support.

When asked why participants did not feel supported during the Covid-19 pandemic, most participants discussed the challenges of balancing their professional and personal lives, particularly due to living and working in the same environment 24/7. The professional versus personal has been a common theme throughout this research as well as across existing research and is an interesting concept to consider when it comes to support. While maintaining professional versus personal boundaries could be considered as an individual's responsibility, rather than the employers, it could also be seen as an employer's responsibility to ensure that staff have the capacity to meet this responsibility. Unfortunately, aside from the obvious, not working and living in the same environment 24/7 (which could not be avoided because of lockdowns), participants did not stipulate what would have been helpful for them to help maintain a good balance between the two worlds. It would be beneficial to gain a greater understanding of this to help better support people if faced with similar situations in the future.

While most participants reported that they were provided with appropriate PPE and guidelines on how to use it, a handful of participants reported that they did not feel supported when it came to guidelines around what was considered essential work and close contact guidelines when working out in the community. One participant found they did not receive appropriate training on the use of PPE and found navigating the close contact guidelines with their leadership team a challenge.

The next generation of social work

There is extensive research that addresses the importance of preparing social work students for future practice and practicums are a key component of this. However, as a result of the Covid-19 pandemic, many social work students' practicums were disrupted and practicum opportunities were lost (Kourgiantakis et al., 2021). In this research, students' practicums were disrupted at varying degrees. While some students graduated just before Covid-19 and entered the workforce at the time the pandemic first arrived in New Zealand, others were only part way through their study and had both of their practicums disrupted by the pandemic. The location where students were completing their placements also had an impact on their experience due to some organisations being able to continue their work relatively seamlessly while others experienced challenges with this. In addition, some organisations did not have the ability to welcome students back once lockdowns were lifted and meant there were some students who had to start a new practicum. As a result of practicums having to go on hold due to nationwide lockdowns, many tertiary institutions were not equipped to support students who were suddenly unable to go on practicum. One participant in this research spoke of their experience of sitting stagnant for several months because they were unable to go on practicum, but their university had anticipated for students to be on practicum, and therefore did not have anything planned for if this did occur. These disruptions had a significant impact on students and resulted in reports of feelings of loss and anxiety (Paceley, et al., 2021).

While the pandemic itself caused great disruption to social work education, people's lack of knowledge and ambivalence towards ICT, as well as accessibility issues further exacerbated these disruptions (Earle & Freddolino 2022). The use of ICT and social work during the pandemic has been mentioned in almost all social work research regarding the pandemic. Interestingly, while most participants in this research reported being familiar with online platforms such as Zoom and Microsoft Teams, there were limited references to ICT use when it came to client related work. This is in contrast to existing literature regarding the use of ICT in social work during the pandemic that tends to discuss ICT use and its implications for practice. While participants in this research did not often make specific reference to client work and ICT use, several participants spoke of practicum disruptions, challenges with working

from home (privacy issues/personal vs. professional struggles) and access to technology itself. As a result, it is difficult to ascertain whether participants experienced implications when communicating with clients via ICT or not. In addition, it is also unclear what participants disrupted placements looked like – for example, if they were able to continue with their placement remotely and to what extent they were able to do so.

Interestingly, despite the significant research regarding the importance of preparing social work students for future practice, most participants in this research reported that their tertiary provider either did not have a contingency plan in place, or if there was one, they were not aware of its existence. This is particularly relevant in respect of student's practicum experiences whereby there were no provisions made for if students (for whatever reason) were not able to complete their practicum face-to-face. Not being able to undertake practicum face-to-face comes with several challenges, some of which have been discussed in other research. These challenges include difficulty with being able to form a therapeutic alliance (Earle & Freddolino, 2022), ability to pick up on verbal and non-verbal cues, and zoom fatigue (Sklar, 2020 cited in, Bennett et al., 2022). Unfortunately, students having to continue with their practicums remotely, also impacted on the amount of practical exposure to social work practice that students were able to experience. In turn, this potentially raises questions about students' preparation for the workforce despite meeting the number of days required to be able to pass their placement. In fact, one participant in this research stated that they (and their cohort) are not like other new graduates entering the workforce, their study and practicum experiences have been significantly impacted by the Covid-19 pandemic.

While there are certain requirements set out by social work regulators regarding practicum requirements for social work education (Cox et al., 2021; Glubb-Smith & Roberts, 2020) and these differ across countries, research from Australia suggests that there are several positive learnings from the pandemic that we can adopt from the pandemic. It can be argued that it is not the location of the placement but rather the opportunities to learn about social work practice (Crisp & Holken, 2016, cited in Zuchowski et al., 2021). In a study conducted by Morley and Clarke (2020) it was found that students were able to complete 'non-traditional' placements and still meet

the regulated requirements. These findings coincide with the findings from my research where some participants reported that greater practical exposure would have been beneficial for them.

Regardless of the implications for social work student placements as a result of the pandemic, there were also implications for social work students and new graduates due to a lack of education regarding social work and disasters and pandemics. The majority of participants in this research reported that their social work education did not cover any aspect of responding to pandemics and/or disasters. In cases where there was coverage of disasters and pandemics, there were more cases of responding to disasters than there was responding to pandemics. In addition, when participants were asked what they believed would be helpful in improving social work education when responding to disasters/pandemics, most participants reported that better and greater inclusion of disaster and pandemic response in the curriculum would be beneficial, whether this be included as part of an existing paper or creating a standalone paper dedicated to disaster/pandemic response. These findings are congruent with that of existing research which acknowledges the generic nature of the social work curriculum across tertiary institutions in order to prepare social workers to work across multiple fields of practice (Hay & Pascoe, 2021). Ironically, many social work graduates go on to become employed in organisations that are tasked as first responders when disaster strikes (Hay & Pascoe, 2021) and there have already been several calls for social work to have a more active role in disaster preparedness (Boetto et al., 2021).

Finally, while this research has focused on the impact of the Covid-19 pandemic on new graduate social workers in Aotearoa New Zealand, I believe it is important to acknowledge the missing voices in this research, specifically social work educators. The Covid-19 pandemic was something we all experienced and was unlike anything we have faced before. Social work educators were not exempt to the pandemic, they didn't have a crystal ball to tell students when they'd be able to go back on placement, or when the pandemic would be over. Like the rest of the population, they too were having to adapt to working from home whilst managing the demands of both their professional and personal lives. None of us are perfect but there are many learnings we can take from the Covid-19 pandemic. Hindsight, right?

Recommendations

The results from this research suggest that the impact of the Covid-19 pandemic has resulted in several implications not only for new graduate social workers, but social work education and practice. However, there are several areas where improvements can be made to mitigate similar implications in the future. This section outlines the five recommendations based on the findings in my research.

Greater opportunities for practical exposure

A direct result of the Covid-19 pandemic was the disruption to social work student's practicum experiences. Unfortunately, this research suggests that there were little provisions put in place (both by tertiary providers and those who were providing the practicum) to mitigate these disruptions and allow for students to continue with their practicums remotely. While there are regulations put in place by social work regulators regarding the requirements students must meet as part of their practicum, research in Australia suggests that overly prescriptive frameworks do not necessarily assure good student learning outcomes (Crisp et al., 2021). There is room for flexibility when it comes to exposing social work students to practical experiences in preparation for social work practice (Jefferies et al., 2022; Morley and Clarke, 2020; Zuchowski et al., 2021). It is recommended that consideration is made regarding the length of time of a single placement, and whether these practica can be provided in a simulation setting as opposed to a real-life setting and that further research is conducted in Aotearoa New Zealand regarding the efficacy of these types of placement experiences.

Disaster and pandemic response in social work education

Unfortunately, only one participant in this research stated that their social work education covered responding to both disasters and pandemics, while there were some participants who reported their social work education covered responding to disasters, there were even fewer who reported their social work education covered responding to pandemics. In addition, despite social work's longstanding role in disaster response (Cheung, 2022; Okafor, 2021; Sullivan-Tibbs et al., 2022), during the Covid-19 pandemic, it was difficult to clearly define the social work role (Ross et al., 2021). While some of this confusion could be related to the ambiguity of what was considered an essential service during the pandemic and lockdowns, there is

also potential that this could be related to the lack of coverage of disaster and pandemic response in social work education. In addition, most interview participants in this research reported that the change they would recommend to social work education, would be greater analysis of disaster and pandemic response in social work education. It is therefore recommended that a greater emphasis is placed on disaster/pandemic preparation and response in social work education.

Enhancement of ICT

ICT played a significant role in the Covid-19 pandemic as a result of nationwide lockdowns and social distancing requirements. However, despite its wide use during the pandemic and some participants in this research being familiar with online platforms such as Zoom and Microsoft Teams, many participants reported they were not familiar with its use for delivering social work services. In addition, regardless of ICT use having been discussed widely across the literature both in relation to the pandemic as well as its generic use in social work prior to the pandemic, sadly, this research suggests that the social work profession lacks knowledge, understanding and skills when it comes to the use of ICT for the delivery of services. It is therefore important that social work educators become familiar with ICT use, both to be able to deliver social work education effectively, and to be able to teach students about its role in social work practice. In addition, there needs to be greater emphasis on the implications of delivering services via ICT, this includes potential challenges with safety, privacy, developing a therapeutic relationship and challenges with communication (e.g., verbal, and non-verbal skills). It is also recommended that social work services consider upskilling their staff on the use of ICT for service delivery and develop tools that will guide and support social workers using ICT to deliver services.

Effective communication

This research suggests that communication was a significant barrier to positive outcomes for participants during the Covid-19 pandemic. Many participants reported a lack of communication from their tertiary provider and/or workplace which often led to feelings of isolation and anxiety. The importance of effective communication has been analysed in other research regarding the Covid-19 pandemic, which found that participants who were involved in shared-decision making, reported they felt better

supported by their tertiary provider and/or workplace (Paceley et al., 2021). It is therefore recommended that tertiary providers and workplaces take the time to understand the needs of their students and staff, what they would find helpful regarding communication and involve them in decision-making. This could include direct discussion with the involved parties, suggestion boxes or the use of feedback forms. It is also recommended that tertiary providers and workplaces consider the practical barriers to effective communication, such as peoples access to and understanding of technology.

Understanding the barriers to self-care

Participants in this research rarely mentioned the use of self-care and those that did, acknowledged it was like a roller-coaster and some days were better than others. In addition, and congruent with existing literature, were participants recognition of the importance of self-care but low implementation of it themselves. This research suggests that the Covid-19 pandemic had an overall negative impact on new graduate social workers and while there are several factors that have had an impact on this, it is likely that greater use of self-care amongst participants could have influenced more positive findings. It is therefore recommended that further research be conducted to better understand the barriers that social workers face when it comes to implementing self-care. It is also recommended that workplaces offer and promote opportunities to engage in self-care and support their staff to implement it where possible.

Conclusion

In this research, I have investigated the impact that the Covid-19 pandemic has had on new graduate social workers in Aotearoa New Zealand, examining the delivery of social work education and the support for social work students and new graduate social workers during the pandemic. This research suggests that the Covid-19 pandemic has had a significant, mostly negative impact on new graduate social workers, and while there were positive experiences reported by participants, these were few and far between.

This research suggests that social work education does not adequately provide opportunities to prepare social work students for practice in environments where they are responding to a disaster and/or pandemic. In addition, there is limited coverage of social work in relation to disaster and pandemic response despite its longstanding role in this area. For social work education to improve and better prepare students for practice in this area, there must be greater implementation of disaster and pandemic response in social work education, whether it be incorporated as part of an existing paper or by creating a standalone paper. In addition to this, there needs to be greater practical exposure for students prior to entering the workforce. This could be by creating more roleplay/simulation activities for students in the classroom setting by providing them with different scenarios to work through or by providing more placement opportunities, such as shorter more frequent placements to expose students to a variety of social work settings.

In addition, this research indicates that some workplaces were not adequately prepared for the Covid-19 pandemic and did not have contingency plans in place in preparation for Covid-19 or pandemics in general. Where there were contingency plans in place, some of these were developed after the fact and following initial lockdowns. While developing contingency plans after the fact was unhelpful in some cases, we can take these learnings and contingency plans to better prepare social work practice for similar events in the future.

From this research, there is evidence to suggest that a lack of communication from tertiary providers and workplaces led to participants feeling as though they did not

receive adequate support during the Covid-19 pandemic. This highlights the importance of communication and involving people in shared decision making where possible. The findings also reiterate the importance of self-care and fostering environments where social workers have the opportunity to engage in such practices.

Overall, this research has highlighted several gaps, both in social work education and social work practice in relation to disaster and/or pandemic preparedness and response. The impact of Covid-19 is still being felt across the country and the globe, with new cases, deaths and waves of the pandemic continuing to occur. However, there are many positive learnings that we can adopt from this research to enhance the social work response and better support students and social workers responding to disasters and pandemics in the future.

Appendices

Appendix A



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Auckland, New Zealand
Level 3, 49 Symonds Street
Auckland, New Zealand
Telephone (09) 373 7599 Ext 83711

UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE (UAHPEC)

06/10/2022

Prof Liz Beddoe
Counselling, Human Services and Social Work

Re: Application for Ethics Approval (Our Ref. UAHPEC24762): Approved

The Committee considered the application for ethics approval for your study entitled "The impact of the Covid-19 pandemic on new graduate Social Workers in New Zealand".

We are pleased to inform you that ethics approval has been granted for a period of three years.

The expiry date for this approval is **06/10/2025**

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 approved project: Should you need to make any changes to the approved project, please follow the steps below:

- Send a request to the UAHPEC Administrators to unlock the application form (using the Correspondence tab in Ethics RM).
- Make all changes to the relevant sections of the application form and attach revised documents (as appropriate).
- Change the Application Type to "Amendment request" in Section 13 ("Submissions and Sign off").
- Add a summary of the changes requested in the text box.
- Submit the amendment request (PI/Supervisors only to submit the form).

If the project changes significantly, you are required to submit a new application.

Funded projects: If you received funding for this project, please provide this approval letter to your local Faculty Research Project Coordinator (RPC) or Research Project Manager (RPM) so that the approval can be notified via a Service Request to the Research Operations Centre (ROC) for activation of the grant.

The Chair and the members of UAHPEC 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.

Additional information:


- Do not forget to fill in the 'approval wording' on the PESs, CFs and/or advertisements, using the date of this approval and the reference number, before you use the documents or send them out to your participants.

All communications with the UAHPEC regarding this application should indicate this reference number: **UAHPEC24762**.

UAHPEC Administrators

University of Auckland Human Participants Ethics Committee

c.c. Sharon Gray

 <p>THE UNIVERSITY OF AUCKLAND <small>Te Whare Wānanga o Tāmaki Raukōwhiri</small> NEW ZEALAND</p>	<p>EDUCATION AND SOCIAL WORK SCHOOL OF COUNSELLING, HUMAN SERVICES AND SOCIAL WORK</p>
<p>PARTICIPANT INFORMATION SHEET</p> <p>Project title: Thesis Principle Investigator: Liz Beddoe Co-investigators: Student Researcher: Sharon Gray</p>	<p>TE KURA TAUWHIRO TANGATA</p> <p>Epsom Campus Gate 3, 74 Epsom Ave Auckland, New Zealand T +64 9 623 8899 W education.auckland.ac.nz The University of Auckland Private Bag 92019 Victoria Street West Auckland 1142 New Zealand</p>

Researcher introduction

Sharon Gray, a Faculty of Education and Social Work student will be conducting this research for the purpose of obtaining a Master of Social Work.

Project description and invitation

You have been invited to participate in the following research project; what impact did the Covid-19 pandemic have on new graduate social workers. The purpose of the study is to determine how new graduate social workers were impacted by the Covid-19 pandemic, and what support/changes if any could be implemented in tertiary education and social service organisations following Covid-19 to prepare for future pandemics/disasters. To be eligible to participate in this study you must be a qualified social worker who graduated no earlier than 2017 and no later than 2021.

Participation in this study is voluntary and you may withdraw your consent at any time. Submission of the online survey will be taken as consent to participate in the research. This research will not be able to guarantee anonymity, but the utmost will be done to protect the confidentiality and identity of research participants.

Project Procedures

The research project will involve taking part in an anonymous online survey (10-15 minutes) and an optional follow up interview (one hour). Interviews will take place at a location that suits the participant (if based in Auckland) or online using Zoom. There will be no compensation or reimbursement for taking part in the research project.

Data storage/retention/destruction/future use

Only the student researcher and principal investigator will have access to the paper consent forms, and will be kept separately from the rest of the research data. Consent forms will be stored in a locked cabinet on the University of Auckland premises and kept for a period of six years.

Face-to-face interviews will be audio recorded and uploaded to the student researchers university google drive as soon as practicable. The audio will then be deleted from the recording device. If interviews are conducted via zoom, only the audio recording will be used. As with the face-to-face interviews, the audio recordings will be uploaded to the student researchers university drive as soon as practicable. During the interviews, the participant will have the right to have the audio recording device turned off at any point.

Right to Withdraw from Participation

You may withdraw from the project at any time before or during the interview period, without giving a reason. Upon receiving the final interview transcript, you may withdraw your data for up to three weeks, without giving a reason.

Anonymity and Confidentiality

A pseudonym will be used to conceal your identity when taking part in an interview. Your assigned pseudonym will be used within the final research report and in any other research outputs. Also only data that pertains directly to this project will be included.

There are though a significant number of individuals that meet the criteria for participation which means that the opportunity for identification is reduced. We cannot though completely guarantee that the identification of participants will not occur. We will take all practical steps in endeavouring to maintain your confidentiality with only the research team having access to this project's data.

Support Services

In the case where there is risk to others, or risk to self the appropriate authorities will be notified to ensure your safety/the safety of others. If you need to access free counseling following your participation in the research, you can do so by: Free call or text 1737 any time for support from a trained counselor.

Contact Details

If you would like to contact researchers or academic head about this research project you can do so by using the details provided below:

Principal Investigator: Liz Beddoe - e.beddoe@auckland.ac.nz


Student researcher: Sharon Gray - sgra616@aucklanduni.ac.nz

Head of School - a.bartley@auckland.ac.nz

UAHPEC Chair contact details: For any queries regarding ethical concerns you may contact the Chair, The University of Auckland Human Participants Ethics Committee, Office of Research Strategy and Integrity, The 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 6th October 2022 for three years. Reference Number UAHPEC24762

Appendix C

 <p>THE UNIVERSITY OF AUCKLAND <i>Te Whare Whangai o Tāmaki Makaurau</i> NEW ZEALAND</p>	<p>EDUCATION AND SOCIAL WORK SCHOOL OF COUNSELLING, HUMAN SERVICES AND SOCIAL WORK</p>
<p>CONSENT FORM: Social workers</p> <p>Project title: The impact of the Covid-19 pandemic on new graduate social workers in New Zealand</p> <p>Principle Investigator: Professor Liz Beddoe Student Researcher: Sharon Gray</p> <p>THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS</p>	<p>TE KURA TAUWHIRO TANGATA</p> <p>Epsom Campus Gate 3, 74 Epsom Ave Auckland, New Zealand T +64 9 623 8899 W education.auckland.ac.nz The University of Auckland Private Bag 92019 Victoria Street West Auckland 1142 New Zealand</p>

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

- I agree to take part in this research.
- I understand that my participation will involve an interview of approximately an hour
- I understand that the interview will be recorded, and that I can request a copy of the recording
- I understand that I will have the opportunity to read and edit the transcript and will have two weeks to return it with any changes.
- I understand that I am free to withdraw my participation at any time during the interview and to withdraw any data traceable to me up to four weeks after the interview.
- I agree / do not agree to be audio recorded.
- I wish / do not wish to have my recordings returned to me.
- I wish / do not wish to receive a transcript of my interview for editing.
- I wish / do not wish to receive the summary of findings.

Please provide an email address or postal address below if you have indicated yes to having any of the following: audio recordings returned, transcript for editing, summary of findings.

Email:

Postal address:

Name: _____

Signature: _____ Date: _____

Approved by the University of Auckland Human Participants Ethics Committee on 6th October 2022 for three years. Reference Number UAHPEC24762



**EDUCATION AND
SOCIAL WORK**
SCHOOL OF COUNSELLING,
HUMAN SERVICES AND SOCIAL WORK

Survey Questions

Project title: Thesis
Principle Investigator: Liz Beddoe
Co-investigators:
Student Researcher: Sharon Gray

THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS

**TE KURA
TAUWHIRO TANGATA**

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Introduction text

I am Sharon Gray, a Faculty of Education and Social Work student who will be conducting this research for the purpose of obtaining a Master of Social Work. If you have any questions, you can email me at sgra616@aucklanduni.ac.nz

My supervisor is Professor Liz Beddoe who can be contacted at e.beddoe@auckland.ac.nz

Project description and invitation

You have been invited to participate in the following research project. My research question is: what impact did the Covid-19 pandemic have on new graduate social workers? The purpose of the study is to determine how new graduate social workers were impacted by the Covid-19 pandemic, and what support/changes if any could be implemented in tertiary education and social service organisations following Covid-19 to prepare for future pandemics/disasters.

To be eligible to participate in this study you must be a qualified social worker who graduated no earlier than 2017 and no later than 2021.

Participation in this study is voluntary and submission of the anonymous online survey will be taken as consent to participate in the research.

Project Procedures

The research project will involve taking part in an anonymous online survey which will take 10-15 minutes and you will be invited to participate in an optional follow-up interview that will take one hour. If you email the researcher to offer an interview you will be sent a Participant Information Sheet (PIS) and a Consent Form to sign. This research will not be able to guarantee confidentiality, but the utmost will be done to protect the confidentiality and identity of the research participants. The PIS will explain the interview process and measures that will be taken to protect your confidentiality.

SURVEY QUESTIONS

Demographic questions

1. Which gender do you identify with?
2. Which ethnicity/ethnicities do you identify with?

3. Which age range are you in?

20 to 30 years 31 to 40 years 41 to 50 years 51 to 60 years 60+ years

4. Did you complete your initial social work training in Aotearoa New Zealand?

Yes/No

If you stated 'no', where did you complete your initial social work training?

5. In what year did you graduate from your social work training?

2017, 2018, 2019, 2020 or 2021

6. What sector do you work in?

Statutory/Non-Government Organisation /Health/Other

Survey questions

- Did the content of your degree include responding to disasters e.g. floods/earthquakes and/or pandemics? *Yes, both. Yes, disasters but not pandemics. Yes, pandemics but not disasters. No, neither.*

- Was your place of work considered as an essential service during lockdowns? *Yes/No/Not applicable*

- Were you given the appropriate equipment (laptop, mobile phone, monitor, wifi, desk/chair) by your employer to work from home? *Yes/No/Not applicable*

- Were you familiar with using online platforms (Zoom, MS Teams, Telehealth) to deliver services prior to the pandemic? *Yes, and yes. Yes and no. No and no. No and yes*
If yes, what online platforms were you familiar with using?

- Were you provided with appropriate personal protective equipment and guidance on how to use it? *Yes, and yes. Yes and no. No and no. No and yes*

- Did you feel supported by your place of work during the Covid-19 pandemic? *Yes, very supported. Yes, somewhat supported. No, not supported*
Can you provide examples of how you were/were not supported

- Did you receive appropriate communication (e.g. regular emails, updates, check-ins) from your tertiary institute and or/place of work during the pandemic? *Yes/No, provide example(s)*

- Was your mental health negatively impacted by the Covid-19 pandemic? *Yes, significantly. Yes, somewhat. No, not negatively impacted.*
If yes, would you like to provide more information about how your mental health was negatively impacted by the Covid-19 pandemic

- Did you face any challenges balancing your professional and personal lives during the Covid-19 pandemic? *Yes, a lot. Yes, somewhat. No, no challenges.*
Can you please provide an example of the aspects of your work that were challenging over this period

- Is there anything else you would like to comment on about being a newly qualified social worker over the Covid-19 pandemic?

- Would you like to participate in a follow-up interview (approximately 60 minutes)? *Yes, provide details. No.*

Approved by the University of Auckland Human Participants Ethics Committee on 6th October 2022 for three years. Reference Number UAHPEC24762

Appendix E

Demographics

1. Which gender do you identify with?
2. Which ethnicity/ethnicities do you identify with?
3. Which age range are you in?
20 to 30 years - 31 to 40 years - 41 to 50 years - 51 to 60 - years - 60+ years
4. Did you complete your initial social work training in Aotearoa New Zealand?
Yes/No
5. If you stated 'no', where did you complete your initial social work training?
6. In what year did you graduate from your social work training?
2017, 2018, 2019, 2020 or 2021
7. What sector do you work in?
Statutory/Non-Government Organisation/Health/Other

Key points

- Please reassure that we are aware of NZ being a small social work 'pool' and every effort made to disguise potentially identifying information
- In all cases interviewers will prompt for examples as appropriate, and explore what happened and how it was managed.
- We're interested in four main areas: preparedness, support, mental health and communication
- Please do say if you don't wish to answer any questions

Preparedness

- Did your social work training cover any aspect of responding to a disaster (e.g. flood/earthquake) or pandemic? Was this helpful and applicable to Covid-19?
- How well prepared were you personally for Covid-19? In what ways were or weren't you prepared?
- How well was your place of education/work prepared for Covid-19? Did they have a contingency plan?
- If you were a student during the Covid-19 pandemic and lockdowns - how was your placement impacted?

Support

- What support (if any) did you receive from your place of education/work?
- What support did you receive outside of education/work?
Friends/family/whanau/hapu/iwi/community/professionals
- How did you manage with other commitments e.g. childcare and did you have people who supported you with this?
- What would have helped you to feel more supported during Covid-19? Particularly during lockdowns.

Mental health

- How would you describe your stress levels during the Covid-19 pandemic/lockdowns? Were there points during the Covid-19 pandemic and lockdowns that were particularly challenging? Probe but don't pursue if the participant seems uncomfortable
- In what ways was stress prevalent, e.g. lack of sleep, changes to eating habits, mood, physical symptoms?
- If you were working from home, did this help or add to your stress levels?
- Did you face any serious illness during the Covid-19 pandemic?
- Did you have any difficulty managing your work/life/professional/personal life during the Covid-19 pandemic and lockdowns?

Communication

- What kind of communication was there from your place of education/work during the Covid-19 pandemic and lockdowns? Eg. emails/online updates/phone calls/video meetings
- Did you receive enough or too much communication?
- What would have helped strengthen communication between yourself and your place of education/work?

Change recommended

- What would you change (either to social work training/organisations/services) that would provide better preparation for disasters (e.g. floods/earthquakes)/pandemics in the future?
- What do you think would be helpful in future for either social work students or social workers responding to/during a disaster (e.g. flood/earthquake) and/or pandemic?

References

- Abrams, L. S., & Dettlaff, A. J. (2020). *Voices from the frontlines: Social workers confront the COVID-19 pandemic*. <https://doi.org/10.1093/sw/swaa030>
- Aotearoa New Zealand Association of Social Workers. (n.d.). *What is social work?*
Retrieved from <https://www.anzasw.nz/about-us/what-is-social-work/>
- Apgar, D., & Cadmus, T. (2022). Using mixed methods to assess the coping and self-regulation skills of undergraduate social work students impacted by COVID-19. *Clinical Social Work Journal*, 50(1), 55-66.
- Atfield, G., Baldauf, B., & Kispeter, E. (2021). Mitigating the impacts of COVID-19 Rapid evidence review—Education, childcare and social work and related social care workforce. <https://www.voced.edu.au/content/ngv%3A91603>
- Aynsley H. M. Scheffert, Danielle E. Parrish & Helen Harris (2021). Factors associated with social work students' academic stress during the COVID-19 pandemic: A national survey. *Journal of Social Work Education*, 57(1), 182-193, DOI: 10.1080/10437797.2021.1914253
- Banks, S., Cai, T., de Jonge, E., Shears, J., Shum, M., Sobočan, A. M., Strom, K., Truell, R., Úriz, M. J. and Weinberg, M. (2020) 'Practising ethically during COVID-19: Social work challenges and responses', *International Social Work*, 63(5), 569–83.
- Barsky, A. (2020). 'Ethical exceptions for social workers in light of the COVID-19 pandemic and physical distancing. *The New Social Worker*, 27(2), 4.

- Bartley, A., Beddoe, L., Hashemi, L., Rahimi, M., & de Fossard, S. (2024). Social work students in Aotearoa New Zealand: The impacts of financial hardship on mental and social wellbeing. *Social Work Education*, 1-21. <https://doi.org/10.1080/02615479.2024.2326540>
- Beddoe, L., Baker, M., Cox, K., & Ballantyne, N. (2023). Mental health struggles of social work students: Distress, stigma, and perseverance. *Qualitative Social Work*, 0(0), 14733250231212413. <https://doi.org/10.1177/14733250231212413>
- Beddoe, L., Hay, K., Maidment, J., Ballantyne, N., & Walker, S. (2018). Readiness to practice social work in Aotearoa New Zealand: Perceptions of students and educators. *Social Work Education*, 37(8), 955-967. <https://doi.org/10.1080/02615479.2018.1497152>
- Bennet, B., Ross, D., & Gates, T. G. (2022). Creating spatial, relational and cultural safety in online social work education during COVID-19. *Social Work Education*, 41(8), 1660-1668, DOI: 10.1080/02615479.2021.1924664
- Berger, R., Mallow, A., Tabag, K., White, C. T., Fiore, C., Schachar, A., & Hirsch, E. (2022). Teaching and learning in a time of corona: A social work experience. *Clinical Social Work Journal*, 50(1), 43-54.
- Billings, J., Ching, B. C. F., Gkofa, V., Greene, T., & Bloomfield, M. (2021). Experiences of frontline healthcare workers and their views about support during COVID-19 and previous pandemics: A systematic review and qualitative meta-synthesis. *BMC Health Services Research*, 21(1), 1-17.

- Boetto, H., Bell, K., & Ivory, N. (2021). Disaster preparedness in social work: A scoping review of evidence for further research, theory and practice. *The British Journal of Social Work*, 51(5), 1623-1643. <https://doi.org/10.1093/bjsw/bcab103>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101, DOI: 10.1191/1478088706qp063oa
- Braun, V., Clarke, V., Hayfield, N., Davey, L., Jenkinson, E. (2022). Doing reflexive thematic analysis. In Bager-Charleson, S., McBeath, A. (Eds.), *Supporting Research in Counselling and Psychotherapy* (pp. 19-38). Palgrave Macmillan, Cham. https://doi.org/10.1007/978-3-031-13942-0_2
- Braun, V., & Clarke, V. (2023). Is thematic analysis used well in health psychology? A critical review of published research, with recommendations for quality practice and reporting, *Health Psychology Review*. DOI: 10.1080/17437199.2022.2161594
- Caruth, G. D. (2013). Demystifying mixed methods research design: a review of the literature. *Mevlana International Journal of Education*, 3(2), pp. 112-122.
- Chaumba, J. (2013). The use and value of mixed methods research in social work. *Advances in Social Work*, 14(2), 307-333.
- Cheung, J, C. (2022). Responses to COVID-19 in major social work journals: A systematic review of empirical studies, comments and editorials. *Research on Social Work Practice* 32(2), 168-186

- Chonody, J. M. (2022). 'I'm going to need a lot of therapy for this someday:' Finding your 'grit' in graduate school during COVID. *Social Work Education*, 41(6), 1313-1335. <https://doi.org/10.1080/02615479.2021.1950671>
- Cox, Y., McKenzie, D., Powell-Grub, B., & McCafferty, L. (2021). At home: Field education during lockdown. *Aotearoa New Zealand Social Work*, 33(2), 114–117. <https://doi.org/10.11157/anzswj-vol33iss2id873>
- Crisp, B. R., Stanford, S., & Moulding, N. (2021). Educating social workers in the midst of COVID-19: The value of a principles-led approach to designing educational experiences during the pandemic. *British Journal of Social Work*, 51, 1839-1857. DOI: 10.1093/bjsw/bcab108
- Cummings, C., Dunkle, J., Koller, J., Lewis, J. B., & Mooney, L. (2023). Social work students and COVID-19: Impact across life domains. *Journal of Social Work Education*, 59(1), 91-103, DOI: 10.1080/10437797.2021.1974992
- Earle, M. J., & Freddolino, P. P. (2022). Meeting the practice challenges of COVID-19: MSW students' perceptions of e-therapy and the therapeutic alliance. *Clinical Social Work Journal*, 50(1), 76-85.
- Evans, E. J., Nouredine, N., Curry, S. R., & Nam, K. (2021). *COVID-19 Impacts on Social Work and Nursing Now and into the Future: National Administration Plans*. <https://doi.org/10.1093/hsw/hlab020>
- Fouché, A., Fouché, D. F., & Theron, L. C. (2020). Child protection and resilience in the face of COVID-19 in South Africa: a rapid review of C-19 legislation. *Child Abuse & Neglect*, 110, 104710.

- Gates, T. G., Ross, D., Bennett, B., & Jonathan, K. (2022). Teaching mental health and well-being online in a crisis: Fostering love and self-compassion in clinical social work education. *Clinical Social Work Journal*, 50(1), 22-34.
- Glogowska, M. (2011). Paradigms, pragmatism and possibilities: Mixed-methods research in speech and language therapy. *International Journal of Language & Communication Disorders*, 46(3), 251-260.
<https://doi.org/10.3109/13682822.2010.507614>
- Glubb-Smith, K. J., & Roberts, T. (2020). Social work education: Reflections during Covid-19 lockdown. *Aotearoa New Zealand Social Work*, 32(2), 46–48. <https://doi.org/10.11157/anzswj-vol32iss2id742>
- Hay, K., & Pascoe, K. M. (2021). Social workers and disaster management: An Aotearoa New Zealand perspective. *The British Journal of Social Work*, 51(5), 1531-1550. <https://doi.org/10.1093/bjsw/bcab127>
- Hayes, B., Bonner, A., & Douglas, C. (2013). An introduction to mixed methods research for nephrology nurses. *Renal Society of Australasia Journal*, 9(1), 8-14.
- Halcomb, E. J., & Hickman, L. (2015). Mixed methods research. *Faculty of Science, Medicine and Health - Papers: part A*. 2656.
<https://ro.uow.edu.au/smhpapers/2656>
- Hulme-Moir, K., Beddoe, L., Davys, A., & Bartley, A. (2022). Social work education in Aotearoa New Zealand: A difficult journey for student caregivers. *Aotearoa New Zealand Social Work*, 34(4), 33-46. <https://anzswjournal.nz/anzsw/article/view/985>

- Jabbari, J., Ferris, D., Frank, T., & Grinstein-Weiss, M. (2020). COVID-19 educational inequities: shining a light on disparities in a graduate school of social work. Washington University St Louis. Social Policy Institute. <https://socialpolicyinstitute.wustl.edu/covid-19-educational-inequities-shining-a-light-on-disparities-in-a-graduate-school-of-social-work/>
- Jaquiere, N., Kaloga, M., & Wason, S. (2020). Aroha, Manaakitanga, Whanangatautanga: Social work educators' reflections on the Covid-19 lockdown in Aotearoa New Zealand. *Aotearoa New Zealand Social Work*, 32(2), 65-70.
- Jefferies, G., Davis C., & Mason, J. (2022) Simulation and skills development: preparing Australian social work education for a post-COVID reality. *Australian Social Work*, 75(4), 433-444, DOI: 10.1080/0312407X.2021.1951312
- Johnson, R. B., & Onwuegbuzie, A. J. (2004). Mixed methods research: A research paradigm whose time has come. *American Educational Researcher Association*, 33(7), 14-26.
- Joy, E., Braun, V., & Clarke, V. (2023). Doing reflexive thematic analysis: A reflexive account. In Meyer, F., & Meissel (Eds.), *Research methods for education and the social disciplines in Aotearoa New Zealand* (pp. 155-171). New Zealand Council for Educational Research.
- Keddell, E., & Beddoe, L. (2020). The tyranny of distance: The social effects and practice adaptations resulting from Covid-19 lockdown rules. *Aotearoa New Zealand Social Work*, 32(2), 41-45.

- Kim, S-H.& Tesmer, O. (2021). Employing telehealth strategies for opioid addiction during COVID-19: Implications for social work health care. *Social Work in Health Care*. 60, 6/7, 499-508.
- Kingstone, T., Campbell, P., Andras, A., Nixon, K., Mallen, C., Dikomitis, L., & Group, t. Q.C.. (2021). Exploring the impact of the first wave of COVID-19 on social work practice: A qualitative study in England, UK. *The British Journal of Social Work*, 52(4), 2043-2062. <https://doi.org/10.1093/bjsw/bcab166>
- Kourgiantakis, T., Hu, R., Ramsundarsingh, S., Lung, Y., & West, K. J. (2021). *Teaching Note—Virtual Practice Fridays: responding to disruptions caused by the COVID-19 pandemic in the field and classroom*. <https://doi.org/10.1080/10437797.2021.1932651>
- Lawrence, S. A., Garcia, J., Stewart, C., & Rodriguez, C. (2022). The mental and behavioral health impact of COVID-19 stay at home orders on social work students. *Social Work Education*, 41(4), 707-721. <https://doi.org/10.1080/02615479.2021.1883582>
- Leburu-Masigo, G. E., & Kgadima, N. P. (2020). Gender-based violence during the Covid-19 pandemic in South Africa: guidelines for Social Work Practice. *Gender & Behaviour*, 18(4), 16618-16629.
- MacAulay, A. (2021). Maintaining social work connections during lockdown. *Aotearoa New Zealand Social Work*, 33(1), 108-11.
- Magruder, L., Wilke, D., Radey, M., Cain, M., & Yelick, A. (2022). COVID-19's social ecological impacts on health and human services worker well-being, *Social Work in Public Health*, 37(3), 233-243, DOI: 10.1080/19371918.2021.1997864

- Miller, V. J., Anderson, K., Fields, N.L., & Kusmaul, N. (2020). "Please don't let academia forget about us:" An exploration of nursing home social work experiences during COVID-19. *Journal of Gerontological Social Work*, 1-15. DOI: 10.1080/01634372.2021.1978027
- Mishna, F., Milne, E., Bogo, M., & Pereira, L. F. (2021). Responding to COVID-19: New trends in social workers' use of information and communication technology. *Clinical Social Work Journal*, 49(4), 484-494.
- Mishna, F., Sanders, J. E., Sewell, K. M., & Milne, E. (2021) Teaching Note— Preparing social workers for the digital future of social work practice. *Journal of Social Work Education*, 57(1), 19-26, DOI: 10.1080/10437797.2021.1912676
- Morris, B. L., Short, M., Bridges, D., Crichton, M., Velandar, F., Rush, E., Iffland, B., & Duncombe, R. (2022). Responding to student mental health challenges during and post-COVID-19. *Social Work Education*, 41(8), 1821-1838. <https://doi.org/10.1080/02615479.2021.1962271>
- Morley, C., & Clarke, J. (2020) From crisis to opportunity? Innovations in Australian social work field education during the COVID-19 global pandemic. *Social Work Education*, 39(8), 1048-1057, DOI: 10.1080/02615479.2020.1836145
- New Zealand Doctor. (n.d.). *Timeline – coronavirus – COVID-19*. Retrieved from <https://www.nzdoctor.co.nz/timeline-coronavirus>
- New Zealand Government. (2023). *Proactive Release: Timeline of Aotearoa New Zealand's significant events and key All-of-Government Activities*. Retrieved from <https://www.dpms.govt.nz/our-business-units/covid-19-group>

- Okafor, A. (2021). Role of the social worker in the outbreak of pandemics (A case of COVID-19). *Cogent Psychology*, 8(1), 1939537.
- Onwuegbuzie, A. J., & Leech, N. L. (2005). On becoming a pragmatic researcher: the importance of combining quantitative and qualitative research methodologies. *International Journal of Social Research Methodology*, 8(5), 375-387, DOI: 10.1080/13645570500402447
- Paceley, M. S., Cole, S. J., Robinson, J. A., Carr, K. A., Jen, S., Riquino, M. R., Mitra, S., & Wright, K. C. (2021). "Nobody's failing at going through a global pandemic": Lessons and tensions in social work education. *Journal of Social Work Education*, 57(sup1), 168-181.
- Padget, D. K. (2009). Qualitative and mixed methods in social work knowledge and development. *Social Work*, 54(2), 101-105.
- Radio New Zealand. (2020). *Covid-19 essential services: What remains open during a lockdown*. Retrieved from <https://www.rnz.co.nz/news/covid-19/412477/covid-19-essential-services-what-remains-open-during-a-lockdown>
- Ross, A. M., Schneider, S., Muneton-Castano, Y., Caldas, A. A., & Boskey, E. R. (2021). "You never stop being a social worker:" Experiences of pediatric hospital social workers during the acute phase of the COVID-19 pandemic. <https://doi.org/10.1080/00981389.2021.1885565>
- Sullivan-Tibbs, M. A., Rayner, C. B., Crouch, D. L., Peck, L. A., Bell, M. A., Hasting, A. D., Nativo, A. J., & Mallinger, K. M. (2022). Social work's response during the COVID-19 Pandemic: A systematic literature review—balancing telemedicine

with social work self-care during a pandemic. *Social Work in Public Health*, , 1-11.

Tham, P., & Lynch, D. (2014, 2014/08/18). Prepared for practice? Graduating social work students' reflections on their education, competence and skills. *Social Work Education*, 33(6), 704-717. <https://doi.org/10.1080/02615479.2014.881468>

The Hits. (2023). *Here's the list of all 'essential' services that can stay open during Covid-19 lockdown*. Retrieved from <https://www.thehits.co.nz/the-latest/heres-the-list-of-all-essential-services-that-can-stay-open-during-covid-19-lockdown/>

Vito, R., & Schmidt Hanbidge, A. (2021). Teaching social work leadership and supervision: Lessons learned from on-campus and online formats. *Journal of Social Work Education*, 57(sup1), 149-161.

Walter-McCabe, H. A. (2020). Coronavirus pandemic calls for an immediate social work response. *Social Work in Public Health*, 35(3), 69-72. DOI: 10.1080/19371918.2020.1751533

Wampole, D. M., & Kohli, H. (2022). *Self-compassion in social work education at times of COVID19*. <https://doi.org/10.1080/15332985.2022.2028218>

Wisdom, J. P., Cavaleri, M. A., & Onwugbuzie, A. J. (2012). Methodological reporting in qualitative, quantitative, and mixed methods health services research articles. *Health Services Research*, 47(2), 421-425.

Wohlsifer, D. B., Suttentberg, L. P., & Park, J. (2022). A Reflection on Special Challenges and amending pedagogy in clinical social work practice courses during the COVID-19 Pandemic. *Clinical Social Work Journal*, 50(1), 35-42.

World Health Organisation. (2023). *Coronavirus Disease (Covid-19)*. Retrieved from [https://www.who.int/news-room/fact-sheets/detail/coronavirus-disease-\(covid-19\)](https://www.who.int/news-room/fact-sheets/detail/coronavirus-disease-(covid-19))

Zuchowski, I., Collingwood, H., Croaker, S., Bentley-Davey, J., Grentel, M., I & Rytönen, F. (2021) Social work e-placements during COVID-19: Learnings of staff and students. *Australian Social Work*, 74(3), 373-386, DOI:10.1080/0312407X.2021.1900308