Continuing professional development of registered social workers in New Zealand

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Abstract

Continuing professional development (CPD) is a significant feature of contemporary practice in most professions. In New Zealand, the Social Workers Registration Board (SWRB) is empowered under legislation to set expectations for CPD. Initially NZ-registered social workers were expected to undertake 150 hours of CPD activities across a three-year period. A random audit undertaken in 2010 found that social workers were not planning their CPD activities in a purposeful way (Duke, 2012), and were struggling to meet the target and as a consequence the requirements were reduced. A content analysis of CPD logs was undertaken in order to provide a snapshot of CPD activities of 84 randomly selected registered social workers. Findings demonstrate that, while a broad range of activities were undertaken by social workers, there was only weak evidence for the enhancement of reflective practice. Engagement in scholarly activity and research was low among the randomly selected group.

Introduction

Professional development is a career-long process in which, via diverse learning activities, professionals refine and augment their knowledge, develop their skills and undertake personal professional supervision to enhance critically reflective practice. Lymbery (2011: 466) notes that a central component of professional competence is the, 'establishment of a coherent and properly funded structure for continuing professional development.' Provision of any professional development in social work in New Zealand is patchy. CPD can be inclusive of a broad range of large activities, some of which could be described as 'maintenance' activities (eg, engagement in regular supervision and attending skills workshops and seminars about new policies). Continuing professional education (CPE) generally refers to the undertaking of formal higher qualifications and such scholarly activities are undertaken by a smaller number of people. Within the current climate however there is creeping 'credentialism' pressure on practitioners to gain further qualifications in order to pursue career advancement.

There has been a steady presence in the literature of debates about the role of professional development and that this cannot be considered without scrutiny of the political context of education for social work in general. Quality assurance legislation has provided the impetus for the expansion of formal requirements for on-going professional education and development. For example, the Health Practitioners Competence Assurance Act (2003) has

a principal purpose to protect the health and safety of the public by ensuring that health practitioners are fit and competent to practise. This directly leads to health employers' development of requirements for on-going professional development. For New Zealand social work the Social Workers Registration Act (SWRA) (2003) empowered the SWRB to set requirements for supervision and professional development linked to eligibility for renewal of an annual practising certificate. These legislative features should lead to employing organisations paying closer attention to the on-going development of their professional staff. Around the world, expectations differ by country, linked to regulation requirements. Table One, Social Work CPD Requirements, summarises some key features of mandated CPD in seven jurisdictions. While on the one hand regulation can be seen to shift responsibility for professional renewal to individual workers (as penalties for non-compliance fall on the individual), on the other hand within the pragmatic world of health and social care, managers need to intervene to maintain 'quality', or at the very least meet the requirements, dictated by purchase agreements with funders.

Table one. Social work CPD requirements.

Jurisdiction	Hours required	Specified requirements
USA	Annual range 15 -40	States have differing expectations. If specified - usually ethics, diagnosis and treatment of mental illness; cross cultural practice; alleviation of oppression.
Canada (Ontario)	25 per year	Not specified. Social workers make an annual declaration. Documentation must be retained for 7 years and may be requested for audit.
Australia	A points system is in place across categories of membership (AASW, 2011)	Thirty points must be earned across the year in three categories: Reflection, Ethical Practice & Career Development (10 points) Skills & Knowledge (10 points) Contributing to the Profession (10 points). Accredited social workers must earn 75 points.
England	No set hoursIpoints	Prior to the HPC take-over of registration in 2012 an emphasis placed on what impact CPD activities have on practice.
Republic of Ireland	IASW minimum of 100 CPD points are required from all full-time employed professionally qualified social workers within a 2 year cycle.	At least 20 points for supervision and 30 points for skill development and gaining new knowledge and information (of which 20% or 6 CPD points must be specifically related to area of practice). The remainder comes from contributing to the development of professional social work knowledge and practice.
South Africa	20 points annually	Designated activities are awarded points according to level of participation, level of knowledge, level of skill development and duration. CPD activities are divided into Group activities and Individual activities - must participate in a mix of Group and Individual

		CPD activities. Can include participation in a personal wellness programme.
Singapore	Registered Social Workers need 160 credits of CPE, of which 60 CPE Credits must be from structured activities, during the two-year period.	Points gathered across categories including formal study, formal in-house training, participation in boards and committees; contributions to knowledge development. Also points for self-study, unstructured activities.

The policy of the Australian Association of Social Workers (AASW) is of particular interest as it is very well-developed. Revised in 2011 following the creations of categories of membership - Accredited Social Worker, Accredited Mental Health Social Worker and Member or Fellow of the Australian College of Social Work (ACSW), all AASW members (excluding fully retired and student members) are required to earn 10 points in each of the three CPD activity categories for a total of 30 CPD points. The three areas are Reflection, Ethical Practice and Career Development; Skills and Knowledge; and Contributing to the Profession (AASW, 20111). AASW members who complete additional professional development can gain 'Accredited Social Worker' status. To gain accreditation members must earn 25 points in each of the three CPD activity categories for a total of 75 CPD points. Accredited Mental Health Social Workers also need 75 points, of which 30 points are relevant to mental health practice including the completion of 10 hours of Focused Psychological Strategies related CPD to meet the mandatory Government requirement. The ACSW's members and fellows also have additional requirements of 75 points which may be related to the various divisions that are in development (ACSW, 2011). Figure one illustrates some of the range of CPD activities and their point value for AASW CPD.

Figure one. A selection of CPD activities and their points value in the AASW policy (2011).

Receiving supervision (individual or group) 1pt per hour
Academic courses 5pts per (course)
Workshops 1pt per hour
Study tours 20 pts per tour
Reading publications 1pt per articleIchapter
Writing a critical, reflective journal 5pts
Conducting workshops 2pts per hour
Publishing refereed journal articles and chapters 20 pts
Publication of a complete book 50pts
Reviewing journal articles 5pts per article
Presentation of papers 5pts
Field supervision of social work students 10pts per student
Member of AASW committees and practice groups 20pts per cycle
Volunteering activity (non AASW) 10pts per cycle
Providing supervision, mentoring, coaching 1pt per hour (2pts per hour if you have had supervision training)

Mandated CPD aims to raise standards during a period of intense competition for resources. Mandating sends a much stronger message about the professional aspirations of social

work (Beddoe, 1999; Beddoe & Henrickson, 2005) and its desire to be recognised as a 'real' profession especially where social workers work alongside well-qualified medical and allied health professionals (McMichael, 2000; Beddoe, 2013a). This paper explores current literature on the role of CPD and draws on a content analysis of 84 randomly selected CPD logs submitted as part of a random audit of registered social workers in New Zealand.

Current concerns: A brief literature review

Copper (2008: 222) asserts that, 'the attitudes of professional workers to their continuing professional development (CPD) is a strong indicator, if not a defining feature of their approach to practice'. The US Board on Health Care Services (2010: 16) notes that the nature of CPD is changing and that the focus is moving from attendance at a limited set of educational activities to a demonstrated change in practice and outcomes. More explicitly they explain (p. 234) that continuing education's purpose is to update knowledge; CPD deals with a range of skills as well as content. This concurs with the UK Standing Committee on Postgraduate Medical and Dental Education (SCOPME) which as early as 1998 recommended that continuing medical education (CME) needed to be set into a broader context of CPD. Both the professional literature and professional requirements reflect this gradual shift from continuing education to CPD, although at times, still, the terms are used as if synonymous. This may be because the majority of writers are educators and write from an education perspective and see CPEICPD in terms of postgraduate education.

A comprehensive definition of CPD provided by Madden & Mitchell (1993: 3) and the one adopted by the SWRB (Duke, 2012) is, 'the maintenance and enhancement of knowledge, expertise and competence of professionals throughout their careers according to a formulated plan with regards to the needs of the professional, the employer, the profession and society'. This notion of a formulated plan is now embedded in the international literature from a number of professions. Gibbs, Bridgen and Hellenberg (2005: 5), writing in the South African Family Practice Journal ,see the CPD requirement as a structured system that ensures 'activities take place on a - planned basis', and that central to the process is a professional development plan. Konkol (2005: 70) discusses the CPD model for pharmacists in the United States and explains that the initial steps are for practitioners to reflect on their skills and knowledge, identify areas requiring improvement and then in the next stage to develop a 'personalised plan to create activities and formulate future strategies that will help them address identified learning and developmental needs'. Neimeyer, Taylor and Wear (2009: 618) caution that if the CPD is mandated (and not necessarily part of a planned activity) the result may be 'uninterested, disengaged attendees who participate - without accruing the benefit of learning'. Gosine-Boodoo and McNish (2009) would argue that incorporating professional aims into the development plan is a motivator for engaging in CPD and also a trigger for taking personal responsibility for the CPD. There is a risk that an overly prescriptive approach can lead to a focus on compliance with minimal engagement.

Increasingly, CPD is seen as more than formal learning. Konkol (2008) for example sees CPD as incorporating informal activities as well as formal continuing education. These informal activities may include, for example, colleague discussions, group supervision or consultation and team-based problem solving processes. These discussions may build on in-service training or continuing education. Postle, Edwards, Moon, Rumsey and Thomas (2002) explain that the process within CPD is different educationally. They see CPD as

'concerned with the development of flexible knowledge and transferable skills capable of adaptation within fast-changing contexts and requirements of the working environment' and that therefore competent practitioners would over the course of their career continue to develop in 'a non-linear, reflective process, converting practice into praxis in their inter-relation of theory and its application' (Postle et al., 2002: 159).

During the last decade there was renewed emphasis on the need for CPE to focus on a more transformative approach, taking cognisance of the complexity of current practice. Jeeawody (2003: 124) claims that a 'post-technocratic model' of CPE is needed in mental health practice, such a model utilising 'systematic reflection, critical thinking and action research'. Jeeawody proposes a more emancipatory form of further education demanding 'some method of dialogue between practitioners and other interested spectators' (Jeeawody, 2003: 129). Dirkx, Gilley & Gilley (2004: 38) express this more critically reflective approach clearly:

> Practitioner stories suggest that lifelong learning and change in continuing professional development reflect an ongoing struggle to keep the rational deeply connected with the richly felt experience of practice - From this perspective, the knowledge we use to inform our practices evolves in an ongoing way from dialectical relationships that involve the relevant technical or scientific knowledge, the sociocultural context of practice, and the practitioner's self.

These discursive approaches to career-long development raise the question of what is currently seen as appropriate CPD. Elsewhere Beddoe (2009) has discussed the complex nature of the relationship between organisational and individual development goals. These are clearly not always the same: for example, one author has encountered postgraduate students paying their own way for advanced qualifications, claiming their managers fear that they will leave if better qualified. Brown (2008: 11) addresses the issue of organisational imperatives in CPD, and notes that although 'support for transfer of learning and the development of a new work-related identity is almost always required when people move between contexts' and that organisations are often good at providing training that addresses current practice, they rarely meet the challenge of strategic development and external interaction. Davis and Davis (2010: E90) suggest that not only the practitioner, but also the needs of their clients and the gaps in the systems within which practitioners work should all drive what is relevant CPD. Earlier Davis, Thomson, Oxman & Haynes (1995) undertook a systematic review on the effect of CME strategies. They found that relatively short formal events, such as conferences, generally delivered no change in performance, but rather that the best opportunities for changing performance were those strategies that enabled practice change and reinforced change with feedback or reminders.

More recently, authors in the CPD field have been discussing the nature of interprofessional practice and the requirements for interprofessional education (IPE), particularly for those employees in the health sector (see for example, Reeves 2009, Sargeant 2009). Reeves (2009: 142) defines IPE as, '.an interactive learning activity that involves participants from two or more professions . (which) aims to develop the attributes (attitudes, knowledge, skills and behaviour) required for effective collaborative practice'. Sargeant (2009: 178) supports this: she sees knowledge in this context as, '.largely socially created through interactions with others and involves unique collaborative skills and attitudes'. This collaborative approach to practice learning is based on Wenger's (1998) work on communities of practice. Wenger sees learning as integral to practice and that within communities of practice, practitioners work

and learn collaboratively to generate new knowledge. However, Goldman, Zwarenstein, Bhattacharyya and Reeves (2009) note that attempting to evaluate IPE is difficult because of the 'terminological quagmire' created by the use of multiple terms to describe what may, or may not be, similar interventions. IPE is in its infancy in New Zealand and is an area ripe for further development.

Evaluation of the CPD activities is also an important part of the process and requires reflection on the part of the practitioner (Gibbs et al., 2005). As noted above, it is action required and taken after a 'learning event' that produces change in practice. Schon (1983), a seminal author on reflective practice within the professions, suggests that reflection, as self-appraisal and self-awareness, built from experience is fundamental to the professional learning process. Reflection is the main learning process that, '.powers the development of human performance from novice to expert' (Butler, 1996: 277). However, evaluation of CPD as an activity in itself is a relatively new area of research. Neimeyer et al (2009: 619) noted that, '.little attention has been paid to assessing actual levels of learning, the translation of learning into practice or the impact - of that learning on service delivery outcomes, such as quality or effectiveness'. Williams (2007) illustrates a typical evaluation as focused on learner satisfaction, and quality of the learning experience rather than assessing learning or how learning is translated into the professional environment. However, two recent studies which explored the outcomes of a post-qualifying programme in the UK found favourably for the impact of CPD at the personal level of application of new knowledge and research findings to practice. Rixon and Ward (2012) undertook a small qualitative study of social workers engaged in post-qualifying education and concluded that CPD can have a significant impact, but requires further evaluation. They noted particularly that social workers had difficulty identifying specific improvements in their practice. Brown, McCloskey, Galpin, Keen and Immins were more positive and in an earlier evaluation of a UK-based post-qualifying programme stated that, '.the clearest evidence of impact was at the personal level - Many were able to provide real examples where their increased knowledge and understanding led to a change in practice,' (2008: 863).

The literature also addresses reasons why CPD is sometimes seen as difficult to take up. Time and resource management are frequently cited (eg, Konkol, 2008) as are inconvenience and administrative burden (eg, Neimeyer et al., 2009). In the current climate of austerity and constraint, the authors are aware of real challenges for practitioners to engage, especially in formal education.

In the UK, CPD in social work has been managed at a high level, although of course practitioners can and do apply to undertake higher degrees on their own initiative. The development of 'post-qualifying awards' was a feature of the reforms of social work which commenced in the 1990s. These awards were developed at national level and managed by a consortia of institutions at regional level; in 2007 these arrangements were devolved to the countries in the UK. Rogowski (2010: 125) notes that these awards and their curricula are 'strongly influenced by employers' human resources strategies'. Furthermore, a constraining feature can be a focus on 'competence' rather than developing higher skills of critical reflection and greater analytical ability that can be nurtured in higher education.

Thus the literature suggests that the presence of legislation which mandates CPD is only a very small step along the way to improvements in the engagement of social workers in

on-going development. As Lymbery points out, '... the fact that there is recognition of the developing nature of a social worker's professional capabilities is to be welcomed' (2011: 466). It reflects the reality that professional competence is not a straightforward characteristic that is guaranteed by the fact of professional entry qualification, but is a quality developed over the course of a professional career. Lymbery noted recently that the post qualification (PQ) framework for social work (envied by many NZ social work educators) proved costly in practice and did not practically enable 'all qualified social workers to gain access to further education and development' (2011: 466).

Research in New Zealand

A study of CPE in New Zealand was conducted by Beddoe and Henrickson (2003, 2005). In a survey undertaken during 2002, an encouraging 97.4% (N=285) of respondents reported they would like to undertake some CPE in the future. In this study, 37.5% of respondents reported no barriers to CPE, while 24.5% reported that their work commitments are the largest barrier that prevents them from doing CPE. Other most frequently cited barriers included time constraints, cost, geographic location, opportunities and management support (Beddoe & Henrickson, 2005).

The 2003 survey supported a number of recommendations (Beddoe & Henrickson, 2003: 32-9). Among these was the suggestion that professional bodies should continue to support the existing ethic of CPE for social workers at all stages of their careers, and provide specific encouragement to non-tertiary qualified and certificated social workers to up-skill themselves to attain formal social work qualifications. Professional groups were also advised to ensure that professional standards of culturally appropriate continuing education in New Zealand are created including the provision of opportunities to undertake specialist training in fields of practice.

Beddoe and Henrickson (2003) advocated not only paid time off for CPE and financial support, but also workload relief for employees attending training courses or undertaking further higher education. While employers could be expected to take a broader view of the benefits of CPE expenditure, it is likely that workplace demands and current austerity measures might encourage a more utilitarian approach. Generous provision for CPE would be realised if more employers supported the development of the profession in general, rather than as only necessary to meet very narrow agency requirements. It was suggested by Beddoe and Henrickson (2003: 24) that employers who held a 'strong sense of social work identity and who embrace a learning culture, often recognise that by supporting their employees to gain further qualifications, they may speed up their departure from the organisation, but are able to see this, not as a loss, but as a broad contribution to the profession and the community'. That New Zealand social workers perceive benefits accruing to the social work profession via greater participation in higher education, research and scholarship is demonstrated in a more recent study reported in Beddoe (2013 a & b). It is of concern that such momentum may be halted by current fiscal restraint.

Quality assurance legislation has, however, provided impetus to the profession's improvement of requirements for on-going professional education and development. In theory it should not be possible for a registered social worker to have no access to professional development opportunities. In New Zealand the Social Workers Registration Act (2003) empowers the SWRB to set requirements for supervision and professional development

linked to eligibility for renewal of an annual practising certificate. These legislative features lead to an obligation on employers to pay closer attention to the professional development of their professionally qualified staff.

Mandated CPE aims to raise standards during a period of intense competition for resources within all the professions. Many experienced practitioners will have experienced cycles of good times and bad in relation to the provision of support for training and major differences between professions (Beddoe, 2013b).

Current requirements in New Zealand

The SWRB currently defines CPD as an activity that develops knowledge, skills and competencies for social work practice identifiably linked to the context of the individual's work andIor to their future career development (SWRB, 2012b). The Board requires that all registered social workers complete a minimum of 20 hours' CPD per year. This is less than the previous requirement, but the SWRB decided following the 2010 audit that more onerous requirements could put social workers in a difficult position if they were not supported by their employer to do so (Duke, 2012) .

The Board adopted Madden and Mitchell's definition of CPD:

> .the maintenance and enhancement of knowledge, expertise and competence of professionals throughout their careers according to a formulated plan with regards to the needs of the professional, the employer, the profession and society (Madden & Mitchell, 1993: 3).

Further to this definition the SWRB policy notes that CPD:

- is a self-directed cyclical process that requires critical reflection
- incorporates a range of learning activities to meet individual learning styles
- is aligned with individual professional aspirations and agency goals
- benefits the practitioner as well as the clientIserviceIservice user
- requires a commitment from and is a shared responsibility between the practitioner and the professional supervisorImanager
- is a medium to ensure accountability to clients and the profession
- is appropriate to the level of experience of the practitioner (SWRB 2012, p.2).

Examples of common CPD activities relevant to New Zealand social workers are listed in Table Two.

Table two. Common CPD activities.

Competency areas	Activities
Competency to practice social work with Maori and competency to work with cultural and other groups.	Activities that support or maintain or develop competence to work with Maori and different ethnic or cultural groups. Community-based work with iwi and cultural communities. Enhancing knowledge of language and culture.

Broad professional development activities	Continuing professional development in social work or in the particular field of practice e.g. mental health, probation, care and protection through: tertiary courses, in-service courses, induction or beginning practitioner programmes, conferences, workshops, seminars. StudyIpracticeIstructured visits to explore social work issues in another field, or another region or country.
Scholarly activities	Continuing professional education including higher degrees and research. Professional reading demonstrated through confirmed participation in journal clubs or contributions to journals via book reviews or peer reviewed papers. Research-based activities including agency or community-based research, formal service evaluation, scoping and developing new programmes. Scholarship: lecturing, speaking about practice or policy development, writingIproducing an article book or resource.
Practice leadership	Providing supervision or mentoring. Being a field work educator or supervisor for social work students on field work placement. LeadershipImanagement supervisor training.
Community engagement	Active membership of hapuIiwi boards or committees that link to social service or community development activities. Participation in advocacy organisations.
Service to the profession	Professional activities such as: active participation in a professional association, interest group or advocacy organisation identifiably linked to the field of practice. Participation in peer review processes e.g. competency panels.

The Board has the following minimum expectations of continuing professional development as per the revised CPD policy ratified in 2012:

- Registered social workers maintain a continuous, up-to-date and accurate record of their CPD activities in a CPD logIportfolio
- Registered social workers complete a minimum of 20 hours of CPD learning per year.
- Registered social workers reflect on their CPD learning and the relevance of the learning for their practice
- Registered social workers utilise a minimum of two different learning activities when undertaking their annual CPD. (SWRB, 2012b, p.3).

The requirements for the professional association for social workers, the Aotearoa New Zealand Association of Social Workers (ANZASW), are very similar to those of the SWRB. The policy requires all members to meet minimum expectations for CPD: 20 hours per year in order to, '.maintain and enhance their knowledge, expertise and competence throughout their careers as a practitioner working full time. It is expected that social workers in full-time employment will complete in excess of the minimum requirement' (ANZASW, 2011: 2). The ANZASW and the SWRB also conduct annual audits.

Method

The SWRB (2010) policy determined that a random audit of 5% of the CPD logsIportfolios submitted with competence re-certification would be undertaken. This process took place over 2010. The SWRB approved a proposal for the authors to undertake an analysis of the CPD logs for the purposes of a report to the profession. Author one signed a confidentiality agreement. No identifiable records were kept and the logs were accessed at the Board's offices. A content analysis was undertaken by reading through all 84 logs and gathering material about activities listed and described in the logs. Logs were examined for 49 CYF social workers, 17 DHB, 13 NGO and five others. Coding categories were ascribed to activities in respect of 'Competency to Practise social work with Maori'; 'Competency to work with cultural and other groups'; and the other general activities of professional development that were evidenced by social workers who were audited. An overall rating was given to the logs in terms of the practitioners having shown evidence of reflection.

Findings

The findings are presented in four sections: the specific requirements of the SWRA (2003) with regard to competence to practise social work with Maori; competence to practise social work with other ethnic and cultural groups; field of practice-specific activities; and other professional development.

Competence to practise social work with Maori

Competence to practise social work with Maori requires that the social worker:

- engages in culturally appropriate ways and in an inclusive manner;
- articulates how the wider context of Aotearoa New Zealand both historically and currently can impact on practice content;
- offers practical support to tangata whenua for their initiatives;
- has knowledge of the Treaty of Waitangi, te reo and tikanga;
- supports mana whenua and services in their area (SWRBa, 2012, p.4)

All logs contained reference to specific professional development activities related to this competence.

There was a wide variation of activities listed as supporting professional development with regard to this competency. The most frequently mentioned (n=20 participants) activity was participation in the Te Rito programme. Te Rito is a bicultural training resource specifically designed for the public sector. The next frequent (n=19) activity reported was the attendance at workshops and noho marae focused on Tikanga, learning waiata and sharing of local knowledge. Another seven people referred to in-house protocol training. Tangata whenua social workers mentioned specific opportunities such as Te Ahi Kaa wananga. Fifteen social workers mentioned learning Te Reo Maori and nine mentioned bicultural training offered by ANZASW. Only 10 identified training of a more clinical focus on working with individuals and whanau in specific settings, eg, Maori mental health. Five social workers identified a day seminar with Mason Durie on biculturalism as having been particularly useful to them, and a final four identified that they had sought cultural consultation with kaumatua. Child, Youth and Family social workers valued in-service training on Maori kinship care and researching whanau.

Competence to practise social work with different ethnic and cultural groups in Aotearoa New Zealand

This competency requires social workers to:

- create an environment of respect and understanding;
- engage with a range of people in culturally appropriate ways and in an inclusive manner;
- recognise and supports diversity among groups and individuals;
- articulate how the wider context of Aotearoa New Zealand both historically and currently can impact on practice content (SWRB, 2011, p.4).

As noted above both Child, Youth and Family and district health boards demonstrate a strong impact of internal programmes on the Treaty of Waitangi and implications for bicultural practice frameworks.

There was less evidence of activities to support professional development in the area of competence to work with other ethnicities or specific populations, especially beyond Pasifika communities. Thirty individuals did not provide evidence of any specific activities. Fifteen reported attending training events focused on working with Pasifika families and communities. Child, Youth and Family staff mentioned in-house programmes on working with a Pasifika families programme which was attended by many of those participating in the audit. Pasifika participants attended fono organised specifically for them. Fono Fale model training was mentioned several times. There is notably much less emphasis on working with other ethnic groups, in particular the needs of asylum seekers, refugees and new migrants. Seven reported training to work with Chinese or Indian families. Three specifically referred to working with African clients and four mentioned professional development in working with refugees. Disability awareness was a subject of some education, although this was often unclear whether this related to general professional competence or particular skills and knowledge to work in health and disability services. Education aimed at improving practice with these groups tended to be short, one-off sessions organised locally.

Professional development in ields of practice

Most practitioners reported undertaking fairly regular in-service training. In the case of large corporate organisations this was often training required in the workplace related to core practice demands. Specific external professional development reported included supporting people with disabilities (10), family violence (8), mental health (8) and early childhood development and attachment (7). Skill development in areas of mental health, evidential interviewing, facilitation training, child protection, adoption and specialist interviewing, were among those one-off training opportunities afforded social workers.

Other professional development

Maintaining knowledge through reading the literature and writing

It was noted how few people accessed literature other than that provided through training courses or in study if they were enrolled. Only a very small number used journal articles, even in CYF where there is excellent library access, and in DHBs social workers may have access to journals through arrangements with local university libraries. Thirty-four people noted that they included reading as part of their CPD but only 20 provided clear evidence of regular, focused reading. Three participants recorded that they wrote an article or book review.

Contributions to education
Contributions to social work education and in several cases to the education of other professionals were numerous and are summarised in Table three. Other than contributing lectures to social work students, participants reported addressing medical students, school principals, judges, DHB staff, CYF staff, early childhood students, new migrant social workers, community groups and caregivers. Supervision of students was fairly common - 33 participants had supervised at least one student, with 15 supervising two or more.

Table three. Contributions to social work education.

Agency	Supervised 1 student	Supervised � 2 students	Gave lectures to social work students
CYF (N= 49)	25	9	18
DHB (N=17	4	4	4
NGO (N=13)	3	2	2
Other (N=5)	1	0	1

Contributions to professional and community groups
Nineteen participants reported involvement in ANZASW activities including attending meetings, CPD activities and serving on competency assessment panels. Participation in community, advocacy, cultural groups and hapuIiwi trust boards was reported by 13 participants. Some activities were listed as serving on work-related committees and policy groups but were frequently minimally related to professional development.

Formal study
Seven social workers were enrolled in specialist certificate-level further education during the period of the audit, six in management training and several in private or cultural training courses. Seven people were gaining a social work qualification. Only 10 social workers were studying for a higher degree, one for a master's degree and one enrolled in a PhD. Supervision training was the focus of most engaged in higher education. Only three participants made mention of engagement in research.

Evidence of relection
Levels of reflection were rated nil, minimal, good and excellent. The result is summarised in Table four below. Examples of excellent reflection were found where the log contained an articulate discussion of the impact of training, for example: a participant described her learning from a seminar delivered by Mason Durie (also mentioned by other participants) and explained the impact of this on her work with Maori whanau. A CYF participant gave a detailed account of learning from a workshop that addressed working with Chinese clients. In general, low levels of reflection on the training taken were found and the relevance of some activities was marginal and not well-explained.

ANZASW activity was reasonably high, with many members reporting involvement in meetings, the CPD training programme offered by the association and participation in competency panel assessments. CPD training is proving very attractive for ANZASW members; many logs included certificates of attendance at training on a broad range of topics.

Table four. Relection on CPD activities.

Level of reflection	Indicators of reflection	Number
Excellent reflection	Very thorough reflection and articulation on the relevance of the activities undertaken to current practice. Evidence of application of specific learning to practice, with examples given.	5
Good evidence of reflection	Adequate reflection, some mention of general application to practice.	34
Nil or minimal reflection	Little, if any reflective comment.	45

Discussion and conclusions

As noted earlier, the first version of the SWRB CPD policy required social workers to undertake 150 hours of CPD activities across a three-year period. There was little evidence of CPD being a planned activity linked to career goals, despite this being an expectation of both the SWRB and the ANZASW. Few social workers mentioned plans to access further training or engage in further education. Not counting those undertaking an initial qualification in social work, participation in further and higher education was low in the sample group.

While many social workers reported involvement with the professional association, trust boards and community groups, there appeared to be little effort made to link these activities to professional practice standards or the code of ethics, nor was there evidence provided generally to suggest active involvement, rather than mere attendance at meetings. Similarly, social workers recorded attendance at committee meetings in the community not really related to their practice. Some social workers included being a PSA delegate or a health and safety committee representative as a professional activity. These roles address matters related to status as an employee and are only marginally linked to professional development.

The audit demonstrated that social workers were not planning their CPD activities in a purposeful way and that employer-funded CPD activities were not necessarily returning value to either the employer's service delivery or the social worker's practice. Of most concern to the authors of this paper following the analysis of the logs in the first audit is the lack of evidence of planned development and the absence of in-depth reflection on CPD.

This was a small study, conducted in a brief window of time and thus has some limitations. It was the first audit of registered social workers' CPD logs conducted and so all participants were newcomers to the process. There is also the likelihood that the logs do not truly represent the nature of social workers' application of their CPD to their practice, as the coding could only be based on their recorded reflections in the log format. It is highly possible that New Zealand social workers experience 'compliance fatigue' and saw this as another form-filling exercise. The authors recommend that further research is undertaken to ensure that social workers are able to access and fully participate in a range of CPD activities.

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