



# GUIDE NOTES AND EXAMPLES FOR SOCIAL WORKERS APPLYING FOR SOCIAL WORKERS REGISTRATION BOARD COMPETENCE ASSESSMENT

If you are applying for a full competence assessment as part of registration as a social worker, this completed application should accompany your completed 'Application form for registration as a social worker in New Zealand' or be sent to the Social Workers Registration Board within 12 months of the date of your registration application.

If you already hold a current Competence Certificate and are applying for competence assessment as part of recertification, no registration application form is required.

## ABOUT COMPETENCE ASSESSMENT

It is a professional responsibility for all practising social workers to maintain and be able to provide evidence of their competence to practise.

The Social Workers Registration Board (SWRB) competence process provides an opportunity for all social workers to undertake a competence assessment. It is also a process that supports social workers to keep their competence assessment current by undertaking a recertification assessment.

The SWRB core competence standards (see p3) are used for the purposes of assessment.

### Related Social Workers Registration Board Policy:

- Entitlement to Registration — Competence

### Related Social Workers Registration Board Publications:

- Code of Conduct
- Code of Conduct guidelines
- Criteria for Annual Practising Certificates

## Competence Process

The SWRB competence process is paper-based. It is one method by which social workers can evidence their competence for the purposes of registration. Because it is managed by the SWRB, this competence process provides a seamless assessment for social workers when applying for registration. The process reduces the overall complexity and cost of registration and competence assessment.

The SWRB policy statement 'Entitlement to Registration – Competence' supports the competence assessment process and sets out:

- the legislative requirements (Social Workers Registration Act 2003) and obligations of the SWRB; and
- the core competence standards.

Social workers choosing the SWRB competence process to evidence their competence must familiarise themselves with this policy statement. It is available on the SWRB website [www.swrb.org.nz](http://www.swrb.org.nz).

**There are two categories of competence assessment:**

**1. FULL – for any social worker who has not previously completed an SWRB-recognised competence assessment.**

This includes social workers provisionally registered as a result of graduating from an SWRB-recognised social work programme after 1 August 2008 – these graduates must complete the competence assessment within two years of the date on which their qualification was gained.

Social workers in this category must complete **all sections** of the competence assessment application. This includes:

- your personal and contact details
- a Self Reflection Assessment of your practice
- a Practice Study of your own work that demonstrates the integration of the core competence standards in your practice
- a Core Competence Standards Declaration, in which:
  - you fill in and sign the Self Reflection Assessment Declaration
  - your manager or supervisor fills in and signs the section attesting to your competence against the SWRB core competence standards
  - a New Zealand registered or qualified social worker with a current New Zealand Competence Certificate fills in and signs the section endorsing your manager's or supervisor's assessment of your social worker competence.

If you are applying for a full competence assessment as part of registration as a social worker, this completed application should accompany your completed 'Application form for registration as a social worker in New Zealand' or be sent to the Social Workers Registration Board within 12 months of the date of your registration application.

**2. RECERTIFICATION – for any social worker who holds a current competence certificate but who needs to recertify their competence.** This does not include social workers provisionally registered as a result of graduating from an SWRB-recognised social work programme after 1 August 2008 – see point 1. above for the process for these graduates.

Social workers in this category must complete the following sections of the competence assessment application.

You must provide:

- your personal and contact details
- a Self Reflection Assessment of your practice
- a Core Competence Standards Declaration, in which:
  - you fill in and sign the Self Reflection Assessment Declaration
  - your manager or supervisor fills in and signs the section attesting to your competence against the SWRB core competence standards
  - a New Zealand registered or qualified social worker with a current New Zealand Competence Certificate fills in and signs the section endorsing your manager's or supervisor's assessment of your social worker competence.
- a log of your Continuing Professional Development.

*Note: You do not need to provide a Practice Study.*

## THE SWRB CORE COMPETENCE STANDARDS

The SWRB recognises core competences that reflect practice standards accepted in social work in New Zealand (Section 42 [3]). The core competence standards apply to all competence processes that are set and approved by the SWRB. The requirements of the Act, the International Federation of Social Workers definition of social work and the ANZASW standards of practice have informed the SWRB in determining these standards:

### **A competent social worker's practice must demonstrate the following:**

#### **1. Competence to practise social work with Māori:**

- The social worker is competent to practise social work with Māori
- Able to engage with Māori in culturally appropriate ways and in an inclusive manner
- Can articulate 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
- Have knowledge of the Treaty of Waitangi, te reo Māori and tikanga Māori
- Supports Mana Whenua and Māori services in their area

#### **2. Competence to practise social work with different ethnic and cultural groups in Aotearoa New Zealand:**

- The social worker is competent to practise social work with different ethnic and cultural groups in Aotearoa New Zealand
- Creates an environment of respect and understanding
- Able to engage with a range of people in culturally appropriate ways and in an inclusive manner
- Recognises and supports diversity among groups and individuals
- Can articulate how the wider context of Aotearoa New Zealand both historically and currently can impact on practice content
- Displays ethical behaviour and responsibility

#### **3. Competence to promote social change:**

- Promotes and advocates the needs of social change to provide fairness for all
- Respects the worth and dignity of clients and does not associate with any form of discrimination
- Reflects on social work practice with a view to enhance principles of human rights, social justice and social change

#### **4. Competence to promote problem-solving in human relationships:**

- Assists and advocates clients to gain control over their own circumstances
- Maintains confidentiality, trust and respect
- Communicates with the client's community, their families, whānau and caregivers
- Demonstrates flexibility and adaptability
- The social worker is aware of their own bias and values

#### **5. Competence to promote empowerment and liberation of people:**

- Upholds and promotes the civil and legal rights of the client where possible
- Works with conflict to generate positive outcomes and displays leadership qualities
- The social worker secures the client's participation in a working relationship
- Facilitates problem-solving and development opportunities with clients
- Is supportive to other social workers

**6. Competence to utilise theories of human behaviour and social systems:**

- Has an understanding of social work theories and the approach of these theories into practice
- Utilises appropriate theories of human behaviour and social cultural systems
- Utilises a range of social work practices
- Discharges statutory functions according to the Aotearoa New Zealand law and meets their obligations to clients

**7. Competence to utilise social work practice approaches:**

- Can demonstrate an ethical base for their practice which informs personal and professional boundaries
- Uses their personal attributes appropriately
- Engages and utilises supervision
- Keeps accurate and current casework records
- Engages in continuing professional development

**8. Competence to promote the principles of human rights and social justice:**

- Respects the client's right to privacy and confidentiality of any information provided in the course of the professional relationship
- Promotes a commitment to higher global values, such as human rights, self-determination and social change
- Seeks to understand others first, works cooperatively and identifies strengths, opportunities and responsibilities when working with others

**9. Competence to use systems of accountability in place for their work:**

- Practises only within the boundaries set by their skills, experience and knowledge levels
- Is aware of, and responds appropriately to, actual or potential conflicts of interest
- Communicates clearly and accurately
- Manages resources safely and effectively
- Establishes and actively participates in systems of accountability in accordance with social work ethics and standards for professional practice
- Engages with and utilises social work supervision
- Develops professional networks to enhance accountability

**10. Adhere to professional social work ethics:**

- Maintains professional integrity
- Upholds high standards of personal conduct, ethics and acts with integrity
- Establishes high expectations which value and promote social work practices
- Encourages others and participates in professional development
- Adheres to the SWRB Code of Conduct <http://www.swrb.org.nz/CodeOfConduct.html>
- Meets their obligations to their client within the content of those functions and adherence to the SWRB Code of Conduct guidelines

## PRACTICE STUDY OF CORE COMPETENCE STANDARDS

**Applicants who are applying for recertification do not need to provide a Practice Study. All other applicants must provide one.**

A practice study is a written account of a real-life work situation that illustrates your current social work practice. It demonstrates the links you make between theory and practice. It is an opportunity to reflect, learn, share and celebrate your practice as well as translating your social work beliefs, values and principles into action.<sup>1</sup>

### **Your written Practice Study must:**

- evidence the application of the ten SWRB core competence standards within the scope of your practice (if you cannot demonstrate all ten within the one Practice Study, use other practice examples to demonstrate your competence)
- reflect your social work values and principles outlined in the ten SWRB core competence standards
- evidence the integration of theory into practice.

Consider actual examples when providing details of your social work practice.

The SWRB recognises the various scopes of social work, for example, a social work manager, educator, community worker, whānau worker, youth worker or private practice.

Your Practice Study and accompanying documentation will be sent to a panel to be assessed. The panel will determine whether you have provided satisfactory evidence to support your claim that you have evidenced the ten SWRB core competence standards.

### **When completing your Practice Study, please ensure that you:**

- clearly state your name and date of birth
- write in the first person
- sign and date each page
- maintain confidentiality in protecting other people's identifying details
- provide evidence of the ten SWRB core competence standards
- provide evidence of professional, clinical and supervisory guidance
- use single-sided A4 paper (maximum approx 4 pages)
- if typing, use 12pt font
- limit examples to approx 250 words per example (maximum approx 2,000 words).

An example of a completed Practice Study follows. This is provided for *guidance only* and should not be replicated in your own Practice Study. The column to the side of the example indicates the core competencies the applicant has demonstrated. You do not need to include this information in your Practice Study.

1 Definition adapted from: C&CDHB Clinical Career Pathway 2006

## EXAMPLE OF PRACTICE STUDY

Core competence  
standard/s  
demonstrated

NAME: Chris Brown    DATE OF BIRTH: 9 September 1979

### Introduction

I am a Pākehā worker who has worked in an inpatient rehabilitation ward for a number of years. I have chosen to present this example of my practice as it was a positive and enjoyable experience that I reflected on and learnt from, and that has contributed to my thinking around rehabilitation.

### Presenting situation

Mereana (not her real name) aged 51 and Māori (Ngati Toa), came to the inpatient rehabilitation ward, following a stroke that had left her with significant physical disability (unable to mobilise independently and impaired speech). Once she had stabilised sufficiently it was decided she would come for intensive rehabilitation. I am one of three social workers who cover the inpatient rehabilitation area and we frequently see people who have had strokes. As a social worker and member of the allied health team, we see all people who come onto the ward, and work from a key worker model of care.

Strokes can often be a life-changing event for a person, disrupting their normal functioning abilities and requiring significant lifestyle, vocational and home environment changes. Mereana was working as an executive assistant in the public service, and lived on her own in Wellington. She had one son who had moved to Sydney with his partner and they had a 9-month-old baby. Mereana had whānau in the Porirua and Wellington area, including an auntie aged 82, and two sisters, both younger than her, in full-time employment. She also had whānau in Masterton and Whanganui. Te reo Māori is her first language, something I noted when I read over her clinical record.

Before I met with Mereana I discussed any speech assistance skills I might need with our speech language therapist. She had ascertained that the stroke had not impacted on Mereana's understanding of spoken language and she could express herself but had some word-finding difficulties. She suggested I take time and show patience if this happened, and to use gentle word prompts if I could guess what she might be trying to say, or ask her to try gestures.

When I met with Mereana, I greeted her by saying "Tēnā koe" and apologising I didn't know very much te reo Māori. She smiled at this, and made a joke that not to worry, she couldn't speak very well at all at the moment! I worked through my initial assessment process using a well-being and safety screen that draws on Te Whare Tapa Wha. From this I learnt about her whānau supports, her job, home situation, emotional and spiritual supports, and worries.

I learnt that she was connected to the Anglican church and that she had been feeling "a bit low and tearful at times" about the loss of her mobility and the impact on her speech. She was finding being "stuck in hospital" very frustrating. She said her faith and family helped with this but she didn't want to burden her family with her feelings when they were doing so much already. She explained that her two sisters had developed a roster to come in the morning and evening including staying overnight with her and to help with her physical cares. She smiled and said they were "bossy" and enjoying the fact she couldn't fight back! She said her son had come over when she first became sick but she had "sent him home" as he had a baby and she was worried he might lose his job. I reinforced the positive move in her recovery by now being in a rehabilitation setting. When she struggled to speak I acknowledged how hard it must be for her. I also introduced myself to and spoke with her two sisters, who reinforced their commitment to being with her in the mornings and at night, and how they had reorganised their lives to do this.

Signature:

*Chris Brown*

Date: 1 January 2009

## Social work assessment

Mereana presented as a confident, realistic, professional woman who was struggling at times with the emotional impact of what had happened to her physical health. She had excellent whānau support and valued this input from especially her sisters, auntie and her son. She had a strong faith that she could call on but was experiencing an understandable low mood as she struggled to adjust to the physical losses she had experienced. Her local church minister had been to see her when she was on the acute inpatient ward and she had appreciated this.

4,5

There were no safety issues evident in relation to family violence, and my only worry was ensuring her mood was supported and strengthened so she didn't develop depression (a third of people in hospital are estimated to have depression). Her goal was to return to her own home so she was determined to try and mobilise more independently to support this. She was also keen to return to work but realised this might take some time.

6

Her sisters in particular were very dedicated to her. However what they had been doing to support and care for her in the acute inpatient ward needed to change in relation to supporting her rehabilitation. They needed to do less for her, so we could get an accurate picture of how she was doing, and allow her to try and do more for herself. This can be difficult for family members who are trying to do the best for their relative, but sometimes can inadvertently impede the rehabilitation process. I have found this across a variety of cultures and we have learnt as a team to take time to explain the difference in expectations between an acute inpatient ward and rehabilitation ward, and to make sure families understand this so it doesn't become problematic.

3,4,5,8

## Plan

As the key worker I decided it would be helpful to have a family meeting on the ward so Mereana and her whānau could meet the team and we could build a rehabilitation plan together. This would also be the opportunity to talk about the new role they could take in supporting her rehabilitation, as well as understanding who we all were.

1, 6, 9

Mereana and I also discussed my role in providing her with supportive counselling a couple of times a week, to talk about her mood and any issues she might feel less able to share with her whānau. I also asked if she would like me to reengage whānau Care Services from the hospital as I saw from her clinical record that a kaiawhina from this service had visited her on the other ward. She said she would like this.

4,9

I also said once she was closer to going home that we would have another family meeting to talk about what supports she might need at home. She was worried her sisters would try and do too much, but that they also might resist the idea of outside help.

## Interventions

We had the family meeting with speech language therapist, physiotherapist, occupational therapist, myself, the consultant, registrar, nurse, kaiawhina, Mereana, her sisters, auntie and her cousin in attendance. Her auntie opened the meeting with a karakia, and we took turns introducing ourselves and our roles. We discussed the plan for her rehabilitation, and both of her sisters quickly understood the need to adjust the support they had been providing her, and let her safely try more on her own to support the plan. In this meeting they said they would support her to get back to her own home and I mentioned that there would be support available as well through Capital Support just so the idea was out there.

1, 4, 5

We made sure a portable fold-out bed would be available for Mereana's sisters to use each night, and they brought in food for themselves and for Mereana if she wanted it. I made sure all of the nursing staff were aware of the arrangements through handovers and clear documenting in Mereana's clinical record.

1, 9

I met with Mereana twice a week in our interview room to provide supportive counselling and keep a check on her mood. I did this through a process of letting her talk about her feelings, using some drawing and writing, and using lots of normalising and encouragement where appropriate. Her local Anglican minister would also call in on her occasionally on Saturdays, which she valued. Her mood improved, and soon my involvement dropped back to a more informal and practical role. As she made progress with her physical goals, we made plans for her return to home and transfer to the Community Rehabilitation team.

4,6,8,10

Signature: *Chris Brown*

Date: 1 January 2009

Core competence  
standard/s  
demonstrated

4, 5

I managed to convince her sisters to let me do the support needs assessment required for an outside package of care (allocated hours of funding for home help, personal cares and carer respite). They were reluctant but finally agreed when I explained that it was better to have it as a back-up even if they didn't use it, just in case one of them broke a leg or something!

5,8,10

After nearly two months on our ward Mereana returned home. We had our second family meeting and this was very positive. She still had a long rehabilitation road ahead of her but could see the progress she made (improvements to speech, swallowing and mobilising). On the day of her discharge her sisters and auntie brought in a whole lot of food for the ward as a thank you. As our team leader said to them, "We should be thanking you for the wonderful job you have done."

### Outcome

1, 5, 7

I feel I made more of an indirect difference as Mereana was so well supported by a strong dedicated whānau. My main role was making sure her occasional low mood didn't worsen, and also enabling her whānau to be actively involved with her support and care. I think being sensitive to how this looked for Mereana and her whānau, taking into account tikanga and bringing to life Te Whare Tapa Wha, in terms of making sure all aspects of her health were in balance, made a difference. Overall I feel the multi-disciplinary team I am part of all worked really well to best support her rehabilitation.

### Reflection

1,3,10

I feel good about the way I worked with Mereana and her whānau. I really enjoyed their humour, caring and aroha. They were always a supportive presence that worked well with the complexities of being in a ward environment. I think all along we had open and transparent conversations, and the ward team and her whānau worked well together by always staying present to what was in Mereana's best interests. As her key worker I felt I stayed on track with this. Sometimes we can get diverted into complex family issues and lose sight of the person who is on the ward.

1, 3,6,7,10

The knowledge that informed my practice was around cultural responsiveness in terms of tikanga and naturally accepting the presence and role of her sisters and whānau through the notion of working in partnership. I could see and acknowledged their participation was key to her recovery. I think I also applied the concept of protection by attending to her emotional well-being and that this was supported by her faith. The other practice wisdom I drew on was from principles of rehabilitation, and applying an initial assessment framework based on screening well-being and safety from Te Whare Tapa Wha. I also used task-centred thinking to ensure a safe discharge, and facilitation skills to manage the two family meetings we had. I shared in supervision what I was doing in the supportive counselling role, and my supervisor suggested using scaling questions to help measure her mood, which worked well with some of my own knowledge of cognitive behaviour therapy techniques such as reframing.

3,4,5,8

Working with Mereana and her whānau has challenged me to think about rehabilitation not just being the medical team helping the person to rehabilitate, but how the involvement of family and other supports from outside of the hospital are also fundamental. It sounds a bit like common sense but sometimes families can feel powerless or not sure about how they can help a family member who is within a hospital setting. Mereana's sisters showed just how much can be done that doesn't need to disrupt or be problematic for a ward setting. It made me think that we need to move away from medicalised view of recovery to that of a holistic one instead and the allied health team I am a part of are supportive of this. Mereana may never 100% regain all of the physical function she had, but her emotional, spiritual and family world grew to strengthen and enable her to be able to live with this. I think this is the role of health social work, to see the other components that contribute to a picture of health, and assess, support and strengthen these.

Signature:

*Chris Brown*

Date: 1 January 2009

## SELF REFLECTION ASSESSMENT

### All applicants to complete

Reflect on your social work practice against the ten core competence standards. Provide a short narrative that demonstrates and presents evidence to support your competence to practise social work.

#### Professional reflection:

Remember to also provide comment where the Self Reflection Assessment has identified areas of your practice that could be strengthened through further professional development.

When completing your Self Reflection Assessment, please ensure that you:

- clearly state your name and date of birth
- write in the first person – if typing, use 12pt font
- sign and date each page
- maintain confidentiality in protecting other people's identifying details
- provide evidence of the ten SWRB core competence standards
- provide evidence of professional, clinical and supervisory guidance
- (if you are recertifying) include a copy of your Continuing Professional Development log (not applicable to first-time applicants).

An example of a completed Self Reflection Assessment follows. This is provided for *guidance only* and should not be replicated in your own Self Reflection Assessment.

## EXAMPLE OF SELF REFLECTION ASSESSMENT

NAME: Chris Brown    DATE OF BIRTH: 9 September 1979	
COMPETENCE STANDARDS	REFLECTION
<b>1. Competence to practise social work with Māori</b>	<p>When I meet Māori families for the first time I take care to discuss the process of engagement with my supervisor or mentor. I greet them by using tēnā koe or tēnā kōrua, I explain my role, the purpose of my visit and ask permission to talk further with them. Once the family has engaged with me I take care to create the space for protocols of engagement for example sharing of whānaugatanga and finding places of connection. I am aware that I am manuhiri and therefore need to be respectful of the family's invitation to eat and drink with them. I ensure that I have put aside sufficient time to engage fully in this process. The importance of starting our time together with perhaps a karakia and concluding with poroporaki are essential.</p> <p>I have sought to increase my own awareness of working with Māori by attending training and connecting with mana whenua.</p> <p>I continue to consult and seek guidance for each situation.</p>
<b>2. Competence to practise social work with different ethnic and cultural groups in Aotearoa New Zealand</b>	<p>I spent a year working in China. This was not a social work role, it was working with young people who wanted to learn to speak English. It was a wonderful experience. I came back to NZ understanding the dynamics of being an outsider and being different and the importance of taking time to listen and be guided.</p> <p>In my practice when I am working with different cultural or ethnic groups I seek advice and support to enable me to work responsively and constructively.</p> <p>My experience has helped me access resources and build relationships that have enabled me to work with diversity, e.g. people from the deaf community and the Somali community.</p>

Signature: *Chris Brown*      Date: 1 January 2009

COMPETENCE STANDARDS	REFLECTION
<b>3. Competence to promote social change</b>	<p>I was working as a social worker in a secondary school and had a number of young people coming to me who were coming to terms with their sexual orientation in relation to being gay, lesbian or bi-sexual. I thought it might be helpful to have small support group where they could meet in a safe environment to support each other. I spoke to the dean and discussed the benefits of providing an opportunity for a small support group to be formed for these young people as I was aware of the high risk of depression and suicide in gay and lesbian young people. I checked with the young people individually to see if this initiative would be helpful. The young people saw this as positive and they agreed to meet weekly in the community health building during a lunch hour. We established a contract covering confidentiality to help build trust and explore their issues. I also gave them information about the wider rainbow youth network. The group helped reduced their sense of isolation and alienation, and increased their positive self identity.</p>
<b>4. Competence to promote problem-solving in human relationships</b>	<p>I was working with Sarah, an 11-year-old girl currently in foster care; she is not able to have contact with her parents due to current court orders. She was tearful and missing her mum and dad, and whilst she knew she couldn't live with them or see them at present, Sarah really wanted to remember them and feel more connected. We explored several ideas and options, and she chose to make a scrapbook telling her story. I offered to help and she was pleased, so after consulting with my supervisor I asked Sarah's permission to contact members of her extended family (aunties and cousins) for stories and photos that she might choose to put in her scrapbook. I was also able to get a school report and photos from her primary school teacher as well as contributions from her extended family who sent her letters and some drawings. In helping her gather this information it reminded me of the importance of developing and enabling connections with family. It challenged me to look beyond the behaviour of the immediate family and assumptions I may have made.</p>
<b>5. Competence to promote empowerment and liberation of people</b>	<p>Children at primary school were being disruptive and aggressive and getting into trouble and their learning was impeded. I talked with teachers and parents. We developed a project that would enable cooperation and provide a tangible resource. We involved the health visitors, our local marae, two women's clubs and a garden centre and we came up with the idea of teaching children how to grow vegetables. The project soon attracted interest and support from local families and businesses. Plants and tools and fertiliser were donated and whole streets started taking pride in their vege gardens and swapping produce and tips on how to grow them. Parents and grandparents began helping at school and home to teach children how to care for and use and cook vegetables. The children learnt about the way different cultures used vegetables. All sorts of neat partnerships and opportunities are occurring and the children are discovering they actually like to eat some vegetables. Teachers are noticing improved behaviour and attendance and engagement in class. We are hoping to take this project via other social workers to more schools.</p>

Signature:

*Chris Brown*

Date: 1 January 2009

COMPETENCE STANDARDS	REFLECTION
<p><b>6. Competence to utilise theories of human behaviour and social systems</b></p>	<p>I regularly engage in professional development activities, which assist in strengthening and broadening my skills and knowledge of theories of human behaviour and social systems. I discuss various theoretical perspectives with my supervisor and think critically about which theory best supports my work. I am currently working with a number of Māori families. Each whānau is unique; theories such as whakapapa, whānaungatanga and tuakana/teina are integrated into my practice when appropriate.</p> <p>I am aware some mainstream theories, tools and approaches mirror or are similar to those within the Māori framework. These include theories such as strength-based, family systems, resilience, genograms, eco-mapping and empowerment.</p> <p>I take time to discuss theoretical frameworks with my supervisor. This provides me with the opportunity to analyse and critique my practice when working in both the Māori and non-Māori world. It also allows me to reflect on new or different theories and how these may contribute to building my own personal practice base.</p>
<p><b>7. Competence to utilise social work practice approaches</b></p>	<p>I attended a training course on Recognising and Responding to Partner Abuse during which we were taught the Signs of Safety Assessment. I now use these regularly in family violence situations, especially child protection, to help me do a balanced assessment and inform my decision-making. I have also found it really helpful to take my assessment written in the signs of safety format to discuss and explore further in supervision. This has helped me to improve my documentation and referrals to other agencies.</p>
<p><b>8. Competence to promote the principles of human rights and social justice</b></p>	<p>I apply the Strengths-Based Practice principle of ‘problem is the problem not the person’ to really challenge my own and other people’s use of language. When people get described as ‘alcoholic’, ‘victim’, or ‘perpetrator’, I seek to challenge this by suggesting we put the person first in our description, not the behaviour, so ‘a person with alcohol dependency’, ‘a person who uses violence’. I find this makes it more possible to work with people around their behaviour, rather than if we label them.</p> <p>One way to uphold fairness and social justice for all people is to pay attention to the language we use in describing and working with them. This demonstrates respect and contributes to the preservation of dignity. Their mana is upheld.</p>
<p><b>9. Competence to use systems of accountability in place for their work</b></p>	<p>I have regular supervision with my supervisor, and meet separately with my line manager and clinical director. I place a lot of importance on these sessions. They help me to reflect on my practice, to discuss any issues I am worried about and assist me to maintain role clarity. In preparing for supervision I take time to think about my work, to make a list of items for the agenda, to read over my previous supervision record and check on any actions I was to follow up.</p> <p>I ensure I use my supervision time to critically analyse my practice and celebrate the work I am doing well.</p>
<p><b>10. Adhere to professional social work ethics</b></p>	<p>I was working with a family and needed to involve another agency. When the social worker from the agency arrived to speak to the family she knew the dad and immediately began talking to him in a way that I perceived as confrontational and aggressive. I could see him becoming very agitated and angry. I intervened and asked the other social worker if we could have a word outside of the room. Once outside I said that I felt her approach was unhelpful as I observed the tension in the room increasing. I suggested that either she could leave and come back another time or involve another worker. She wasn’t happy to go but I remained firm in my decision and she left. The agency sent another worker in her place. Later the original social worker and I talked over what happened and managed to restore the professional working relationship. It was hard to stand up to someone from my own profession. I was glad I spoke up and challenged what I believed to be unprofessional behaviour in a potentially volatile situation.</p>

Signature:

*Chris Brown*

Date: 1 January 2009



**Social Workers  
Registration Board**  
**Kāhui Whakamana Tauwhiro**

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