



AOTEAROA NEW ZEALAND SOCIAL WORK

VOLUME 34 • NUMBER 2 • 2022

ISSN: 2463-4131 (Online)

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A rich selection of social work research

Ehara tāku toa i te toa takitahi, engari he toa takitini

My strength is not as an individual, but as a collective

This winter issue of Aotearoa New Zealand Social Work contains a rich collection of topics reflecting the diversity of research and scholarship being undertaken by social workers here and abroad. The full articles traverse palliative care, gambling harm, a reconsideration of Maslow's Hierarchy of Needs from a First Nations' perspective, interprofessional education, critical realism in social work research, and collaborative critical autoethnography. The research section is rounded off by a research brief on the development of a professional capabilities framework for social work in Aotearoa New Zealand. We encourage the contribution of shorter commentaries and viewpoint pieces and this issue contains three such offerings: the first addressing harm visited upon children living with neuro-disabilities in the care and justice systems in Aotearoa; another exploring the ethical intersection of social justice, animal rights, the natural environment and climate change; the last exploring aspects of emotional intelligence. This breadth of offerings reflects the scope of social work attention across many fields of practice and scholarship.

Palliative care social workers are increasingly supported by good research to inform this specialist area of practice, and recent findings by Mary James and Kate Reid in this issue add to this important body of knowledge with a unique focus on the experience of those caring for loved ones diagnosed with a terminal illness. The authors of the article "Strengths of family carers: Looking after a terminally ill adult under 65 years of age," analyse interviews of people who were primary caregivers of life partners with life-limiting illnesses. The researchers were interested specifically in those dying at a younger age, and their

findings offer compassionate insight both into the challenges of this role, and the willingness and love with which people approach the demands of caring for an unwell partner. The authors build on the words of the participants, describing the "soul and spirit" of caring and of "looking heartbreak in the eye." They emphasise the all-important place of hope.

The role of social workers in this field of practice is to work collaboratively and holistically to ensure families have supportive networks, access to information and services, and support in making important, often very difficult, decisions. Understanding the needs of the caregivers and whānau of dying people enables social workers to nurture those who are unwell, but equally those who provide care. From this research, James and Reid describe themes of love, hope, family and resilience as among the qualities and strengths of carers, and reinforce the importance of identifying and validating the unique spiritual, cultural and physical needs of each individual and relationship. The authors conclude by recommending the use of strengths-based assessments in palliative care social work to support the emotional, spiritual and physical labour, the "love with gumboots on" task of caring for a dying loved one.

Wen Li Zhang, Christa Fouché and Peter Adams examine the issue of gambling harm within Chinese migrant communities. By interviewing people struggling with harmful gambling behaviour and affected family members, this study identifies pathways into harmful gambling and makes clear suggestions for ways to respond, grounded in the lived experience of people experiencing harmful gambling behaviour. The authors point out that medicalised

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approaches to gambling harm tend to focus intensely on individuals, missing the effects of the “social, cultural, historical context in which they live.” The findings suggest four stages of harmful gambling and pathways both into, and out of it. The first, *misconnecting*, stage relates to the experience of migration which often disrupts connection with familiar cultural, social and physical living environments, reduces social status, and provides a vehicle for socialising via the casino environment. People often were lonely and depressed before developing problem gambling, and casinos helped alleviate these emotions. *Disconnecting* was the next stage, and describes how people were able to “break away” from gambling after struggling with it for often a significant amount of time. Disconnecting included personal resolve as well as invoking casino exclusion policies, though these were only minimally effective. After breaking away, migrants expressed a “tricky journey to reconnect with what they referred to as ‘natural life’”. This journey consisted of having to *wake up*, *face up* and *climb up*. This involved recognising the myths of control promoted by casino advertising and realising the impacts on their families. This forced them to face up to the harm their behaviour was having on themselves and their families. “Climb up” refers to their decisions to change and engage in actions to make that happen and return to “natural life.” Incorporating Chinese cultural concepts, the return to a balanced lifestyle and maintaining harmonious relationships were the key aims. Peer support was essential to this process, as it provided both reminders of where they had come from and valuable socialising opportunities. This staged description of the process evidences valuable research for providers of gambling harm supports, as it provides an understanding of the points requiring the most support and the nature of those supports for Chinese migrants experiencing gambling harm.

In “Reconsidering Maslow and the Hierarchy of Needs from a First Nations’ perspective,” Elder Roy Bear Chief, Peter Choate and

Gabrielle Lindstrom, from Alberta in Canada deconstruct the notion that Abraham Maslow’s highly influential “Hierarchy of Needs” formulation fails to pay due attention to the knowledge derived from his association with the Blackfoot peoples of Southern Alberta. The authors maintain that Maslow’s own writings do not suggest that his work was significantly guided by his 6-week encounter with the Blackfoot, beyond some degree of humanising influence. It is argued that Maslow did not form any depth of appreciation of Blackfoot philosophy and that this orientation is consistent with the dominant Eurocentric practices of his time. The concept of hierarchical needs is not aligned with the Blackfoot world view and the concept of self-actualisation is understood very differently within the cultural frame of collective identity and reciprocity. Given that there is little conceptual correspondence, an exploration of the relevant history (in tandem with knowledge held by elder wisdom) reveals that the Blackfoot peoples do not consider that Maslow’s work represents their views. More broadly, readers are urged to be critically aware of ingrained cultural blind-spots: that theoretical concepts derived from one cultural and historical context may not be relevant to practice with populations steeped in differing knowledge traditions and world views.

Researching and innovating is an important area of scholarship for those whose practice is in professional education. Ashleigh Price, Lee Smith, Marcella Gregan, Susie le Page, Reuben Corlett and Bee Westenra present findings from a multi-method study on a trial of interprofessional education simulation activity conducted with students from three health and social service disciplines in one community polytechnic in Aotearoa New Zealand. The authors developed a pre-test/post-test design with a questionnaire and focus group. It was found that the participants from social work, nursing and paramedicine enjoyed the simulation, developed greater confidence in interprofessional communication

post-participation and reported increased knowledge of each other's scope of practice.

Lynne Park and Shajimon Peter start their article noting that, while critical realism (CR) provides a unique and robust philosophical framework for social work researchers by attending to the role of individual agency and social structure, little practical guidance is available regarding how the ontology and epistemology of CR can be applied as a methodological framework for qualitative research. Aiming to address this gap and extend the conversation amongst researchers, Park and Peter explain what CR is in relation to other ontological and epistemological positions and provide some practical suggestions for CR-informed research. To illuminate the potential, the authors draw on relevant examples from Park's study that examined the causes of trust among Korean migrants in Aotearoa New Zealand.

Also with a strong methodological focus, Trish Van Katwyk and Catherine Guzik from Ontario, Canada, report on a collaborative critical autoethnography that explored decolonising social work, community engagement and ethical practice through seeing and doing. Critical autoethnography can be an effective method of praxis for social workers given our commitment to social justice and equity. The authors write about their learning through the facilitation of three digital storytelling projects with youth living in three different Nunavut communities. By engaging in a collaborative critical autoethnography, they were able to attend to the ways in which they entered communities, paying particular attention to the ways in which white supremacist colonial thought influenced their training and their location within larger structures shaped by colonisation. The consequences of that colonial history and practice shaped the daily lives and opportunities of the Inuit youth engaged in the digital storytelling.

In a research brief article, Neil Ballantyne, Liz Beddoe, Kathryn Hay, Jane Maidment, Shayne Walker, and Caitlin Merriman report

on the methods used in the last phase of the Enhancing Readiness to Practise project to co-produce a professional capabilities framework. Building on a literature scan and data from earlier parts of the study, the authors engaged a range of key stakeholders in co-production workshops using a structured, participatory, "World Café" approach. Materials from the co-production workshops identified seven core values that underpinned capable social work practice in Aotearoa New Zealand and identified 10 core capabilities with a clear, professional practice focus that were strongly supported by workshop participants.

Anita Gibbs' viewpoint article explores the ongoing harm visited upon children living with neuro-disabilities in the care and justice systems in Aotearoa New Zealand. The analysis is informed by the authors' extensive theoretical and research-based understanding and her personal experience of supporting a whānau member within the care-justice system. Over half the children in the system are thought to be living with neuro-challenges. Gibbs responds to the argument that the cost of appropriate assessment and treatment is prohibitive by clearly illustrating that the downstream social and financial costs of non-intervention are much greater. The connection between care journeys and justice involvement is highlighted. A criminal justice frame that is focused on notions of consequential reasoning and responsibility fundamentally misunderstands the nature of neuro-disability. It is suggested that a broad, disability-rights-based approach could generate a quantum shift from punishment to an informed support-centred model of practice. It is argued that earlier comprehensive assessment needs to be supported by training initiatives which equip social workers and other relevant professionals to work competently in this area. The development of specialist care teams is proposed and range of practical strategies which can be used by whānau seeking to support and advocate for neuro-diverse children and young people are outlined.

In “For the future of all life, the Code of Ethics is the key” Kerstin Hagena, Alina Hagena and Luis Arevalo bring together discussion of animal rights, the climate emergency and the future of humanity on the planet through the lens provided by the principles of the Aotearoa New Zealand code of ethics. The viewpoint piece, which aims to stimulate some robust discussion arises in the convergence of the authors’ collective response to what they regard as insincere rhetoric emanating in discourses of agriculture, climate change, animal rights, sentience and the survival of humanity. The authors argue that, based on a case established with reference to the seven *pou* in the code of ethics, the social work profession should advocate for a just transition from meat and dairy industries to plant-based industries. This, they argue, would be well aligned with the code of ethics, specifically the notions of upholding social justice for all, human rights, self-determination, respecting diversity, the protection of rights and freedoms and the recognition of sentience across all the Earth’s beings. In doing so the authors argue that social work in Aotearoa New Zealand would be the first profession in the world to tackle the biggest contributor to the climate change crisis.

In the third viewpoint article, Hawa Matthews discusses the concept of *emotional intelligence* and its importance in social work education and practice. Drawing on literature, she argues that emotions can influence moral decision making in social work and may act as moral markers and motivators for both practitioners and students. She makes some recommendations about the inclusion of emotional intelligence in the social work education curriculum

and in social workers’ ongoing professional development.

Finally, this issue contains three book reviews. In a rather unusual move, we include two reviews of the same book in this issue of *Aotearoa New Zealand Social Work*. Earlier this year Ian Hyslop published *A Political History of Child Protection: Lessons for Reform From Aotearoa New Zealand* (2022). We wanted to offer two different perspectives on this important new book and we are pleased to publish two reviews, one by Kerri Cleaver (Kāi Tahu, Kāti Māmoe, Waitaha) a researcher/educator at the University of Canterbury and the other by Tony Stanley (National Practice Advisor Design, Oranga Tamariki). While book reviews may sometimes be items we scroll past in our reading, I do commend these two reviews to our readers. Both ask for us urgently to learn from Hyslop’s scholarship and both urge careful, considered and yet passionate reform if we are to move forward in our journey to improve the lives of whānau in Aotearoa New Zealand. In the last review, Lesley Pitt reviews *Finding Your Ethical Research Self: A Guidebook for Novice Qualitative Researchers* by Martin Tolich and Emma Tumilty. Pitt writes that the central theme of the importance of an ethical compass in qualitative research makes this a useful text for educators, researchers and students.

Liz Beddoe

Editorial Collective

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Strengths of family carers: Looking after a terminally ill adult under 65 years of age

Mary James¹ and Kate Reid²

ABSTRACT

INTRODUCTION: To learn of a terminal illness is devastating at any age. How much more so when it occurs in early or mid-adulthood, when people are busy with family and career goals. Those facing death when under 65 years of age are a group whose voice is virtually invisible in the palliative caregiving literature. Yet one in every five people die in Aotearoa New Zealand before 65 years of age. For Māori, almost half will die under the age of 65.

METHODS: This qualitative descriptive research involved semi-structured interviews with eight bereaved family carers focusing on the carer's experience of living with their spouse during their final illness.

FINDINGS: Analysis of the research narratives revealed the strengths of love, hope, family, teamwork and resilience in navigating these experiences.

CONCLUSION: In order to support holistic care for those who are receiving palliative care, this research advocates for strength-based assessments to support carers during the illness of their family member. This gives a different lens to the caregiving narrative which has, as its focus, the growth of human potential as well as enabling partnerships between palliative care practitioners and family carers.

KEYWORDS: Family carers; palliative care; under 65; social work; strengths

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This article describes research undertaken as part of the author's palliative care thesis that investigated the strengths that underpin and sustain family carers looking after a terminally ill spouse/ partner/ ex-partner. As a palliative care social worker, there have been times when it seemed that every other week a person under the age of 65 years was referred to the Hospice where I was working for palliative care support. In working alongside this cohort, I became increasingly aware some of their needs were specific to their age and stage of life.

In 2016, McLeod identified that 22% of all deaths in Aotearoa New Zealand between

2000 and 2013 occurred in the under-65 age group. Ministry of Health (2014) data highlight that 48% of Māori die under 65. For these people, there is the immediacy of illness disrupting the plans of their lives, and their hopes and dreams for the present and the future. A new reality has entered their lives and that of their carers, as they work to accommodate news of serious and terminal illness.

This research explored the strengths that underpin and sustain family carers who are looking after a terminally ill spouse aged under 65. The primary focus was on

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bereaved carers who “bear witness” to the experience of their spouse throughout their illness. They were relied upon to be the primary carers who are holding and juggling a multiplicity of information, roles and responsibilities that were once shared between the couple. They are the cheerleaders in times of good news and a source of consolation on the tough days. They have a ringside seat to the inner world of their unwell spouse and all they are going through. At the same time, they are negotiating their own health and wellbeing.

Literature review

In 2018, a literature search was conducted focusing on palliative care and caregiving at the end of life via CINAHL, EBSCOHost, Elsevier Science Direct Journals, ERIC, JSTOR Arts and Sciences, ProQuest Central, PsychINFO, PubMed, SagePub, Springer Standard Collection, Taylor and Francis Social Sciences and Humanities Library, and the Wiley On-Line Library. Key words used included “palliative or end stage”, “psychosocial support”, “under 65”, “social work”, “factors impacting families”, “family distress”, “socioeconomic”, “social impact on caregivers”, “social support”, and “strengths”. The focus was on research published in English, after 2010, unless there was a compelling reason to include research published prior to this date.

Throughout the palliative caregiving literature very little research is age-specific or targeted to those under 65. For those diagnosed with a terminal illness under 65, Ray et al. (2014, p. 472) describes this as a “[s]ocially unacceptable time of life.... A time of life when people in western societies expect to have independent children and be at the peak of their working life, perhaps contemplating retirement.”

Family caregiving in the end-of-life literature is fragmented and contested in terms of

ownership, legitimacy and complexity. The ownership of end-of-life care is debated between those who view it from a biomedical model and those who experience family caregiving (Blum & Sherman, 2010). Much of the literature in end-of-life care is written by professionals yet, implicit within this, is an expectation for family to provide care for an unwell person (Alpass et al., 2017; Rosenberg, 2011). Internationally, this is not always possible or realistic due to issues such as the geographic mobility of families, poverty, unstable housing, immigration concerns, poor physical and/or mental health, and substance abuse. These all impact on the ability of family to care for their terminally ill family member (Alpass et al., 2017; Blum & Sherman, 2010; Gott et al., 2013; Morris et al., 2015; Rosenberg, 2011; Rosenthal Gelman et al., 2014; Williams et al., 2017).

Giesbrecht et al. (2015) identify research devoted to carer burden and vulnerability as inextricably linked to research devoted to resilience. They argued building resilience is an active dynamic process whereby those individuals able to acknowledge the circumstances they are experiencing are better positioned to adapt and find solutions to overcome challenges. Stenberg et al. (2014) advocated the placing of both the unwell person and their carer together at the centre of health and care planning decisions. They argued that giving attention to the positive aspects of family caregiving to identify their strengths encourages peoples coping abilities. The consequences of *not* doing this can result in a deterioration of care provided impacting both the unwell person and their carer. Unson et al. (2016) found that carers most likely to be struggling tend to be those providing care who are young and who may lack additional support.

Alpass et al. (2017) acknowledge whilst informal, family-based care is considered to be an essential component of the health care system and has many benefits, this can come at a cost to the families themselves. Internationally, a number of studies have

taken place focusing on the economic impact of having a terminally ill family member. What they have in common is an acknowledgement that high numbers of women take the role of primary carer. This can impact their employment and social connectivity. By way of example, in Canada, approximately 70% of family carers are 45 years and older; around 25% of carers are over 65 years of age (Stajduhar, 2013). A growing number of carers juggle multiple roles—those of paid employment, and caring for their own families, as well as providing support and care for older family members. As a result, many family carers suffer detrimental effects to their own health as the person they are caring for declines in health (Emanuel et al., 2010; Funk et al., 2010; Keesing et al., 2011; Mendes & Palmer, 2016; Stajduhar, 2013; Stajduhar et al., 2010; Stenberg et al., 2014; Williams et al., 2017).

Within Aotearoa New Zealand, the Te Ārai Research Group at the University of Auckland has published extensively from their research in the field of palliative and end-of-life care. Many of the findings of their research resonate with their international counterparts, as described earlier. Notwithstanding the growing body of literature the group has published, which includes the needs of family carers, some of which have already been referred to (Gott et al., 2013; Williams et al., 2017), their research has yet to specifically focus on the experience of those caring for family members who are under the age of 65 years.

As far back as 2006, family caregiving was identified as an international research priority for end-of-life care (Chai et al., 2013; Funk et al., 2010; Williams et al., 2017). Calls have been made for a different focus on caregiving. Instead of viewing death as a *medically treatable condition*, we could see it as a normal feature of life. Given and Reinhard (2017) argued the benefit of this approach encourages a compassionate response to the social, emotional and spiritual needs of the unwell person and their family.

Focusing research on the positive features of caregiving at the end-of-life gives a more comprehensive and nuanced description as to why people engage in caregiving, and the personal benefits they may gain through the process (Funk et al., 2010). Those who recommend greater exploration of the positive features of family caregiving contend that it is in owning their role as carers, giving meaning to the choices they make, and respecting the cultural and structural dynamics that influence their decisions, that carers can engage in a transformational experience of embracing and harnessing their strengths in navigating this experience (Bowden-Tucker, 2012; Cadell et al., 2011; Given & Reinhard, 2017; Morris et al., 2015).

Method

Ethical consent for the research was given by four separate parties: the regional hospice service to access data; cultural consent was given from a local kaumātua to support Māori participants; consent from the Ngāi Tahu Consultation and Engagement Group, UC; and the University of Canterbury Ethics Committee Ref: HEC 2018/20.

Accessing the database at a regional hospice was undertaken by two independent staff—one to access the database and a second to send letters of invitation to potential participants. This staff member was available to provide support to any participants who might request this. The data search identified 337 people who had died between the ages of 18 and 65 years. From this group, those people who had a spouse/partner/ex-partner as a carer were identified. This refining reduced the number of potential participants to 180 people. The data were refined into two further cohorts: those who died aged between 18 and 54 years of age and those who died between 55 and 64. In order to have an opportunity for equal representation from each cohort, every second person under the age of 55 years and every fourth person between the age of

55–64 years was sent a letter inviting them to participate in the research.

From the postal drop of 60 letters of invitation, 12 replies were received. An information sheet about the research and consent form was sent to them. Within one week, each person was contacted again to confirm their wish to proceed. As everyone did, an appointment time was made to meet and interview them. Most people preferred to be interviewed in their own home, with two being interviewed at a meeting room in the hospice.

Eight bereaved carers were interviewed to explore their experience of caring for a family member with a terminal illness until their death. How they learned to pick up the threads of their life again was also explored. All names are changed to protect their identity. Ethical considerations guiding this research drew from two complementary sources: the feminist ethics of care (Parton, 2003) and ethical approaches to working with those who are bereaved (Bentley & O'Connor, 2015; Sque et al., 2014; Ward & Barnes, 2016).

A critical ethical factor identified by Bentley and O'Connor (2015) and Sque et al. (2014) is the timing of when bereaved carers are invited to participate in research interviews. This research considered only carers who had been bereaved for between 6 months and 5 years to enable time for reflection following the death of their family member. Counselling support was available to all participants following the completion of the interview. One participant made use of this. A kaumātua who worked for an iwi-based health agency was available for cultural support for participants and the researcher.

Data collection was through semi-structured interviews which lasted approximately 60–90 minutes. Some of the questions used included:

“Can you tell me your experience of caring for including the ups and downs and

how you managed them, moving to how your life is now?”

“Where did you get your support from? How did that work?”

“How did your life change as a result of this illness?”

The interviews were recorded and transcribed into narrative text. By analysing the narrative texts into categories of experience, codes were developed to group similar data together. During further reflection and professional supervision, the data continued to be refined. The development of a thematic map helped in clarifying relationship between the codes, categories and broader themes (Braun & Clarke, 2006). The themes constructed were the researcher's interpretation of the experiences shared by the participants. At all times during this process, attention was given to honouring the narratives of the participants who had entrusted the researcher with their experiences.

The role of professional supervision was critical during the data analysis. This process required immersing myself in the data again and again. Each immersion stripped away another level of “professional veneer” and I found myself responding to the details of the narratives at a personal level. In order to attend to my own wellbeing and maintain an ability to respond to and work with the data, professional supervision was a valuable and necessary aid. There were times when the sorrow of loss and grief that the carers recounted touched the sorrow of loss and grief in my own life. Professional supervision enabled me to acknowledge my own grief, and process different aspects of it. Through engaging in this process and reflecting on what was happening, new insights were revealed, and freedom to attend to the details of the research I was analysing ensued. Thomas and Davis (2005) describe this as strength-based supervision in action, where supervisees bring the fullness of themselves

to supervision and reflect on what they notice about the work they are engaged in.

Results

In this research, all of the family carers were married. Six out of eight carers were in their first marriage when their spouse became unwell. Seven of the carers identified as New Zealand European with the eighth being of both Aotearoa New Zealand Māori and European origin. This carer was not connected to her iwi due to early life experiences. Table 1 gives a brief overview of the bereaved carers and their spouses.

All carers had been bereaved for a minimum of 2 years, with half being bereaved for more than 3 years. Each person spoke of what had occurred with their unwell spouse, noting symptoms leading to diagnosis, through to treatment with surgery, chemotherapy and/or radiotherapy. All but one narrative was in relation to a family member with a cancer diagnosis. These stories traversed travelling to other cities for treatment, the complexities of negotiating family communication and existing work commitments while dealing with the ongoing intricacies of medical care. They were stories of love and devotion, and of courage under fire, illuminated with moments of tenderness, humour, and gut-wrenching pain. They were stories of striving to adapt to a new normal as illness continued its relentless march into the lives of men

and women who were not ready for death's intervention. They were stories of accepting that treatment was no longer being effective, of receiving palliative care, of the death of their spouse, and then somehow finding a way to rebuild their lives. Table 2 provides examples of quotes provided by the family carers to illustrate strengths that underpinned and sustained them throughout the duration of their spouse's illness and death.

When identifying the strengths of family carers, Madsen and Gillespie (2014) recommend consideration of the following three areas:

- i) What activities sustain people in their lives?
- ii) What are the intentions, commitments, values, beliefs, hopes and dreams that underpin people's actions? and
- iii) What community connections maintain and sustain people when that operate from their strengths?

Reflection of these questions led to the identification of the strengths of the carers interviewed. These strengths emerged out of the words of the bereaved carers during the research interviews with a particular focus on the question two above. They are love, hope, family, teamwork and resilience.

Early in the interviews, the *love*, care and attention that carers bestowed upon

Table 1. Brief Overview of Research Participants

| Name of family carer (pseudonym) | Age at time of spouse's death | Name of spouse (pseudonym) | Age at time of death | Length of time together | Time from diagnosis to death | Time since bereavement at date of interview Years/ months |
|----------------------------------|-------------------------------|----------------------------|----------------------|-------------------------|------------------------------|--|
| Penny | 54 | Jake | 58 | 33 years married | 4 years | 3 / 7 |
| Sally | 55 | Luke | 64 | 14 years married | 18 months | 3 / 5 |
| Kirsten | 57 | Caleb | 46 | 12 years married | 5 years | 3 |
| Grace | 58 | Josh | 62 | 27 years married | 8 years | 2 |
| Mark | 59 | Rose | 57 | 37 years married | 2 months | 2 / 4 |
| Harry | 64 | Beth | 63 | 40 years married | 15 years | 3 / 7 |
| Matt | 66 | Isla | 59 | 37 years married | 3 months | 3 / 7 |
| George | 71 | Ruth | 63 | 40 years married | 3 years | 5 |

Table 2. Selected Examples of Family Carers' Strengths

| Strengths | Representative Quotations from Research Participants |
|-----------|--|
| Love | <p><i>I would never have left Caleb. ... I always said he was the love of my life. (Kirsten)</i></p> <p><i>We really just worked together on this ... I found that quite easy to do. I'm a do anything sort of bloke and we'd worked well for 30 years before that so it was just a matter of carrying on. (Harry)</i></p> <p><i>I never thought about walking away. ... I never contemplated not being with Josh ... you just don't do that and I never even thought about it. You can't take any of the suffering away. You can't take anyone's suffering away. All you can do is walk beside them. (Grace)</i></p> |
| Hope | <p><i>So, the rollercoaster started and through that period we're still fairly optimistic but we would [...] battle this thing. [...] So, we thought we would get through this and we changed; did lots of things to change the way we lived. We changed our diets and we did exercise and we cut down on alcohol and [...] we were particularly positive right through the initial period and little did I know this would go on for fifteen years. (Harry)</i></p> <p><i>It was always a highlight when he says he feels better and he went to work again. (Kirsten)</i></p> <p><i>We do believe in miracles [...] we believe that God does heal and we were praying for his desire for that sort of outcome. So [...] we had hope that the Lord might heal Isla. But we sort of were aware that God doesn't always heal that that the other possibility is quite on the cards as well. So that's how we looked at it. (Matt)</i></p> |
| Family | <p><i>It was all like bang! Ringing the boys up; jeez, that was horrible. It was the most horrible thing; [...] most worst thing you can do. (Mark)</i></p> <p><i>[Our older son] decided to come home. [...] He moved back home. That winter things really hit the fan. [Jake] struggled and if I didn't have [our son] to support us at home. So, for us it was trying to get him, to keep him well – having the oxygen, keeping the tablets going. It was really hard and working as well. I worked four days a week and had Fridays off. [...] Then [our son] was home during the day to look after him through the other days, just to try and get through. (Penny)</i></p> <p><i>I think we were all pretty proud of how he died and how we managed that, cos it was really hard work, that turning him and all the stuff you would have happening down here [at the hospice] with people that know what they're doing, instead of having people that don't know what they're doing, doing their best. But ... that's how [Luke] would have liked it. ... He would be really proud of us for giving it a go. ... He got the love. ... The kids wrote ... "with loving incompetence; cared for at home with loving incompetence". ... cos we were incompetent cos we're not experienced, trained. ... It's really serious ... moving people, all that turning ... it's huge, huge. (Sally)</i></p> |
| Teamwork | <p><i>The Hospice was a great institution for people in my situation, no doubt about that. [...] Like, I think that was the longest night I've ever had [...] trying to regulate the pain. (...) It was just unbearable for me. [...] Trying to get through that night and so when that's taken off your hands, I just remember her being wheeled down the path and thinking, "Thank goodness someone's helping her out cos I'd done all I could do." So that was good. (George)</i></p> <p><i>We had people that would come in if I wanted to go out. There would be people looking in. I have to say another source of support was there was just some really faithful friends of Josh's that visited very regularly. [...] It was nice for me because I think [...] it could be enormously difficult if your ill spouse wasn't getting support from anyone except you. [...] I think it's really important that he was getting to see other people and having them visit and that was enormously positive for him. (Grace)</i></p> <p><i>I had [support] from my mates as many boys can do. They were bloody good; [...] they've all kicked in after which is fantastic. But Rose, all Rose's gymmie friends, there was food being dropped off and there [were] people coming to visit. [...] But everyone was very conscious, it was such an intense thing. [...] Everybody was very respectful. But all her friends were really lovely, really nice through that. [...] But it was so intense. [...] There wasn't time to [...] think about anything but looking after Rose. [...] There was nothing else. (Mark)</i></p> |

| Strengths | Representative Quotations from Research Participants |
|------------|--|
| Resilience | <p><i>I am happy in my own space. I think probably my best thing is to make sure my children, our children are okay. [...] My ambition is to get [my son] through his studies and then I'm free. Then I can go and do some holidays. (Penny)</i></p> <p><i>I'm flattening for the first time in my life. At age 58 I started flattening when Rose died, and I'm still flattening. And the thing is that you really, it's the first time – the first time in my life that I've never been a son or a husband. I'm a father as first and foremost, that's good. [...] So, I'm just me now. And I'm fine with it. I've found out so much about myself that I'm surprised. I'm really surprised. (Mark)</i></p> <p><i>Good and bad things belong together for all people. If it was always good, we wouldn't even know that it was good. (Kirsten)</i></p> |

their unwell spouse during their illness was apparent. The descriptor that came to mind again and again was *steadfast love*, demonstrating their constancy in companioning and supporting their loved one throughout the illness. Swinton (2017, p. 285) reminds us:

It is absolutely crucial to remember that love remains love even if its shape shifts and changes. ... Love is more than a feeling; it is a way of being in the world. Sometimes it is hard, willful, intentional, and deeply disappointing. ... But even if we can recognise the way that our love remains real even if it has to adapt to the rhythm of the disease process, we need not feel guilty when our feelings shift, change, and oscillate. Freed in this way, we might just be able to discover new and hopeful ways to love as the old and tested ways move on.

The companion to love is *hope*. Hope holds the promise of outcomes that will satisfy the desires of those who hold it. In the midst of difficulty, hope emerges as a tendril, seeking a pathway of promise. Hope is fluid, adaptive and responsive to the circumstances people find themselves in. It is not fixed in time. It is rooted in the present, forging links with the past and the future. It has threads that connect and reconnect to leverage an ongoing ability to maintain care and caregiving.

Folkman (2010) held the position that hope is essential for people living with serious

ongoing stress. She recognises hope and coping as mutually dependent upon one another. She argued that, as hope traverses the hills and valleys of human experience, it is not static. Feudtner (2014, p. 556) described hope as hardwired into our being as humans:

In every story of hope, there is longing, and within that longing a sense of pain. ... To be a master of hope, one has to be well acquainted with the fear of darkness that hope helps us to surmount, to be comfortable and capable of confronting this darkness directly.

The *family* is a key component of the wellbeing of couples where ill health permeates their lives. They are the immediate group of people couples turn to for support in times of trouble. For all the couples involved in this research, family members nurtured and sustained the couple throughout the illness. The support of families was essential in maintaining the fullness of personhood for both the unwell person and the carer. The myriad of tasks they could assist with was invaluable to the wellbeing of the couple and assisted their ability to manage the ongoing realities of living with an unwell person.

Families also provided opportunities for celebration, as important milestones rolled around. They were active participants and cheerleaders in the accomplishment of 'bucket list' goals, reveling in the opportunity to be together and to share

memories when the endpoint of their family member was unknown. Time together was precious, consciously chosen as a priority.

That was really important. They were all on the journey. We were all on the journey together. (Sally)

For the adult children of the family, the pull to return home to spend time with their parents was vitally important. This could be more difficult when those adult children lived some distance away. There was tension in balancing responsibilities between the needs of parents, study / employment, international travel (for those who lived overseas), and in some cases, their own relationships and / or families.

Throughout the illness of their spouse, an important feature was *teamwork*. This was made up of family, friends and those they met as a consequence of the illness. Through embracing their team, the load carried by the couple was able to be shared allowing others into this intimate circle. Throughout the illness, both husband and wife came to rely on others for knowledge, information, skills and expertise. They learned to assimilate a vast body of information in order to make health decisions. They learned to effectively communicate with health professionals as well as relay key information to family. They learned to adapt to changing environments and an array of people being introduced into their world.

When you're part of a network of a supportive family and some good friends. If you've all that, you can do anything. (Harry)

Throughout the illness, the couples needed to exhibit *resilience*. They did this abundantly, accommodating, adapting and adjusting their lives each step along the way. The research interviews had a dual benefit: for me, as the researcher to obtain narrative data, and for them as the family carers to recall, remember and review their personal experience of caring for their

much-loved spouse. In doing this, with the benefit of distance between the illness and death of their spouse, as well as giving them time to reflect, they brought a freshness to all they had experienced as a carer involved in a complex, interpersonal health-induced drama.

Recounting their stories and seeing them in a new context contributed to carers having a renewed sense of themselves and their role in caring for their loved one during their illness and death. They reflected on their relationships and abilities, and how the love they had for their spouse underpinned and sustained every action. The love shown throughout that important journey had not gone but had changed in form. Each carer built on the foundation of their married life and moved to create a life without the one they had lived with and loved over many years.

Discussion

For couples, caring for an unwell spouse can be all-consuming. It is love with gumboots on, entering new terrain on a regular basis, committed, loving, laughing, honouring, and trusting one another, knowing that decisions made are for the best interests of each other. It is in the tiny gestures: a look, a smile, a whispered "thank you"; it is in the companionship, the quiet moments, the being present, the knowing and being known. It is choosing to look heartbreak in the eye and continuing on, step by step. It is the work of the soul and spirit, the essence of themselves that drives their desire to care for one another.

The data from this research highlighted the strengths of the family carers, including love, hope, family, teamwork and resilience. These strengths do not detract from the physical, emotional and spiritual labour of caring for a much-loved spouse where worry, fear, despair and heartbreak abound. It is through calling on their internal strengths and marshalling the resources available to them

that the carers are able to continue caring for their spouse during some very trying times. By embracing their strengths this allowed the carers the opportunity for self-growth and transformation and thus giving meaning to the care they provided.

People's strengths in and of themselves do not automatically make themselves known. They are often part of the innate makeup of the person making use of them. However, through engaging in the exploration of a carer's strengths and harnessing those strengths, carers are able to find meaning and purpose in their role. This exploration can break open the opportunity to learn and draw on strategies which may not be innate, thus enhancing the carer's ability to continue supporting their family member.

Exploring caregiver strengths is acknowledged as an emerging field of research (Funk et al., 2010). This work gives recognition to those who thrive in a caregiving environment, who may discover new insights to themselves which were previously unknown and to those who wish to offer an alternate narrative to that which focuses on the negative aspects of family caregiving. The transformational process of working from a strengths perspective enables care that is respectful and takes into account the needs of both the unwell person and their carer (Giesbrecht et al., 2015; Unson et al., 2016).

Within this research none of the participants spoke of access to social work during their spouse's illness. Their narratives were primarily focused on the medical and nursing care they received. A key role of palliative care social workers is to help carers identify and access their support networks. Sometimes it can be an accumulation of small matters that hinder the ability of carers to continue providing support and care in the home or community. If family carers are helped to assess, create, support and maintain themselves, they are more likely to operate from a position of strength.

Social work considers the broad social environment of the unwell person and their carer, and works alongside families to help review what is/is not possible. It acknowledges the values, beliefs and cultural considerations that undergird the couple's relationship, and how these guide and influence the decisions that are made. By empowering the unwell person and their carer to make decisions about the ongoing wellbeing of both parties, the environment in the home is better able to be maintained.

The provision of this access to all members of the interprofessional team to enable this to occur is explicit in the Hospice New Zealand Standards for Palliative Care that say:

Initial and ongoing assessments are comprehensive and person-centred, and incorporate the person's physical, psychological, cultural, social and spiritual experiences, needs, preferences and priorities (Hospice New Zealand, 2019, p. 20)

Conclusion

This research focused on the experiences of those whose spouse died prior to the age of 65. It explored the lives of eight bereaved carers who were intimately involved in the experience of their spouse's illness, health care and death. This occurred within the context of an established network of family and social relationships. Their stories give voice to a cohort of people who are largely invisible within the research literature; stories that continue beyond the death of a spouse. It serves as a reminder that, whilst family carers may willingly embrace their role, they also have needs of their own. When these needs are met, they are empowered to operate out of their strengths when caring for the one they have lived with and loved for many years.

Recognition must be given to how the social environment of the unwell person and their carer contribute to the care equation. By giving attention to the support of both parties, it is possible for carers to be sustained in their

role. This research advocates for strength-based assessments to be embraced as palliative care social workers work to provide holistic care to the unwell person and their carer. A strength-based perspective does not leave the harsh realities of caring for an unwell family member unexplored—rather it seeks to validate the lived experience and skills each carer brings to their role.

The strengths that underpin and sustain carers have been identified as love, hope, family, teamwork, resilience and resourcefulness. Palliative care practitioners must recognise such strengths need to be nurtured and supported so that carers can sustain the emotional, physical and spiritual demands of caring for their unwell spouse.

Disclosures and acknowledgements

This research is a snapshot of the experiences of bereaved carers in a couple relationship. It is a stepping-stone into the emerging research on caregiver strengths. It is difficult to make generalisations beyond the experiences of this group as there are many population groups whose voices are not present in the research. Further research into the strengths of caregivers could focus specifically on the experiences of bereaved carers under 55 years of age, the experiences of Māori carers, the experiences of Pacifica carers, the experiences of carers from migrant (CALD) communities, and the experiences of carers in the rainbow (LBGTI) community. While this research has focused on those in a couple relationship, the voices of sibling carers and/or adult children carers of unwell parents, are other potential areas for inquiry. In essence, research into the strengths of family carers of those living with a terminal illness under 65 years of age is a field open for exploration.

Received 8 October 2021

Accepted 12 April 2022

Published 15 July 2022

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Chinese migrants' experiences of responding to gambling harm in Aotearoa New Zealand

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ABSTRACT

INTRODUCTION: Forming a problematic relationship with gambling has major consequences for gamblers, families, communities, and society. As the third-largest ethnic group in Aotearoa New Zealand, the Chinese community faces increasing challenges with casino gambling. This paper reports on Chinese migrants' lived experience of their challenges and needs in responding to gambling harm.

METHODS: Sixteen recent migrants (both gamblers and affected family members) from eight families were interviewed. Data analysis comprised a comprehensive thematic approach involving multiple readings of interview transcripts and an iterative development of themes, guided by hermeneutic phenomenological methods.

FINDINGS: Participants shared their experiences of pathways into gambling and ways to respond to gambling harm. The key findings are presented as four stages, which can be conceptualised as: *misconnecting, disconnecting, reconnecting, and rebuilding natural life*.

CONCLUSION: This article presents qualitative evidence of Chinese migrants in Aotearoa New Zealand's experiences with excessive gambling and considerations for social workers, service providers and policymakers when developing programmes and policies for preventing and minimising gambling harm for this population.

KEYWORDS: Phenomenology; gambling treatment approaches; gambling harm; Chinese migrants; Chinese culture

Gambling harm is a continuing and significant public health issue (Thimasarn-Anwar et al., 2017). Casino gambling and electronic gaming machines (EGMs) are the most harmful modes of gambling compared with other modes of legalised gambling (Abbott & Volberg, 2000). In Aotearoa New Zealand, Māori and Pacific people have been reported as most harmed by EGMs (Dyall, 2007; Wheeler et al., 2006), while Chinese/Asian populations are most harmed by

casino gambling (Ministry of Health [MoH], 2006; Tse et al., 2012).

Chinese comprise the largest proportion of the Asian population, which makes up the third-largest and the fastest-growing ethnic community in Aotearoa New Zealand (Stats NZ, 2018). Gambling related harm is of great concern in the Chinese community and has attracted particular attention in gambling problem treatment and research

(MoH, 2006; Tse et al., 2010; Tse et al., 2012). The purposely designed addictive features of casino gambling, including the gambling environment, the features of games, and the nature of operating systems (Livingstone et al., 2014; Orford, 2020; Reith, 1999; Schüll, 2012), make it more likely for players to retreat into a dissociative zone. The sense of escape and intimacy are seen as attracting gamblers to return and to encourage them to stay longer. Research has highlighted how VIP customers are overrepresented as frequent or problem gamblers (Wohl, 2018). Additionally, in Aotearoa New Zealand, cases reported in the media reveal casinos as sites where money laundering, drug dealing, prostitution and loan sharking (i.e., lending money at a high interest rate, in some cases up to 260% annual interest) all take place (Gower, 2007; Savage, 2016, 2017).

Numerous interventions, mostly focused on medical and psychological approaches for problem gambling, have been developed over the years as researchers reported on the harm caused by casino problem gambling among Chinese (Ledgerwood & Petry, 2006; Marlatt & George, 1984; Petry et al., 2017). Research on the support needs of this population to respond to gambling harm is limited, though. This article reports on a study that was undertaken with Chinese recent migrants in Aotearoa New Zealand to understand pathways into, and out of, excessive gambling and approaches for professionals, including social workers, to effectively respond to gambling harm for this group.

Casino gambling and Chinese migrants

The practice of targeted ethnic marketing to attract Chinese customers to casinos is well known and widely practised. Target marketing strategies that aim specifically at attracting Asians or Chinese in particular, include offering free bus rides, cheap buffets, gambling coupons, employment of Chinese-speaking dealers, and building more casinos

near Chinese communities (Wong & Li, 2019). Cultural symbols have also been employed to target vulnerable populations. Casinos in Aotearoa New Zealand have applied ethnic and indigenous cultural icons to create a sense of familiarity which lure people into the venues by means of cultural objects such as large-scale Māori carvings at entry points and displaying the image of a dragon dance around the Chinese New Year festival (Dyall et al., 2009).

A 2012 qualitative inquiry in Aotearoa New Zealand across four ethnic groups (Māori, Pacific people, Asian and European) into why people gamble revealed that the motivations for Asian migrants to get involved in gambling are to cope with the stress associated with factors such as language barriers, unemployment, and isolation, and stressors associated with immigration and post-immigration adjustment (Tse et al., 2012). The research identified the high availability and accessibility of legalised commercial casinos as important in encouraging new migrants to engage with gambling. The loan shark issue is also of significant concern to the Chinese community (Tse et al., 2007). However, studies on Chinese gambling have focused less on these concerns and how to support those experiencing gambling harm, and more on motivations for gambling and the types of harms experienced (Sobrun-Maharaj et al., 2013).

Gambling venue self-exclusion policies are a peculiar phenomenon in the modern gambling world and provide an interesting illustration of how modern commercial gambling has the potential for promoting addictive play. "It is a dangerous form of consumption that can trap people to the point where they have to take special steps to reduce the harm it is causing" (Orford, 2020, p. 91). In Aotearoa New Zealand, a legal requirement in the Gambling Act 2003 is that gambling venues offer a self-exclusion policy (Department of Internal Affairs [DIA], 2019). According to data from SkyCity Casino

Auckland, Chinese migrants have made heavy use of the casino exclusion orders to stop or reduce their gambling (October 2012, personal correspondence). An increasing number of people who have accessed gambling services have been repeatedly excluded (2017, personal conversation). Chinese excludees' experiences of using casino self-exclusion policies have not been appropriately explored.

Approaches to gambling harm

Numerous treatments for problem gambling have been developed over the years, mostly focused on medical and psychological approaches (Petry et al., 2017). Relapse prevention has been a constant concern and challenge among those approaches (Ledgerwood & Petry, 2006). Relapse generally refers to "a breakdown or failure in a person's attempt to change or modify any target behaviour" (Marlatt & George, 1984, p. 261). One of the most significant flaws in these types of medicalised approaches to addiction lies in their methodological individualism, which focuses on an individual's experience, isolated from the social, cultural, and historical context in which they live (Granfield, 2004). Recent research indicates that social connections could play an essential role for Chinese new migrants in preventing and minimising gambling harm (Lai, 2006; Li & Tse, 2015; Wong & Li, 2019).

Alexander (2010) argued that addiction involves issues with social structures. He focuses on "dislocation" as a state that emerges when people are forced to work or live isolated from their original supportive relationships. He believes that "dislocation" produces insufficient "psychosocial integration," making a severe and prolonged dislocation quite difficult to endure. Adams (2008) proposed a social-ecological (SE) model which locates addiction in relational processes in a social context. "Instead of viewing addiction as an attribute attached to a particular addicted person, the central idea

involves understanding addiction as a social event" (Adams, 2008, p. 27). These emerging theories on addiction offer a paradigm that shifts the focus from individual attributes to focusing on ways of increasing meaningful social connections to reduce the increasing number of those addicted.

This thinking is compatible with social work practice, as it is closely related to ecological systems thinking—a well-known approach for dealing with complex interpersonal relations and social systems. As ecological systems thinking will be widely used by readers of this journal, it will not be discussed here, other than to clarify that ecological systems thinking distances the focus from individuals and directs it towards societal mechanisms, structures, and processes (Payne, 2020).

Chinese cultural influences in responding to gambling harm

Chinese people have a rich culture which is rooted in Confucianism, Daoism, and is integrated with Buddhism (Fung, 1948). An overarching concept of Chinese traditional philosophies is harmony between humans and heaven (*tianrenheyi* 天人合一). Confucianism emphasises harmony in human society, while Daoism focuses more on harmony between humans and nature. In Confucianism, humans are innately good with sympathetic hearts; a person is born into interwoven relationships including family, communities, society, and all human beings. Family is the basic unit of society; social order and harmony are preserved when people observe their place in society and fulfil required obligations and duties. The Chinese self can be regarded as a "being-in-relations," which can be considered a cultural mode of engagement for Chinese people.

In Daoism, humans are seen as a part of *ziran* (自然). Man models himself on earth; earth on heaven; heaven on the way (*dao*); and the way on *ziran*. *Ziran* can be translated

as “nature” or “spontaneity” (Chan, 1963). *Ziran* does not mean the natural world; it is the *dao* (道) of the universe, the principle of the universe operating. Daoism claims that this operational principle is a self-transformational and spontaneous state; the characteristic of being a human (*qing* 情) is rational judgment (Yu, 2008). Daoism advocates the ideal way of living is to follow *ziran*. How to live with nature? Daoist doctrines state that nothing is absolutely good, or bad, and that there is no need to worry too much about negative encounters, because nature will activate its rebalancing course. Humans are required to learn to adapt to it instead of trying to master it. Humans should not be disturbed by desires and external events; to live with nature means to restore our original spontaneous aptitude (Yu, 2008). This is likely one of the reasons why Chinese gamblers repeatedly apply for a self-exclusion order.

Chinese philosophy views humans as social beings with an emphasis on building a family-unit-based harmonious society, aligned with the ecological system. Living in family harmony and with nature has been an ideal lifestyle in Chinese culture. In conjunction with the frameworks of the dislocation theory of addiction and the social-ecological model, Chinese philosophy provides a cultural lens to understand Chinese migrants’ responses to gambling harm. It is within this context that the findings from a study will be presented.

Methods

The project focused on Chinese recent migrants’ lived experience of responding to gambling harm. A hermeneutic, phenomenological approach was applied. In this approach, meaning-making is undertaken through a hermeneutic circle in which understanding between the researcher and participants provides a broader understanding of the specific phenomenon under investigation. It encourages “... reflection on the basic structures of the

lived experience of human existence” (van Manen, 2014, p. 26). A purposeful sampling method was used to select information-rich participants rather than a large population sample frame which is less sensitive to cultural perspectives (Creswell, 2013).

Sixteen recent Chinese migrants (aged 20 or over) were recruited from eight families including eight gamblers (G) and eight affected family members (AFM), with a wide range of backgrounds relative to age group, gender, social-economic situation, length of problem gambling, and length of recovery. The study involved semi-structured, in-depth interviews, in which two people (a gambler and an AFM) were interviewed together to generate a co-constructed account of family realities (Reczek, 2014). Participants were interviewed twice within a one-month interval. Each interview took between 60 and 90 minutes and all were audio-recorded with participants’ consent. All names are pseudonyms.

A hermeneutic phenomenological and comprehensive thematic analysis method was applied. Thematic analysis is a tool assisting with recovering the structure of meanings embodied in human experience in text (van Manen, 2014). It helps researchers reflect on daily, taken-for-granted understandings and to unravel the surface of the phenomenon studied (Ho et al., 2017). All data were managed both manually and with the assistance of NVivo 12 (qualitative data analysis computer software). Ethical approval was granted by the University of Auckland Human Participants Ethics Committee (UAHPEC).

This paper reports on a study focused on Chinese migrants’ lived experience of responding to gambling harm in Aotearoa New Zealand. This narrow focus enabled deep analysis of this phenomenon, but consequently had several limitations. It may not be representative of Chinese migrants’ gambling issues in other Western countries. The study was conducted from the

standpoint of Chinese gamblers and affected family members only. It does not reflect the opinions of social workers or other service providers who deal with problem gambling. Furthermore, the study intended to raise the voice of people who experienced casino gambling harm. Other forms of gambling harm were not explored.

Findings

Participants shared their experiences of pathways into gambling and ways to respond to gambling harm. The key findings are presented as four stages, which can be conceptualised as: *misconnecting*, *disconnecting*, *reconnecting*, and *rebuilding natural life* (See Figure 1).

Misconnecting

Understanding why Chinese migrants engage with casino gambling in the first place can help professionals make sense of intervention approaches that are more likely to be successful. Participants indicated the reasons for their engagement with casino gambling were two-fold: their migration/post-migration experience and the gambling environment. These reasons have been reported by many scholars in their studies

on why Asian migrants gambled and the gambling-related harms they experienced (Sobrun-Maharaj et al., 2013; Tse et al., 2012).

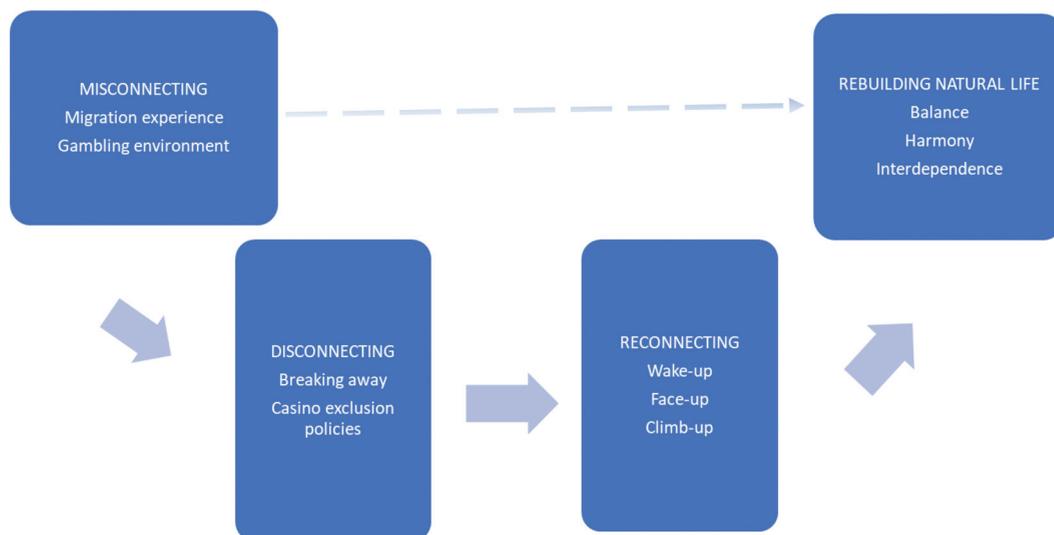
Migration experience

Participants reported losing connections with their familiar cultural, social and physical living environments through migration, and then, as a way of attempting to settle in their host country, they “misconnected” from their social world in favour of casino gambling. Losing personal status due to changing living circumstances is a common theme in this study. For example, Molly (G, female, aged 50) came to Aotearoa New Zealand as a skilled migrant. She recalled:

I was a lecturer in China. I wanted to pursue a more meaningful life. However, I felt deeply lost since coming here. I couldn't find a job, I had to work as a cleaner ... I had arguments with my ex-husband at home. My landlord took us to visit the casino. Inside the casino, I felt so different from outside, really. Since then, we both went to the casino instead of quarrelling at home.

For some, casinos became a convenient place for socialising because it is easy to

Figure 1 Chinese Migrants' Experiences of Pathways Into, and Out of, Gambling Harm



access, always available, with Chinese commonly spoken and the presence of increasingly familiar faces. Sen (G, male, aged 70), reunited with family in Aotearoa New Zealand 20 years ago and worked as a kitchenhand in a Chinese restaurant. He went to the casino as a way of socialising.

After working for a whole day, I felt tired and was nothing to do in the evening. I followed my workmates and watched them playing in the casino. Apart from going to the casino where else could you enjoy fun in New Zealand (在新西兰除了赌场还有哪里好玩?)

Moving away from their original support networks reduced their level of social involvement, which led to feeling lonely and depressed and made them susceptible to excessive alcohol and other drugs as well as increases in gambling to ease this psychological distress (Alexander, 2010). They did this without a strong awareness of the addictive features of casino gambling. Once they engaged in gambling, which Livingstone et al. (2014) and Schüll (2012) named the “zone,” their relationship with gambling intensified.

Gambling environment

Several participants highlighted that their gambling and, in particular, the intensification thereof, was related to the design and operation system of casinos. James (G, male, aged 50+) came to Aotearoa New Zealand as a skilled migrant and was naïve to the addictive potential of the casino. In Aotearoa New Zealand, casinos are legal and are promoted as harmless entertainment. James shared his experience and the impact of misleading information.

They [casino promoters] say, “we are playing; we [casinos] are for entertainment not for gambling.” Actually, that [casino game] is gambling. When you were in there [the casino], you would think of only gambling. I just ignored everything;

I wouldn’t want to leave the table a minute because I didn’t want to miss out on anything here. I was just gambling, gambling, gambling until all the money ran out. Nothing [activities in the casino] is for playing. I was not controlled by myself. The casino controlled me.

James’s statement suggests he accepted this casino promotional message without challenging it. He had gambled in the casino over 15 years, his family lived in government-assisted housing and relied on government benefits for over 10 years. As his daughter Candy (AFM, female, aged 20) stated, “we lived in extremely poverty for over 10 years when I was a child.”

Oliver (G, male, aged 50), was an investment migrant. Within a year of arriving in Aotearoa New Zealand, he became involved in casino gambling. This lasted for 18 months, during which time he accumulated a huge gambling debt. He described some of his painful memories:

My betting increased and I stayed longer and longer there. Then, I was invited to play in the VIP room. Over 1 year, I gambled away all my family savings and accumulated over \$1 million of debt that I borrowed from banks, credit companies, loan sharks and relatives. In the VIP room, Oh, you felt “I am a really important person.” The system leads you quickly to overdraft all your financial resources. In that situation, you become addicted like a drug addiction.

This is consistent with the framing of casino gambling as a dangerous consumption (Adams & Wiles, 2017; Livingstone et al., 2014; Schüll, 2012).

Disconnecting

The stages of disconnecting and reconnecting focus on participants’ reflections of pathways out of excessive gambling, the challenges they faced, and the support they needed.

Disconnecting required both a commitment to “breaking away” and engagement with exclusion policies.

Breaking away

Participants recalled how they had struggled for long time before finally breaking away from an intense relationship with gambling. Tom (G, male, aged 30+) came to Aotearoa New Zealand as an international student. He explained:

My life was trapped in a circle of working, studying and gambling for many years until I graduated from university. I told myself “stop going there!” I was determined. But in less than a week, I went there again. It was hard to exercise self-control. I still liked gambling after we married, but I set a limit.

Lili (AFM, female, aged 30) compared a gambling problem to a “hidden bomb.” She had to be vigilant all the time to prevent her husband from overspending or devoting too much time to gambling. She was fearful whenever she thought about how their marriage could be destroyed by this “bomb.”

Whenever he [husband] went out to gamble, I would have those images appear in my mind, and then I wouldn’t be able to focus on other things. I would second guess about our marriage, and even wondered do we still want to stay together as a family (*jia hai guo ma* 家还过吗)? I was very uncertain [about husband’s gambling]. It seemed like a bomb that would explode anytime.

Lili emphasised that getting her husband away from the casino was the only way she could prevent her family from being harmed. She regarded it as vital for the gambler to leave the casino to stop gambling harm.

Casino exclusion policies

Seven out of eight gamblers in the study reported that they had applied for a casino

exclusion order to support their break away from gambling harm. Some had used these policies repeatedly because, unexpectedly, they found it very hard to stop gambling. James had applied for a casino exclusion order at least four times at the urging of family members or friends.

The last time I quit [gambling] was three and a half years ago. A friend of mine persuaded me to quit. I felt someone cared about me. If I didn’t listen to her, I would feel guilty...If you really know that you can’t go, you just give it up. It is your choice to go there, nobody forces you to go there. They give you a choice. Some people like me cannot choose appropriately. We will suffer and damage our family.

James felt moved by his friend having confidence in him and her unconditional help. He felt he was cared for, and that he ought to respond to this caring, otherwise, he would feel guilty. It seems for some gamblers, like James, an effective intervention can be as simple as someone caring.

AFM also need to approach the problem with concern and understanding. Kobe (AFM, male, aged 30) provided a perfect example of how he became mindful of the gambler’s helplessness.

One day, I went to look for my mother in the casino. I saw that she was a completely different person from who she was outside the casino. It looked like she didn’t know me. I searched online for the information and applied for the casino exclusion order against my mum. The order set a barrier for her to enter. So, she would not be able to go there as before.

During the interview, Kobe commented that if AFMs observed the situation, they would better understand how to help the person trapped in casino gambling.

Participants challenged the effectiveness of the casino exclusion policy, because many excludees could easily re-enter the

casino without being detected. The major disappointment participants had regarding casino exclusion policies was that the casino did not take these provisions seriously. This challenge is consistent with overseas studies (Gainsbury, 2014; Livingstone et al., 2014). Some repeatedly applied for re-entry once the order expired without a full appreciation of the addictive feature of casino gambling. That led them to becoming trapped in a vicious gambling circle that involved repeated attempts to change, followed by relapse. Moreover, participants described how excluding themselves from the casino was not enough, but to break the gambling circle, they then also needed to reconnect to a life outside of gambling.

Reconnecting

After breaking away from casinos, Chinese migrants spoke of a rocky journey to reconnect with what they referred to as “natural life.” Participants indicated that a successful escape from excessive gambling required taking three steps: *wake-up* (xingwu 醒悟), *face-up* (miandui 面对), and *climb-up* (pandeng 攀登).

Wake-up

Wake-up was a significant step as participants recognised both the impact the casino system had on them and the importance of family. *Wake-up* also means that participants had discovered the different faces of the casino. For some, gambling was like a spiritual opium (赌博是精神鸦片) and others realised that “controlled gambling” was only a myth promoted by the casino (赌博自制在赌场只是一个迷思). There was “no free enjoyment” (没有白享受的), and the casino had a “horrible face” (可怕的面目). The recognition of the casino’s dangerous features was an indicator to begin waking up from the gambling fantasy.

Oliver shared his reflection in the following extract:

I came to understand from personal experience that gambling is spiritual opium (赌博是精神鸦片). It may be easy to stop, but it is very difficult to stop the psychological dependence. Even when I had \$200, I would want to give it a try. Who knew that there could be a miracle?

Some realised that the casino is a high-consumption business but presented as a place in which people could enjoy “free services.” Kun (G, male, aged 70), a retired civil servant, after losing NZ\$20,000 in one session, gained insights regarding casino gambling:

Initially, I didn’t intend to win money, but I didn’t want to lose money as well. I thought I went to the casino purely for excitement and entertainment. Yes, I was served with drinks and food. It is impossible that all were free. There was no free enjoyment.

As highlighted earlier, in Chinese culture, the family is the basic unit. Social order and harmony are preserved when people strive for family harmony and fulfil their family obligations and duties. Keeping family harmony is crucial for family well-being, including each member’s well-being. Kun emphasised that he always remembers his father teaching him to never put personal interest before the family’s interests.

This [gambling] is only my hobby, it should not harm the family and children. That is irresponsibility, and I would feel guilt (自己心里过不去).

Lee (AFM, female, aged 60+) Kun’s wife, commented on his behaviour change “[that] was out of his own conscience (是他自己的良心发现)”. Once Kun recognised his gambling violated his responsibility as a father, he was able to stop casino gambling without applying for a casino exclusion order.

Participants also reported that counselling could inspire them to wake up, although some accessed the service involuntarily. James stated:

Two months ago, I went to counselling again, of course, the purpose was to get a letter to re-enter [the casino] again. But, during the counselling, I also realised that this [casino gambling] is nothing good at all. All the money I have will be sent there, and we will have a miserable life again. So, during the counselling, an idea came to my mind, I made the decision that I don't want the letter. I won't apply to re-enter again.

Face-up

Face-up is how participants dealt with the consequence of their gambling. Many participants expressed their emotional vulnerability and some commented that this was the hardest phase in the process of reconnecting and required them to avoid "burying one's head in the sand" (不能有鸵鸟心态). Oliver stated:

After I stopped gambling, my life was full of pain and chaos (千疮百孔的生活), and I struggled (jiujie 纠结) for at least three to four years. The worst situation was when I faced all the bills, I felt hopeless, hopeless and despair ... and our family lives were getting harder and harder each day. I knew that I had no one to blame; this was my own path. I am an adult, and I must accept the consequences ... I can't, like an ostrich, bury my head in the sand to stay safe.

Some participants recognised that an open-minded and letting-go attitude helped them to face the challenges and to accept what had happened in their lives. Lucy (G, female, aged 50), came to Aotearoa New Zealand for a new relationship but that did not work out. She was trapped in a gambling cycle for over 10 years. She articulated her regrets and her commitment to change:

My [son's comment] made sense to me and moved me. Whenever I mentioned going to the casino, he said to me "Mum, why are you going to the casino? You have gone

there for so many years. Each time when you get home, you have headaches, and your heart is pounding; what you ought to win, you had won and what you ought to lose, you had lost (该赢也赢过, 该输的也输了). If you stop going there, everything would be fine from now." I thought he was right. Well, what ought to be lost had been lost. Let's follow the natural way (该失去的已经失去, 那就顺其自然吧).

The expression, "Let's follow the natural way" indicates an attitude of accepting what has happened in the past and facing up to the future. In Lucy's statement, both mother and son adopted an open-minded way of thinking that created the possibility for them to reconnect. When the mother-son relationship strengthened, Lucy's relation with gambling further weakened.

For many AFMs, they felt anger, resentment, and distress. They described facing up as crucial for the whole family, which included accepting each other, supporting each other and working together. Family members could play a vital role in achieving this. Sarah (AFM, female, aged 40+) shared how she felt when faced with the chaos and mess in her family caused by gambling harm:

I had thought of complaining (mai yuan 埋怨) to him [husband], but that was unhelpful. Because he was so depressed and had no courage to act, I must do something to show him that we still have hope. Then, I thought first we needed income, so I tried to look for jobs.

Practically, looking for a job and having a regular income was crucial to stabilising family life. Achieving this would, in turn, help establish a foundation for the family to move forward. Some participants reflected that this phase was the hardest step in their journey of disconnection from casino gambling because it could either move them forward to reconnecting to natural life (ziranshenghuo 自然生活) or, for some, lead them into relapsing.

Climb-up

Participants described *climb-up* as affirming their decision to change and act. James shared a story of how his father–daughter relationship had improved through his daily actions. Once he had decided to change, he acted, and he also received positive feedback. James happily recalled:

In the past, she [James' second daughter] didn't look at me and never talked just like an enemy, like a stranger. The day before yesterday, she said "good morning, Dad!" That hasn't happened for a long time. I think she saw me every day for these 2 months, I do dishwashing, cleaning here [kitchen], I think things changed gradually not suddenly.

During the interview, Lucy described receiving professional help when she struggled to get away from gambling harm and stated that the service was crucial for her as a migrant:

The agency has helped me a lot. At least it provided a place for you to share your unhappiness, your troubles, something about gambling problem. You felt relieved. Whenever I was stuck, especially when my gambling problem got more serious, I hoped for a person who could pull me out of the deep mud (拉我一把). I always think I have hope here.

Participants' experiences indicated that support from their wider community and society, including banks, is equally crucial. Oliver had a lot to say about this issue:

With the support from my counsellor, I was able to negotiate with the banks and strive for favourable conditions for me to consolidate my debts. I was really surprised to know that they agreed with my plan to stop charging me interest. I felt warmth in my heart. We could rearrange our family life and gradually returned to the normal track.

Oliver's experience illustrated that attention to financial rearrangements (particularly debt consolidation) was a vital task for his family to return to normal living. He wanted his story to be told to let gamblers and their family know that there are resources in the community which can help them to move away from gambling harm. The challenge is how to let people know of those services. The financial repercussions may be beyond what psychological treatments can reasonably impact upon, yet such long-term debt may contribute to relapse and contribute to ambivalence (Toneatto, 2008).

Rebuilding natural life

Participants explained that, in "natural life," people uphold a balanced lifestyle, maintain harmonious relationships with others and the world around them, and accept that they are interdependent. This notion of natural life is strongly influenced by traditional Chinese culture, emphasising harmonious relationships with families and with the natural environment. Once reconnected to natural life, casino gambling loses its prominence in gamblers' lives, and they live a more balanced life.

Lucy claimed, after engaging in casino gambling for 20 years, "Now, I don't have the urge of playing tiger machine. Now the game is over." For Daniel, "Now, I like fishing on a boat." Chelsea recollected the change in her family.

I called the casino "a dangerous place". That was the secret code for both of us. In the past, he wouldn't have mentioned it if he suddenly wanted to go [there]. This code seems to have disappeared in our family (危险信号好像没了).

Similarly, Sarah described that they were so glad that the topic of gambling and debts was no longer part of their daily conversation:

We now have completely different topics in our conversation. In the past, the topics

always involved gambling and casinos, or some friends who were related to our debt. Now, we have set up a family trust. We want to create a good future for our children, to provide them with good education, and to guide them to be a useful person to society.

Family support was reported as the first accessible and reliable resource when people needed help; but not all family members are available or capable of offering their support. Lacking family support when needing it could keep people trapped in difficult situations for longer.

Fang (AFM, female, aged 30+), Sen's daughter, was greatly concerned about her father's gambling once he was allowed to re-enter the casino. After 2 years, the casino allowed him to re-enter without any preconditions. She also hoped her father could be referred to alternative activities.

I think the best way is to ban him from entering the casino. The casino should stop him once he was excluded. He can't control himself. I am working and can only take him for yum-cha at the weekends. It is better to introduce him to an agency so he can attend some other activities.

As a family member, Fang offered her support as much as she could, and she recognised her father needed more social support. Fang's situation indicated that family members might be overstressed so they need to be supported as well. Professional services may be able to work toward narrowing the gap.

Sharing with people who have had similar experiences has been reported as a helpful resource for some participants. Tom doubted whether, without personal experience, clinicians would be able to understand problem gamblers fully and provide them with the support they needed. He felt more understood and accepted within a peer group and, accordingly, better able to accept himself. Lucy shared the same opinion:

In listening to other members' stories, I realised that there were many unfortunate people in the group. I was lucky in many aspects. I was encouraged spiritually and psychologically.

The benefit of attending a group programme or a peer-support group is the way it reminds members that others share similar, painful experiences and highlights the value of what they have in their lives. These resources can generate positive energy and motivate them to maintain a gambling-harm-free life. However, Molly shared a contradictory example of peer support. She preferred to attend an educational programme in a group setting because members quickly understood each other, and the knowledge learned from the programme helped her in understanding better why she had developed a problematic relationship with gambling. At one time, Molly found that the group members invited each other back to the casino after the session which was not helpful. This should raise a concern for peer group organisers to prevent that event from happening.

It is clear from participants' encounters that the effective approaches to responding to gambling harm require a focus shifting from individual gamblers to their relationships and interdependence in life including affected family members, broad communities, and society (Adams, 2016). Professional social service agencies can play a significant role to make the shift.

Discussion

The findings of this study indicate that recent Chinese migrants get side-tracked by casino gambling in the journey of maintaining a natural life in their host country after migration. They faced a variety of challenges and, in responding to these, they required different supports to eventually find pathways out of excessive gambling. Some recommendations for professionals can be considered from these findings across the four stages.

Misconnecting stage: Prevention is better than intervention. Social services and social workers should advocate that information about the dangers of casino gambling be widely available to new migrants. Being aware of the addictive features of casino gambling can reduce the risk of people engaging in problematic casino gambling in the first place. At the same time, agencies delivering social services to migrants should enable more opportunities for new Chinese migrants to access resources to help them with the transition to the host country and avoid harmful involvement in gambling.

Disconnecting stage: Changes are needed to policies regulating casino operations. An evaluation of the current casino exclusion policies is also required. Professionals in the social services sector have a significant role to play in making policies more effective in preventing gambling harm and ensuring early intervention when gambling harm occurs. Social service agencies need to make their service visible to gamblers—particularly in the Chinese community. It is important to raise awareness of early warning signs of gambling harm and the benefits and challenges of casino exclusion policies so that any affected family members or concerned community members can access support as soon as possible. They can take on a more active role in a collective effort to “awaken” gamblers who are immersed in gambling.

Reconnecting stage: The findings of the study suggested that it is crucial to include family members in supporting gamblers out of excessive gambling. This is needed to widen the focus for intervention from the addicted individual to the family, so that the steps of wake-up, face-up and climb-up can be fully supported. Family-friendly practice is also culturally appropriate for Chinese migrant communities. However, this needs to happen alongside professional services. Professional services and counselling support was regarded as particularly helpful to people who experienced gambling harm. Peer support groups can also be a good form of on-going support.

Rebuilding natural life stage: Rebuilding a natural life for Chinese migrants requires an understanding of, and support for, traditional Chinese culture. The notions of a balanced lifestyle, harmonious relationships with families and with the natural environment and awareness of interdependence are essential to the wellbeing of Chinese people and should remain a core focus to help this group to manage gambling harm.

The notion that a good life is to “live with nature” is not only a key concept of Chinese philosophies, but it is an important strand of Western philosophies. According to Yu (2008), like Daoism, Stoicism from ancient Greek ethics also claimed that human beings are a part of nature and advocated for an ideal life that includes living at large with nature. Both Daoism and Stoicism agree that nature does not mean the natural world—it is the most fundamental operational principle of the natural world. However, there are different views between the two schools. For Stoicism, the natural world operates with rational order, consistency, and harmony; human nature is rational; living with nature is to educate the individual’s rationality; and people should take their experience of fortunes or misfortunes as providentially ordered and should accept it contentedly. In contrast, Daoism refers to nature as a self-transformational and spontaneous state; living with nature is to restore our original spontaneous aptitude; the characteristic of being human (*qing* 情) is rational; and people should accept their good or bad luck as a natural process without complaining, but not necessarily with satisfaction (Yu, 2008).

Despite these differences, both Daoism and Stoicism discourage one’s desire at the expense of another’s interests; both advocate that living with nature should be detached from conventional social values and devoid of emotional involvement. “Both [encourage] people to be indifferent towards the gain or loss of external fortune, give people

psychological fortitude and strength in times of distress and calamity, and encourage people to concentrate on the inner self and seek spiritual freedom" (Yu, 2008, p. 13). The idea of detachment can have a valuable therapeutic function to help people live with a strong spirit and stable emotions in a harmonious society.

The understanding of the differences and similarities between the Eastern and Western concepts of living with nature can help social workers adopt cultural appropriate approaches to working with their clients. It is also important for social workers and other caring professionals working with gambling harm, that ecological systems thinking distances the focus from individuals and directs it towards societal mechanisms, structures, and processes (Payne, 2020). As such, as we have seen from the experiences of the participants to this study, interventions can include support for the individual, but must be more than that.

Conclusion

The journey of Chinese migrant gamblers suggests a process of misconnecting from natural life by engaging in gambling, and eventually disconnecting from gambling and reconnecting to rebuild their natural life. Acknowledging the consequences of gambling harm was described by participants as the most difficult stage and it was clear that they needed significant support from family, community, and professionals. Participants described these supports as influential in effectively responding to casino gambling harm. These findings should be considered by policymakers and service providers to enable a positive social environment for preventing and minimising gambling harm for this population.

Received 23 December 2021

Accepted 11 May 2022

Published 15 July 2022

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Reconsidering Maslow and the hierarchy of needs from a First Nations' perspective

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ABSTRACT

INTRODUCTION: Abraham Maslow created one of the most enduring psychological constructs, the hierarchy of needs. Maslow, himself, did not create the oft-shown pyramid but it is the image that comes to mind when the construct is mentioned. There have also been reports that Maslow's work fails to give due credit to the Blackfoot peoples of Southern Alberta for their seminal contribution to the hierarchy. There is a vibrant debate in the literature and in public spaces regarding this. Such a debate may not matter as Maslow's construct does not represent Blackfoot philosophy. Hierarchical needs of understanding are not representative of their world view and the place of self-actualisation is very contrary to Maslow's understanding. Maslow's own writings do not support the notion that Blackfoot knowledge influenced him greatly in respect of the construct. In concert with the Elder knowledge keeper in the project, we explore the history of Maslow and the Blackfoot people along with knowledge held by Elder wisdom.

APPROACH: The article concludes by suggesting that Blackfoot ways of knowing represent their own views and that Maslow's hierarchy has never been their understanding.

IMPLICATIONS: Social workers are, thus, invited to critically assess the theories used in practice and their relevance and validity for the populations engaged in their work.

KEYWORDS: Blackfoot; Abraham Maslow; hierarchy of needs; Blackfoot ways of knowing

Virtually any student in social sciences or human resources will have been introduced to Maslow's hierarchy of needs. It has come to represent the basic understanding of how humans can move from meeting basic needs on up to achieving self-actualisation or, as Maslow would later phrase it, "peak experiences". It has had an immense influence on the field of psychology (Kenrick et al., 2010), business (Lussier, 2019) as well as sociology, health care and education (Benson & Dundis, 2003; Fallatah & Syed, 2018; Hale et al., 2019; Kiel, 1999). There is social work literature that frames Maslow as a tool to be used in practice

(Levenson, 2017; Nesmith & Smyth, 2015) which we suggest may not be appropriate across populations.

In this article we seek to deconstruct the notion that the hierarchy of needs is based upon Blackfoot knowledge. There are those that suggest such a link is there and that the Blackfoot people have not been properly credited for the shared knowledge (Brown, 2014; Coon, 2006). While we concur that Maslow did visit the Blackfoot people of Southern Alberta for about 6 weeks in 1938, deep analysis of his notes and other writings from that period suggest that he neither

accurately nor authentically understood their ways of knowing, how such knowledge applies to their culture and the ways in which needs are met within that culture. It is perhaps fair, however, to note that his time with the Blackfoot shifted his thinking to a more humanistic perspective that likely influenced his later connections to such ideas as “the peak experience” (Koptie, 2010). This matters, as this article does not seek to discredit Maslow but, rather, to position Maslow’s work as perhaps having been influenced by his time with the Blackfoot while not being substantively based upon their world views. We also invite social workers to consider how theories are applied without question but need to be critically assessed for relevance to the peoples with whom the profession intersects.

Locating the authors

Roy Bear Chief describes himself as a Siksika Elder, and has the name Oom Kapis, which, translated to English is Big Coyote. He states that “my footprints were planted on this traditional territory of my Blackfoot people about 73 winters ago. I was brought into this land as a Siksikawa with a language and a culture intact. I am Siksika through and through deeply connected within the land. I am part of the landscape.”

Peter Choate is a settler whose family links in this country go back to the movement of United Empire Loyalists from what is now the United States to the east coast of Canada. He grew up on the traditional lands of the Musqueam, Squamish and Tsleil-Waututh First Nations. He is a Professor of Social Work at Mount Royal University.

Gabrielle Lindstrom, Tsá’pinaki, is a Blackfoot scholar and a member of the Kainai First Nation of southern Alberta, part of Blackfoot Confederacy. Born, raised and educated in Kainai, Gabrielle offers both a lived-experience and scholarly perspective with regard to the issues of concern in this article. She is an Assistant Professor

of Indigenous Studies at Mount Royal University and has worked extensively as a researcher on several Indigenous community research projects.

Hearing the Blackfoot View

Brown (2014) framed the question of Maslow by noting from her visit to the Siksika nation in 2002, stating, “[Maslow] got it wrong, he didn’t share it the way we wanted, he didn’t give the Elders credit for his teachings, and they want the record set straight” (p. 1). In this work, we sought clarity regarding how Maslow and his hierarchy of needs is understood within the Blackfoot people of the Siksika First Nation. Following the traditions of oral history, we interviewed two Blackfoot elders from the Siksika nation and one historian specialising in Indigenous histories who has worked on the story of Maslow with the Blackfoot people. Elder Roy Bear Chief also included his knowledge.

Archival material was drawn from the Abraham Maslow papers at the Drs. Nicholas and Dorothy Cummings Center for the History of Psychology at the University of Akron, Ohio as well as at the Glenbow Museum in Calgary, Alberta. Ethics approval for the interviews was received from the Human Research Ethics Board of Mount Royal University.

The basic theory of the hierarchy of needs

The outline of Maslow’s theory can be found widely throughout the internet in addition to introductory texts in social sciences and human relations. The five basic needs identified on the hierarchy which Maslow described include physiological, safety, love, esteem and self-actualisation (Maslow, 1943). The hierarchy is fundamentally focused on the question of what motivates human behaviours with the notion that survival needs are at the bottom of the hierarchy working upwards towards self-actualisation. Maslow saw self-actualisation as including an increased

acceptance of the self and others along with a sense of autonomy, spontaneity and aesthetic sensitivity (Maslow, 1943). Hoffman (1988) goes on to add to the ingredients of Maslow's theory stating, "frequent mystic like or transcendent experiences, a democratic rather than authoritarian outlook, and involvement in a cause or mission outside of oneself" (p. 187). Hoffman (1996) summed up self-actualisation as:

The apex of personal growth in which we become freed from basic needs and deficiency motivation; not an endpoint in most people but a drive or yearning to fully develop. Also, a process of fulfilling our latent talents, capacities, and potentialities at any time, in any amount. Although we all have this drive, we also possess a fear of growth. (p. 206)

Maslow would ultimately add the notion of peak experiences to the theory (1962/1998). In his book on religious values and peak experiences, Maslow (1970/1994) laid out a series of possible ways in which these experiences might mirror, for example, religious experiences. He described having an experience of the "whole universe as an integrated and unified whole" (p. 59). He further described a series of cognitive experiences such as being exclusively and fully attending to the experiences while also "perceiving external objects, the world and individual people as more detached from human concerns" (p. 61). As can be seen from these two examples, Maslow is describing something that is perhaps mystical or what he termed "unitive consciousness" (p. 68). This later formulation is quite different from the basic theory that is most known (see also Maslow, 1964/1994; 1971).

Maslow's 1943 work titled "A theory of human motivation" saw the hierarchy of needs as part of his larger theory on what motivates human behaviour. He states, "Human needs arrange themselves in hierarchies of pre-potency. That is to say, the appearance of one need usually

rests on the prior satisfaction of another, more pre-potent need" (p. 370). He was universalistic about the existence of the needs but not how a person works through the hierarchies in that he saw "various cultural paths to the same goal" (p. 370). On the same page he adds, "[w]hile behavior is almost always motivated it is also almost always biologically, culturally and situationally determined". As evidence of his universalistic approach, Maslow stated, "it is the common experience of anthropologists that people, even in different societies, are much more alike than we would think from our first contact with them, and that as we know them better we seem to find more and more of this commonness" (1943, p. 389). Koltko-Rivera (2006) indicated that Maslow saw that fulfilling the basic needs was necessary for achieving self-actualisation. D'Souza and Gurin (2016) believed Maslow felt the "drive toward self-actualization as beneficial to society because it would lead to more solidarity, compassion, care, problem solving and altruism" (p. 210). However, the theory also postulates that self-actualisation was not probable in the absence of fulfilling the more basic needs.

As noted above, Maslow would describe a level above self-actualisation which he labelled "peak experiences" (Maslow, 1970/1994). This sustained the hierarchical nature of this thinking. He would also separate the basic needs by labelling the self-actualisation and peak experiences as "being needs" which are high-level needs (Neher, 1991). In a review of studies up to the mid 1970s, Wahba and Bridwell (1976) found a lack of studies that showed the five basic needs as independent, but, instead, as overlapping. While we have not undertaken a systematic review, we found nothing in our search of the literature since then which would contradict their conclusion. The theory is now typically represented in a pyramid with basic needs moving on up towards self-actualisation. It is worth noting that Maslow did not draw the pyramid but it was likely created around 1960 by a

consulting psychologist, Charles McDermid (Bridgman et al., 2019). Bridgman et al. (2019) felt Maslow has been misrepresented through the pyramid depiction but also through the idea that a need must be fully satisfied before a person can begin growing within the need next up on the pyramid. Maslow never did challenge the pyramid representation of his theory which may have been related to his growing despondency about the general direction of the field of psychology (Kaufman, 2019).

Critical viewpoints on the theory

Perhaps the main criticism of the hierarchy is its lack of empirical validation. Bridgman et al., (2019) raised questions about the lack of validation of the work which echoes earlier critics such as Soper et al. (1995) who stated that the work is often uncritically appraised but that evidence has not validated the theory. Mishra (1985) has shown that the theory is highly ethnocentric, although could be adapted to cross-cultural revisions. Kaufman (2018) noted it is possible that there are certain attributes of self-actualisation that may be found across age, education, race, ethnicity, college GPA, or childhood income.

Wahba and Birdwell (1976) concluded there was a “lack of clear and consistent empirical evidence to support it” (Maslow’s hierarchical theory) (p. 212). These authors noted that Maslow felt the needs he identified were “more universal” for all cultures than other superficial desires or behaviors (at p. 213 quoting Maslow, 1970, p. 54). Maslow’s theory is also a theory of individual need which may more closely reflect the situation in individualistic versus collective societies, which, as we shall discuss later, reflects the nature of the Blackfoot societal systems.

Siksika First Nation connection

It is very clear that Maslow did visit the Siksika peoples in the summer of 1938 and, that he found much to admire. He seemed to

have developed strong, positive views of the place of Indigenous peoples, their heritage and world views. Indeed, Maslow shifted his view significantly in his brief time with the Siksika people, quoted in Hoffman (1998):

I came into the reservation with the notion that the Indians are over there on a shelf, like a butterfly collection or something like that. And then slowly I shifted and changed my mind. Those Indians on the reservation were decent people; and the more I got to know the whites in the village, who were the worst bunch of creeps and bastards I’ve ever run across in my life, the more it got paradoxical. Which was the asylum? Who are the keepers and who the inmates? Everything got mixed up. (p. 119)

One reading of this is not so much that he experienced the life and beliefs of the Blackfoot people, but rather that he saw the racial divide between the white people who still controlled access and egress to the reservation as well as many activities that required approval of the Indian agent. Seeing the Blackfoot people as “decent” is a behavioural observation as opposed to real insight into the spiritual, structural, cultural or familial beliefs and world views of the people. At the same time, Maslow felt that he had achieved insights into the universality of self-actualisation. In one of his unpublished papers, “Critique of self-actualization theory”, Maslow wrote:

My response has been that the model of self-actualization so far seems not only cross-cultural but even cross-historical as well. In cultures as diverse as the Japanese and the Blackfoot Native American, I have found significant similarities in how the saint or sage is depicted. (as cited in Hoffman, 1996, p. 28)

Hoffman (1996) wrote that Maslow’s experience with the Blackfoot people convinced Maslow that “humane

alternatives to mainstream Western society could actually exist" (p. 9). Valiunas (2011) opined that Siksika influenced Maslow as he came away with a belief that the culture did not erode their fundamental humanity (p. 98). Neher (1991) stated that Maslow felt imposition of culture is "unnecessary at best, and, at worst destructive of our unique potential as individuals" (p. 94). This meant that Maslow was more individualistic in his views as opposed to collectivistic but nevertheless, he sought entry into Siksika, a collectivistic culture, all the while applying a Eurocentric, individualistic lens to his interpretations and analyses—a lens he seemed rather oblivious to. Taken together, Maslow's interpretations do not mean that the hierarchy of needs should be seen as reflective of the Siksika peoples (Bridgman et al., 2019)

Blood and Heavy Head (2007) report that Maslow was very impressed with the Blackfoot society. In an unpublished manuscript in 1939 (n.p.), Maslow stated:

With respect to dominant feeling a completely different quality of dominant feeling was found in 80-90% of the Blackfoot tribe, a quality that is only found in about 5-10% of our (underlining in original) population, and that it is fair to say that there is a qualitative difference between their group and ours, and that it is impossible to rate members of both groups on the same continuum.

Later he states,

With reference to ego-security, the situation was entirely different. My general finding was that about 70-80% of the Blackfoot are more secure than the most secure 5% of our population and that it is possible to rate people in both societies on the same continuum and that ego-security is quite definitely a cross-cultural concept, at least for these two groups (n.p.).

Yet he also acknowledges that "a paper and pencil test for ego security constructed

for use with my college students seemed to give fairly valid results with my Blackfoot subjects, and [unreadable word] fair, with necessary revision, to be useful as a truly cross-cultural research instrument" (n.p.). Despite his conclusion regarding dominant feeling, Maslow appears to argue that cross-cultural comparisons are possible with constructs drawn from one culture to be used with another one.

Maslow, in this same presentation, went on to offer observations of the Blackfoot people that appear in other of his writings. In particular, he notes that they are "a very generous people." He uses the qualifier "our population" in reference to white society as a basis for comparison, seeing the Blackfoot people as "unusual". Maslow further described the Blackfoot peoples: "They seem definitely not to have any major anxieties, or repressed aggression, or castration complexities..." Maslow is applying psychoanalytic theory to make these judgments, although we argue that no such valid basis for this comparison would exist, if only because, as he acknowledges, such research had not been done. He cautions, however, in his 1939 unpublished manuscript that, "As soon as we find ourselves able to make cross-cultural studies and generalizations, we must realize that everything may not be relative to a particular culture." He asserts that "I found almost the same range in whatever aspect of personality I worked with (in the Blackfoot population) as I do in our society." For Maslow, he seems to draw the conclusion that there are "fundamental or natural 'tendenc[ies]-to-have-a-certain-type-of-personality' with which each human that comes into society, and which society will have to take as a fundamental datum, perhaps to build upon, perhaps to repress, or warp or reshape."

Maslow is thought to have also developed an appreciation of the ways in which the white, dominant society used segregation to marginalize and downplay the Indigenous ways of knowing and being. Hoffman (1998)

reports that Maslow came to understand that the white population saw the land as a source of wealth (in essence the riches of oil) and that Indigenous needs and ways of life were to be crushed so as not to stand in the way of resource development (see also Koptie, 2010).

In another of his unpublished papers, Maslow observed that he experienced the Blackfoot culture, stating that he lived in the culture and experienced it from that view (Hoffman, 1996, p. 139). Thus, in hindsight he seemed to value what he observed and was taught, despite his reluctance to be in the Siksika Blackfoot Nation that year. Indeed, he went at the urging of his mentor at the time, Ruth Benedict who, in a letter dated February 5, 1940 states, "I was disappointed in your project for the SSRC. Why didn't you spend more time on it and say what you'd do in a second summer?"

Heavy Head and Narcisse Blood

Some of the major work on Maslow relative to the Blackfoot people has been conducted by Ryan Heavy Head and the late Narcisse Blood (known in Blackfoot as Ki'nakssapo'p. He was also the Director of Kainai Studies at Red Crow College). They have never published their work, although their work is somewhat preserved via *YouTube* and other videos of their presentations (see for example Blood & Heavy Head, 2007, 2011a and Heavy Head, 2018). The majority of the prime materials they reviewed were lost in a fire at the Red Crow Community College on the Kainai First Nation. Fortunately, we were able to interview Heavy Head who had read those materials. Heavy Head states that Maslow was impacted by his time with the Blackfoot people.

His focus during that period was on trying to prove this idea about a universal among primates that he can construct these social hierarchies that we put in place and maintain through relationships of dominance and submission. And he

believed he had observed that in all different species of primates in Harry Harlow's lab, and then he believed that he had tested it in New York with humans through his social personality index, and that he thought he was onto something. He went into Benedict's colloquia, and at the time she was challenging this idea that there had to be so much competition in Western society, and he was like no, no, that's just inherently genetic with us, and this is why. She sent him to the Siksika. She was sending a whole bunch of students up at that time for different reasons, but she figured that Maslow should go there because he had some good ideas, but his perspectives were narrow because he had never had any cross-cultural experience. (Personal communication, March 9, 2020)

Heavy Head also describes that self-actualisation was not the primary reason that Maslow came to Siksika. Rather, he was testing out his social-personality tool, although this was badly received in the Siksika nation. As per Heavy Head's views,

He's a scientific method guy, so he's testing his social personality index in another culture to see if it shows the same thing as what he saw testing it with students at Columbia. Students at Columbia, people that seemed to have the greatest ego security also had very experimental sexual lives and those that seemed very shy and ego insecure had very modest sex lives. So, you know, he was going back to his time with primates. And so Lucian (Hanks) wrote home to his parents that the translator, Earl Calf Robe, came to them and told them that if they continued to ask the questions that they were asking, that 'come join us,' that they would be asked to leave the reserves. They were being threatened to stop asking the questions that were on his questionnaire. And in the only little bit of field notes that we do have at the Glenbow (Museum in Calgary),

it's pretty clear he was asking about the sexual experiences of the students at the residential schools. So, he was probably asking them questions related to the second half of the personality index where he gets into that stuff. But the community wasn't happy at all. (Personal communication March 9, 2020)

Heavy Head notes that Maslow did not understand the Blackfoot culture that he was trying to study. Elder Melting Tallow felt that Maslow understood all that was being told to him through his western way of knowing, which he did not put aside.

In a presentation by Narcisse Blood and Ryan Heavy Head in 2011, Blood describes that Maslow could not understand the language. As Blood states in the presentation, "How can you know something when you don't speak the language?" He was framing the challenge of being able to articulate a concept that has its meaning within language concepts that are not translatable. They indicate that even basic concepts such as time, do not mean the same in Blackfoot as in English. More nuanced concepts such as the self, relationship, and emotional development suffer in translation. Their suggestion is that Maslow took an interpretation by a translator of what a meaning might be in English and then tried to apply it through his Eurocentric lens.

Heavy Head posited that Maslow was influenced by his time with the Siksika people. Feigenbaum and Smith (2019) feel that Heavy Head and Blood have overstated the influence and that they "overcompensated for the lack of credit the Siksika people have been given for their contribution to Maslow's thinking" (p. 3). Heavy Head disagrees, stating in our interview:

...that he completely overlooked the context of living in an Indigenous community where you know everybody,

and you're going to know everybody forever, your whole life. All the people in the community are the people you're going to know, and all of your ancestors that lived there, all your descendants are going to live there.

Heavy Head further adds:

We never presented an alternative Blackfoot model. We said that he missed the connection that people have to places, Indigenous people, and the social reality of what that means. If you realize what that means, and if you sit still in a community for thousands of years, you're not going to—the institutionalized way of the ethos is such that you don't, you're not grooming that competitiveness. You're cooperative as a unit, as a tribe. (Personal Communication, March 9, 2020)

Where Heavy Head does think that Maslow was influenced was around the notion that a culture and its people could be "socio-centric than egocentric":

...but what I do know is that his understanding of what it is to be a self-actualized, fully-developed human being was strongly influenced by Siksika. He realized that you can have a whole community of people where 80 to 90% of them have this quality of ego security that's very rare, you know. He never thought that you could have that before he went to Siksika. (Personal Communication, March 9, 2020)

However, Heavy Head also notes that Maslow remained individualistic with the hierarchy, which is reflective of Elder Melting Tallow's assessment that Maslow failed to challenge or put aside the Eurocentric perspective. In an interview between Blood and Elder Pete Standing Alone, the Elder noted that the Indian could never fit into the white man's world but that the Indian can get along in that society (Blood & Cardinal, 2010). As will be seen with Elder's knowledge, that divide between

the Indian knowledge and ways of knowing and the white world from which Maslow came is one that acted as a barrier for Maslow that he was unable to overcome.

Elders' knowledge

In an interview with Elder Hayden Melting Tallow of the Siksika First Nation, he reports that his father told him that Maslow was asking ladies about connections to society and people in the community that were not welcome (personal communication, January 15, 2020). He added that the people in Siksika were not pleased about Maslow's behaviour and would have liked him to leave. Hayden further added that Maslow was "very intrusive" and was asking personal information as well as the protocols of the women's societies in the community. Such questioning was unwelcomed and reflected how poorly Maslow understood Blackfoot social norms. Elder Stewart Breaker, also of the Siksika First Nation, reinforced that Maslow was not welcomed with his original research goal. He was told to stop and was then tolerated, looked upon with amusement but not integrated into Siksika society or knowledge. The elders all noted that oral history has it that Maslow did not understand, was not welcomed into the community but rather was tolerated due to his connection with his academic mentor Ruth Benedict. It was she who brought Maslow in. In addition, Maslow was seen as impolite, lacking respect and inquiring about very personal topics that were inappropriate for him as a white male to ask about. Elder Bear Chief believes that, had Maslow been there by himself, he would have been told to leave.

Elder Melting Tallow went on to add that the triangle (or pyramid) does not reflect Siksika knowledge as the nation sees not a hierarchy but rather a circle that surrounds the person, family, community and which is rooted in cultural beliefs (personal communication, January 25, 2020). Elder Roy Bear Chief notes that Elder Melting Tallow's

views are consistent with how the needs are understood within the Siksika First Nation emphasizing the circle as opposed to a hierarchy wherein the child is in the centre of the community.

Maslow relied on translation which, as one of the authors, Elder Bear Chief (who is fluent in Blackfoot) notes, translation is incomplete as constructs around relationships do not have equal or parallel meaning in English and Blackfoot. Heavy Head raises questions about the willingness of the translators or the Chiefs who met with Maslow to offer either a fulsome story of the culture or a deep sharing of Blackfoot world views.

...what he misses hugely is because of his cultural blinders. When we look at the ideas that he eventually formulated after this experience, you can see because of who he is and where he's from, and where he's lived and the cultural context he's been in, that he completely overlooked the context of living in an Indigenous community...If you're okay with creating social tensions, you might have the same types of relationships that Maslow witnessed in New York, you know? So, he found answers, not complete answers, but he found clues to that in child rearing, he found clues to that in some [inaudible] of spirituality a little bit, he found clues to that in the altruism observations that he had. But, ultimately, he took what he had from there and he went home and started keeping these notebooks and researching the biographies of people in Western society that he thought had similar attributes in terms of their psychological character to the norm in Siksika, and then he was comparing what they have in common and this kind of thing. That was 10 years of that work before he published the hierarchy of needs. (Personal communication, March 9, 2020)

Based on Heavy Head's description of Maslow's own limited cultural frame

of reference, and the perspectives of the Siksika elders regarding Blackfoot ontological orientation, the question of a pyramid or hierarchical understanding of the human condition and trajectory is not sequential in Siksika ways of knowing. All three elders speak of life as a circle. Elder Hayden Melting Tallow emphasises the importance of this because it highlights how the Blackfoot culture is not sequential but radiates out through relationships which then goes through the circle. As Elder Roy Bear Chief describes, all lives in the community are interrelated and interconnected much like the spider web (known as Ani to Pisi). When one part of the web is disturbed, then the whole of the web is vibrating.

Narcisse Blood, in his recordings, as well as the elders interviewed for this work, suggested that Maslow did not understand the non-egoic nature of relationship in which actions are solely undertaken to enhance the collective. Elder Melting Tallow described that the oral history of Maslow was that he was unwelcome and sought to exploit rather than understand the way of life. In western ways, relationships are entered into on the basis of how they can benefit an individual, which was, and still is, contrary to the Siksika beliefs.

An example of this is Maslow observing that Teddy Yellow Fly, who assisted Maslow, would loan his car without question as to need, motive or purpose. Maslow struggled to understand this generosity. Those interviewed here, however, state it was not about generosity as it was more about the nature of the relationships of support. Getting something back is not an essential component to relationships as the Siksika understand the western nature to be. This is also reflective of how a child is seen in Siksika. The child is meant to learn how to be self-independent while also interconnected so that each would contribute as able. Elder Breaker stated:

We believe in reciprocity, and that's what I teach. And I've always known that. I've always known that growing up, you give, you don't hoard, you try to give whatever you can. They talk about the leaders of the day were the ones that gave up everything, horses...they gave up even their children to their clan to raise. That's why when parents, their first born, if it's a male, they'll give it to the grandparents. That's a sign of reciprocity. That's not in Maslow's work.

If we are looking at the hierarchy of needs from a Blackfoot perspective, it is not so much that Maslow got the hierarchy wrong, but rather, he had no understanding of the complexities of Blackfoot culture, so what he later theorised as a hierarchy of needs could not have reflected the Blackfoot paradigm. Maslow attempted to construct a theory of human need from a western lens, one that emerges from an individualistic paradigm, leaving him unable to meaningfully and critically acknowledge his own cultural blind spots, let alone fathom the ontological responsibilities of the Blackfoot peoples.

Self-actualisation

Returning to this theme, in the hierarchy, self-actualisation is presented as the pinnacle, although Maslow would go further, as noted previously. He saw self-actualisation as something to be sought through one's lifetime which is inconsistent with how the Siksika people view human development. Instead, the Elders we spoke with described the child as being self-actualised in the womb and is thus, born into the clan as a whole person. This is a different world-view than what Maslow articulated. It is a point of significant difference between Maslow and the Siksika people. For Maslow, the person seeks self-actualisation by working through the hierarchy, whereas for the Siksika it is granted with life. Essential to this view, is the notion that the clan and entire community are the caregiver, nurturer and supplier of the needs of the child. As

Elder Stuart Breaker describes, if we were to place the newborn child in accordance with the hierarchy, the child would already be at the top of the hierarchy at birth as a self-actualised human-being. This is part of the Blackfoot belief system.

Further to this, and as noted earlier, the child is at the centre of the circle of relationships (Lindstrom et al., 2016). Thus, the notion of “all my relations” is fixed within patterns of inter-connectedness. The child is brought into the “we” knowing that they are not separate beings but are part of belonging and place. This connects very closely to the Siksika notion of collectivity which is quite different from the hierarchy of needs which is based upon the development of the person as a unique individual. This helps to illustrate the fundamental flaw that Siksika people see with the hierarchy, which is that building a child, a whole person, is seen as a circle of care in which all needs must be met simultaneously. The circle is a core descriptor in Siksika ontological responsibilities. The elders in this project focused upon the surrounding of the child with culture, spirituality and ceremony, traditions and teachings, caregiving and community along with attachment not to a sole, primary caregiver but to the group as opposed to western notions of biological parentage. Elder Melting Tallow further notes that the culture is not built upon “me” or “mine” or “my” but on “us, we”. Brown (2014), reflecting on her interview with Clement Bear Chief (an older brother to Roy Bear Chief), noted Maslow would have learned about the Blackfoot worldview of purpose and meaning of life but missed the essential elements related to the worldview of caring and protecting within the circle as opposed to a hierarchy. The self is not the focus, but the grouping.

The elders in this project all spoke of the child as sacred and being seen as such from conception. Elder Melting Tallow, for example, noted that children were treated and cared for right in the womb. Likely

due to his own limitations, Maslow left that out. Children growing up are taught to do things for themselves not as an egoic thing but rather as a result of already knowing the self. The child then needs to know their place in society and to be able to meaningfully contribute. The parents are already raising a self-actualised being. Both Elders Breaker and Bear Chief noted that Maslow did not understand this. This is partially because “he didn’t live it. He was only observing” (Elder Breaker). Elder Breaker went on to say, “we’re born of Mother Earth, so it goes through the body, and that baby [Blackfoot word/phrase], that’s part of you. It’s a gift from Mother Earth because we all come from the earth and leave back into the earth, everything.”

At the core is an inter-relatedness to the natural world that is connected from the land through earth and the celestial. As Elder Melting Tallow added, “The western way of life is not the only way.” Maslow is described as also having missed that. Elder Bear Chief contextualises another key feature that Maslow missed, which is connection to land which is essential to being.

Sometimes we take land for granted. Without land we are rootless. With land we have a place to set roots. The Blackfoot traditional territory has been trodden upon by many footprints from our ancestors, even the children, too. Many claw and hoof prints have drawn impressions on this land, too. The birds that fly in the air have left their talon impressions, too. The plants and trees have set out their roots deep in the ground to claim as home. We do not own the land, the land owns us.

Maslow was unable to theorise, let alone identify, the significance of relationships in nurturing a self-actualised human-being within a Blackfoot cosmology. He missed key concepts such as the role of the child in the community and the connections to land both of which set the Blackfoot paradigm apart from western cultural perspectives.

Conclusion

The goal of this article was not to discredit Maslow and his theoretical work regarding the needs of humans. Rather, it was to show that Maslow did not understand the Siksika way of knowing. It is not that Maslow got the hierarchy wrong or upside down, it is rather that he did not understand the circular nature in which all beings in Siksika society are interconnected and integrated. They surround each other and needs are met through these connections.

In our view, perhaps most importantly, Maslow missed the place of the child who enters life at the centre as a self-actualised being. This blind spot is likely the result of his own deeply embedded Eurocentric perspective which he left critically unexamined. In Siksika, and other Blackfoot nations, as seen in the Nistawatsiman project which looked at parenting in the Blackfoot culture (Lindstrom et al., 2016), the child is fully interwoven within the society. This means that the caring for and developing of a child is done in accordance with the process of self-actualisation and the repeating circle of life. The child, and all other Blackfoot people, are not thought of as a singular individual independent of the community. Rather, people exist within a web of relational alliances wherein one's actions reverberate to cause a reaction amongst these alliances. The notion of relational accountabilities supersedes aspirations for individual greatness.

While we attempted to gather as much information on Maslow's time in Siksika as was available, a limitation of this work arises from the loss of records through the fire at Red Crow Community College. Fortunately, we were able to read original archival material as well as other sources such as Hoffman, who worked directly with Maslow. That the hierarchy of needs does represent a world view that is appropriate in some cultures may well be true, particularly regarding western Eurocentric cultures. However, it is our hope that equating the

hierarchy of needs with Blackfoot beliefs might be discontinued because it is not simply about Maslow getting it wrong. We wish to advance the notion that the hierarchy of needs represents an interpretive model of human developmental needs based on a Eurocentric paradigm upon which the needs of the individual hold precedence over collective well-being. Thus, it is a developmental framework/model that is insufficient when attempting to understand Blackfoot culture, as well as other Indigenous cultures. The Blackfoot nations already have culturally appropriate models to draw upon such as Ani to Pisi that are consistent with their cultural paradigm.

There are implications for social work practice. The profession is invited to think critically about how theory is applied in practice. Questioning of the validity of it to the population with which we are engaged is crucial to bringing in the world views of the very people we work with. By doing this, the profession recognises that there are multiple valid world views. By not being critical, Eurocentric understandings become the norm against which value judgments are made in practice. This work on Maslow helps illustrate the point.

Submitted 27 April 2022

Accepted 1 June 2022

Published 15 July 2022

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Interprofessional education in a New Zealand community polytechnic: A pilot study

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ABSTRACT

INTRODUCTION: Interprofessional collaboration leads to better patient care, enhanced teamwork skills, better communication, and enhanced understandings of each other's professional roles.

METHODS: The objective of the study was to trial an interprofessional education (IPE) simulation activity with students (nine) from three health and social service disciplines in one community polytechnic. A pre-test/post-test design was used to gather data on the students' perspectives of the IPE simulation and what the students learned from it. A simple Likert Scale questionnaire and two focus groups (with five and four participants, respectively) were conducted. A thematic analysis of the focus group data was undertaken while survey responses are presented in percentages for ease of readability.

FINDINGS: The participants enjoyed the simulation, had greater confidence with interprofessional communication post-participation and increased knowledge of each other's scope of practice. The participants welcomed the opportunity to practise handover, which was an area of concern for all.

IMPLICATIONS: IPE is an invaluable tool for preparing students for their future careers as members of an interdisciplinary health team.

KEYWORDS: Social work; paramedicine; nursing; scope of practice; interprofessional education

In Western cultures, professional organisations and journals focused on interprofessional education (IPE) began to emerge in the 1980s. IPE is “when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes” (World Health Organization (WHO), 2010). Due to the benefits of IPE, the World Health Organization has called on all countries to foster IPE in the health curriculum (Van

Diggele et al., 2020). Several medical, dental, pharmacology, nursing, and the allied health professional organisations now require IPE as central in health care (Buring, 2009)—for instance, the American Public Health Association, and the Institute of Medicine (IOM)—advocate interprofessional health education (IPE) (University of Otago, n.d.).

Given that patients will often present needing multiple health services,

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WORK 34(2), 42–54.

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interprofessional collaborations between health professionals are important (Bridges et al., 2011; Homeyer et al., 2018). Interprofessional health collaborations can lead to a higher standard of patient care, which, in turn, can lower patients' length of stay, and reduce treatment errors (Buring et al., 2009; Homeyer et al., 2018; WHO, 2010). Health professionals may also develop greater understandings of each other's scope of practice, knowledge of the workplace challenges experienced by each profession, and gain insight into the unique contributions that each profession provides for patient care (Bell, 2019). Other advantages of IPE include strengthening of one's professional identity, a heightened awareness of diversity, and increased understandings of complex health conditions that involve multiple health professionals (Illingworth & Chelvanayagam, 2007).

IPE prepares students from different professions to work as a team to deliver the highest quality of patient care (Buring et al., 2009; WHO, 2010). The goal of IPE is for health students to learn how to work as collaborative team members and take their learning, knowledge, and skills into their workplaces post-graduation (Buring et al., 2009). Joint decision-making on patient treatment that is based on team members' specialised knowledge and skills is a feature of IPE.

In IPE, health students collaborate in interprofessional teams and learn cooperative skills (such as listening, assertiveness and leadership amongst others) and develop mutual respect for each other's professions (Bridges et al., 2011; Kasperki & Toronto, 2000). Unfortunately, however, health education is often done in isolation, which means that students may graduate without ever discussing patient care with others from different health, and/or social service disciplines (Banks et al., 2019; Buring, 2009; Park & Park, 2021). This lack of experience may hinder

students' confidence to communicate with members of a multi-disciplinary team in the workplace after graduation (Fewster-Thuente, 2014).

There are many established IPE programmes running in international universities, where students have accrued increased competence with inter-professional communication (Stanley et al., 2020). Some international and national universities have struggled to design, implement, and maintain IPE activities catering to all students' professions equally (Jorm et al., 2016). In New Zealand, the University of Otago and the Auckland University of Technology (AUT) have implemented IPE in their health programmes (University of Otago, n.d; Auckland University of Technology, 2016). For instance, at the University of Otago, health students have an optional IPE activity, where dentistry, oral health and dietetic students, alongside occupational therapy students from Otago Polytechnic, and nursing students from Eastern Institute of Technology, work collectively in rural Māori communities in Tairāwhiti/Gisborne (Foster Page et al., 2016). Nevertheless, some dental students who participated in the ITP placement did not enjoy the experience, unlike the other students. These students felt that they had missed out on clinical experience and had to treat children (children are under the scope of oral health therapists until they reach 18 years of age), not adults, like a dental professional. The dental students also tended to frame oral health therapists as supporting their role as dentists, rather than peers who had complementary and valuable skills. Steps were put in place to address the students' concerns; however, such comments highlight some drawbacks of IPE which are not often reported in the literature. Although some national polytechnics participate in IPE activities overseen by universities, we were unable to locate any research on IPE in exclusively polytechnic settings. This study partially addresses this gap.

Methods

Study context and design

There are no IPE activities run exclusively with Whitireia Community Polytechnic (henceforth Whitireia, located in the wider Wellington region). In stating this, however, paramedic students have been involved in an IPE activity hosted by the University of Otago since 2019. In this activity, paramedic students work with medicine, dietetics, nursing, and radiotherapy students to explore a patient-centred approach to the management of long-term conditions (Darlow et al., 2018). Social work students from Whitireia were inducted into this IPE activity in 2021. Nevertheless, there is the potential to implement an IPE activity across all health and social service courses offered within the School of Health and Social Services at Whitireia.

Given the paucity of research on IPE in polytechnic settings, a pilot simulation IPE activity was trialled with students from three health and social service disciplines at Whitireia. The objective of the research was to explore students learning from the activity, their experiences of working in a collaborative interprofessional team, and any changes in their sense of professional identity after participating in an IPE simulation activity. The research question was: "How does participation in simulation-based IPE activity impact on students' self-confidence and competence in interprofessional communication?"

The most common IPE research methods are student case studies utilising practice-oriented materials (Barr et al., 2014). In this study, an IPE simulation activity was designed where ākongā (students) from three health and social service disciplines (social work, paramedicine, and nursing) would work in interdisciplinary teams to care for "Rhonda" (a mannequin). Three disciplines were chosen because of the pilot nature of the research and time pressures associated with the study. Rhonda was

an elderly widow who lived alone and had dislocated her hip due to a fall. A social worker found Rhonda and rang the paramedics who provided emergency care. The two paramedic students transported her to hospital where they handed her care over to the emergency room nurses. The scenario was not prescriptive, and the students were invited to provide the best quality of care within their individual scopes of practice. The scenario took place within a clinical laboratory setting at the Whitireia campus, where students had access to specific health equipment (e.g., heart monitors and hospital beds). Good communication and teamwork were essential for the smooth delivery of Rhonda's care.

A pre-test/post-test research design was selected to gather data on the students' perspectives of the IPE simulation and learning from it. A small Likert scale survey was completed pre- and post-simulation, while two focus groups were conducted post-simulation.

After obtaining ethics approval (Whitireia and WelTec Ethics and Research Committee, reference number, 282–2020), the research team began advertising for participants amongst three cohorts of ākongā (Year two social work, Year three nursing and paramedicine). Given the potential conflict of interest (where students may have felt forced to participate if their tutor called for volunteers), one researcher discussed the research with ākongā from outside their teaching discipline. A notice was also placed on the intranet with the contact details of the researcher not employed in a teaching role who subsequently communicated with potential participants via email.

Study participants and data collection

Ideally, we wished to conduct four focus groups, comprised of two nursing, two paramedic ākongā and one social work ākongā (these numbers were designed to mimic real life workplace relationships).

Although there is no specified ideal number of focus group participants, five was considered optimal due to the pilot nature of the study and the desire to repeat workplace relationships (Kitzinger, 1994). Unfortunately, however, there was not enough ākonga interest to achieve this goal. We are unsure why this was the case, but it may have been because the focus groups were held during the mid-semester break. Nevertheless, we did obtain enough participants for two focus groups, albeit with one paramedic in one group instead of two (see results for the professional and gendered composition of each focus group).

Prior to their participation in the research, ākonga informed consent was obtained. Following this, surveys (hard copy) were completed prior to (and immediately after), the simulation in a classroom adjacent to the clinical laboratory where the IPE activity occurred. LS (as an experienced focus group facilitator) facilitated the focus groups. A focus group schedule was devised by all members of the research team, which was influenced by each researchers' professional background, teaching experience, and reading in the field. Ultimately, however, the rich interaction between the focus group participants determined how the focus group progressed and the data collected (Kitzinger, 1994).

Both focus groups were approximately 50 minutes in duration, took place in June 2021, and were audio-recorded. The audio-recordings were entered into an automatic computer transcription program, but this process was inaccurate. Consequently, the transcription was done manually. The audio-recordings were transcribed verbatim, and the transcripts were checked alongside the audio-recording for accuracy.

Data analysis

AP and LS undertook a joint inductive analysis of the focus group data. Two researchers were chosen, as the diversity in their professional backgrounds and

life experiences would likely add to the robustness of research findings (Pope & Ziebland, 2000; Smith et al., 2018). Each researcher conducted a separate coding and systematic analysis of the raw data drawing on Braun and Clarke's (Braun & Clarke, 2006, 2012) six-step process for thematic analysis. Each researcher became familiar with the data, generated initial codes, and searched for initial themes. At this stage, the separately identified codes and initial identified themes were compared and were generally found to be consistent. The separate lists were then joined, and this list was used to further identify and refine themes as additional readings of the transcripts were undertaken (Braun & Clarke, 2006). After data-saturation had occurred, 12 overarching themes (with numerous sub-themes) were identified and those directly relating to the research aims are discussed in the following section.

The survey data were not analysed using a complex statistical formula, instead simple pre- and post- percentage scores were tallied for each survey question. These tallies are presented in simple table format for the ease of readers' interpretation (Cloutier & Ravasi, 2021). It should also be noted that because of the larger amount of data produced by the focus groups, the survey data are somewhat overshadowed.

Findings

The survey results are reported in Table 1.

The number of participants in each focus group is reported in Table 2, as is their professional discipline and gender.

When it came to the focus group data, all the participants stated that they enjoyed the simulation activity, as illustrated by the following comment: "I really liked it, it was really good. It was good to see...the other sides...the before social stuff and after...like we see once we put them on the bed that's all we see" (FG2P2). They also stated that

Table 1. Pre- and post-survey results

| Survey Questions | | Response n(%) | | |
|---|-------------|-------------------------------|----------------------------|-------------------------|
| | | Strongly disagree or disagree | Neither agree nor disagree | Strongly agree or agree |
| I already have sufficient knowledge about interprofessional communication | <i>Pre</i> | 2(22.2) | 5(55.6) | 2(22.2) |
| | <i>Post</i> | 2(22.2) | 2(22.2) | 5(55.6) |
| I am confident in my effectiveness in interprofessional communication | <i>Pre</i> | 1(11.1) | 6(66.7) | 2(22.2) |
| | <i>Post</i> | 3(33.3) | 1(11.1) | 5(55.6) |
| I am competent in my effectiveness in interprofessional communication | <i>Pre</i> | 1(11.1) | 6(66.7) | 2(22.2) |
| | <i>Post</i> | 2(22.2) | 4(44.4) | 3(33.3) |
| Participation in interprofessional relationship scenarios should be offered to all health & social science students | <i>Pre</i> | – | 2(22.2) | 7(77.8) |
| | <i>Post</i> | – | – | 9(100) |
| Interprofessional relationships increases positive patient outcomes | <i>Pre</i> | – | 1(11.1) | 8(88.9) |
| | <i>Post</i> | – | – | 9(100) |
| I have already participated in interprofessional communication while on clinical placement | <i>Pre</i> | 2(22.2) | – | 7(77.8) |
| | <i>Post</i> | 1(11.1) | 1(11.1) | 7(77.8) |
| Interprofessional education will assist my preparation for clinical practice | <i>Pre</i> | 1(11.1) | – | 8(88.9) |
| | <i>Post</i> | – | – | 9(100) |
| My attitude towards interprofessional relationships is ambivalent | <i>Pre</i> | 6(66.7) | 3(33.3) | – |
| | <i>Post</i> | 9(100) | – | – |

Table 2. Focus Group Composition

| | Social work (n) | Paramedicine (n) | Nursing (n) | Gender (n) |
|---------------|-----------------|------------------|-------------|------------|
| Focus group 1 | 1 | 2 | 2 | 4 F, 1M |
| Focus group 2 | 1 | 1 | 2 | 3 F, 1M |

they found the activity “really beneficial and [said the researchers] should include it in all the courses” (FG2P2). In both focus groups, however, the paramedic and nursing students reported that the IPE activity should come prior to clinical placement. For instance, “the earlier the better and don’t wait till we’re about done so, you get experience with it before you go out to the hospital you should definitely include it in all courses [...] in the final year of their course” (FG2P3). The following exchange occurred between the participants in focus group one when they were asked if an IPE activity on a bigger scale should be introduced into their courses:

F1P3: Absolutely yeah.

F1P4 & P5: Yeah

F1P5: Because...the problem lies through lack of communication between even nurses and doctors...

F1P2: Paramedics and nurses have a lot to do with each other as well...

F1P5: Like we see each other every day... it should be more common to communicate better.

Learning about different scopes of practice and advocacy

The participants explained how they learned about each profession’s scope of practice from the simulation activity. For example, “That’s probably been the most eye-opening part about this and so I have been [made] more aware of what social workers actually do”. A nursing student in focus group two also explained how the activity made him realise the complexities of patient care and the holistic nature of health and wellbeing.

Seeing how the other two teams work is really important because when you’re dealing with patients, it is important to understand that it’s not just you, that’s their carer... you have to look at it holistically about... what happens before they’re in the hospital with paramedics, and while they’re in the hospital with nurses, social workers, doctors everything and then...the care, they need

afterwards... and getting back to full health because they’re not always perfect when they leave the hospital. (FG2P4)

All participants also advocated for their specific health discipline, especially the social work and paramedic students who stated that their role was looked at simplistically (paramedicine) or as an inferior profession to other health fields (social work). For instance, the paramedic in focus group two explained how she enjoyed the activity as:

FG2P3: ...there’s no judgment... because... you don’t know really what paramedics do, so we could say whatever [laughter], so it’s actually quite cool to show off what paramedics actually do... because most people think [we’re just] ambulance drivers.

The social work participant in focus group two stated:

The way that some social workers are viewed by medical professionals... they’re not viewed...very well [in] the medical world and...we are seen as quite, airy, fairy and kind of getting in the way...making sure that the person fully understands before medical procedures are done. And... that’s annoying is the impression that I’ve got...I think that was on the back of my mind...that I need to actually be advocating for the social work profession. (FG2P1)

This notion of advocacy may be why the social work participant in focus group one asked the others “What’s your guys’ understanding of what a social worker actually does?” and reinforced the strength of social work as “advocation and looking at the social side...and looking at the big picture”. Although not specifically advocating for her profession, when the focus group facilitator stated that it was good to see what nurses, paramedics and social workers do during the simulation, FG2P4 said, “It was a very small insight into what nurses do [laugh]”.

Communication and terminology

The participants stressed the importance of communication in interprofessional practice. For instance, "It is pretty important in our jobs to be able to [communicate] and do it effectively...so, scenarios like this are really good because you don't really know... what's going on in front of you until you get hand over" (FG2P4). Most participants also reported that they or other participants communicated well with one another. For instance:

FG1P2: I actually thought the communication was good like you guys together communicated really well.

FG1P1: You guys were on to it.

FG1P4: Oh I think we're all on the same page, so, it was easy for us to collect notes and answer our questions.

In some instances, however, being solely focused on caring for Rhonda meant they missed obtaining information from the other participants. For instance, in both focus groups the paramedic students said that they were "fixated" on Rhonda's care, meaning they lost opportunities to gather information from the other participants. For example, FG2P2 said:

I feel like I could have also asked [names social work participant] a few more questions about like previous falls that she may have had or anything like that... but I just got so fixated on what I was doing...I forgot to get a little bit more from the back story.

In focus group one, the paramedic and social work participants discussed how they forgot to introduce themselves and their professional status:

FG1P3: Like we didn't introduce ourselves to you...who we are and what we do...

FG1P1: But when you're in crisis across situations [there] needs to...be a mutual respect that that we don't have time for

that sort of stuff...I'm not going to get offended and up in arms about the fact that a paramedic did not ask who I was or...what I do.

FG1P2: I do think it is important to some extent because...for example, if she was to go into cardiac arrest and we needed... to start compressions. It would be important for us to know your name so that we can delegate tasks.

At the same time however, these "gaps" (FG2P4) in communication were mentioned as providing learning opportunities. For instance, FG2P4 made the following comment in response to a paramedic student who felt that she did not communicate with the nursing students and hand over very well.

What you said to us...was good...even the parts that you missed, [we] could use the information you had already given us to...piece together a rough idea, which is...what you have do when you haven't got everything you need, you sort of piece together what you've got, and what might be happening... I mean I had to get you to repeat two medications because I just didn't hear them. And [that] responsibility falls back on you, as you have to also ask questions...if we think something.

Despite the participants reflecting on what they did not do well in terms of their communication, the focus group two participants also reported that they all interacted and communicated well with Rhonda. These comments are typified by the following:

FG2P3: I sort of felt like we...had...the same sort of...manner in the way that we talked to Rhonda and...maybe it's just as like our roles as paramedics and social workers and nurses...I don't know gentleness or empathy, but I felt that there were similarities in all of us, like we're here, it's our job...

Handover

Handover was an area that the participants welcomed as a chance to practise because some reported that they found it challenging. For instance, F1P3 stated:

I suppose being comfortable about [handing over] because sometimes it's real scary. Especially if you're picking up a patient from a GP practice, and it's this old scary GP [all laugh] and you're like this second-year student and they give you this big, long handover, and use all these fancy words and then I don't know I feel uncomfortable [in some] situations because...they're sort of scary.

The other participants in focus group one went on to describe the benefits of practising handover.

FG1P2: Paramedics and nurses have a lot to do with each other...

FG1P5: We see each other every day...it should be more common to communicate better.

FG1P4: Yeah, I also struggle with a placement is all the different medical terms we use, and it's all the same...

FG1P4: And you guys have your own jargon within paramedicine as we do as nurses. I found that quite hard, taking handovers from you guys and I was like, what does that one mean again...So I think it'd be cool if we got to know each other interactively and then it would be more comfortable...in real life.

Suggestions for future IPE activities

The participants in both focus groups maintained that the simulation was "quite paramedic heavy" (FG2P2). The nursing participants also said that they do not normally work in pairs which was "why we were probably all over each other" (FG1P5). Both social work participants stated that they felt their role was largely redundant because Rhonda was capable of advocating for herself and required little social support. This is highlighted by the following excerpt:

I was kind of struggling to know what my role was there...if it had been...a complex situation where it was a woman and she had kids at home that she had to leave behind... I would have felt... more comfortable in my role...I was just in hospital...with someone...a few weeks ago and her health literacy was really, really, poor...I knew what my role was in that situation because I could see that she wasn't understanding what was being told to her before surgery... whereas in this particular scenario... I wasn't comfortable in that role as a social worker. (FG2P1)

The participants in both focus groups provided suggestions for how the IPE simulation could have been improved so the students from each discipline could be more evenly involved. The nursing participants in focus group one also wanted to hand over to "a higher up nurse or...specialty nurse" (FG2P4). This participant went on to state that "[if] you guys are trying to understand what...nurses would do in that scenario, it's important...to see how we hand over and how we use the information they've given us [to] investigate [and] get our own ideas".

The nursing and social work students in focus group two also suggested changing the scenario so that they could be more involved. A patient having a more complex illness or injury was suggested as one way of achieving this.

F2P4: Change the injury or the illness... the hips, like [if] it's fractured, displaced, popped...there's not a hell of a lot nurses can do...other from keeping them comfortable and monitoring them...so... whatever's wrong with the person... needs an investigation or something like that.

FG2P1:...if she had had a hypo [associated with diabetes] and that's what had caused her fall, then you've got a whole lot of different scenarios...the fact that...when she gets into the hospital, if she's had a hypo and you've treated

that then...what does she normally do...being the detective...and...getting involved [in the] kind of complexities of the scenario...for me as a social worker, I think if she's having regular hypos and she's at home, that's a real problem.

The focus group one participants maintained that an IPE activity focusing on mental health would be beneficial because they felt underprepared for working in this domain. For instance:

FG1P3: ...If we do get a mental health patient and they probably could be left at home even if we have to give them medication to settle them down and the criteria means we can leave them at home, but not take them to hospital...in our guidelines it says that, if they don't think they're safe at home, they have to go. FG1P1: ...and then [if] you are in an emergency crisis, mental, the health teams are called and that can take hours...

FG1P3: And realistically someone could be left at home if they had like the right support networks...So, there is often a paramedic and a mental health nurse... And then the mental health nurse has a chat and if there need to be interventions...the paramedic can intervene...It'd be really cool to work with mental health nurses...because I don't really know what they do.

Discussion

Taking part in the IPE simulation increased the participants' self-confidence working as a member of an interprofessional health team, provided them with an opportunity to practise interprofessional communication and handover, and alerted them to specific areas of their own practice that needed improvement. However, the survey responses also highlighted one potentially negative result. Prior to participating in the IPE activity, 66.7% of participants disagreed or strongly disagreed with

the statement that their attitude towards interprofessional relationships was ambivalent, which increased to 100% post-simulation. This result is at odds with 100% of participants agreeing or strongly agreeing with the statement that participation in interprofessional relationship scenarios should be offered to all health and social science students. We pose one possible explanation for this disparate result. Two participants asked the focus group facilitator what the term *ambivalent* meant. Consequently, the lack of clarity around the definition of the term may potentially explain the disparate finding.

The participants reported that they enjoyed the IPE activity and the opportunity to practise their specific role in the simulation; however, the most pronounced aspect of learning reported by the participants was gaining insight into each other's scope of practice. Such a finding supports the results of other IPE research (Bridges et al., 2011; Kasperski & Toronto, 2000). In particular, the participants reported gaining insight into the role of a social worker. Due to the variety of fields where social workers are employed (e.g., mental health, child welfare, substance dependency and so on), there is a general lack of clarity about a social worker's role (Cramer, 2015). Learning about the social work profession will set the participants in good stead for the workplace where they will likely work in interdisciplinary health teams (Bridges et al., 2011).

Of interest is how the social work and paramedicine participants discussed how they considered their professions were viewed in simplistic terms. One paramedic participant said people generally viewed paramedics as "ambulance drivers". Although the profession of paramedic did originate as an ambulance driver, it has rapidly developed to become an occupation that is an "integral part of the health care system" (Williams et al., 2010). Moreover, social workers and social work students alike, have reported feeling marginalised in interprofessional care and

education, respectively (Barr et al., 2014; Hobbs & Evans, 2017). Perhaps because of the fluid and rapidly developing nature of these occupations, the social work and paramedicine participants passionately advocated for their professions.

There are also many IPE opportunities that exist for biomedical students, but social work students tend to be excluded from these (Adamson et al., 2020; Council on Social Work Education, n.d.; de Saxe Zerden et al., 2017). This is unfortunate, since social workers frequently practise in interdisciplinary teams in primary health and mental health care (Adamson et al., 2020; Council on Social Work Education, n.d.; de Saxe Zerden et al., 2017). Rather than solely focusing on a person's physical health, social workers consider the mental and social factors that impact on a person's wellbeing and thus, provide a valuable addition to IPE activities. After all, the term *holistic health* was repeated across both focus groups where the psychological, social, and spiritual aspects are considered to impact on a person's physical wellbeing (Zamanzadeh et al., 2015).

Moreover, prior to completing the activity, 22.2% of students agreed or strongly agreed that they felt confident in their effectiveness of interprofessional communication, which increased to 55.6% post-simulation. Interprofessional communication often calls for highly developed interpersonal and group communication skills (Krepps, 2016). Practising communication in a multidisciplinary setting before graduation will likely foster students' understanding of the need to exchange knowledge about a patient in a clear manner, so that others can make informed healthcare decisions based on that knowledge (Krepps, 2016). Furthermore, the 33.4% increase in the number of participants who strongly agreed or agreed with the statement that they felt confident in their effectiveness of interprofessional communication between the two surveys, highlights the value of

including IPE in health and social service curricula.

Almost all participants reported that handover was the area in the simulation that they did not do well. Some participants also said that handover was something they found "scary". During a clinical handover, efficient communication is necessary to ensure continuity of patient care (Bridges et al., 2011; WHO, n.d.). Providing students with the opportunity to practise written and verbal handovers improves student confidence to engage in handovers on placement (Malone & Manning, 2014). This may explain why the participants stated that practising handover was one of the highlights of the simulation and something that would have been useful prior to their clinical placements.

The participants also reported that this simulation was not ideal, as paramedic students were more heavily involved than social work and nursing participants. Participants in focus group one suggested an IPE mental health scenario would be ideal because they felt that they had not received enough mental health training in the curricula. Mental health is often siloed into one or two theory-laden lessons in health education, while students generally do not have any mental health placements prior to graduation (Smith et al., 2020). Globally, mental health care is an issue of growing concern, while paramedics are often the first on scene when it comes to treating a mental health emergency (Ford-Jones & Daly, 2020; Smith et al., 2020). Mental health is also the least favoured career path for nurses, post-graduation (Ong et al., 2017). Including an IPE activity focusing on mental health may boost students' confidence in treating a mental health emergency. Ideally, having a mental health scenario may also reduce any stigma students may have towards those who have mental health concerns and encourage more students to specialise in mental health post-graduation.

The nursing and social work participants in both focus groups said that this simulation did not provide an optimal opportunity to best highlight and practise their professional skills. Students often achieve to a greater extent when they have agency in their learning (Chateris, 2015). Providing ākongā with the opportunity to both co-design and participate in an IPE may potentially boost their investment in the activity as well as their learning. Moreover, given their positioning as learners, then ākongā may be in a more suitable position to address any gaps in their knowledge than tutors.

Evaluating the research

University IPE activities tend to target students from the more traditionally esteemed professions (medical and dental students) over those in allied professions. In this study, however, the IPE activity was specifically designed for polytechnic social work, nursing, and paramedic students, which is a strength of the research. Given most research on IPE in a New Zealand context has been centred in the university sector, then trialling an IPE activity in a polytechnic session, which is more aligned with vocational training, is also a strength of the study. However, the study is limited in that there were only a small number of participants due to the pilot nature of the study. Future studies of students' knowledge acquisition and developing confidence in IPE should endeavour to include a larger number of participants.

Conclusion

The simulation activity highlighted the many benefits of IPE, that is increasing ākongā knowledge of different health profession's scope of practice, confidence in interprofessional communication and handover while, at the same time, developing their interprofessional teamwork and communication skills. Given the positive results of this pilot, a larger

IPE activity will likely be introduced in Whitireia's School of Health and Social Service in 2022. Moreover, New Zealand's polytechnics are currently merging into one large organisation (Te Pūkenga). Given this merger, then a larger study where an IPE activity is introduced across paramedicine, nursing, and social work courses nationally, would provide further information on the educational, professional, and individual benefits of IPE, while simultaneously partially filling a gap on the benefits of IPE in polytechnic settings.

Submitted 4 May 2022

Accepted 16 June 2022

Published 15 July 2022

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Application of critical realism in social work research: Methodological considerations

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ABSTRACT

INTRODUCTION: Critical realism (CR) provides a unique and robust philosophical framework for social work researchers by attending to the role of individual agency and social structure; however, little practical guidance is available regarding how the ontology and epistemology of CR can be applied as a methodological framework for qualitative research.

APPROACH: In this article, we explain what CR is in relation to other ontological and epistemological positions and provide some practical suggestions for CR-informed research by drawing on relevant examples from a study that examined the causes of trust among Korean migrants in Aotearoa New Zealand.

CONCLUSIONS: We suggest that the three-layered ontological map of CR justifies the use of series of data-coding processes to identify preliminary tendencies at the surface layer of empirical reality, abductive reasoning to formulate ideas about how observed tendencies are connected at the middle layer of actual reality and retroductive inference to identify causal mechanisms or structures and key conditions embedded in the deeper layer of real reality to produce certain experiences under study.

KEYWORDS: Critical realism; social work research methodology; ontological map; retroduction; intensive data

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The IFSW global definition of social work highlights that social work promotes social change and “engages people and structures to address life challenges and enhance wellbeing” (International Federation of Social Workers (IFSW), 2022, para. 1). Core mandates of the definition point out that social change is “driven by the need to challenge and change those structural conditions that contribute marginalisation, social exclusion and oppression” and all efforts to make social change need to recognise the role human agency has in achieving all forms of justice (IFSW, 2022,

para. 3). These aspects have significant bearing on social work research. This is because the definition acknowledges the dual existence of social structure as an external objective reality and human agency constructing subjective realities. The dominant research paradigms—positivism and constructivism—create an ontological binary in that reality is either objective or socially constructed from their respective positions (Maxwell, 2012).

Critical realism (CR) acknowledges that a social world, structure or process exists

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WORK 34(2), 55–66.

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as an external objective reality to which human beings actively correspond by constructing their own meaning and understanding (Peter & Park, 2018). In this respect, the philosophical framework of CR provides researchers with insight into the way people interpret and give meaning to their experiences or understandings and their correspondence to the enabling and constraining effects of objective social structure (Houston, 2001, 2010). Concurrently, a CR approach helps with identifying causal mechanisms and their conditions embedded in the deeper layer of *real* reality that shapes the experiences or understandings of individual agency to the social events under study.

This understanding of reality supports IFSW global definition's claim of the existence of objective social structures and subjective human experiences and subjective constructions of knowledge. Therefore, recognising how the philosophical assumptions of CR relate to the series of methodological decisions for CR-informed research is essential for social work researchers, especially those who want to explain *how and why* particular empirical experiences under study emerge from particular social conditions and contexts (Craig & Bigby, 2015). In this article, we explicate a methodological consideration for CR-informed research founded on its realist ontology and subjectivist epistemology and discuss its contributions and interrelationships. This understanding will allow social work researchers to discern whether CR is an appropriate philosophical position to inform their methodological considerations.

Conceptual clarification of critical realism

CR has emerged as an alternative to both positivist and constructivist stances, which have long been prominent paradigms in social research, by integrating "ontological realism

and epistemological constructivism or interpretivism" (Maxwell, 2012, p. 6). In this sense, CR accepts positivism's ontological realism as well as constructivism's epistemological subjectivism. This sounds problematic until we understand why CR posits an integrated philosophical stance from both positivism and constructivism and how the acceptance of *realist* ontology and *subjectivist* epistemology allows a perspective that acknowledges the existence of causal social structures as well as the presence of human interpretation and meaning-making processes (Danermark, 2002).

Positivism is based upon a realist ontology and *objectivist* epistemology (Crotty, 1998). Ontologically considered, positivists commit to the reality that exists as observable events. The ultimate phenomena pursued by the positivists' data collection are the observed events (Fleetwood, 2015), such as the growth rate of the Asian population in Aotearoa New Zealand, change in New Zealanders' perspective towards immigrants from Asian countries, and the level of trust expressed by Asian immigrants settling in Aotearoa New Zealand. Most positivists posit that the observed event is real and neither mediated by the observer's senses nor is it socially constructed (Cohen et al., 2013; Marsh & Furlong, 2002).

Knowledge in social science, including social work, could be obtained by studying people's *external* reactions (which could be measured), to the observed events (Fleetwood, 2015). Positivists, for example, consider that trust among people exists as a real entity and knowledge about trust could be obtained by observing people's social behaviours. In this sense, the positivist epistemological approach is objectively *discovering* event regularities. Objective and scientific knowledge is gained only if these events manifest "patterns and regularities, causes and consequences" that exclusively exist in the world (Denscombe, 2002, p. 14). Consequently, the research method

used by positivists is typically aligned with quantitative methods (House, 1991). If, for example, levels of trust towards general others increased among Koreans living in Aotearoa New Zealand following their settlement, then knowledge of this could be obtained by developing theory, using it to make a prediction in the form of a hypothesis, and then testing the hypothesis. If the hypothesis was not falsified, the theory, or part of it, was objective and true.

Positivism thus can provide a prediction based upon induction from past event regularities. However, positivism could not provide an explanation for *why* the observed event occurred. If one predicts that settling in a high-trust society will be followed by an increased level of generalised trust among settled Korean migrants, it does not explain why the level of trust increased after their settlement in Aotearoa New Zealand. It is because of the ontology of positivism. The observed events are the ultimate and only phenomena that positivists could collect from the data (Fleetwood, 2015). Knowledge derived from the observed event regularities, therefore, provides not an *explanation* but a *prediction* about the observed events.

On the contrary, constructivism is based upon a relativist ontology and subjective epistemology (Guba & Lincoln, 2013). The ontological view of constructivism is that reality is entirely constructed socially through human discourse or knowledge (Crotty, 1998). This means there is no reality to be interpreted but that reality is constructed only with the interpretation. For example, no reality is believed to exist (e.g., a *high* or *low* trust society) independent of the discourse of a high or low trust society. Therefore, constructivists consider reality is processual and multiple and, at the same time, reality is doubted and sometimes denied by competing claims (Fleetwood, 2015). One can claim that Aotearoa New Zealand is a high trust society. This is a discourse that constructs a reality of a high trust society. Others can claim that Aotearoa

New Zealand is a low trust society. This, too, is a discourse that constructs a reality of a low trust society. The claim that Aotearoa New Zealand is a high trust society is only one reality and it is true for those who claim it. The claim that Aotearoa New Zealand is a low trust society too is a reality and is true for those who claim it.

In this sense, the epistemological view of constructivism is subjectivism (Guba & Lincoln, 2013). Realities are constructed socially or discursively. Thus, constructivists aim to establish meanings or discourses they attach to social phenomena by identifying constructed discourses or interpretations (Marsh & Furlong, 2002). Consequently, the research method used by constructivists is typically aligned with qualitative methods (Neuman, 2011). In opposition to the epistemological view of positivism, in which knowledge could be gained from the people's *external* response to the observed events, the constructivist considers that knowledge could only be obtained by studying the *internal* responses of people, such as perception, beliefs, intentions, and interpretations (Fleetwood, 2015).

CR attempts to synthesise essential aspects of the two major research paradigms discussed earlier by accepting a realist ontology of positivism and allowing for a subjectivist epistemology of constructivism in research (Grix, 2004). CR ontology acknowledges positivists' ontological assumption regarding reality by accepting reality as having real existence independent of its identification by people. Although CR shares the positivists' ontological assumption regarding reality, the ontological position of critical realists differs from the positivists by invoking a "layered conception of ontology" (Kerr, 2003, p. 122). Positivists premise a one-layer *flat* reality in which the observed event only constitutes a pathway to knowledge (Fleetwood, 2015). However, critical realists recognise the existence of additional domain of deeper reality (Neuman, 2011, p. 110).

Exposition of the three ontological domains of CR

The ontological position of CR is that reality is composed of three stratified ontological domains, including “the empirical, the actual, and the real” (Bhaskar, 1978, p. 56). This stratified reality contains entities composed of experiences, events and mechanisms, and each concept corresponds to each domain of reality respectively (Collier, 1994; Danermark et al., 2002). The surface layer of empirical reality is the domain of experiences in which people experience, observe or interpret events. The middle level of actual reality is the domain of events. Critical realists posit that people’s experiences at the surface layer of empirical reality *emerge* from the events at the middle layer of actual reality. This means that experiences existing at the empirical level of reality are rooted in, but irreducible to, events existing at the actual level of reality (Fleetwood, 2015). In this sense, while positivists premise restricted ontology committing to the one-layer reality that exists as observed events and fused ontological domains of the actual (event) and empirical (experience), critical realists consider the events themselves to be separated from the experiences occurring at the level of empirical reality and independently existing at the middle level of actual reality (Danermark et al., 2002).

The deepest layer of *real* reality is the domain of mechanisms. Critical realists consider the events at the middle layer of actual reality are emerged by causal mechanisms embedded in the entities such as social structures at the deepest layer of reality. This deepest layer is described in CR as *real reality*. It is the domain of mechanisms that is separate from the actual layer of reality where events occur and from the empirical layer of reality where events are mediated by the senses or interpretation of people. This means that experiences are rooted in, but are irreducible to, events, which are rooted in but irreducible to the social structure and mechanism (Fleetwood, 2015). CR postulates

that the real reality operates invisibly as causal mechanisms to generate events and corresponding experiences.

The ontological position of CR, for example, posits that high trust society exists as middle layer of actual reality while, at the surface layer of reality, people could build their own trust tendencies towards others in general social contexts based on their own experiences. Therefore, within one society, competing claims such as “Aotearoa New Zealand *is* a high trust society”, and “Aotearoa New Zealand *is not* a high trust society” can exist to the empirical reality of immigrants’ trust tendencies in Aotearoa New Zealand society. Nevertheless, critical realists consider that a trust society objectively exists at the middle level of actual reality. For critical realists, the claim that “Aotearoa New Zealand *is* a high trust society” is true or false in accordance with whether immigrants do (or do not) experience an extended trust radius towards other New Zealanders. The core focus of the critical realist approach is what mechanism or structure is at the deeper layer of reality that cause the claim of high trust society and in what conditions people could experience extended trust tendencies towards other New Zealanders in the general social context.

Exposition of the epistemological position of CR

The three-layered stratified ontological map of CR acknowledges an “ontological gap” between what experiences people sense or interpret at the surface layer of empirical reality, what events really happen at the middle layer of actual reality, and what structure or mechanism at the real level produces the events that have real effects on people’s lives (Danermark et al., 2002, p. 39). In this regard, although CR shares its realist ontological position with positivism, the epistemological approach differs from that of positivism, which studies empirically measurable people’s social behaviours to the one-layer reality of observed events.

CR posits that the social events under study can be measured empirically but acknowledges its limitation.

Empirical measurements are always mediated through the filter of human senses or interpretation (Fletcher, 2017; Neuman, 2011). CR recognises that our knowledge of the surface layer of empirical reality depends on some form of “theory or concept” because human sense and interpretation are not “pure, neutral, and unmediated; rather, ideas, beliefs, and interpretations colo[u]r or influence what and how we observe” (Neuman, 2011, p. 110). In this respect, unlike the positivists’ objectivist epistemological position, CR suggests that the mediated and sensed knowledge about the empirical reality only reveals partial reality because the surface layer of empirical reality is caused by a deeper reality (Neuman, 2011). Therefore, the empirical reality is a transitive reality where people’s experiences emerge due to the causes of the unobservable layer of real reality.

CR posits that knowledge of a deeper layer of real reality cannot be reduced to the observation of experiences of the events at the surface layer of empirical reality. While the epistemological position of positivism is that knowledge could be objectively obtained by discovering event regularities, CR considers a positivist approach causes a problematic reduction of the nature of reality to only those empirically observable facts through scientific approaches. Bhaskar (1998, p. 27) has criticised the “epistemic fallacy” of the positivist approach that conflates reality with our knowledge of it. CR epistemology ultimately pursues acquiring knowledge of the mechanisms at the deeper layer of real reality that produce the events and experiences.

This may raise an epistemological question regarding how the invisible causal mechanisms can be identified. In response, CR adopts a reasoning process termed *retroduction*, the central inference for

CR-informed research (Bhaskar & Danermark, 2006; Bunt, 2016; Lawson, 1998). This inference structures a process into the layer of the deeper reality by raising a transcendental question on what must exist for the identified phenomena to be the case (Houston, 2022). Retroduction proceeds to seek what must exist for the observed preliminary tendencies to be emerged at the surface layer of empirical reality by seeking evidence to explain what is causing the identified preliminary pattern.

Bhaskar (1979) explained that causal mechanisms in the social world differ from those in the natural world. In the social world, causal mechanisms can “exist only in virtue of the activities they govern and cannot be empirically identified independently of them” (Bhaskar, 1979, p. 48). Fleetwood (2015, p. 206) elaborated that “[s]ociety continues to exist only because agents reproduce or transform those structures and mechanisms that they encounter in their social actions”. It is because structures and mechanisms exist prior to and apart from people, yet can exist only with people who *reproduce* or *transform* a set of pre-existing structures and mechanisms. For example, immigration to New Zealand requires mechanisms for establishing immigration policy for foreigners. Immigrants do not create or produce structures and mechanisms for their settlement in this country—but immigration requires the pre-existing structures and mechanisms. Immigrants reside in Aotearoa New Zealand by drawing upon these structures and mechanisms. The structures and mechanisms for immigration can exist only with people who migrate to Aotearoa New Zealand at the same time immigrants continue to reproduce and transform the set of pre-existing structures and mechanisms for immigration. In this sense, mechanisms and structures can exist only with people’s active involvement.

The social world is, however, complex and possesses multiple causal mechanisms.

Individuals make their own interpretation of each social event and constantly interact with the social world. CR presumes that people and causal mechanisms exist at different ontological layers; therefore, they cannot be subsumed into one another (Scott, 2005). In this sense, CR provides a philosophical foundation that allows an interplay between agency and structure (Scott, 2005). CR posits that people have the autonomy to make choices, interpret social events and give meaning to their experiences; however, their autonomy is also confined and bounded by social structures or mechanisms (Neuman, 2011). Nevertheless, CR recognises that, under certain conditions, people have the potential to “look beyond immediate surface appearance and break through what they reified”, leading collective human action to “alter deep structures” in the social world (Neuman, 2011, p. 111). When this occurs, it shows that people’s experiences at the surface layer of empirical reality are influenced (but not determined) by causal mechanisms at the deeper layer of real reality.

Therefore, CR-informed research methodology has a dual focus on how human agency and structure interplay. Moreover, acknowledging the context for the activation of the causal mechanism should be considered. This is because our social world is a dynamic and unpredictable open system (Bhaskar, 1989); thus, “the outcome of a mechanism in any given situation is dependent on the context in which it occurs” (Craig & Bigby, 2015, p. 314). Therefore, in CR research, researchers engage in a series of reasoning processes—such as abduction and retroduction—which are delineated in the discussions later.

Application of critical realism: An empirical example

Thus far, we have provided some conceptual clarifications of CR by explaining it in relation to other dominant ontological and epistemological positions. We now

undertake to present an empirical example to illustrate how CR can be applied in social work research. The following example is drawn from a recently completed social work doctoral study of the causes of trust experiences of Koreans who are residing in New Zealand (Park, 2020). The doctoral study aimed to explain what causes trust in the context of migration.

Generalised trust, which refers to how much people can extend their radius of trust towards others in general social contexts, has extensive and positive consequences for people. Individuals who believe that others in society can be trusted tend to be healthier, happier, and pro-social (Helliwell & Wang, 2011; Kawachi et al., 2008; Uslaner, 2002). Given that Koreans tend to show low level of generalised trust towards others in general social contexts (Choi & Han, 2008; Fukuyama, 1995), this research asked what trust experiences Koreans reveal in the context of Aotearoa New Zealand and what cause such trust experiences. To answer these research questions, the study engaged a CR-informed methodology to explain the causal mechanisms or structures existing at the deepest layer of real reality and their impact on experienced trust among Koreans living in Aotearoa New Zealand. Ethical approval for the research was granted by the University of Auckland Human Participants Ethics Committee (Reference no. 2016/017374).

Empirical reality: Data collection and coding to identify preliminary tendencies of empirical reality

CR offers “critical methodological pluralism” (Danermark et al., 2002, p. 152) by combining quantitative and qualitative methods under the same meta-theoretical framework of CR. A necessary presupposition for critical methodological pluralism is to reorient quantitative and qualitative methods towards a CR framework by proposing to identify

generative causal mechanisms and describe how the causal mechanisms are emerged in empirical reality (Danermark et al., 2002; Iosifides, 2012). In this sense, CR-informed research incorporates two types of empirical approaches (Danermark et al., 2002; Sayer, 1992). One is an *extensive* empirical approach that uses quantitative methods to ascertain patterns or regularities in empirical phenomena. The other is an *intensive* empirical approach that applies qualitative methods to probe for deep description. CR acknowledges that a social event can be sensed or experienced by people at the surface layer of empirical reality (Bhaskar, 1979). CR allows two sets of data sources, extensive and intensive, to identify any *demi-regularities* in the data as these preliminary tendencies would direct further data analysis. The identified tendencies are regarded as a “force” emerged from, but irreducible to, the generative causal mechanisms at the deeper layer of real reality (Fleetwood, 2015, p. 208).

Data collection

The example research applied an intensive empirical approach to collect data. The intensive data collection included 34 in-depth individual interviews and five follow-up focus group interviews. In the in-depth interviews, the participants recalled their settlement and residence process and associated relational experiences in Aotearoa New Zealand. The in-depth individual interviews served as the primary means of collecting insight into the trust experiences of the participants by allowing them to recall their settlement and residence process and associated relational experiences in Aotearoa New Zealand. The follow-up focus group interviews were conducted with five different cohorts of Korean New Zealanders (three first-generation, one 1.5-generation, and one second-generation) to discuss their understandings of what caused their trust experiences in the context of Aotearoa New Zealand.

Data coding

The transcribed interview data were put through a coding process. A list of provisional codes was pre-developed based on the initial literature review and key research questions (Fletcher, 2017). The pre-set provisional codes included 13 theory-based codes which are derived from the literature on trust in line with the key research questions (e.g., propensity to trust towards local New Zealanders), and nine topic-based codes which are inferred from the interview guides and questioning routes (e.g., recalled social relationships in Aotearoa New Zealand). CR-informed methodology allows deductive but flexible coding process (Fletcher, 2017). The initial coding cycle was guided by the pre-set provisional codes but the process flexibly allowed a data-driven coding process to capture the complexity of the empirical reality. CR approach posits the provisional codes as an initial guideline; then, flexible change, elimination and supplementation of the provisional codes allowed the production of new inductive codes from the intensive data. Through the first coding cycle, the initial 22 provisional codes expanded to 141 codes, which included 44 theory-based codes and 97 topic-based codes.

The central tenet of CR is its acknowledgment of the interplay between human agency and pre-existing societal structure (Craig & Bigby, 2015). After the first coding cycle, a conceptual map of agency and structure was applied to reorganise the expanded provisional codes into a CR-informed conceptual map (Fletcher, 2017). The expanded theory-based and topic-based provisional codes were re-coded under two conceptual maps of agency and structure. The second coding cycle allowed an insight into how the participants’ trust experiences are promoted and impeded by social structures, such as the sociocultural characteristics of Aotearoa New Zealand society in which the participants live and interact. For example, the following quotation was coded as “open-

hearted and kind local people” under the topic-based code of positive relationships with members of Aotearoa New Zealand society:

Here in New Zealand, I feel more comfortable trusting people. I am more inclined to trust New Zealanders with confidence ... My impression towards New Zealanders is that they seem to be composed and relaxed, so I have always had the impression that people here seem to give positive answers when others ask for favours. (Gi-uk)

However, during the second coding cycle, this data segment was re-coded into codes marked as agency (“positively expressed trust towards local New Zealanders”) and structure (“relaxed pace society”). This is because the participant explained his impression of the hospitality he experienced while interacting with the local people as a reason for his propensity to trust most New Zealanders. Similarly, the data segment indicated that the participant recognised the society as a composed and relaxed milieu; thus, this data segment was also reorganised into the structure code.

Fletcher (2017, p. 186) highlighted that the second coding cycle is “a starting point to identify demi-regularities” from the data to understand rough patterns as observed in the surface layer of empirical reality. An identified preliminary tendency observed among the participants was that they were willing to extend their radius of trust towards most New Zealanders despite having various relational experiences with the members of the host society.

Actual reality: Abductive inference to formulate ideas about how identified preliminary tendencies are connected to actual reality

The purpose of the applied intensive data collection and the series of coding cycles was to identify the preliminary tendencies emerged at the surface layer of empirical

reality (Fletcher, 2017). From this, CR-informed research proceeds to an *abductive reasoning* process. Abduction is a mode of inference for a theoretical redescription of the identified empirical reality to interpret identified preliminary tendencies (Danermark et al., 2002). The abductive reasoning process allows researchers to move towards a deeper reality through an understanding of the identified tendencies within the frame of a wholly different context.

The example study attempted to understand what caused the identified preliminary trust tendencies by identifying the social structures of Aotearoa New Zealand society that shaped the emerged preliminary patterns. However, as Craig and Bigby (2015) highlighted, the explanation should be regarded as one interpretation among the various possible frames and interpretations. In this sense, the applied abductive inference allowed a move towards a deeper understanding of the identified tendency at the empirical level by going “beyond a strictly logical way of understanding a phenomenon” (Craig & Bigby, 2015, p. 315). While the study followed the abductive reasoning process, it required re-engaging with the existing theory and research to reflect on the observed trust tendencies with reference to the previous literature.

For instance, as elaborated in the second cycle of data coding example, a relaxed pace society was identified as one of the structural aspects that influenced Koreans’ trust experiences in terms of the trust propensity towards New Zealanders. During the intensive data collection involving the focus group discussions, participants discussed possible reasons for the relaxed social atmosphere, such as a simple lifestyle, work–life balance, family-friendly lifestyle, low crime rates, affordable healthcare services and the public welfare system. By following the second coding cycle, the listed reasons were coded under “relaxed pace society” without focusing on its specific

connections with the trust experiences described by the participants. Nevertheless, while engaging with the literature, the codes were concurrently revisited, and related data were reviewed to formulate ideas about how experiences are connected at the middle layer of actual reality (Craig & Bigby, 2015).

For example, the following quotation was coded in the conceptual map of agency (“positively expressed trust towards most New Zealanders”) and structure (“relaxed pace society”):

The social welfare system in New Zealand is pretty well-established. Even when we are sick, and we have to go to a hospital, we don't have to worry about the medical bills. So naturally, the people can have a high level of trust towards the society, and we feel that we are being respected as human beings. (Jin-hui)

Throughout the abductive inference process, we were able to actively connect ideas such as the effect of the well-functioning public welfare system on creating a relaxed pace society and the effect of the welfare system on encouraging an individual's cooperation, which enriches trust among individuals in general social situations. A positive association between a well-functioning welfare system and a positive level of generalised trust (Rothstein & Eek, 2003) could be recognised throughout this reasoning process. In this way, the abductive reasoning process allows researchers to deepen their understanding of the identified preliminary tendencies emerging at the empirical reality and how social events at the actual reality relate to the corresponding experiences.

Real reality: Retroductive reasoning to identify causal mechanisms and conditions at the real reality

Retroduction is the central inference for CR-informed research (Bhaskar & Danermark, 2006; Bunt, 2016; Lawson, 1998; Peter &

Park, 2018). Retroduction is a mode of inference that involves advancing from theoretical redescription of the empirical experiences of social events and arriving at a conceptualisation of key conditions for the actualisation of causal mechanisms embedded in the deepest layer of real reality (Bhaskar, 1979; Danermark et al., 2002). The goal of retroduction is to understand the cause of the observed preliminary tendencies by identifying the essential conditions required for particular generative mechanisms to actualise at the surface layer of empirical reality. In this sense, the retroductive inference process demands that the researcher move “from concrete to abstract and back again” (Fletcher, 2017, p. 189).

The example study aimed to identify social structures and the necessary contextual conditions that shape observed preliminary tendencies of trust propensities among Korean migrants living in Aotearoa New Zealand. What caused the trust experiences of Korean migrants settling and living in Aotearoa New Zealand? At the early stage of intensive data collection, participants were asked to recall the meaningful social interactions as a way of identifying their perception and related experiences of trust in the context of Aotearoa New Zealand. The recalled relational experiences with local New Zealanders were diverse, from positive to neutral, and to some extent, negative accounts based on the participants' personal and generational differences. However, it became apparent that formal and informal social interactions with members of the host society created opportunities to establish impressions of the contextualised society. These impressions, in turn, became a source of perceived propensity to trust towards most New Zealanders.

For example, a second-generation Korean New Zealander participant, Ho-yeon, willingly expressed her trust towards a majority of New Zealanders despite experiencing racial teasing and bullying from her peers in the primary school. Despite her

stressful and disappointing experiences, she held a positive attitude towards majority of New Zealanders. This trust attitude was based on a general impression of the society that she has acquired through interactions with the local New Zealanders:

When I look at the people around me, a lot of them have no difficulties in showing their true self to others. The New Zealand society, in general, has a culture that makes everyone try to communicate by trusting each other. The education system is also focused on promoting such values. (Ho-yeon)

This statement signifies the important role of the general impression of the host society and alludes the process of building general trust: The relational experiences with the local New Zealanders did not directly lead to general trust. Instead, those experiences led to building an impression of Aotearoa New Zealand society. And the identified preliminary trust tendencies were based on the established impression of the host society.

A retroductive reasoning process requires moving “between theory and practice to find the ‘best fit’ explanation to account for a particular phenomenon” (Craig & Bigby, 2015, p. 315). The case example discussed above explains how a retroductive process allowed the identification of the best fit explanation by understanding that: (a) the Koreans’ trust experiences are based on, and shaped by, the social interactions that they had with the local New Zealanders; and (b) these social interactions facilitated the creation of an impression of the contextualised society embedded in social structures, which then shaped the observed Koreans’ trust experiences. Thus, the Koreans develop a generalised expectation of whether most New Zealanders are trustworthy by extrapolating from the created impression of the contextualised society as derived from their social interactions. In this sense,

the example study concluded that social structures characterised as being open, supportive, relaxed, and fair inferred from the social interactions shape Korean immigrants’ trust experiences in Aotearoa New Zealand.

However, the social structures cannot always drive the manifested preliminary trust tendencies at the empirical level of reality. As causal social structures for trust, they require a particular social condition (Bhaskar, 1979; Craig & Bigby, 2015; Fletcher, 2017; Houston, 2010). Through the retroductive reasoning process, it was concluded that the sense of safety functions as a key condition required for the key causal social structures to activate and result in observed trust preliminary tendencies at the empirical level of reality, as echoed in the following quotes:

I tend to be cautious about trusting people. [...] However, it’s *easier* [emphasis added] for me to trust people in New Zealand. (In-hye)

It’s easier to trust people in New Zealand. I guess it is because I feel more *comfortable* [emphasis added] living here. [...] It is more relaxed and laid back. I think I can comfortably have a good impression of other people. (Min-ho)

The sense of safety perceived from the social structures embedded in Aotearoa New Zealand society stimulates trust in other people by ensuring that there are incentives for an individual’s engagement in trustworthy behaviour as stated below:

I think the biggest reason people in New Zealand trust each other is because of the “honest environment.” The entire society always emphasises the importance of being honest and trusting each other. (Hui-gyeong)

In New Zealand, honesty is essential as this society trusts its members. You know this society operates on trust, and if you say something, this society trusts it one

hundred per cent from the starting point. Because of this, if inconsistencies are revealed, the society becomes strict with those matters. Imagine someone whom you trust in a whole-hearted manner, and it turns out that person is not trustworthy; you feel betrayed and violated. Likewise, I consider that this society is strict on this matter as well. (Jin-hui)

These statements imply that Aotearoa New Zealand society is regarded to support a high level of integrity. Thus, individual members of the society are expected to behave honestly and not engage in dishonest behaviours. The participants emphasised the importance of keeping this expectation on honesty. In this social atmosphere, the risk of individual engagement in honest behaviours is much lower as honest behaviours are expected mutually in social interactions.

The strategy of retroductive inference, a central tenet of CR-informed data analysis, allowed this example study to arrive at the conclusion that the sense of safety in the social atmosphere functions as a key condition required for the social structures (characterised by the participants as being open, supportive, relaxed, and fair) to activate and result in observed preliminary trust tendencies.

Conclusion

The ontological map of CR provides a layered understanding of reality that acknowledges the existence of inherent causal mechanisms at the deepest layer of real reality that can generate other forms of reality, including events at the middle layer of actual reality and corresponding experiences at the surface layer of empirical reality. This article has explicated this unique philosophic position of CR compared to positivism and constructivism. The subjectivist epistemological position of CR allows an iterative reasoning process to identify the knowledge related to each layer of reality. At the empirical reality (a

domain of experiences), data collection and a series of coding processes proceed to identify preliminary tendencies emerging from people's experiences of the social events under study. In the actual reality (a domain of events), abductive reasoning allows researchers to formulate ideas about how identified preliminary tendencies are connected to the events occurring in the actual reality. At the deepest level of real reality (a domain of mechanism), retroductive inference attempts to conceptualise key conditions for the actualisation of causal mechanisms or structures to produce events and corresponding experiences. The ability of CR-informed research to uncover causal mechanisms inherent in the deepest realm of reality can be beneficial for social work researchers, particularly those who want to elicit changes at the levels of structures, systems and processes. CR's ontological and epistemological positionality offers a sound methodological approach that social work researchers can employ to study particular social events in their social contexts.

Funding

This work was supported by the Core University Program for Korean Studies through the Ministry of Education of the Republic of the Korea and Korean Studies Promotion Service of the Academy of Korean Studies (AKS-2017-OLU-2250001).

Acknowledgement

This article uses empirical data examples that the corresponding author collected for her doctoral thesis. The author would like to thank her supervisors, Associate Professor Allen Bartley and Dr Changzoo Song, for their guidance during her PhD study.

Submitted 4 February 2022

Accepted 4 June 2022

Published 15 July 2022

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Using collaborative critical autoethnography to decolonise through “seeing” and doing: Social work, community engagement, and ethical practice

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ABSTRACT

INTRODUCTION: This article reports on a collaborative critical autoethnographic study that we, two white settler social workers, conducted about our engagement with Inuit youth in Nunavut.

APPROACH: We facilitated three digital storytelling projects with youth living in three different Nunavut communities. By engaging in a collaborative critical autoethnography study, we were able to attend to the ways in which we were entering into communities, paying particular attention to the ways in which white supremacist colonial thought has impacted our training and our locations within larger structures—shaped by colonising histories with consequences that mould day-to-day life and opportunity for the Inuit youth engaged in the digital storytelling.

FINDINGS: Through collaborative critical autoethnography, using individual research memos and guided dialogue, we considered the ways in which commodification was structured into our relationships, how these structures continue to be colonising, and consider the impact of the past and current colonisation. We also encountered the many strengths and resistances of the Inuit of Nunavut.

IMPLICATIONS: By bringing these considerations to light, we hope to enter into relationships with Inuit communities with fewer of the biases and assumptions that underlay and rationalise the structures that we have critically examined.

KEYWORDS: Collaborative critical autoethnography; decolonising social work; community engagement; ethical practice

Critical autoethnography (Graeme, 2013; Whitinui, 2014) can be an effective method of self-examination for social workers. This is a particularly important method for social workers in our commitment to socially just, equitable, and empowering practices. This article reports on a collaborative, critical autoethnographic study that we, two white

settler social workers, conducted about our engagement with Inuit youth in Nunavut. We facilitated three digital storytelling projects with youth living in three different Nunavut communities. By engaging in a collaborative critical autoethnography study (guided by critical questions about power, expectations, and relational conduct in our

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WORK 34(2), 67–80.

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personal memos and dialogue), we were able to attend to the ways in which we were entering into communities. With critical reflexivity, we paid particular attention to the ways in which white supremacist colonial thought has impacted our training and our locations within larger structures that are shaped by colonising histories with consequences that mould day-to-day life and opportunity for the Inuit youth engaged in the digital storytelling. In our collaborative, critical autoethnography practice, we were faced with the ways in which commodification and, thus, dehumanisation, of others was being structured into our relationships. Dehumanising commodification also characterised how many of the structures we were located within continue to be colonising, impacting the day-to-day experiences of the youth we were building relationships with. We hope that by bringing these considerations to light, we will be able to enter into relationships with Inuit youth with fewer of the biases and assumptions that underlay and rationalise the structures that we were critically examining.

Our role in this community project was to facilitate the creation of digital stories with these youth. Catherine Guzik is an MSW placement student and Trish Van Katwyk is her placement supervisor. While a large part of the project was planned to be conducted virtually, the climbing numbers of Covid-19 cases in Nunavut resulted in the entire project becoming virtual.

We initiated this digital storytelling project to support interested Inuit youth living in the North to access digital storytelling training and funds. Van Katwyk participated and provided training in digital storytelling processes; Guzik used her graduate studies placement to learn more about the digital storytelling process in the context of social work practice. We built partnerships in three communities in Nunavut with community members, artists, support service providers, and government agencies.

A local government-funded film company provided funds to pay for equipment, space rental, professional training in film production, childcare, Elder support, and other costs related to the creation of the digital stories. We did not request or receive funds for our participation. The purpose of the fund is to build skills and to develop an Inuit film-making community in Nunavut. The film company offers an ongoing series of workshops and film-making opportunities throughout Nunavut, and this project also became an opportunity for participating youth to build a connection with the company and its resources. Film production training was conducted virtually through an Iqaluit-based filmmaker. We used virtual platforms to meet and engage with the youth since neither of us lives in the same communities as the youth.

As the project progressed, it became apparent to us, in multiple ways, that deeply flawed colonial systems were creating unjust barriers for these youth. As settler social work practitioners/students/educators seeking to decolonise our practices, we felt it would be important to explore our *own* conduct, biases, colonized training, and settler privileges in the context of the relationships we were building with the youth. We wanted to gain understanding about the work involved in decolonising our practice as social workers, as well as the ways our training, social positioning, and unearned privileges could serve to further colonise the relationships we were engaging in.

By critically studying our own conduct, we hoped to be able to see the impact of a colonial mindset. We anticipate that such critical study, both individually and collectively in dialogue, will support an *unlearning* process that will enhance our efforts to practise in ways that are just. We hope that such unlearning will support more empowering ways of being in relationships. We also hope that such unlearning can support our actions to bring transformation to our work and our professional settings.

Literature review

One method of decolonising social work, research, and scholarship is to resist citation politics in our training and our writing. Citation politics are used to sustain inequitable distributions of power and Eurocentric White supremacy through methods of surveillance and exclusion (Deerchild et al., 2018; MacLeod, 2021). “Who scholars cite, how scholars cite, and what sources are considered authoritative to cite can validate and legitimize knowledge or oppress knowledge. Frequently, Indigenous ways of knowing (oral teachings and histories in particular) are delegitimized in academia by citational politics” (McKie, 2020, para. 3). In this article, we have paid particular attention to the knowledge that has been shared by Indigenous, racialized, and activist knowledge keepers and scholars.

Social work is a structure nestled within, and tied into, multiple structures, all of which carry a history of colonisation that continues to shape knowledge, practice, and worldviews/perspectives (Fortier & Hon-Sing Wong, 2019; Kennedy-Kish et al., 2017). From the training social workers receive in postsecondary institutions, to the research that disciplinary knowledge has been built upon, to the multiple systems within which social work practice occurs, the profession is intricately bound up in structures that were built by, and for, colonisers (Penak, 2019; Rasool & Harms-Smith, 2021). To consider a decolonising social work, we must acknowledge and scrutinise our context so that we can implement what Fanon describes as a “complete disorder [that] cannot become intelligible nor clear to itself except in the exact measure that we can discern the movements which give it historical form and content” (Fanon, 1963, p. 36).

In a consideration of the colonial context, social work education deserves some scrutiny. The social work discipline requires extensive postsecondary training to meet regulatory standards for the profession. Educational institutions have

been closely criticised for their privileging of Euro-Western worldviews, and the many processes by which Indigenous worldviews, knowledge, and philosophies are invalidated (Grande, 2018; Tuck, 2018; Van Katwyk & Case, 2016). As such, the educational structure is a powerful colonising tool. Success and opportunity are granted according to the extent to which learning and development aligns with the Euro-Western centre, thus perpetuating ongoing colonisation of the mind and the body (Quijano, 2000). Social work education is similarly founded upon Euro-Western worldviews that disregard both the knowledges and experiences of Indigenous peoples while imposing Euro-Western definitions of civilization with scarce notice of colonial violence and its consequences (Mathebane & Sekudu, 2018; Rasool & Harms-Smith, 2021).

Much of the learning that is provided within educational structures is based upon research that is shaped by Euro-Western approaches to science (Van Katwyk & Case, 2016). Research has been interrogated for the multiple harms that research methods, scientific assumptions, and commodified versions of knowledge have perpetrated upon the lives of communities and individuals (Bhattacharyya, 2013; Van Katwyk et al., 2020). Colonising practices shape an extractive interpretation of research that leaves communities without benefit, bereft of agency to influence how they are seen, heard, and supported (de Leeuw & Hunt, 2018; Penak, 2019; Ninomiya & Pollock, 2017). Much of the resistance that *over-researched* communities have activated is a refusal to be misrecognised (or misinterpreted) by deficit-informed researchers (Grande, 2019; Tuck, 2018).

Social work itself is a discipline whose history and current condition is tied in with State and Church (Fortier & Hon-Sing Wong, 2019). Social work practices often partner with the work of police, child welfare, and health services, guided by Euro-Western

prerogatives of normalisations that uphold an ideology of “Other” to disproportionately disadvantage Indigenous and other marginalised groups already impacted by the ongoing processes of colonisation (Adjei & Minka, 2018; Arbel, 2020; Blackstock, 2009). Such ongoing processes have been conceptualised as neo-colonisation, where the depth of the impact of colonisation as it has shaped, displaced, extracted, and replaced is understood to be an enduring structure that permeates social, economic, environmental, and political life (Pryor, 2018).

Social work that aims to decolonise seeks to disrupt the influences of multiple structures that embed the profession and social workers. The goal is to unsettle the colonisers’ belief that they are spiritually, culturally, intellectually, and technically superior to those that they colonise, thus imposing a hegemony—a dominating, single reality (Hiller, 2016; Tamburro, 2013). Decolonising social work pays critical attention to the person of the social worker, in order to gain a critical consciousness about what we bring to our practice. Alternatively, unexamined expectations, assumptions, and values inform practice that re-colonise through the imposition of a hegemony. Shawnee social work educator, Andrea Tamburro, states:

Social Work, as a profession has been part of this hegemonic belief system, with an emphasis on charity instead of empowerment, and imposing other Eurocentric social structures, and belief systems on the Indigenous peoples of North America. (Tamburro, 2013, p. 6)

Decolonising practices, in a wide range of disciplines including social work, seek to access and privilege experiences and knowledges that may be easily erased through the hegemonic process. Such hegemonic erasure has been described as “epistemic violence” (Brunner, 2015; de Leeuw & Hunt, 2018; McTaggart et al., 2017;

Penak, 2019; Simonds & Christopher, 2013; Spivak, 1988).

The purpose of this study was to engage in critical self-study in our goal of decolonising our community-based social work practice. We collaborated in a process whereby we looked at ourselves with critical reflexivity, looking, as de Montigny (2005) evokes in his description of critical reflexivity, at ourselves looking in the mirror. By looking at one’s self looking in the mirror, we move away from a simple mirror reflection, in order to see the context within which the self is located, and to see the ways in which a body and an identity are situated by that context.

We identified the context as a complex colonial design. We carefully considered our conduct, expectations, and assumptions as extensions and outcomes of our colonial landscape. Our purpose for engaging in this critical research process is in alignment with the conviction that knowledge production must include critical disruption and social change that is just (de Leeuw & Hunt, 2018; Denzin, 2019; Guba & Lincoln, 1994; Gubrium & Turner, 2011). Furthermore, this is a critical research process that can be a praxis of critical consciousness raising, necessary as a part of the social transformation work where social workers disentangle themselves from deeply embedded colonial dynamics (Rasool & Harms-Smith, 2021).

Research design

Autoethnography is a type of writing and research practice (Graeme, 2013; Whitinui, 2014). Its central focus is on “Self” and how the personal, as in “Me”, is connected to socio-cultural environments (Kainamu, 2012). Critical autoethnography is based on self-reflexive explorations (McCall, 2016) and a research method that allows for interrogation of self in relationship, context, profound connection, and political/power consciousness (Graeme, 2013). Using methods of self-recognition can invite the

reflexivity that is required for the settler consciousness to understand more deeply the responsibilities of being an ally with Indigenous communities (McCall, 2016).

Critical autoethnography involves critical self-reflexive explorations, where the researcher interrogates themselves in relationship and in the context of structures and systems, ideologies, assumptions, and norms. In looking at oneself in context, profound connections can be made, and political/power consciousness can occur. Self-reflexivity is not about self-reflexivity alone but is used to support and guide collective/mutual relationships rather than exploitative, encroaching, and dominant (colonising) relationships. Self-reflexivity, in other words, is done in the name of relationship (Hallenback, 2015).

Critical autoethnographic research can help pave the road to decolonisation which is defined by Sium et al. (2012) as the removal or undoing of colonial elements to allow for Indigenisation—the addition or redoing of Indigenous elements into our society and systems. Decolonisation requires study, conversation, and practice; it is an unlearning. Being accountable to the process of decolonisation can require us to locate ourselves within the context of colonisation, to understand the complicated ways in which we are complicit (Walia, 2014). Critical reflexivity can challenge researchers to consider whether their actions and decisions reflect an Indigenous methodological approach, thus encouraging them to be reflexive while opening both their mind and the research process to decolonisation (Graeme, 2013). Critical autoethnography, as self-recognition, is premised upon action, responsibility, self-determination, and self in relationship, deeply connected to the political, the cultural, and the social: critical autoethnography is a research method that is political, uncomfortably reflexive, and resistant (McCall, 2016). By doing our critical autoethnographic work in collaboration, we used dialogue to enhance the critical exploration that we were engaging in.

Critical autoethnography also can run the risk of inauthentic self-discovery, as the critical reflection can occur in a bubble where “claims to innocence” (Tuck & Yang, 2012) can intercept honest and critical consideration. Critical autoethnography is designed to bring discomfort and transformation as the researcher interrogates their own power and privilege, and, thus, their own complicity in the inequity, racism, and colonisation that emerges in critical research explorations. In this study, we used guides to facilitate the reflexivity. We also used dialogue with guides, as an opportunity to challenge one another to deepen the critical reflections that were being shared. Because of our positions as white settler social workers, however, there would have continued to be blind spots that exist with such privilege.¹ We suggest that critical autoethnography can be a process where critical consciousness raising can occur that can inspire an ever-evolving capacity to recognise and shift blind spots, biases, assumptions, and oppressive practices.

Critical self-reflections

Our collaborative critical autoethnographic research involved three critical self-reflection dialogues which were based on the personal journaling that we had been doing throughout the project. We were journaling about our interactions with the youth and the various events of the project. We used dialogue to deepen these critical self-reflections.

Critical self-reflection – Dialogue 1

One of our critical self-reflections focused on our reactions to the domestic violence in one participant’s household which led to her temporary withdrawal from the digital story project. Our role with her was as project coordinators, not as therapist or social worker. We were concerned for this participant’s wellbeing and offered support. At the same time, we experienced a plethora of other reactions as white settlers who

are intrinsically part of colonial systems. One of our first self-reflective discussions focused on the ideas of expected chaos and commodification, and we spent time in our dialogue questioning their white supremacist roots. We then examined the structures that we work within that make the expectation of chaos and the commodification of other lives so possible and easy.

1- "I found myself almost downplaying... the extent of this assault...it just it's intense...and I was feeling relieved that [they] hadn't been charged...so I was...exploring those feelings and I kind of worried about [my reactions] as social worker and a project coordinator. I thought...have my needs to have a project participant become greater than...what happened on the ground? And so, I just was very curious about that relief."

2- "Yeah, and I don't know if this is also another bias, but because I lived there before, and worked there [before]...I [have] seen worse things...I felt like...this isn't so bad...because I've seen...so many worse situations, and that may not be a good reaction...and then in terms of her not being available for the project, I also was relieved [she was still involved in the project at that time] thinking... 'I'm so glad that this isn't also going to affect our project' and that's interesting, because, I mean, she's a person...not a project."

In this excerpt, we realise that we were at risk of dehumanising the youth that we were building relationships with by conceptualising them as projects rather than persons. Our realisation led to a discussion about the impact of commodification as a colonial system. Our project partner included her social worker and community members, so we were aware that there were important support systems in place. We were concerned about this youth's withdrawal from the project because we believed, along with her supports, that finishing the

project would be of benefit to her. At the same time, we were feeling an obligation to the corporate funder to finish the product/project. In our academic context, we can commodify knowledge, research participants, and many community members that we engage with (Van Katwyk & Case, 2016). The production of knowledge becomes an initiative to serve corporate needs rather than community well-being (Battiste, 2018; Cernat, 2011). We considered Stuart Hall's critical analysis of how neoliberal, colonial mechanisms such as commodification are sustained and reproduced. Hall refers to social work and other health, education, and law professions when he writes, "State-led 'social engineering' must never prevail over corporate and private interests. It must not intervene in the 'natural' mechanisms of the free market, or take as its objective the amelioration of free-market capitalism's propensity to create inequality" (Hall, 2011, para. 3)

Commodification also places high value on outcomes, professional accountability, and productivity. This caused us to reflect on the structures we are working within that make it possible to start commodifying people. The multi-layered colonial context of our lives brings forward the question about whether it becomes easier to commodify people who are marginalised, such as the Inuit youth. Certainly, social work is a discipline that is distinguished by its professional mission to engage with people who are most excluded and oppressed by neoliberal colonial structures, policies, and normalised action (Cowden & Singh, 2015).

The second consideration that emerged from this discussion centred around the idea of anticipated chaos. Some of the anticipated chaos is based on lived experience working with Indigenous youth who are living with many complexities and obstacles, but we also asked ourselves if this is based on a white supremacist bias. We discussed how often Indigenous peoples have been described through a Eurocentric white supremacist

lens as being “primitive”, “chaotic”, and “dysregulated”, thus requiring outside authoritarian intervention, with profound impact on encounters with child welfare, corrections, and health services (Baldry et al., 2016; Blackstock, 2009, 2011; McGuire & Murdoch, 2021). Descriptors such as “primitive”, “chaotic”, and “dysregulated” reflect white supremacist ideas about the *right way* to live a life, the *right way* to organise a life, and the *right way* to conduct oneself with others. In other words, white supremacist approaches rely upon a deficit-based model of interpretation and practice. We asked ourselves: Is this anticipation of chaos, then, a continuation of that white supremacist ideas about *right living*? As social workers, how much of our work is guided by white supremacist ideas about right living, and how many of our responses are guided by what has been determined to be *wrong living*? Such questions trouble the claims to innocence that we grappled with in our reflections, with dialogue serving a particular helpful function of extending our capacity to engage with the discomfort.

Critical self-reflection – Dialogue 2

The second part of our self-reflections focused on continuing colonisation and the inequities in social and structural determinants of health in the North as a chaos that has been created by colonial impact. Our discussion was about the systemic inequalities that became apparent during the process of implementing the digital storytelling project. We decided to engage in learning that was guided by the critical reflections from our first dialogue. Our goal was to gain a clearer vision of the structural, colonial structures impacting the experiences of the youth we were building relationships with. An example of some of our further exploration was a podcast with the recent Inuk MP Mumilaaq Qaqqaq (Palmater, 2021). Qaqqaq is a strong advocate, focusing on Inuit youth and inequities for Inuit Nunavummiat. In addressing Inuit youth suicide, she

has described the impact of colonisation: “We are put into and now live in foreign systems that do not work for us” (Qaqqaq, 2017). We learned a great deal from this podcast interview between Qaqqaq and another strong Indigenous advocate, lawyer activist Pamela Palmater (2021). We also returned to the literature, listened to various presentations about the colonial histories of Nunavut, and studied the curriculum offered at Nunavut Sivuniksavut, an Inuit-led school programme.

1– In terms of power and control...I’m just having a thought (about how) you go into a territory. You totally mess it up, pillage so that every structure has been dismantled (and) all connections have been significantly messed with. And then you go away. But you promised to take responsibility. So, to take responsibility for an area that is now in a place of chaos. Because of what you’ve done to it, you’ve actually created the chaos. And then you go away, and you’re going to take responsibility for it. And you do so by imposing all sorts of authorities. And so that’s a story of power and control.

2– And that’s confusing...also disempowering...very disempowering.

We needed to learn more about colonisation of the Inuit, and the ongoing impact of this history, including current colonial structures. We learned about the significant housing issues, lack of access to affordable food, and a health care system that does not address the serious and significant mental health needs of the community. Inequities in social and structural determinants of health in Inuit Northern communities continue to be substantial and extensive work remains to address underlying conditions that influence Inuit health outcomes (Inuit Tapiriit Kanatami, 2014). Through recognising the colonisation and white supremacy that has built and sustains inequity, we encountered an embedded systemic racism. We also recognised that social work is both complicit

and accountable in its location within multiple structures, including health, social service, and education.

There is a high turnover rate of mental health workers, no residential addiction recovery centres, and very few mental health services for youth (Government of Nunavut, 2019). Internet is a complicated and expensive resource. Even travelling from one community to another is difficult and involves significant commitment and challenge. Some 85% of the people living in Nunavut are Inuit. For 65% of Inuit in Nunavut, Inuktitut (a general term for Inuit languages) is the mother tongue, spoken at home (Lepage et al., 2016). Despite the Inuit Language Protection Act and the Official Language Act, with goals to protect, promote and revitalise Inuktitut in schools, at work, and in public and private sector services (Brown, 2019), 75% of the teachers in the schools do not speak Inuktitut and have transferred in from outside the territory to teach. With such little education being offered in Inuktitut, future teachers are not taught the Inuktitut proficiency that would be necessary to use it as a language of instruction (Brown, 2019). Additionally, Inuit students do not see themselves represented in the people who are their teachers.

Inuit youth do not see themselves represented in many of the professional providers of health and social services in Nunavut. With low high school graduation rates and high non-attendance rates (Inuit Tapiriit Kanatami, 2020), many Inuit youth are not attaining the education they need to receive post-secondary training in health, social, education, and other needed professions in Nunavut. Instead, professionals from outside of the territory provide these services, either as transferred-in residents, as occasional and/or temporary service providers, or as service providers at locations outside of Nunavut that Nunavummiats must travel away from their homes and communities to work with (Arnold, 2012; Marchildon & Torgerson, 2013).

The health care system in Nunavut is the costliest system in Canada, in part because of the necessity of hiring outside of territory and having many services available only outside of the territory (Marchildon & Torgerson, 2013). There are also many costs incurred by the fact that there are no roads connecting the 25 widely dispersed communities throughout Nunavut, which creates a reliance on air travel and, only when it is warm enough, water transport. Nunavut is the coldest of all the provinces and territories in Canada, with a winter that lasts 9 months.

Nunavut's colonial history has created many of the current-day experiences. It is important to begin this discussion with a recognition of the self-determination and cultural control that have characterised many of the developments that are occurring in Nunavut today. The Inuit have lived in this area of the Arctic for a millennium and thrived as strong communities in close connection to the land. When traders, whalers, missionaries, and then the Federal government began to impose values, rules, and mechanisms of control onto the Inuit, from enforced settlements that obstructed the Inuit's lived attunement to the seasons and cycles of their lands, to numbered name tags and renaming with non-Inuit names, to disease and imposed treatments, to the Royal Canadian Mounted Police (RCMP), social work, Church, and residential school interventions, to the slaughter of *qimmiq* (sled dogs) and the criminalisation of polar bear hunts², the power and autonomy and ways of wellbeing of the Inuit people of the Arctic north were attacked. However, the Nunavut land claim agreement of 1993 is the largest Indigenous land claim in Canada and demonstrates the strength with which the Inuit are reclaiming their land and cultures.

Yet, the impact of colonisation has created an economy that is significantly dependent upon transfer payments from the Federal government. Economic hardship, food insecurity, intergenerational trauma,

and homelessness are ongoing issues of concern that can be directly connected to the displacements and devastations of Nunavut's colonial past. Ongoing structural anti-Inuit racism is demonstrated by the inequities in the distribution of resources and opportunities (Arnold, 2012). For example, for Inuit Nunavummiats, medium yearly earnings are \$17,700, but for non-Indigenous the figure is \$77,000 (Talaga, 2018). Almost 70% of Inuit households in Nunavut are deemed to be food insecure, over eight times higher than the Canadian average (Newell & Doubleday, 2020; Nunavut Food Security Coalition, n.d.). Inuit in Nunavut have the highest suicide rate in the world and research demonstrates the likelihood of suicide amongst the Inuit to be strongly related to the adversities a person is living with (Affleck et al., 2020). Housing and homelessness are significant concerns in Nunavut, with Inuit families of multiple generations living in unacceptable conditions and a Nunavut Housing Corporation that is inadequately funded to improve housing situations (Qaqqaq, 2020).

Even with the significant challenges of living in remote communities, 73% of Inuit live in Inuit Nunangut (Stats Canada, 2019; Talaga, 2018), with just 27% living elsewhere. We asked ourselves why Inuit would stay in these remote communities, or return, despite all the many challenges we encountered in our learning about Nunavut, as well as in the life stories the Inuit youth participants were sharing with us. The resilience and strength of community is such that people stay and thrive despite the challenges they are faced with. Until the progressive arrival of Westerners in the 20th century, many Inuit communities were what can be described as "isolates": cut off from the rest of the world, yet economically self-sufficient, relying on themselves and natural resources to survive. Inuit populations remain strongly attached to their culture, which is very closely linked to community and the Arctic environment (Mussat, 2016). We realised that we needed to learn more about colonisation of the Inuit,

and the ongoing impact of this history, including current colonial structures. As an aspect of critical reflexive work, we suggest that social workers learn about colonial histories to more fully understand and know the individuals and communities they are building relationships with, both the colonial harm and the extraordinary capacity for resistance.

Critical self-reflection – Dialogue 3

Our third critical self-reflection continued to focus on colonising structures, health inequity and disparity. One of the themes in our third dialogue was our process of becoming aware of colonising structures, our place within these colonising structures, our relationships to the community and what we needed to do for change to happen. We discussed the importance of becoming more familiar with colonial history and making connections. We gave ourselves questions to reflect upon: Once we see the structures, how can we take action? How does this work inform action? What is the action of "seeing"?

1– One of the things...that we have to remember...[is]...to keep asking ourselves about...these structures...they sort of cleared [and] became visible...the fog was cleared. So we now can see how structured our conduct, way of treating each other, and way of engaging with others is. So we've kind of seen these different structures that are impacting that. And so now that we can see them... the next (thing) that we can ask ourselves is...what are we going to do about it?

We kind of think about the type of action we want to take, with guidance from Paulo Freire. He said, "realization is a burden" (2005, p. 121)...So, critical consciousness is very important. It also becomes a call to action...now that we can see the structures, what are we going to do about it? I was thinking how important it is for you and I to

understand the history of colonisation in these three different communities. Colonisation is this finely crafted machine, whose purpose was to, you know, devastate huge groups of people... And it made me think about how you and I are also operating from within... these systems...it feels like that's an important exploration that you and I need to be a part of...just to fully grasp how all of our systems are designed to erase and kill and displace.

2- I am depending on them as well [the youth]. So, there is still this kind of two-way interaction, I'm depending on them. They're depending on me so we are working together and you as well so I mean there's, it's not just me saying, Come on, go do this, it's has to be a two way process...So, I just try to do the best I can, from where I am, but it's hard. It's hard to keep those relationships, and with the youth, it has to be the relationship that really is helping us move forward.

In our building awareness about colonising structures and interpretations, we were provided the opportunity to see strength and capacity. We were able to see "around" chaos, in order to appreciate the self-determination and reclamation work of the Inuit in Nunavut. We encountered a history that shows the trajectory of Inuit colonialism. The trajectory shows a strength and resistance that is being activated and the kinds of resistances that we can focus on in our relationships and connections to Inuit community members. We could see and admire a steadfast commitment to language protection, land and cultural reclamation, food sovereignty, community wellbeing, and more.

Summary of self-reflections 1, 2 and 3

The three collaborative, critical autoethnographic reflections were cyclical and connected (Figure 1). Our first critical

dialogue centered around structured commodification and anticipated chaos: how our relationships were being shaped in ways that could lead to the commodification, dehumanization, and imposed control of the youth we were engaging with. This led to the connected issue and consideration of colonising structures that created social/ structural determinants, disparities, and inequities. This then cycled into issues and considerations about fragmentation, trauma and erasure, as well as resistance and reclaiming, as they were playing out in the lives of the youth we were building relationships with.

This diagram has helped us reflect on how action can be used to disrupt. One action is to refuse colonising ways of relationship—how do we remain focused first and foremost on our relationships with the youth (and with community members)? How do we conduct ourselves in ways that are humanising, respectful, empathetic, strength- and capacity-focused? Through critical reflections we are more able to stay connected to this relational commitment by problematising, interrogating, and critiquing the colonial systems that would shape other kinds of relating; that would commodify and

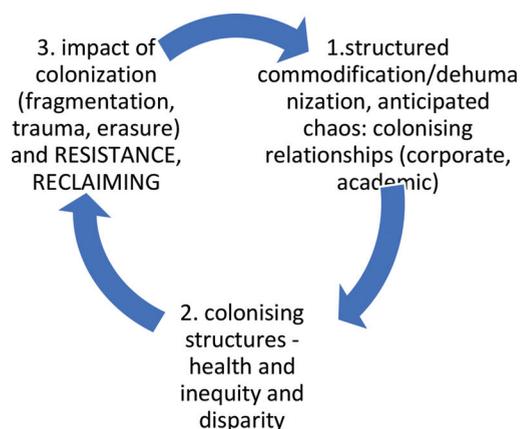


Figure 1 Cyclical and Connected Critical Autoethnographic Reflections

Note: An illustration of our critical process of collaborative autoethnography: Reflection #1, #2, and #3.

pathologise human lives and communities. A refusal to colonise ways of relationship can only occur when we can actually *see* the colonisation, by becoming conscious of the structures and their colonising impact, as well as the ways in which colonisation is refused/resisted.

Another action is to learn about communities through a decolonising lens. Decolonisation is typically understood as “taking away the colonial” (Lavery & Berish, 2019, Sl. 14); the “colonial” is how we implicitly or explicitly adopt Western European ways of thinking as the norm and reject Indigenous perspectives as less worthy and even violently attempt to eliminate them (Lavery & Berish, 2019). Decolonisation “seeks to reimagine and rearticulate power, change, and knowledge through a multiplicity of epistemologies, ontologies and axiologies” (Sium et al., 2012, p. 3). A *lens* describes how we see things; a channel through which something can be seen or understood (Merriam-Webster, 2021). Therefore, a *decolonising lens* implies a new way of seeing without the restraints of colonisation.

Learning through a decolonising lens is not just a metaphor, philosophy, or abstract concept. There must be a movement from theory to action or we risk becoming complicit in a settler colonial state. A decolonising lens is a new way of seeing that entails active learning about Indigenous community leaders, history, social issues, strengths, challenges, resources, gathering spaces, community members and demographics, outdoor spaces, and indoor spaces. We can ask: How do our explorations center community members? How do our interpretations and understandings privilege Indigenous worldviews? As described by Sium et al. (2012, p. 11), “decolonisation and the Indigenous future deepens and contextualizes theory, teaches humility and cooperation, and brings a sense of immediacy and materiality to theoretical work”.

Conclusion: Implications for action

This is not a story to read passively; it demands a response and an acknowledgement of responsibility. This is the responsibility of critical autoethnography (McCall, 2016). Critical consciousness is pursued in the name of action. The action is informed by a contextual and critical awareness of the ways in which individual lives are shaped by the inequities of structures and systems of governmentality, a governmentality that sustains and reproduces inequity. Critical autoethnography and collaborative critical autoethnography are both approaches to research that hold the researcher accountable to change, and the research project as one whose overriding aim is to facilitate social justice.

We engaged in critical autoethnographic study, individually and collaboratively, to position ourselves and then to interrogate the ways in which white settler social workers can support change or reproduce inequity. From personal critical reflections about our responses to the Inuit youth we were involved with in a film project, we considered the systems and structures that were influencing our responses. We considered how these structures could influence a relationship that imposed a power dynamic on these relationships whose result would be the commodification and dehumanisation of the youth we were engaging with. We then considered the impact of colonisation, and the ways in which the current structures and systems were both sustaining colonial oppressions, as well as the ways in which colonising processes were being resisted. We were able to identify essential areas for action, accountability, and relationship building:

- 1) The critical positioning of self became an important action, as such an interrogation intervened with the automatic assumptions and ideologies about Inuit communities, community members, and youth that white supremacist structures are founded upon.

- 2) In dialogue, we deepened our interrogation of our positions within these white supremacist structures.
- 3) What emerged from our critical dialogue was a summoning to learn about the colonisation history of Nunavut in general, as well as the communities we were engaging with, through a decolonising lens.

In our exploration of the history of colonisation of Inuit territory, we began to see the important connections to the current experiences of the Inuit community members we were building relationships with. We became clearly aware of the history, and impact of that history, on the educational, health, social service, and even arts and culture structures that the Inuit youth were wrestling with and claiming alternative narratives for, built upon the strength of their ancestors, their connections to land, and their commitments to health and wellbeing. Too often “decolonisation becomes reduced to efforts to decolonize the mind” (Tuck & Yang, as cited in Sium et al., 2012, p. 5). The process of learning and unlearning is not enough; decolonisation must involve “bridging the divide of action vs. theory” (Sium et al., 2012, p. 9). Action, thus, becomes an approach to relationship building that sustains full humanity and resists disempowering *chaos* narratives that both individualise challenges to well-being and normalise colonial interference. There will be further action that can flow out of these, and the action will be responsive and iterative. Our ongoing commitment to the relationships we have built will continue to guide these actions, coming from a commitment to empowering and critical decolonising engagement.

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Submitted 12 December 2021

Accepted 19 June 2022

Published 15 July 2022

Notes

- 1 It is noteworthy to acknowledge a publishing process that brings others into the critical autoethnography project as peer reviewers of the written study. This can be, then, an opportunity for further challenge, where reviewers may identify and question any blind spots/white settler privileged evasions or assumptions.
- 2 The Qikiqtani Truth Commission has detailed this history and its impact.

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The development of a professional capabilities framework for social work in Aotearoa New Zealand

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ABSTRACT

INTRODUCTION: This research brief discusses methods used to co-produce a professional capabilities framework as the final part of a larger programme of research on enhancing the professional capabilities of newly qualified social workers.

METHODS: This phase of the research programme began with a literature scan of five social work professional capability frameworks. We then used this information, along with data from earlier parts of the study, to engage a range of key stakeholders in co-production workshops using a structured, participatory, “World Café” approach.

FINDINGS: Analysis of the data from the co-production workshops identified seven core values that underpinned capable social work practice in Aotearoa. It also identified 10 core capabilities with a clear, professional practice focus that were strongly supported by workshop participants.

IMPLICATIONS: Professional capabilities frameworks can guide and inform learning experiences of social workers at all levels of practice. The data collected during this phase of the project informed further development of the 10 capabilities using a staged approach to practice development at three levels.

KEYWORDS: Professional capabilities; social work; newly qualified social workers

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Background

As in other jurisdictions, social work education in Aotearoa New Zealand operates in highly political and contested terrain (Beddoe, 2018; Nash & Munford, 2001). In recent years, criticism by public figures, including government ministers and the government-appointed Children’s Commissioner, have stimulated debate within the profession. Significant policy developments, including a substantive government review of child protection services (Ministry of Social Development, 2015), have also increased scrutiny of the

roles and capabilities of social workers and the quality of their initial education. For example, the Children’s Commissioner (Children’s Commissioner, 2015) commented that:

Child Youth and Family reports that many new graduates they employ lack the required level of knowledge of child protection, youth justice, child development, mental health, addictions and family violence. This means new social workers need to learn these skills on the job. (p. 34)

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However, in the absence of good quality, empirical evidence there is a risk that debates about the nature and quality of social work education rely on ill-founded, anecdotal comments by policy actors that direct social work education in ways that are less than optimal for student outcomes. In 2016, in response to these issues, the Enhancing the readiness to practice of newly qualified social workers (known as Enhance R2P) research team submitted a successful application to Ako Aotearoa for funding to carry out a three-stage project with a focus on graduate readiness to practise. The research team consisted of five academics from different social work programmes in Aotearoa New Zealand and were assisted at times by research assistants. A project advisory group was established at the beginning of the project and included members from the Tangata Whenua Social Workers Association, Tangata Whenua Voices, Oranga Tamariki, the Social Workers Registration Board (SWRB), the Aotearoa New Zealand Association of Social Workers (ANZASW), the Council for Social Work Education in Aotearoa New Zealand, the National DHB Health Social Work Leaders Council, the New Zealand Council of Christian Social Services, Social Service Providers Aotearoa, Careerforce, and the Public Services Association. The purpose of the advisory group was to review the planning and conduct of the research project and to recommend actions to ensure that project deliverables and associated project outcomes were achieved in a manner that recognised Māori as tangata whenua and met the project's obligations under Te Tiriti o Waitangi.

The study

The overall aim of the Enhance R2P project was to develop an evidence-informed, industry-agreed, professional capabilities framework that could be used to inform and guide the design of learning experiences and continuing professional development opportunities for social workers both before and after the point of qualification.

This three-year project had three different phases, each of which was given ethical approval by the University of Canterbury (HEC 2016/90). Phase one (during 2016) focused on mapping the current tertiary social work curriculum using documentary analysis. The curriculum documents of 19 social work degree programmes recognised by the Social Workers Registration Board (SWRB) were analysed (Ballantyne, Hay, et al., 2019). Focus group discussions were also held in a sample of tertiary institutions exploring the main messages present in the curricula and perceptions of gaps in current social work education (Beddoe et al., 2018). This phase addressed the question: "What is the content of the current social work curriculum in Aotearoa New Zealand and how does it relate to the ten core competencies of the SWRB?"

Phase two (during 2017) used mixed methods to explore the readiness to practise of newly qualified social workers (NQSWs) as perceived by recent graduates and managers or supervisors (Ballantyne, Beddoe, Hay, Maidment, Walker & Mayhew 2019). An online survey included a sample of 119 NQSWs and 158 managers/supervisors. Semi-structured interviews were also conducted with 15 NQSWs who were in their first 2 years of practice and 17 managers/supervisors of NQSWs. This phase considered the question: "How well prepared are newly qualified social workers to enter professional social work practice and how is their learning being supported and enhanced in the workplace?"

This article provides a brief overview of phase three of the project which was conducted over 2018. This phase began with a literature scan on professional capability frameworks (Hay et al., 2019). We reviewed five social work competence and capability frameworks from four jurisdictions (Aotearoa New Zealand, England, the USA and Canada) and then convened five workshops with social work managers, field educators and practitioners (held in Auckland, Hawkes Bay, Wellington, Christchurch and Dunedin). The purpose of the workshops was to co-

produce a draft professional capabilities framework. Phase three aimed to answer the research question: “What are the professional capabilities, including cultural capabilities, we should expect of newly qualified social workers and of social workers working at beginning and experienced, levels of practice?” This research brief describes the research process utilised in phase three which involved workshops using a “World Café” approach to co-produce a professional capabilities framework.

The co-production workshops

Phase three of the Enhance R2P project was intended to engage stakeholders from the social work community in workshops for the co-production of a draft professional capabilities framework (PCF). Being realistic about the burden of time we could expect from busy professionals, we decided to organise the workshops in a structured manner. We adopted a modified “World Café” style approach to the workshops to maximise participant engagement (Fouché & Light, 2011) and, at the same time, using the data generated from the first two phases, prepared draft values, domains

and capability statements for the workshop members to consider.

The team were persuaded, by our review of previous PCFs and, in particular, the Aotearoa New Zealand family violence framework, of the value in identifying a list of principles or values that underpinned all of the professional capabilities. Therefore, in advance of the workshops and following the guidance of the Māori members of the advisory group, a list of six underpinning values expressed in te reo Māori and with English descriptions were drafted. These values included *rangatiratanga*, *manaakitanga*, and *whanaungatanga* that were already part of the SWRB’s Core Competence Standards. However, they also included *aroha* and *kotahitanga*, adapted from the family violence framework and considered by the team and advisory group to add essential social work values of compassion and solidarity. In addition, the idea of moral courage and the need for social workers to act in conditions of uncertainty was identified and described in the principle of *mātātoa* (see Figure 1 for the six draft values).

Secondly, we wanted to consult stakeholders on domains for the PCF. To facilitate this

Figure 1 Draft Social Work Values for the Enhance R2P Professional Capabilities Framework

Rangatiratanga: Social workers respect diversity and cultural difference and use our leadership to support the self-determination, autonomy and empowerment of others.

Manaakitanga: Social workers show respect, generosity and care for others. We practise empathic solidarity, acknowledge boundaries and meet obligations.

Whanaungatanga: Social workers work to strengthen reciprocal relationships, connectedness and to foster a sense of belonging and inclusion.

Aroha: Social workers are accepting and show compassion for others. We recognise our common humanity with people who use our services and hold people to account without being judgemental. We focus on people’s strengths and finding solutions.

Kotahitanga: Social workers work to build a sense of community, solidarity and collective action for social change. We challenge injustice and oppression in all of its forms including: exploitation, marginalisation, powerlessness, cultural imperialism and violence.

Mātātoa: Social workers have the moral courage to act in situations that are uncomfortable, challenging and uncertain. We use critical reflection and questioning to work through contradictions and complexity.

process, we agreed a list of key high-level terms (including titles in te reo Māori). In drafting the Enhance R2P domains, the team decided to identify a list of no more than 10 domains so that it did not become unwieldy. While some domains were similar to the existing SWRB core competencies, the domain on working with Māori was expressed as *Te Ao Māori* in order to capture the value of awareness of the Māori worldview. The strong practice emphasis of the American capabilities framework was also preferred and so four domains on the social work process: engagement, assessment, intervention and evaluation were listed. From the outset of the project, we had determined to identify capabilities at three different levels—from newly qualified to more experienced. However, on reflection, we considered that attempting to define three different levels of capabilities for 10 different domains in a single, half-day workshop was too complex and that our focus should be on the newly qualified level. We agreed that the more advanced capabilities could be developed from the benchmark NQSW level and results distributed to participants for feedback after the workshops. These domains were presented to participants at the workshops

with summary terms for the existing Core Competence Standards as a comparator (see Figure 2 below). In addition, capability statements relevant to each domain were extracted from the five frameworks reviewed by the research team and these were also used at the workshops as described below.

Recruitment and demographics

The criterion for inviting stakeholders to the workshops was that they were considered to have a key role within their organisations in enhancing the capabilities of social workers at the point of graduation, and at more experienced and advanced levels of practice. The research team consulted with the project advisory group, asking them to use their professional networks to propose stakeholders from relevant organisations across Aotearoa New Zealand. Invitations to participate and an information sheet, which explained the purpose of the research and the focus of the workshops, were distributed by email through professional networks. Participants were informed in the information sheet that photographs would be taken at the workshops and that they could indicate on the consent/confidentiality form as to whether they wished their

Figure 2 Comparator Domains for Discussion at the Workshops

| Draft Enhance R2P Domains | Existing SWRB Core Competence Standard |
|---------------------------------------|--|
| 1. Te Ao Māori The Māori world | 1. Social work with Māori |
| 2. Kanorau Diversity | 2. Different ethnic & cultural groups |
| 3. Manatika Social Justice | 3. Diversity & Difference |
| 4. Mātanga Professionalism | 4. Rights & Justice |
| 5. Whaiwhakaaro Critical Reflection | 5. Social change |
| 6. Kaupapa Here Policy Practice | 6. Knowledge, methods & models |
| 7. Hononga Engagement | 7. Critical thinking |
| 8. Aromatawai Assessment | 8. Empowerment |
| 9. Wawaotanga Intervention | 9. Legal & ethical |
| 10. Arotakenga Evaluation | 10. Professionalism |

images to be used in future publications. The consent/confidentiality forms were completed at the beginning of each workshop. Participants were assured of the confidentiality of the data they contributed to the process. Data from the co-production process were de-identified and stored in a password-protected site. Individual co-production process data were not available to anyone outside the research team. Between 20 and 30 participants attended each of the five hui, with 132 people taking part overall. A total of 76% of participants identified as female, 22% as male and 2% as other. As to ethnicity, 69% identified as NZ European, 18% as Māori, 6% as Pasifika and 7% as another ethnicity. Finally, in relation to their occupational role, 29% described themselves as managers, 32% as social work practitioners, 10% as field educators, and 29% gave another role definition.

Workshop programme

The programme (see Figure 3 below) consisted of a half-day meeting where participants were presented with a summary of the findings from the first two phases of the project; the content of the social work curriculum (phase one) and perceptions on the readiness to practise of newly qualified social workers (phase two). This was followed by a structured discussion of the proposed professional capabilities framework which included a series of values, domains and statements.

The workshop programme began with sessions where participants in small groups used flipcharts to discuss and comment on the draft values and the draft domains. Participants then went on to review candidate statements for the 10 draft domains. This part of the programme was conducted using the World Café format: a conversational process whereby participants move between tables for short 30-minute rounds of conversation with a different domain discussion at each table. This format fosters collaboration with all

participants able to engage in dialogue that is constructive, focused and intentional (Fouche & Light, 2011). Highlights of the discussion were captured by participants on flipcharts, and, at the end of 30 minutes, each member of the group moved to a different table and a new domain (see Figure 4 below). Because of limitations on time, each group reviewed only two domains but, between them, discussed all 10.

At the end of each workshop, the individual flipcharts, capturing participants' comments on the draft values and domains, were scanned, converted to PDF format and uploaded to the cloud, giving the team a repository of content to review. The scanned flipcharts were then sorted into those commenting on the values, the domains and the candidate statements for each of the draft domains. The content of the flipcharts was used by the research team to inform revisions to the draft values and domains, and to produce a draft professional capabilities framework.

Comments on the value statements

At each of the workshops, during plenary discussions, the team were left with the impression that, with a few caveats, the six values were strongly supported. This impression was confirmed in participants'

Figure 3 Programme for the PCF Co-production Workshops

| |
|---|
| 9.00 Welcome & introductions |
| 9.30 The Enhance R2P project aims and findings |
| 10.00 Introduction to the World Café process |
| 10.15 World Café groups to discuss proposed PCF values |
| 10.45 Morning Tea |
| 11.00 World Café groups to discuss proposed capability domains |
| 11.30 World Café groups to discuss proposed capability statements |
| 12.00 Plenary |
| 12.30 Ends |

Figure 4 Participants Working at the University of Auckland Workshop



comments on the flipcharts, a representative selection of which are included below:

“We really like and identify with these values.”

“These values are great; because they are uniquely NZ.”

“Feel that six values align well to social work.”

“Culturally inclusive, using te reo Māori is highly appropriate.”

Some groups suggested amendments and additions, for example, “Include kindness with Manaakitanga”, “Ahuratanga: safety, where is it?” and “Wairuatanga: self-care and knowledge of self.” Commentary was also provided on the importance of clarity for specific terms, including the depth of te reo kupu (words). For instance, one group noted that “Aroha: we use professional judgement without being judgemental.” and another, “Manaakitanga is much more than respect and generosity. We can’t ‘give’ people mana (they already have it), it’s about us recognising mana.”

Other groups commented on the ways in which the values could be used in social

work education and practice and were seen as having value as “... a way that we can show others the values of social work and are a way of educating others about social work” given their “... broad application with clients, colleagues and organisations.”

Comments on the 10 draft domains

During the workshop plenary discussions, the proposed domains also appeared to be welcomed by participants, and the four process-related domains—domains seven to 10—were particularly well-received. The comments on flipcharts supported this view and, once again, added a more detailed commentary, for example, “Very positive to include domains 7 to 10 as these are practice-based”; “Domains 7 to 10, we like this because this is what social work does” and “Having assessment as a separate capability is excellent/very important for new graduates and more experienced social workers, who do assess/analyse but don’t necessarily communicate or document this.”

Some comments suggested well-considered and wide-ranging amendments and

additions. Supervision, community development and macro practice, for example, were suggested for inclusion as specific domains. Other suggestions focused on interpersonal skills or attributes such as the ability to communicate empathy; authenticity; and managing stress with self-care strategies. Further, *oranga* or wellbeing, was recommended as an additional domain. One group noted that the Te Ao Māori domain did not acknowledge the diversity of *iwi* while another group commented that the Treaty of Waitangi should be prioritised, and the domains seen in relation to this document.

Other comments were in the form of questions, sometimes rhetorical questions, suggesting missing dimensions from the domains. This was especially so for advocacy, human rights and whether ethics were included in professionalism. In the absence of detailed domain descriptions, many of the comments above are unsurprising. They did, however, provide the team with a rich seam of informed reflections that assisted with further refinements to the 10 domains and the subsequent drafting of domain descriptions.

Comments on the capability statements for the ten draft domains

At each workshop, participants also had the opportunity to review candidate capability statements for the 10 domains. They were asked to select the most important of the statements, to rank order them (where possible) and they were informed that they could add their own statements or amend the statements on offer. Few groups added new statements, although several amended existing statements. Most attempted a rank order, although many made comments to the effect that this was difficult or impossible because all of the statements included were equally valuable. Some added that the linear format implied by rank ordering masked the relationship between statements, and others stated that this was a Western approach to

knowledge generation. Most groups added comments on flipcharts and sometimes the layout and design of the flipchart itself conveyed a particular emphasis or meaning (see, for example, the three sample flipchart commentaries in Figures 5, 6, & 7 below).

Figure 5 Flipchart Commentary on Social Justice Domain

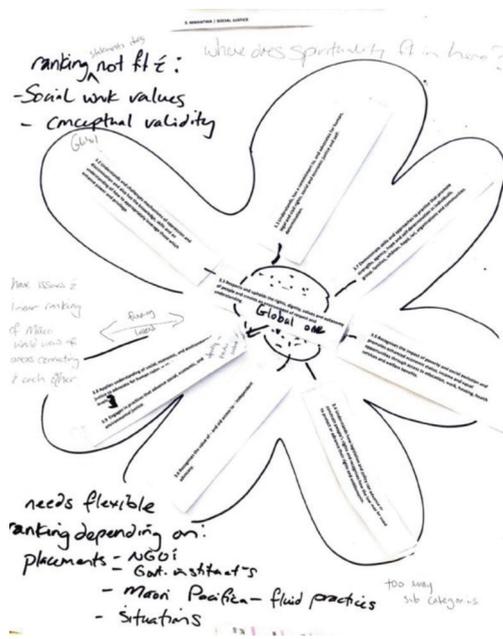


Figure 6 Flipchart commentary on critical reflection domain

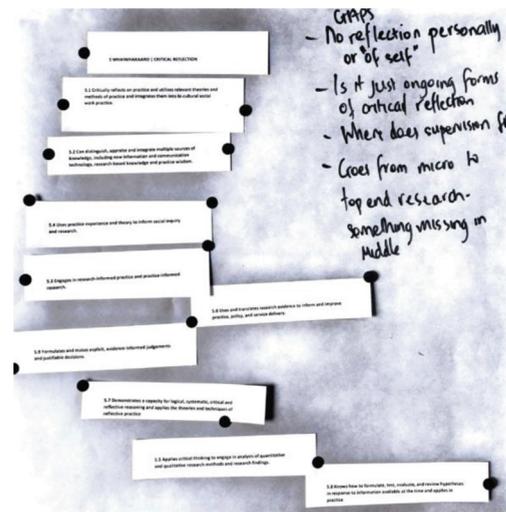
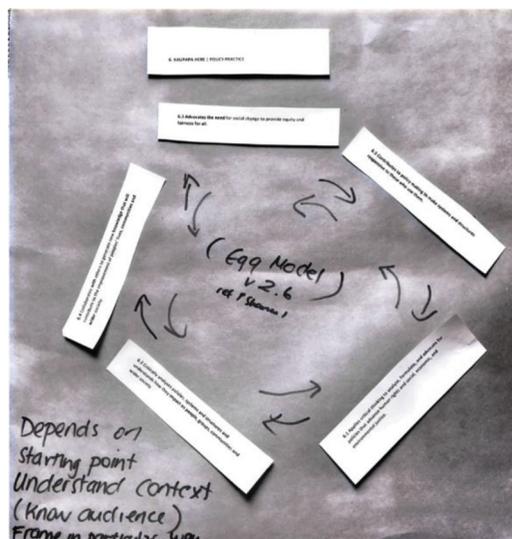


Figure 7 flipchart commentary on policy practice domain



The flipchart commentaries provided by the workshop participants, along with the literature review and five frameworks review, were used by the team to develop the final draft values statement and the professional capabilities framework. The proposed professional capabilities framework (Ballantyne, Beddoe, Hay, Maidment, Walker & Merriman, 2019.) was distributed to the workshop participants and project advisory group for comment and further revisions were made. Key stakeholder groups, including the SWRB and ANZASW, are aware of the co-produced PCF; however, a formal endorsement of the framework, perhaps after further consultation and development, is required for its maintenance and distribution.

Summary

Professional capabilities frameworks can guide and inform learning experiences of social workers at all levels of practice. They provide a staged approach to practice development that enables the assessment of a person's current capabilities as well as identification of next steps for learning and professional development. A capabilities framework offers an opportunity to move

away from a tick-box, mechanistic approach common in competency frameworks to a holistic view of professional development. The co-production of the professional capabilities framework for social workers in Aotearoa New Zealand enabled the inclusion of multiple stakeholders as well as the development of values and concepts relevant to our context. In one development, unanticipated by the project team, the draft values we co-produced were requested for use by the ANZASW and were subsequently adopted for their revised *Code of Ethics* (ANZASW, 2019). This new code of ethics was commented on favourably by Banks (2021), who noted its distinctiveness and that it was "Structured in terms of values and principles, the values are based on Te Tiriti o Waitangi and include reference to qualities of character as well as behaviours and actions" (p. 122). Further, the PCF and all three of the Enhance R2P project reports were submitted for inclusion in a proposed governmental review of social work education. Finally, as a result of the recent introduction of mandatory registration, the SWRB is reviewing their educational programme requirements and the 10 core competence standards. We recommend that the SWRB considers the adoption of the capabilities framework to replace the current competence standards and work with industry stakeholders to review and develop the framework to ensure its continuing relevance. If adopted, the framework would become a significant focal point for the education of social workers and for their continuing learning and development.

Submitted 26 May 2022

Accepted 21 June 2022

Published 15 July 2022

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We are not doing enough for children with neuro-disabilities

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I recently made a submission to the Abuse in Care: Royal Commission of Inquiry on behalf of a young whānau-member survivor who is autistic and lives with Foetal Alcohol Spectrum Disorder (FASD), Attention Deficit Hyperactivity Disorder (ADHD) and mental health issues. I made that submission also because I am a social worker and a staunch advocate for those who live with neuro-disabilities; many of them have experienced early removal from birth families, as well as lifelong rejection and misunderstanding by systems of education, health, care and justice. In my submission, I discussed how today's current care and justice systems cause as much harm to children and whānau as historic ones. In my recent Reimagining Social Work blog (Gibbs, 2022), I highlighted the harm to children caused specifically by current, residence-based interventions in youth justice, but in this piece, I also want to highlight how multiple aspects of both current care and protection, and youth justice provision harm our children with neuro-disabilities. In a future, research-based article, I will highlight specific findings on best practices for working in the justice space for youth living with FASD (in preparation).

My motivation to discuss this topic is the current under identification of these children in the care and justice spaces; there are thought to be up to 50% of potential children in care (and even more in justice) living with neuro-disabilities, yet absolutely hardly any identification efforts are being made to find out what specific neuro-challenges these children are facing in the areas of communication, executive function, memory, emotional regulation and adaptive or social skills. Too many excuses are made by both health and child protection services

that we cannot afford the complex neuro-assessments required to understand what is going on for our children in care, yet when we fill our youth justice system up with these kids a few years later, they start costing us tens and hundreds of thousands of dollars per year. If expense is really the services' greatest concern, it's cheaper by far to assess them early so we can intervene early. What is \$9,000 for an assessment compared to \$250,000+ to place them in residences or \$500,000+ for bespoke one-child-only bail, or support homes, a few years later when they go off the rails? We waste *so much money* by not acting earlier, and we harm children by denying them the right to be assessed, and for disabled children especially, the right to live a good life. My submission to the Royal Commission was forward thinking, as well as backward looking, and it contained many suggestions of how we can implement better practice as social workers and helping professionals because I simply do not want to be attending another historic abuse in care inquiry in 20 years' time. Children and whānau in the neuro-disability space have suffered enough and we need to address the failings of our healthcare, care and justice systems now. Below I will consider some of the harms caused to children and youth with neuro-disabilities and their whānau when care and justice systems engage with them, and what needs to be done to address the issues explored.

We harm children with neuro-disabilities by failing to have the infrastructure and competence to screen, assess and diagnose early. While some services for autism and ADHD are offered before the age of five, most children with FASD and co-occurring conditions are not helped

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WORK 34(2), 90–93.

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until it is almost too late. When children come into formalised care, few come with any formal diagnoses and few are thoroughly assessed with neuro-cognitive assessments, i.e., rarely are sensory, occupational, communication or cognitive assessments undertaken, even attachment and trauma-assessments can be “light” or missing. Caregivers inform me often that it then takes years of harm and chaos and multiple placements before these areas might be explored. Unfortunately, most social workers and others within health and care systems are still not trained in the nuances of what a neuro-disability looks like, across what experts call the 10 brain domains (FASD Coalition, n.d.). Often it is the caregivers or parents or other whānau who train themselves up with knowledge and skills and they then try and pass this knowledge on to those working with the child, with varying degrees of success, as whānau are often not believed. Ignorance is not an excuse when whānau are telling you the child is dealing with FASD, or another suspected neuro-disability. In reality, few social workers have been trained in disability frameworks, models or strategies (Badry & Choate, 2015; Gilbert et al., 2021). We need social workers who are curious and want to find out the underlying cause of worrying behaviour. In order for this to happen, however, we need good quality baseline and specialist training for social workers and all those working in care and justice settings. My own whānau member had to wait until 14 years of age to benefit from a detailed diagnosis report for FASD, and until 17 for autism, and it only happened via a youth justice pathway when requests had been made going back years for assessments via health, mental health and care and protection. For many children in care, this experience of delay is mirrored because general and mental health services have little neuro-disability expertise, or willingness to engage with conditions like FASD in particular. Care and protection resources are stretched and provision of help is often limited until a

child starts getting into minor offending. Children and young people in our care and youth justice systems are our most complex and vulnerable children and if we can find ways to do a better job for them *earlier*, we will benefit thousands of whānau. The social work profession needs a much deeper awareness of what neuro-disability is. By failing to consider (or know about) the basics, social workers tend to view children with neuro-disabilities as engaging in deliberate and wilful misconduct, and children with neuro-disabilities tend to get labelled as “naughty”. Fortunately, new training initiatives to help social workers and allied health professionals address their gaps in knowledge and skills are beginning to emerge (Lewis, 2022).

Of major concern is that children in care get fast-tracked to involvement with the justice system. We know that the majority of children involved in justice have some care and protection history (Reil et al., 2022). With that in mind, social workers may benefit from returning to advocacy principles and practices to attempt, as far as is practicable, to apply the United Nations Convention on the Rights of Children, most notably the following recent comment on justice and neuro-disabilities:

Children with developmental delays or neurodevelopmental disorders or disabilities (for example, autism spectrum disorders, fetal alcohol spectrum disorders or acquired brain injuries) should not be in the child justice system at all, even if they have reached the minimum age of criminal responsibility. If not automatically excluded, such children should be individually assessed. (United Nations Committee on the Rights of the Child. GC no. 24., 2019, para 28)

Unfortunately, when children with neuro-disabilities become involved in justice, they are viewed through a lens that is unforgiving and operates primarily on reasoning and behaviour-based models—not disability models (Gibbs, 2022; Wartnik et al., 2021).

These behaviour-based models fail to take account of the developmental age of the child, the child's dysmaturity, the child's susceptibility to grooming and victimisation, or the child's inability to fully understand or follow rules, conditions, neurotypical systems and adult expectations (even when these impairments are known, or previously diagnosed). Our youth justice system exemplifies ableism by setting our children up to fail because, instead of identifying and accommodating brain-domain differences and injuries, we punish those who offend (Reil et al., 2022). Our youth justice practice punishes those who do not learn from repeated mistakes even when this lack of learning is a strong indicator of neuro-disability alongside communication, impulsivity, executive and adaptive functioning difficulties. These same children who come from care backgrounds, who are both victims and offenders, are often those with a lifelong, fixed disabilities and they need accommodations, not negative judgments.

The best approach, therefore, is to introduce disability rights-based practices in care and protection and justice as early as possible. This is likely to include disability-focused specialist teams with specialist practitioners who can be called on early to assist a child and their whānau to get the wraparound supports they need. Disability teams and disability specialist social workers, of which there are only a few in Aotearoa New Zealand, can advocate for the specialist assessment and diagnosis of neuro-disabilities alongside brokering supports and opportunities for participation. If a disability-rights approach is taken specifically for neuro-disabilities then social work teams, including justice teams, can be better positioned to help children and young people flourish. Too many young people in our current care and justice systems experience failure rather than flourishing. I can truly say that from deep, personal experience, that my whānau member has been on the receiving end of a lot of "you are a failure" messages from a vast

range of helping professionals and justice officials who had little idea about disability or neuro-disability generally. I asked a group of caregivers recently to describe what neuro-typical good practice might look like and they talked of:

...person-centred practice; listening to families as experts; showing compassion; stop trying to fix people; being educated and understanding of how the brain works, understand that behaviours are often a sign of brain injury and diversity and not "badness" as such; and that neuro-typical people are not superior to neuro-divergent people.

For those children and youth living with neuro-disabilities who still find themselves in contact with youth justice processes there are practices that can be implemented to reduce the harm. Drawing on submissions from whānau members and the literature, the following can be helpful:

- Regularly normalise the use of diversion or alternative action plans rather than formal justice procedures.
- Ensure plans are focused on supporting whānau first rather than child-only, and focus on strengths, skills and positive interventions.
- If FGCs occur, then these need to be run by neuro-informed facilitators who facilitate plans that are simple and supportive and are not overlain with negative consequences should they not be followed—*less is more* in terms of conditions and punishment.
- Ensure all staff are neuro-disability trained and highly knowledgeable, including knowing how to access neuro-disability support services.
- At all stages of justice, use communication assistants and specialist neuro-disability services.
- Ensure neuro-informed policing and specialist neuro-informed justice social workers and legal advisors are employed.

Back in 2016, after much campaigning by whānau of children living with FASD, the Aotearoa New Zealand government created the FASD action plan, which ran until 2019 (FASD Working Group, 2016). This plan supposedly offered a chance for health and welfare services to become much more neuro-informed, but the plan received little core funding and ultimately failed to deliver, thus leaving the vast majority of children and youth with FASD in particular with few assessments, services or supports (Human Rights Commission, 2021). Both the children's and disability commissioners have campaigned hard for core funding, yet none has been approved (Human Rights Commission, 2021). We have so far to go before we can offer rights-based neuro-informed care or social work to our most vulnerable children.

Fundamentally, no child born with permanent brain differences and assessed as having a serious disability should be in our youth justice system where they continuously get punished for being born the way they are. Rather, they need to be acknowledged, assessed and cared for by specialist disability care teams. We will know these children have well-being and equity when we have kept them out of formalised care and justice processes, and enabled them to flourish and participate without punishment, as others who are regarded as neuro-typical are enabled to: we are all neuro-diverse after all.

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For the future of all life, the Code of Ethics is the key

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¹ Animal rights activist

² Registered social worker

This viewpoint piece is a convergence of our collective response to what we consider as insincere rhetoric emanating from a great many sources whenever agriculture, climate change, animal rights, sentience and the survival of humanity are mentioned. Staring through the lens of the ANZASW *Code of Ethics*, it is our opinion that the pou / values of the association's code of ethics, starting with the ethical principle discussing the respect for the sentience of animals while in social work practice settings, are starting to lack contemporary relevance when one is discussing the aforementioned notions. We go further and suggest that social justice for all, animal rights, the natural environment, climate change, and humanities permanency have intersected and are now a united single strand and that social work, through its own code of ethics, may be a leading force to achieve positive outcomes on all interconnected pathways.

ANZASW code of ethics

Ethics are the “principles of conduct governing an individual or a group” (Merriam-Webster, n.d.a). The ANZASW states that its own code of ethics represents social work's professional identity, collective aspirations “and is a key point of reference for informing” (ANZASW, 2019) professional decision making. For us, as authors, our ethical foundations are quite like both definitions insofar as we see them as a set of rules and frameworks by which we conduct our lives and how we view and treat others. It seems to us that a code of ethics is a rule book by which the group, the collective or the individual works within when conducting themselves on a day-to-day basis. If in doubt, the code of ethics will shine the right path.

We would like to focus, initially, on the ethical principle in the ANZASW *Code of Ethics* that started this thought process. Under the pou / value of Manaakitanga is the overarching principle that states “social workers recognise and support the mana of others. We act towards others with respect, kindness and compassion. We practice empathic solidarity, ensure safe space, acknowledge boundaries and meet obligations” (ANZASW, 2019).

Under this there is a set of 10 ethical principles; however, for us, one stands out above all the rest. It simply states that social workers “recognise the sentience of animals and ensure that any animal engaged as part of our social work practice is protected” (ANZASW, 2019). This got us wondering whether this should only be bracketed within the framework of social work practice or whether, considering the climate crisis, there should be a larger remit associated with it.

But first, let us establish what is meant by *sentience* and what it is to be a sentient being. Sentience is to have “feeling or sensation as distinguished from perception and thought” (Merriam-Webster, n.d.b). To be a sentient being, in this ethical instance, an animal such as a cow, horse, cat, sheep or dog for example, is to “have emotions, feelings, perceptions, and experiences that matter to them. These can be negative (such as pain or boredom) as well as positive (such as pleasure or comfort)” (National Animal Welfare Advisory Committee [NAWAC], n.d.), or, as Jones suggests, “to be sentient is to be the subject of experience; to possess the capacity for joy, pleasure, pain, and suffering, capacities that make a moral difference” (Jones, 2015, p. 467).

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Human beings are also sentient and are, therefore, afflicted with the same feelings and emotions that non-human beings feel. It is important to note here that, while we may be different at a species level, we are like other species when we are discussing emotions and feelings. We *all* feel pain, boredom, pleasure and comfort—taking just those four very basic points stated above. Both the overarching principle and the proceeding ethical point evoked a question in us.

Why is it that we only recognise the sentience of animals when working with them? Let us take a minute to think this through.

By framing it only in a social work practice setting, it seems the association is either dismissing the capacity of other sentient beings from feeling pain, pleasure, fear and other emotions outside of this strict framework or it is suggesting to social workers that it is ethically okay to dismiss and disregard all these very complex emotions altogether when they are interacting with non-human beings outside of their work settings. The latter is an anthropocentric position which considers animals worthy of attention only when in relation to human beings.

Let us pause for a minute on that last paragraph and set out a landscape to ponder: A social worker is working with a herd of horses as part of a therapeutic human/non-human setting. During this interaction they would obviously uphold the ethical principle as part and parcel of their practice. They would not only ensure that no harm comes to the horse, but also ensure that the clients would treat and respect the horses as fellow sentient beings. At the end of the session, the social worker drives past a dairy farm, racecourse, or an abattoir, entities that main and kill hundreds of thousands of sentient beings every year. In framing the ethical point in such strict terms, the Code of Ethics suggests we are asking the social worker

to work within one ethical principle in one setting and ignore our ethical responsibilities in another. It dovetails into what Ryan (2011) suggests, as Walker et al (2015, p.25) described it: “that social work invariably views the notion of respect as relating exclusively to humans so that social workers then have difficulties in grappling with how it is that we are able to speak of our responsibilities for other creatures”.

Exploring this a little further; it is widely known that sentient non-human mothers feel intense emotional pain when her child is taken from her straight after giving birth, young calves are selected to die purely because they are a “waste product” or they were born the wrong sex (Scoop, 2018) and non-human beings are forcibly impregnated against their will. Where do the notions of feminism, racism, discrimination, or body autonomy start and stop? “Feminists point out how the very same ideology that legitimates oppression based on sex and gender is the same ideology that acts to oppress animals” (Jones, 2015, p. 476). Hundreds of social workers go to work every day in Aotearoa New Zealand to fight against these and many more injustices. Is the fight against any one of these notions only for us and *not* for our fellow sentient beings who want to live as much as we do?

As it stands, we feel it promotes speciesism, creates an unneeded ethical tension, and was placed within the Code of Ethics without any real exploration as to how it fits into the realities of what it means to be a sentient non-human today and the impacts on contemporary society. However, it is not the only ethical point in the code of ethics that requires revisiting in our opinion.

Our adopted social work definition holds the principles of “social justice, human rights, collective responsibility and respect for diversities” (ANZASW, 2019, p. 8) as central to social work. In terms of social justice, Jones argued that “animal rights is a social justice issue and that those committed

to social justice should expand social justice praxis to include the interests of all sentient beings” (2015, p. 469). If what he says is true, and we believe it is, then the pou / values that the professional upholds and that “emanate from our National Foundation Document: Te Tiriti o Waitangi - Rangatiratanga, Manaakitanga, Whanaungatanga, Aroha, Kotahitanga, Mātātoa and Wairuatanga” (ANZASW, 2019, p. 10) develop a profounder and broader reach than they currently embrace. Extending this further, the principles that encircle empowerment, self-determination, protection from harm, collective action and wellbeing should acknowledge that other sentient beings have a right to justice, a right to determine their own future and a fundamental right to exist in a state of self-determined wellbeing.

It should be acknowledged the industries that perpetuate harm, such as the animal agricultural industry not only cause untold environmental damage which we will discuss later, but also provide

a clear case of the intersection between speciesism, racism, classism, and environmental justice. For instance, the intersection of speciesism and classism can be made visible when we recognize that the consumption of meat and the wearing of certain animal pelts (e.g., mink, ermine, etc.) are class markers. (Jones, 2015, p. 476)

Importantly, Māori, as kaitiaki of the natural world, are starting to identify those industries such as those mainstays of New Zealand’s economy are incongruent with “their strong beliefs in kaitiakitanga” (*New Zealand Herald*, 2019) and are starting to move towards more environmentally sustainable industries.

This opinion piece goes beyond the realm of working with animals in rehabilitation or therapy environments. It sees animals as our sentient equals and, as such, asks us all to re-evaluate our current interactions with our

surroundings through a broader and more ethical lens. In the current climate—no pun intended—we really need to change that for the sake of mother earth and all beings within it. We need to “talk about our location within the natural world” (Walker et al., 2015, p. 34) and how we, through our individual and collective actions, can change current practices. Our intention here is to suggest that, while our pou / values are pertinent, the professions principles that underline the pou / values and “mainstream theories of justice are impoverished because they ignore nonhuman animals” (Jones, 2015, p. 468).

We will leave the final word on this section to (Ryan, 2011, 164) when he argued that:

when social workers make the moral judgment (for that is what they invariably do) that they will not speak out about animal abuse or neglect, they routinely minimise this reality, and by inference deny that animals have any meaningful moral value....Given that social work has a long and proud history of speaking out on behalf of, and of giving moral priority to the weak and vulnerable in human society, it is incumbent that social workers speak out and accord moral priority to animals, the most weak and vulnerable members in our communities.

Our pou / values of Rangatiratanga, Manaakitanga, Whanaungatanga, Aroha, Kotahitanga, Mātātoa and Wairuatanga demand nothing less.

Contemporary farming

This brings us neatly into the next point we would like to briefly expand upon within the framework of the previously mentioned ethical points.

Even as far back as 2012 it was reported that, globally, agriculture was responsible for 14% of deforestation, primarily used to grow feed for livestock, which accounted for an additional 18% of emissions (World

Future Council, 2012). Agriculture also uses as much as 70% of all water usage globally leading to greater erosion of soil and greater deforestation (MidWest Centre, 2019) and that the largest 20 livestock companies in the world produce more greenhouse gases than either Germany, Britain or France, and are receiving billions of dollars in subsidies to continue to pollute our world (*The Guardian*, 2021).

In Aotearoa New Zealand, “high emissions of methane and nitrous oxide from agriculture” (The Conversation, 2019) makes up to 48.1% of all our greenhouse gas emissions (Niwa, n.d.a) and the industry, in Aotearoa New Zealand, accounted for approximately 1 million cows killed in 2020 (Statistica, n.d.), 630,000 pigs killed in 2021 (Figure.nz, n.d.) and 120 million chickens killed in 2019 (Safe, n.d.). While these are not all the non-human species slaughtered, they are all sentient, meaning that, as well as their experiencing the aforementioned emotions, all most probably did not want to die in the manner that they did.

Let’s pause for a moment and consider what the last two paragraphs say. We have an industry that is causing untold damage to the environment through enormous deforestation, using most of the world’s water, causing soil erosion and pumping huge amounts of emissions into the air. It is causing the death of, worldwide, billions of innocent sentient non-human beings and, but not specifically mentioned earlier, it would be greatly contributing to rising sea levels that will cause the permanent displacement of entire island nations and with it the absolute destruction of entire cultures

All the points mentioned are arguably issues that would fall somewhere in the association’s Code of Ethics through commitments to such things like social justice, human rights, self-empowerment and the previously mentioned point regarding the treatment of sentient non-humans. We are hard pressed to think of another

industry that causes this much damage to contemporary society. In our opinion, it is a direct affront to all the pou / values in the Te Tiriti o Waitangi and the association’s Code of Ethics—however, the social work profession is largely silent on it.

Perhaps Garner (2013) has the answer when he argues, as summarised by Jones (2015, p.472), that if one was to “decouple social justice from the distribution of economic goods, we allow room for justice to include the distribution and assignment of other things, such as liberties, powers, opportunities, goods and bads, rights, experiences.” In other words, when we move away from economic agricultural concerns the implications and understanding of social justice for all sentient beings coupled with a healthier cleaner mother earth is more readily accepted.

Climate change

Which then brings us to our final point of contention. Climate change is arguably the biggest fight humanity has faced since we first walked this earth (United Nations, 2021) and it is entirely caused by our behaviour (Climate.gov, 2021). The effects of climate change in Aotearoa New Zealand are numerous—the erosion of coastal margins, flooding, availability of freshwater (Royal Society, n.d.), hotter temperatures causing health issues for our most vulnerable (Niwa, n.d.b), crop failure and increased droughts (Te Ara, n.d.) to name but a few. We also believe, as others do, that climate change is a social justice (Eco Watch, 2020) and human rights (Human Rights Commission, 2019) issue, core principles central to our profession, and while it is affecting all of us, it does not affect everyone equally.

ANZASW states that social work’s dual purpose is:

- To enable and empower individuals, families, groups and communities to find their own solutions to the issues and problems they face.

- To inform society at large about the injustices in its midst, and to engage in action to change the structures of society that create and perpetuate injustice (ANZASW, 2019).

If we take those statements at face value and we agree that climate change is humanity's biggest threat, then should not the profession be pulling out all stops to either stop the threat altogether or, at the very least, ameliorate the effects that climate change has on society?

What is stopping the social work profession from informing society at large about the *social and human rights* injustices in its midst, and to engage in action to change the structures of society that create and perpetuate injustice *through the collective inaction on climate change*?

Is it just too hard an issue to tackle and is the profession so engrossed in individualised human-to-human interactions that it fails to grasp the enormous task ahead? Or is it as simple as Ryan (2011, as cited in Walker et al., 2015, p. 25) argued when he observed "that our human-centred approach to social work always constructs the client as human and that human welfare is paramount above all else" and with this human centred / individual approach, the social worker fails to see beyond this framework the obvious impending calamity befalling all of us.

Interconnecting pathways

We feel all of this can be interconnected through, initially, one very simple but important ethical point in ANZASW's code. A point that, if followed through with, could ameliorate a lot of the pain and suffering laid out in the preceding pages. While we do not profess that it would "fix the world's problems", and we do not want to simplify what is a very complex issue, we feel that at least one of the major contributors to the issue could be tackled head on and not left to

continually destroy the earth and all beings on the planet.

Let us recap on what has been discussed thus far under each heading

- **Climate Change**
 - Planet Earth's biggest threat
 - Entirely caused by human processes
 - A social justice and human rights issue
 - Caused primarily from greenhouse gases
- **Agriculture**
 - Produces over a third of the world's greenhouse gases
 - In Aotearoa itself, it is closer to 50%
 - Responsible for 14% of deforestation, primarily used to grow feed for livestock, which accounted for an additional 18% of emissions
 - Uses 70% of all water usage globally
 - 20 livestock companies are responsible for more greenhouse gas emissions than either Germany, Britain or France
 - Kills billions upon billions of sentient beings
- **ANZASW Code of Ethics**
 - The association's code of ethics has, through its pou / values a blueprint for a more sustainable and ethical world; however, it lacks in its embrace of a broader and deeper view of those pou / values.
 - The core principle of social justice should encircle all living beings

Our thesis is quite straightforward and simple. If humanity were to stop the senseless slaughter of billions of sentient beings, we are sure it would immediately mitigate the effects of climate change, meet COP26 targets and ensure Earth's survival for future generations of all shapes, sizes and species. We feel social work, through the associations and Te Tiriti o Waitangi core pou / values, has been given an ethical obligation and a central platform to take this thesis forward. The profession can do this by advocating for a "just transition" from meat and dairy industries to plant-based

industries. It would be more in line with the profession's code of ethics, specifically the notions of upholding social justice for all, human rights, self-determination, respecting diversity, the protection of rights and freedoms and the recognition of sentience across all the Earth's beings, to name but a few. It would also see the profession be the first in the world to tackle the biggest contributor to the climate change crisis.

Conclusion

We hope this viewpoint article has been able to articulate our thoughts and arguments in such a way that it fosters more discussion around an area that we believe must be tackled. There is no need to slaughter our fellow sentient beings for human beings to survive, and in meeting their ethical obligations, social workers can be a leading force in this fight for earthly survival. The fate and survival of humanity depends on our understanding that there is an augmented recognition of the pou / values. Upholding rights for all is to the advantage of all. In fact, in continuing to do the same thing we did yesterday we are consigning ourselves to the inevitable end we are facing today.

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The relevance of emotional intelligence in social work practice and education

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ABSTRACT

This article presents a discussion of the concept of *emotional intelligence* and provides a rationale with reference to the relevant literature on the concept and significance of emotional intelligence in social work education. In this piece I argue that emotions can influence moral decision making in social work and may act as moral markers and motivators for social work practitioners and students. It offers my viewpoint on emotional intelligence based on my practice experience as a registered social worker, a social work educator and a learner completing a PhD in social work. Finally, I explicate some suggestions to further include emotional intelligence in the social workers' ongoing professional development and social work students' education.

KEYWORDS: Emotional intelligence; social work; social work education

Introduction

In my years of practice experience as a frontline social worker, I found emotional intelligence to be one of the most useful skills in managing social work cases. Salovey and Mayer (1990) described EI as “the ability to monitor our own and others’ feelings and emotions, to discriminate among them and to use this information to guide one’s thinking and actions” (p. 189). An example of when I utilised my skill was when I worked with a perpetrator of domestic violence who was new in the country, spoke very little English, did not have any family members apart from his nuclear family, who were separated from him as soon as the allegation was made. Furthermore, he knew very little of how the systems work in Aotearoa New Zealand. This experience was very significant in my social work career, and although my knowledge of theory and legislation played an important role in my decision-making process, ultimately my emotional intelligence

was the key to my successful professional relationship with the client. My work was not at all perfect, but by using emotional intelligence, I was able to build trust with the client and be aware of my feelings—these moved from blame to non-judgement. Moreover, I was able to realise his sadness over being separated from his children and to manage my own repulsion to the domestic violence situation, and finally combined these to deliver the best service I could offer to the client. I will never forget the physical violence and the emotional abuse he did. My memory of seeing the weapons he used and bruises on his victim’s skin will stay, but I will also never forget the sadness in his eyes as his body shrunk rapidly from not eating and drinking, longing to see his children. My emotional intelligence has helped me see the vulnerability of each member of the family. In addition, this experience has helped me to better understand myself, my clients, and their behaviour.

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Social workers have a significant role in providing emotional support in assisting vulnerable people (Munford, 2021). Furthermore, the ability to recognise, utilise and work with emotions competently has been considered as the heart of social work (Weld, 2006), a way to enhance critical thinking (Rankine & Beddoe, 2020) and one of the strong predictors of resilient social workers (Adamson et al., 2014). This article presents a discussion regarding the relevance of emotional intelligence in social work practice and the role of emotional intelligence in social work education based on my reflections upon practising social work, teaching an undergraduate social work degree, and studying towards a PhD in social work. This article finally explicates some possible ideas to further include emotional intelligence in the social workers and social work students' learning journey towards becoming effective practitioners.

The concept of emotional intelligence

The concept of emotional intelligence (hereafter EI) has been described slightly differently by many authors. In conceptualising EI, Salovey and Mayer (1990) argued that there are three components that make up the concept of EI:

1. Appraisal and expression of emotion of self and other which can be both verbal and non-verbal.
2. Regulation of emotion in self and in other.
3. Utilisation of emotion which include flexible planning, creative thinking, redirected attention, and motivation (p. 190).

Furthermore, Salovey and Mayer (1990) suggested that a degree of ability to appraise and express emotion is crucial for adequate social functioning. The possession of these skills enables individuals to perceive and respond to their own emotions and the emotions of others more accurately. Regarding regulation of emotion, Salovey

and Mayer (1990) further suggested that the individual's ability to adapt and reinforce mood states has a strong correlation with their EI. Moreover, emotionally intelligent individuals go through the process of adaptation and reinforcement of their mood states with specific goals in mind; they may positively improve their own and other's mood and motivate others or, conversely, may influence manipulative behaviours. Once the emotionally intelligent individuals can regulate their emotions, they utilise emotions to solve problems by identifying and framing the problems and choosing some possible solutions.

Similarly, Goleman (1996) described EI as the ability to appropriately manage distressing moods, control impulses and persist in the face of frustrations. He contends that EI is both a social skill and an empathy which can be learned, to some extent, by most people. He added that it is necessary to emphasise they are learned through the individual's interaction with other people—he called the set of skills *emotional literacy*. The emphasis of his concept of EI is exercising self-control.

Another significant contribution to the concept of EI is from the work of Bar-On (2006) who argued that it is more accurate to refer to the construct of the concept as *emotional-social intelligence* (ESI) due to the combination of intelligences based on both intrapersonal (emotional) intelligence and interpersonal (social) intelligence. At a glimpse, Bar-On's model can be summarised as "a cross-section of interrelated emotional and social competencies, skills, and facilitators that determine how effectively we understand and express ourselves, understand others and relate with them, and cope with daily demands" (p. 2). Bar-On's study was conducted in a period of approximately 2 decades based on his experience as a clinical psychologist, empirical research, and review of literature.

In the context of social work, Weld (2006) described EI as a collection of emotional and

social knowledge and skills that impact the social worker's ability to effectively work with clients. Weld argued that the possession of EI is crucial for social workers. She has also identified the necessity of EI in the supervisor-supervisee relationship. Further to the area of social work supervision, O'Donoghue (2021) specified that the possession of EI is necessary for supervisor, supervisee, and the organisation.

The relevance of EI in social work practice was also highlighted by Ingram (2013) with an emphasis on the social work relationship. Ingram contends that the key elements of EI relevant to social work are self-awareness, managing emotions, motivation, empathy, and relationships. He included service user involvement and perspectives in the concept which involves social worker's therapeutic and procedural roles. The relevance of EI for social workers to relate positively with others, enhance self-care and ultimately improve the effectiveness of social work practice cannot be emphasised enough.

The relevance of EI in social work practice and education

The role of EI in social work practice and education has been studied by many researchers such as Clarke et al. (2016), Grant et al. (2014) and Horne (2017). It is also important to highlight that the benefits of developing these skills for social work practitioners and students is not only about developing emotional understanding, but also about building resilience (Howe, 2008; Munford, 2021). Moreover, Salovey and Mayer (1990) argued that the benefit of developing EI is to learn how to handle the complex relationships necessary in the social work arena. Additionally, the study findings by Clarke et al. (2016) showed that the possession of EI by social workers and social work students has the potential to prevent feeling overwhelmed by stressful case scenarios. The study also found that it is not enough to provide social work students with relevant knowledge and protocols such

as theories and ethics. Furthermore, social work education should also aim to help students to learn about their beliefs, identity, and emotions.

In regard to the area of social work field education, Hay (2019) conducted a study on quality field education that involved interviews with agency managers, academic staff and students. The study examined their perspectives on the key components that contribute to quality field education and found that one of the key aspects identified by academic staff was the need for students to have EI. Further to the area of field education, according to Grant et al. (2014), there is evidence that students frequently find their field placement demanding and stressful. The study suggested that EI may help students manage their emotional reactions more effectively during placements and support their career aspirations. Moreover, Grant et al.'s (2014) research involving students in the undergraduate social work programme showed EI had been associated with many positive outcomes of considerable relevance to social work, such as enhanced professional judgement and decision-making abilities, more flexible negotiation skills, and greater confidence, optimism, cooperation and trust. The findings of the study also provided evidence that carefully planned interventions involving experiential learning and emotional writing have the potential to enhance emotional literacy and associated competencies such as reflective ability and empathy in social work students. Furthermore, the study found that such interventions may also improve levels of psychological wellbeing. In contrast, a research study conducted by Horne (2017) involving students in a Master of Social Work (MSW) programme found that students' level of EI was not a significant predictor of student success up to the conclusion of the first year of study in an MSW programme. In fact, the participants' level of EI declined over the course of completing one year of coursework.

It appears from the literature reviewed to date that EI may play an important role in social work students' preparation for beginners' competencies and practitioners' capabilities to practice. Emotions are also necessary in relation to practitioners' decision-making processes. Moreover, the nature of social work profession requires a high level of moral priorities and professional relationship with clients; emotions help social workers in moral thought and decision-making processes by utilising emotions concerning what is right or wrong. Therefore, social work practitioners and education providers should pay more attention to developing skills in EI on an ongoing basis. Also, supervision and professional development activities should include an ongoing enhancement of practitioners' EI.

In my experience teaching undergraduate social work students, I argue that although the significance of EI has been considered by academics (Adamson et al., 2014; Hay, 2019; Howe, 2008; Munford, 2021; O'Donoghue, 2021; Rankine & Beddoe, 2020; Weld, 2006) and studied (Clarke et al., 2016; Grant et al., 2014; Horne, 2017), further discussions amongst social work practitioners and students need to be enhanced (Clarke et al., 2016). I am referring to EI as looking at a situation, speaking clearly about relevant emotions, regulating and utilising those emotions to continuously develop motivation and critical thinking (Salovey & Mayer, 1990). As with any profession involving human beings, without emotions, social work practitioners may not be able to deliver their practice empathically.

An important component to note is the educators' belief in the ability of the students to grow (Clarke et al., 2016) both emotionally and socially (Bar-On, 2006). Moreover, the educators need to be responsive to students' learning needs and the learning process of the learning itself. Another crucial element is a professional relationship between educators and students with great respect and trust, so

the students can safely discuss about their emotions in an honest and open forum. For example, how students' emotions and moods can be used to motivate (Salovey & Mayer, 1990) and assist performance in complex case scenarios (Howe, 2008) and how mood states may be utilised to generate and better prepare students to take advantage of future opportunities. That said, despite the possibilities of EI in enhancing the effectiveness of social work practice and education, it is not without challenges. One of the problems I identified is that EI is not easy to measure and there has been relatively little research study and publication about EI in relation to social work practice (Morrison, 2007) and education. Furthermore, although the importance of EI has been discussed in the social work profession (Howe, 2008), this seems to have more application for the social work recruitment process than the learning process (Clarke et al., 2016). I believe that the development of EI can, and should, take place throughout students' learning journey and practitioners' professional development. I suggest a possible solution that includes curriculum designs that explicitly capture EI as part of the social work students' learning development. Also, social workers should continue to take part in workshops to assist them in reflecting on their moral identity and work that uses their emotions; including the opportunity to clearly appraise, regulate and utilise their emotions in their work.

Conclusion

The role of EI in human relations is crucial, and its evidence has been confirmed in research studies that have been conducted around the world. EI individuals should have sufficient skills to appraise, regulate and utilise their emotions to motivate others and lower stress. It is also evident that EI has been identified as a significant contributing factor to effective social worker practice. However, the presence of EI in publications and research studies is lacking and should be enhanced.

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A political history of child protection: Lessons for reform from Aotearoa New Zealand

Ian Kelvin Hyslop

Bristol: Bristol University Press, 2022

ISBN 978-1-4473-5318-8, 214pp., Paperback, GBP24.99

More and more, state child protection is contested space, where advocates of social equity justice challenge governments to create systemic change that addresses racism, socio-economic deprivation and their resulting disparities. The child protection system in Aotearoa, New Zealand sits front and centre under this critique as a system that has repeatedly failed children, young people and families, particularly Māori. It is at this current precipice of potential, of revolutionary system change from five major reviews/reports—Office of the Children’s Commissioner (2020a, 2020b); Whānau Ora (2020); Oranga Tamariki (2019); Ombudsman (Boshier, 2020); Waitangi Tribunal 2915 (2021)—that Dr Ian Hyslop’s *A Political History of Child Protection* presents the raw truth of cyclic political manoeuvring, fiscal-driven reforms and inherent system racism.

Western global history of child protection is always framed from a white supremacy perspective of child-centred practice, devoid of any examination of the settler colonial burdens on people, land and Indigenous economies. In these versions, the child must be saved and the impacted Indigenous experience across generations is side-lined as an add-on consideration. Hyslop breaks this mould, going deep into this space, exploring initial framings of pervasive, colonial welfare ideologies, eugenic policies and the constant positioning of children and young people as *be-comings* of future economic production units.

Hyslop’s work is a fresh look at the problematic patterns of successive government policies and practices, contextualised in Aotearoa but transferable across the quadruplet settler colonial nations of Canada, USA, Australia and New Zealand. He narrates this political policy history as an interwoven dance of capitalism, colonisation and public moral panic, exposing these as tools of assimilation, Indigenous marginalisation and the continuing rising numbers of Indigenous children in child protection systems as the predetermined consequence.

As a *pracademic*, combining practice experience with academic critical analysis, Hyslop uses social work knowledge and research to ensure we understand the forces driving child protection reforms. Government agenda and responses are analysed in relation to Māori rights, held in Te Tiriti o Waitangi. Through this dedication and commitment to centring Māori, Hyslop exposes injustices while reflecting the strength, capability, perseverance, and integrity of Māori to manage our own affairs if provided with those foundations agreed to in 1840.

This book is not just the telling of political history, but a challenge to settler colonial governments to share power, step aside and enable Indigenous peoples to build. In this, Hyslop articulates the periodic nature of broken promises to devolve or engage in legitimate power sharing relationships, providing the 1980s and Pūao-te-Ata-Tū as an exceptional example of missed

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opportunity. Care is taken to explain the enduring Manichaeian disparities which frame Māori, parents and particularly mothers as evil through terminology of “indigent parenting” or “battered child”. He connects us to the resulting reactive policies that respond to public outrage by removing children from families—particularly from mothers—and the pattern continues.

While Hyslop’s book reveals historic dirt and pain, chapter 7, “Building a new paradigm” turns to future possibilities. In this chapter, Hyslop, perhaps too briefly, summarises those significant reviews and Tribunal findings that signal another opportunity, the first since 1989. The seriousness of risk and chance we currently navigate is clearly outlined. And in terms of Māori rights, Hyslop reaffirms our right as Māori to define and decide what this looks like—a repeated point throughout the book.

At the time of writing this review, one arm of the child protection system is being determined in the legislative reform of the Oranga Tamariki (NZ’s child protection system) Oversight Bill. Sadly, to date our government appears determined to repeat the identified patterns of holding power, ignoring lived experiences and compartmentalising child protection into parts. Hyslop’s unveiling of cyclic and half-pie remedies to poverty, racism and colonisation in child protection continues to be played out in Parliament. This only reinforces the need for this work to be read across Government, by social workers and academics.

Hyslop, throughout his book, balances his system critique with kindness and optimism towards social work and child protection practice, reminding us that child protection social work is complex and, crucially, policy and politically driven. Likely this optimism, which I do not share, is drawn from his extensive practice experience which he weaves through the narrative with personal

experiences dating back to the 1980s. My own wero (challenge) that I lay down to social workers working in child protection is to ask you to engage in our shared history in order to create macro changes that meet our (Māori) constant demands for indigenising and/or decolonising our country. We must take the opportunity to understand these important connections across colonial time that have built intentional systems that take generation after generation of our children. This is a task for tangata te tiriti (non-Māori in Aotearoa) more so than Māori, as we live this in our day to day and require you, as allies, to take up this cause. In doing so you will make space for us to spend that time to build our By Māori, for Māori, of Māori services and responses. To summarise, please read this book.

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Reviewed by **Kerri Cleaver**, (Kāi Tahu, Kāti Māmoe, Waitaha) University of Canterbury

A political history of child protection: Lessons for reform from Aotearoa New Zealand

Ian Kelvin Hyslop

Bristol: Bristol University Press, 2022

ISBN 978-1-4473-5318-8, 214pp., Paperback, GBP24.99

Understanding child protection requires of us, indeed *implores* us, to understand our history. It is through historic and contextual analysis that we can understand how we got here, and then, intelligently (read *not reactively*), build on this knowledge for further reform. Politicised and criticised, many of us who work inside child protection can only gain when we engage sociologically with “a political history of child protection” in and for Aotearoa. This exciting book is indeed timely.

Ian’s book provides a sophisticated and accessible politico-class analysis intersecting with the Tiriti o Waitangi and significant Māori calls for change. Taking a post-colonisation chronological overview into the neoliberal turn, a critique of managerialism is provided that reminds me of why social work must remain at the core of child protection mahi and organisations. Ian highlights the long calls from Māori trying and challenging (with little progress) in turning the ideological tanker. Ian argues that poverty is “the elephant in the child protection room” and he shows us why sociological skills and theorising are requirements for working in and leading child protection. This is a bold book. Challenges are laid down: this being my favourite—are we in “denial about the complex intersections between child maltreatment and structural inequality?”

Ian writes himself in and this is a delight to read. Drawing on his practice and leadership experience gives the book an authentic and legitimate quality. Interspersed with

core ideological and political arguments, the weave is a success. The seas of child protection are indeed choppy and stormy.

Setting out the core argument across seven chapters, the book takes us from 1840 to the present day. We are taken on a journey through political and ideological influences with a compelling argument made and about liberalism and indigeneity being thrust tighter together with poor outcomes for society’s most vulnerable. Emily Keddell’s stunning work is drawn on to highlight how inequality serves adverse functions for those in need of support and help (Keddell, 2018, 1019). Entering the child protection vortex is indeed easy, for some more than others. The final chapter offers a thorough sociological analysis of the last few years of reviews and reports. This was my favourite chapter—with so many public and critical reviews in the past 3 years, Ian provides a thematic synthesis and reform analysis.

The book begs the question: Why are child protection systems so subject to ideological influence and quickly adopted dogma, thrusting us toward reactive change? Given our obligations under Te Tiriti o Waitangi, and a range of internationally agreed rights-framed conventions, how did the recent “social investment approach” that exacerbated a child-centric individualism take hold? (Chapter 6 offers a splendid critique). I loved the sociological imagination presented as a leadership and practical toolkit for sense making this “political history”.

The vision of bicultural social work was clearly derailed by managerialism influences

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throughout the 1990s and beyond and the book details why, and to what affect. Social work education is not immune to the market forces playing out in these (endless) neoliberal times.

Perhaps more focus on the actual practice on the ground would have enhanced the book. How might practice frameworks, tools, and models enable us to provide a more unified, yet stronger, ethical social work offer? Too often child protection operates behind closed doors in privatised and silencing ways.

The paradigm shift ideas (Chapter 7) are more illustrative than instructional—how might we actually achieve a paradigm shift in our child protective systems? The Israeli reform illustration is probably the best-known example and more lessons from this work would have augmented the core argument that a paradigm shift is needed (Krumer-Nevo, 2020). There is something quite compelling about the argument for a paradigm shift to underpin systems and organisational change. These days “risk” gets a bad rap, with risk-saturation and “moving beyond the risk paradigm” needing a more sophisticated treatment and the book offers this (Featherstone et al., 2018). The state’s role going forward is not in isolation and, as Ian argues, the need for intelligent systems reform is compelling. This book offers a significant contribution to this end.

The political and discursive analysis weaves in poverty and inequalities with sophistication. Ian’s work is accessible and challenging. It is through the analysis laid out in the book that social workers and leaders can be equipped to speak up and speak back to structural determinants that can oft feel too hard to tackle. It is through a deepening understanding of how we got here that we can collectively offer new ways to organise our systems of help. The trope of “statutory social work” has done us a disservice, and this book provides

a compelling argument for a collective and strong *social work* discipline operating across a range of settings. Imagine. Families don’t want too many cars up the driveway—they deserve the very best social work has to offer—from a statutory service, community agency and iwi.

Social work students, kaimahi in practice settings, and leaders of practice need to buy and read it. It is by understanding history and contextual influences that we can stand, pause, and plan forward. Too often, as Ian argues, practice reform has lurched from crisis to crisis, from ideological dogma to the next new idea. So many well-intentioned reforms were left to flounder.

This is an outstanding and helpful book. My work is part of the team designing the new practice approach for Oranga Tamariki and we are adopting a paradigm shift, to be delivered through the new practice framework (Stanley et al., 2021). Keeping practice reform on course, in choppy and stormy seas, is challenging. This book is a resource we are drawing on to help us move forward. The Aotearoa New Zealand child protection story will continue.

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Finding your ethical research self: A guidebook for novice qualitative researchers

Martin Tolich and Emma Tumilty

Routledge Taylor & Francis Group, 2021

ISBN: 978-0-367-17478-1, pp.208, Paperback, Hardback and ebook \$71

The preamble states this book is written for novice qualitative researchers; however, it reads as a book written for social research students and lecturers. A student could work through the book, consider the reflective exercises and carry out the activities suggested, or a lecturer could use the book as a way of structuring a session/s or course on qualitative research. The book is authored by Martin Tolich, an Aotearoa New Zealand academic from Otago University and Emma Tumilty, an Australian bioethicist. Material used in the book is from Martin Tolich's teaching of research ethics throughout Aotearoa New Zealand and in Portugal. Martin Tolich has written social research texts which may be familiar, and I have found his work useful in teaching research and in my own research. A theme of the book is that qualitative researchers need to have an ethical compass so they can effectively respond to ethical issues as they arise throughout a research process as opposed to relying on an ethics review to keep research participants safe.

Rather than starting with an ethical code, or describing the process of applying to a research ethics committee for ethical approval, the book began with a description of a classroom-based discussion about consent. Informed consent was introduced to a student cohort by placing a recording device in front of the class to see how they would respond. The authors returned to this example of consent and other student learning activities, alongside case examples, throughout the book. Alongside informed consent, the first part of the book explored key aspects of ethics in qualitative research

such as conflicts of interest, confidentiality and the right for research participants to withdraw from research. The Nuremburg code is used as a reference point for these discussions, for example, the authors consider the Nuremburg code in relation to the Milgram and Zimbardo experiments.

Two chapters are dedicated to specific types of qualitative research: unstructured interviews, focus groups, narrative research, autoethnography, photovoice and participant observation. The examples given of ethics in relation to these types of research were mostly classroom-based rather than from real world research projects. One chapter is dedicated to working with community-based agencies and discusses developing a memorandum of understanding to carry out research which involves an agency, followed by two chapters focused on ethics review. Potential harm to participants is considered, and briefly, potential harm to the researcher. Much of the discussion about potential harm to a researcher social workers will be familiar with from their own study and practice.

A strength of this book is the sole focus on qualitative research. Readers are encouraged to consider the fluid nature of ethics in qualitative research and develop their own ethical intuition so they are equipped to make ethical decisions in situ rather than rely on ethics review processes. It is of note that the authors encourage the use of reference groups when making complex ethical decisions and for the protection of research participants. The authors state that "ethical intuition, imagination, reasoning, and are agency are key concepts" (p. 56) and

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how you might develop these is returned to throughout the book.

What I was hoping for from the book was a deep dive into ethical issues encountered by qualitative researchers with real world examples and processes for working through them. While the book uses some commonly used historic case studies of ethical issues in research, there is extensive use of made-up examples used in the classroom. It would have been helpful to have some local, recent examples from social research and some Indigenous research examples. Much of the material is taken directly from what happened in the classroom and there is only

a brief mention of Indigenous research, or of working with cultures different to your own.

For students this would be a helpful text, and the teaching examples are useful for those teaching research ethics; however, for social workers, it may have been more engaging if the examples used were real and the focus was on research as opposed to the teaching of research. I would recommend this book to anyone teaching qualitative research or embarking on postgraduate study involving qualitative research, but I consider its use limited for social workers, and the brief attention given to Indigenous approaches to research is a significant limitation.

Reviewed by [Lesley Pitt](#), Open Polytechnic