



AOTEAROA NEW ZEALAND SOCIAL WORK

VOLUME 33 • NUMBER 3 • 2021

ISSN: 2463-4131 (Online)

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Holding fast to collectivist values in a health emergency

As I write this editorial, Aotearoa New Zealand is grappling with an outbreak of the Delta variant of Covid-19. Since a recent returnee from Australia tested positive for Delta in mid-August 2021, we have been under public health emergency measures, with Tāmaki Makaurau, our largest city, in Level 3 and 4 lockdowns for 80 days (at 5 November). The Delta outbreak has resulted in 4034 cases so far. There are so many cases now that those of us in Tāmaki (and probably in Waikato and Tai Tokerau) have to assume that there are Covid-19 cases in our neighbourhoods. We scan the vaccination statistics every day to see if we are getting closer to that magic number of 90% of our eligible population double-vaccinated.

We learned to respond to a rapidly changing style of communication. We observed at close quarters, or via Zoom, how existing inequalities were intensified and how these were revealed in the lives of the people we work with. "Social work relies on understanding and responding to the social world, and addressing inequities in that world" (Keddell & Beddoe, 2020, p. 41). Many aspects of our professional lives have been reshaped by the impacts of the Covid-19 pandemic. The most recent and perhaps the sharpest end of the public health measures is mass vaccination.

While our profession has made many efforts to contribute to supporting families and have practised solidarity across our fields of practice, vaccine mandates have exposed tensions. Social workers have generally supported vaccine mandates. A poll conducted by ANZASW this week provides the following snapshot. The survey was available to social workers over 1-5 November 2021 and there were 1240 responses. The majority (90%) of

social workers are vaccinated or intend to be vaccinated. Only 6% indicated they will not be vaccinated and 2.3% are unsure if they will be vaccinated. The results indicated that 72% of social workers were currently required to be vaccinated (59% because of the Covid-19 Public Health Response (Vaccinations) Order and 13% because of employer policies). In response to the question, "Should social workers be vaccinated to work with clients face-to-face?" 74% are in support of a requirement for social workers to be vaccinated (58% strongly agree; 16% agree) while 11% strongly disagree, 7.5% disagree, and 7.6% were neutral, or not sure.

The Aotearoa New Zealand Association of Social Workers (ANZASW) also announced their position statement, "COVID-19 vaccine and your professional responsibility" today. The preamble makes the association's position clear: "vaccination is a critical part of the Aotearoa New Zealand public health response to the COVID-19 pandemic. Social workers should help to protect themselves, the people they work with, and the wider community by getting their COVID-19 vaccination, unless medically contra-indicated" (ANZASW, 2021).

Many social workers already know they will be required to vaccinate under a mandate and that numerous other agencies will develop their own policies. These mandates are focused on ensuring safety for the people we work with, ourselves and our whānau.

Mass vaccination and vaccination mandates are rational responses to our current crisis. Human rights are important and there has never been any suggestion that individuals would be forced to have a vaccine, or indeed any other medical treatment. However, vaccine mandates are a response to a public health

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emergency, not a matter of abstract intellectual debate. I have been alarmed to observe sentiments on social work social media sites that show positions formed on the basis of mis- and dis-information. The following definitions of damaging information are useful (cited in Hannah et al, 2021):

- Misinformation: “false information that people didn’t create with the intent to hurt others”
- Disinformation: “false information created with the intention of harming a person, group, or organization, or even a company”
- Malinformation: “true information used with ill intent”

I have also found the invocation of human rights and social justice to oppose vaccine mandates disturbing. As the ANZASW position statement states: “[we respect] social worker’s rights to have their own opinions, however, there is no place for anti-vaccination messages or sharing misinformation or disinformation in professional practice, nor any promotion of anti-vaccination claims, including on social media and advertising by social workers” (2021). In addition to this, a human-rights-based approach has to be much more nuanced than simply covering individuals’ rights to have, or not have, the vaccine. Social workers need to reflect on their knowledge about second- and third-generation human rights, those rights which recognise our connections, common needs and shared aspirations. “Second or third generation rights focus on collective rights and responsibilities, rather than just individualistic rights. When considering the collective benefit of vaccination that

it is likely to enable collective health and wellbeing, the benefits to the community become important” (ANZASW Position Statement, 2021).

Finally, Covid-19, and the vaccine campaign, has exposed just how deeply ingrained health inequalities are in Aotearoa. The tail of unvaccinated people will be in the most economically deprived regions and suburbs, and those are, for the most part, regions where Māori and Pasifika people live. The combination of low vaccination rates and higher rates of respiratory and cardiovascular disease, means that Māori and Pasifika families will continue to carry the largest burden of ongoing Covid-19 illness and unfortunately likely deaths, as shown in Table 1, a snapshot of cases.

Social workers must resist the ideological confusion that is present in some calls for ‘freedom’, especially the cries of ‘my body my choice’, that represent muddled messages from populist leaders whose ideological base is as slippery as an eel, but fundamentally rooted in right-wing beliefs. Many of those arguing most passionately for bodily autonomy, for example, are on record as opposing abortion and supporting ‘conversion therapy’. Right-wing populism is predicated on preserving and strengthening the rights of dominant cultures at the expense of others.

The populist leader highlights the deficiencies of contemporary democratic systems and claims that he will fix them in their favour—sometimes by disposing of political processes, limiting human rights, and appealing to specific forms of nativism over universalism and globalism. (Voss et al., 2018, p. 113)

Table 1. Current Cases and Hospitalisation by Ethnicity (Ministry of Health, 5 November, 2021).

Prioritised ethnicity	Total cases	Percentage of all cases	Cases who have been hospitalised	Percentage of all hospitalised cases
Māori	1449	36%	79	28%
Pacific peoples	1343	33%	12	45%

What unites people behind populist leaders is often not something positive they have in common, but that they share a mistrust in the elite and see government as being to blame for current frustrations, or they find solace in attacking a common enemy who are seen to be doing the work of a malign state. Voss et al. (2018, p. 113) argue that, “by tapping into the emotions and frustrations of disenfranchised people, logic and facts seem irrelevant”. Rather, false *facts*, dubious sources, outright lies, and “unethical, amoral, and aggressive and discriminatory behaviour previously not tolerated” are all employed when the leader speaks to the understandable anxiety and fears of people, even when those fears have themselves have been created by the repetitive promulgation of false explanations. This has been visible in Aotearoa New Zealand when health professionals and community leaders have been attacked while delivering vaccination programmes. Social workers who deeply understand social justice will do all they can ensure that collectivist solutions to our current Covid-19 crisis are employed. We are very fortunate to have a strong public health response, and the last few weeks have shown us, almost too late, what Aotearoa New Zealand can achieve when we properly support and resource Māori and Pasifika community networks.

*Nāku te rourou nāu te rourou ka ora ai te iwi –
With your basket and my basket, we will sustain
everyone*

Introduction to this issue of the journal

In “The *koru* model: The stages of biculturalisation for foreign-trained social workers in Aotearoa New Zealand”, Barbara Staniforth and Helene Connor (Te Atiawa and Ngāti Ruanui, Ngāti Rahiri and Ngāti Te Whiti) recognise their own lived experience as well as draw on participant interview data from 20 social workers in Aotearoa New Zealand. The aim of their research was to explore the perspectives of foreign-trained social workers, who moved to Aotearoa and

engaged in social work practice, about their experiences of biculturalisation. Approximately 10% of registered social workers in Aotearoa New Zealand have received their social work training overseas. The authors describe biculturalisation as “settling into a country with a bicultural mandate for social work practice” and the article has a particular focus on the stages that the participants went through as they navigated new terrain working within a bicultural framework with Māori. These stages have been developed into the *koru* model, utilising the symbolism of the *koru* to demonstrate the four stages that many foreign-trained social workers may go through in respect to learning about, and implementing, bicultural practice in their *mahi*. The model is accompanied by original sketches and clearly illustrates the four stages: newly arrived, early growth, unfolding knowledge and full frond. Challenges and tensions for foreign-trained social workers are highlighted in the article and, while most social workers are committed to ongoing processes of self-exploration, the transition to practice in a country with a bicultural mandate may not be an easy one.

“Tawaf – cleansing our souls: A model of supervision for Muslims” by Selina Akhter presents a unique approach to social work supervision for Muslims in your Aotearoa New Zealand context. In this reflective account, Selina employs a kaupapa Māori framework and rangahau (a Wānanga response to research). Rangahau is the traditional Māori methodology of inquiry utilising mātauranga Māori and āhuatanga Māori – traditional Māori bodies of knowledge from the context of a Māori world view. Critical self-reflection and use of reflective journals are used as methods of the rangahau. A model of supervision is presented which is tawaf, a ritual of haj – one of the pillars of Islam. Muslims (who follow Islam as a religion) perform haj (pilgrimage) to receive *hedayet* (spiritual guidance) to cleanse their *nafs* (soul). In this model, the phases of tawaf have been applied to structure and guide social work

supervision for Muslim social workers. Tawaf represents the Islamic worldview and aims to deconstruct and reconstruct supervisees' practice and assumptions. This will be used in the context of cultural supervision with Muslim social workers by Muslim supervisors.

In recent years there has been considerable scholarship exploring the connection between humans and animals with a focus on human/animal relationships alongside the growing understanding of the need for social work to be cognisant of animal welfare as part of community wellbeing. In the introduction to the special issue on social work and animals, Adamson and Lowe argued that an "animal inclusive gaze can tell us more about us as human beings, including issues of attachment, abuse, and disaster, and the role that companion animals play in wellbeing, shaping our behaviour as they are, in turn, influenced by us". (2020, p. 5). In another contribution to this study, "The role of connection in the efficacy of animal-assisted therapies: A scoping review", Sharron Beggs and Rob Townsend outline a scoping review of the literature and research exploring the history, efficacy, and currency of animal-assisted therapies as they have developed in recent decades within human services and social work programmes.

In "Does helping hurt the helper? – An investigation into the impacts of vicarious traumatisation on social work practitioners in Hawke's Bay, Aotearoa New Zealand", Sue Hanna and Samantha Smith report on a research project investigating the impacts of vicarious traumatisation (VT) with a small sample of frontline social work practitioners in the Hawke's Bay region of Aotearoa New Zealand. The participant social workers did report VT resulting from work with clients with histories of trauma but also identified self-care strategies to support their wellbeing. A workplace culture that recognised VT, clinical supervision, the Employee Assistance Programme (EAP) services and supportive supervisors and managers were also important.

In "Defining, teaching, and practising diversity: Another hegemonic discourse?" Susan Beaumont, Stephanie Kelly and Lee Smith explore how social workers engage with diversity. The authors note that, "respect for diversity is a primary principle of the social work profession; however, the term *diversity* has been critiqued as meaningless and is often linked with cultural competence". The qualitative study was guided by the research question, "What are the factors that inform Aotearoa social workers' practice when engaging with diversity?" The study participants, while acknowledging the importance of social work education and practice with Te Tiriti o Waitangi to the forefront, could not seem to connect this knowledge with diversity in practice contexts. The authors argue for a more critical approach to the definition of diversity as underpinning social work education and competency frameworks.

Viewpoints

Globalisation and neoliberal ideology produce an uncertain, precarious economic and ecological world. The number of people around the globe displaced due to intense human conflict, and climate disaster are at record levels, and Aotearoa New Zealand is among many nations in its humanitarian response, providing resettlement services to a quota of refugees. Social work knowledge and practice wisdom is integral to this work, and in a Viewpoint, Hawa Fitzgerald offers a thoughtful reflection on her experience working with former refugees and the multidimensional contextual knowledge required to respond effectively to the needs of our newest residents and citizens.

Social workers recognise strength in diversity as well as the dynamics and impact of structural forms of racism and exclusion, making the profession well suited to respond to the complex needs and experiences of former refugees and other migrants. Fitzgerald reflects on her experience of developing knowledge specific to this context—knowledge of

countries of origin, cultural and religious backgrounds, traditions, languages, and the unique migration story of each family. Resettlement social workers understand the political landscapes and histories of the lands from which refugees have arrived and have insight into the unique Aotearoa communities into which they settle to begin new lives. Fitzgerald emphasises the need for social workers to learn the language of migration, the key concepts and definitions of terms used to reflect the various ways in which people who come to this country to live. She also reinforces the role of cultural self-awareness on social work decision-making in this field, and the reality that only practice experience can offer the opportunity to develop contextual knowledge necessary for work in this complex field.

In “Locating my pou”, Vanessa Oatley provides a critically reflective narrative describing the events in her personal journey to starting her PhD research on how Pākehā statutory care and protection social workers can improve their practice with whānau Māori. Vanessa uses storying and metaphor to capture the framework of ideas that underpin and drive her research process. This viewpoint provides an excellent example of researcher reflection underpinning rigorous, thoughtful social work research on challenging topics.

Liz Beddoe

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The koru model: The stages of biculturation for foreign-trained social workers in Aotearoa New Zealand

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ABSTRACT

INTRODUCTION: This article reports on a project which explored the process of “biculturation” (settling into a country with a bicultural mandate for social work practice) for 20 foreign-trained social workers who moved to Aotearoa New Zealand. This article details the particular theme of stages that the participants navigated in new terrain working within a bicultural framework with Māori.

METHODS: Semi-structured interviews were undertaken with 20 foreign-trained social workers who had moved to Aotearoa New Zealand to practise social work. A thematic analysis was undertaken with the use of NVivo software.

FINDINGS: Participants reported negotiating phases consistent with the international literature on acculturation. Particular challenges were noted regarding coming to terms with the impact of colonisation and the difference between bicultural and multicultural approaches.

CONCLUSION: These stages have been represented by the various phases of growth of the fronds of a ponga tree described as the *koru model*. The stages described should be of use to social workers (or other professionals) who have shifted from one country to another, or are thinking about such a move. This is especially relevant when moving to a country where an indigenous group has experienced the negative impact and trauma of colonisation. The information will also be of use to social work agencies, employers, professional associations and regulatory bodies in understanding the process of acculturation for transnational social workers.

Keywords: Transnational social work; acculturation; indigenous; Māori, biculturalism; biculturation

Introduction

Like many professions, social work has experienced the impact of globalisation. This is demonstrated by social work being a profession very much “on the move”, with various authors exploring the impact of an increasing transnational social work workforce (Bartley et al., 2011; Bartley & Beddoe, 2018; Hanna & Lyons, 2017;

Modderman et al., 2020; Pullen-Sansfaçon et al., 2012). Many studies have explored the process of settlement or acculturation for migrants into new countries (Zapf, 1991). This usually involves some kind of transition into the new society, and often this has been described as occurring in stages or phases (Berry & Hou, 2016). For some societies, however, immigrants do not need to acculturate to just one society. For

countries such as Aotearoa New Zealand, acculturation involves a process that we refer to as “biculturation”. Aotearoa New Zealand defines itself as bicultural, demonstrating a commitment to te Tiriti o Waitangi (the Treaty of Waitangi) that was signed by the Crown and Māori chiefs in 1840. The Social Work Registration Board (SWRB) honours this commitment by requiring that all registered social workers demonstrate competence to work with Māori via knowledge, skills, values and practice consistent with te ao Māori (the Māori world).

This article describes findings from a research project which asked foreign-trained social workers who moved to Aotearoa New Zealand, and engaged in social work practice, about their experiences of biculturation. One of the questions that was asked concerned whether participants recognised stages that they had gone through in this process. We begin the article by situating ourselves in the research and then presenting a brief description of the context of social work practice in Aotearoa. We then present literature and previous research which explore the process of acculturation which occurs for people when they move to a new country. A description of the current research project, which explored the experiences of biculturation for a group of 20 social workers who had been trained overseas and then moved to Aotearoa New Zealand, is provided alongside findings which demonstrate, for the participants, an evolutionary pattern of biculturalism.

The findings are presented utilising the koru model which we have developed. A discussion follows on how awareness of the biculturation process may be useful for social workers, and social work agencies (with consideration of applicability to other professions) in their transition and in their work with Māori whānau (families). While this study was undertaken in Aotearoa New Zealand, we believe that the findings will be useful for social workers who engage

in crossing borders to provide them with some possible transitional stages they may experience, as well as for agencies or employers regarding consideration of what may facilitate transitions.

Who we are and the social work context of Aotearoa

We are both senior lecturers at the University of Auckland. Helene Connor is of Māori descent (Te Atiawa and Ngāti Ruanui iwi, Naāti Rahiri and Ngāti Te Whiti hapu) and is the Head of School, Te Puna Wananga. Barbara Staniforth works within the social work programme and moved to Aotearoa New Zealand 25 years ago from Canada.

Although Aotearoa New Zealand has a multicultural population, it promotes a policy of biculturalism. The prevailing view among Māori has been that multiculturalism bypasses biculturalism and indigenous rights. Within a multicultural society, Māori status as *tangata whenua*, or first peoples, is not acknowledged and repositions Māori as both “othered” and marginalised as a minority. Conversely, biculturalism reaffirms Māori as a Treaty of Waitangi partner, yet also makes space for other ethnicities, once the bicultural foundation is recognised and accepted (Napan et al., 2019).

All registered social workers in Aotearoa New Zealand must demonstrate competence to work with Māori (SWRB, 2020a). Social workers who have undertaken their training in Aotearoa New Zealand are seen to have demonstrated this competency, as all social work programmes are accredited by the SWRB. Currently, graduates from local social work programmes are eligible for registration after completing 2000 hours of supervised practice, but foreign-trained social workers, who have been in Aotearoa New Zealand for less than six months, must first go through a competency assessment process which includes assessment of all competencies except competency to work with Māori and other ethnic and cultural

groups in Aotearoa New Zealand. These competencies are tested after the social worker has been in the country for over six months and has demonstrated a programme of learning in relation to working with Māori and other groups (SWRB, 2020b).

At the time of writing, there were 952, or about 10%, of the registered social workers practising in Aotearoa New Zealand who had trained overseas (SWRB register as at July 30, 2021).

Literature and previous research

A number of different themes emerged in a review of the literature. This section will outline some of the theoretical information regarding the process of transition into a new culture, colonisation and acculturation, social work migration and possibilities for aiding processes of biculturalisation that have been previously explored.

Theory on immigration transitions

Researchers have explored processes and/or stages that people go through when moving from one country to another. One of the first was Oberg (1960) who described four stages: *Honeymoon* (0–2 months); *Culture Shock* (3–9 months); *Adjustment* (9–48 months); and *Mastery* (48 months+). Known for use of a U-shaped view of cultural adjustment, Zapf (1991) outlined several other theorists who, between 1954 and 1985, described staged processes that usually followed a similar trajectory: 1) arrival; 2) crisis/culture shock; 3) adjustment; and 4) adaptation/acculturation.

Berry's early work on immigration (1990) focussed on people's adaptation to a new culture and posited that people tended to fall into one of four categories of acculturation, which he defined as related to "the set of cultural and psychological changes that follow the contact between two cultural groups and their members" (Berry & Hou, 2016, p. 254). Berry initially described a set of four different acculturation strategies

which he believed represented the different ways people settled into their new country, based on the balance of a group's sense of belonging to their original society and to the one to which they have moved. These include *integration* (high sense of belonging to both their country of origin and to the new country); *assimilation* (high sense of belonging to the new country and a low sense of belonging to the country of origin); *separation* (low sense of belonging for the new country and high for the country of origin); and *marginalisation* (low sense of belonging for both new country and country of origin) (Berry, 1990). While the theory was originally proposed to be reflexive, with both cultures impacting upon one another, the literature has so far mostly revolved around the experience of the immigrating population. While Berry's theories have evolved, there have been critiques that this theory presents a deficit view of immigrants over difficulties experienced – that it problematises individuals who do not meet a cultural norm and that a liberal, multicultural view may ignore the oppression that a more critical consideration may expose (Sakamoto, 2007).

In countries that have been colonised, indigenous populations have traditionally needed to acculturate as they have been overwhelmed by the arrival of the colonisers whose ideals, values and cultural practices eventually developed into the "norms" of those societies. In many cases, those ideals were imposed, but Māori also saw the future advantages for their children in being able to mix in the Western culture (e.g., being able to speak, read and write in English) and were sometimes active in encouraging some of this integration (see Hoskins et al., 2020). Dudgeon et al. (2016) asserted that "the existing literature thus far has predominantly mirrored the dominant group's interpretation of the acculturation experience of Indigenous peoples" (p. 121), and described how indigenous people have been "studied by" non-indigenous scholars, with an assumption often made by

those researchers that assimilation into the colonisers' ways of being was the desirable goal, as the settler ways of being were seen to be "superior" (p. 120).

Ward and Mak (2016) have described the acculturation research in relation to new immigrants in Aotearoa New Zealand. They asserted that "[r]esearch in New Zealand has consistently shown that integration is preferred not only by immigrants, but also is most highly recommended for immigrants by Māori and New Zealand Europeans" (p. 318). Research has also occurred into the re-integration of Māori into their own culture. Ward and Mak (2016) described the research of Rata et al. (2014) who interviewed young Māori students and their families who were involved in a cultural re-integration programme at a state high school. They set out the importance of consideration of "colonial histories and indigenous aspirations" (Ward & Mak, 2016, p. 319), which is consistent with the concerns expressed by Sakamoto (2007) in relation to oppression. They developed a model of indigenous identity development which uses ideas from the Māori creation story and the cultural process of pōwhiri (welcoming and joining with visitors).

Social work

There is a growing body of literature which concerns the acculturation experiences of social workers as they move from their home countries to new countries to practise. The process of *professional acculturation* has been explored by various authors. Pullen-Sansfaçon et al. (2012) defined professional acculturation as the process that occurs when "individuals who have been qualified according to their profession's standards in one country, subsequently move to a new country and undergo resultant adaptations in personal, professional, social, and cultural identity" (p. 38). They developed a theoretical framework for describing the process of professional acculturation that occurs when social workers cross borders: professional identity occurs through

the process and aftermath of migration where "life adjustments as well as work adjustments co-exist, overlap, and mutually influence the ever evolving professional self" and that "personal and professional identity are interdependent and shaped by the context and the relationships within the environment" (p. 44).

A number of studies have arisen from an Aotearoa New Zealand three-stage study (Crossing Borders) focusing on the experiences of registered foreign-trained social workers. Bartley et al. (2011) reported on demographic characteristics of 238 foreign-trained social workers relative to country of origin (England 27%; South Africa 14.5%) and place of employment (District Health Board 42%; Statutory child protection 33%). Beddoe et al. (2012) reported on the second phase of focus group outcomes ($N = 18$) and third phase survey ($N = 294$) from this study. They found that participants would have liked a stronger induction process and better connections to the profession. The majority of participants felt that their overseas qualifications had prepared them well for practice in Aotearoa New Zealand, and many reported that they had skills (such as conducting therapy) that were underutilised in their new country.

Fouché et al. (2014) reported on the experience of "enduring professional dislocation" described by the participants. There was a sense for many that the profession was not held in high esteem in the eyes of the public or other professionals, compared with their country of origin. "While warmly welcomed and occasionally given a superficial introduction to Māori culture, many found there was no induction process that helped participants comprehend cultural, social and political aspects of New Zealand social work" (p. 2018).

Modderman et al. (2020) reported on a study of English and Irish social workers who emigrated to practise in child welfare in Australia. The article explored the knowledge regarding Australian First

Nations people held by the social workers at two points in time. The research found that the social workers held little knowledge and that this was particularly evident in relation to child-rearing practices. They recommended the practices of cultural humility and critical self-reflection in the process of developing awareness.

Bicultural context

From the Crossing Borders study mentioned previously, Fouché et al. (2015) explored issues for transnational social workers in relation to the cultural dimensions of the transition. They stated that “[t]he cultural specificity of practising social work makes the transferability of learned skills less straightforward than other skilled professions in a foreign context” (p. 108) and that this involves an awareness of history and the evolution of social policy and practice. Many of their respondents reported a sense of culture shock after arriving in Aotearoa New Zealand. This was magnified in a bicultural practice environment. Some found it perplexing when, having come from very multicultural environments, where they felt confident practising with very diverse cultures, that they were required to prove their competence to work with Māori. Some of the participants indicated that they had not found their training to work with Māori to be particularly helpful and, while others did find their training experiences useful, they found that it was difficult to locate. The authors concluded that “a focused cultural transitioning intervention would help to clarify expectations and the responsibility of the various parties to improve the migrant social work experience” (p. 116) and that multiple forms of support should be enlisted to facilitate their transition.

Walsh-Tapiata et al. (2018) set out an important transitional Māori framework, calling upon the pōwhiri. They describe elements of the pōwhiri process and likened them to stages that newly arrived social workers go through while negotiating their

new practice environments. For Māori, the pōwhiri process is an integral part of establishing relationships and trust between parties. The article provides micro and macro practice examples for different parts of the pōwhiri. Social workers often feel a degree of trepidation when entering a new space or practice. “While pōwhiri might confront newcomers as foreign at first, there is also a trust in the relationship that will ensure that all ultimately benefit from this process as each comes to know and understand each other” (p. 159). Several useful points are made about the responsibilities of the host country towards arriving social workers:

As practitioners, managers, educators, professional bodies and the Social Workers Registration Board (SWRB), we all share in the reciprocal responsibility of ensuring that our manuhiri (visitors) have ample opportunity to seek out cultural encounters on the path to ethically ground their practice. (p. 166)

Peter et al. (2020) conducted focus groups with migrant social workers in Aotearoa New Zealand in 2017. They conceptualised the process of acculturation as moving between territories. While not specifically focused on biculturalism, they found that some of their participants had felt challenged by bicultural expectations and were surprised by there being little online to teach them about social work practice with Māori.

The literature to date has explored the ideas of acculturation, social work migration and the bicultural practice environment. While some findings have involved discussion around the implications of Aotearoa New Zealand’s bicultural status, no research to date has looked at this aspect exclusively – as the current study does.

Methodology

As researchers, we have both been influenced by poststructural and feminist ways of viewing the world. For Connor,

there is also a kaupapa (approaches, principles) Māori thread that runs through her way of seeing the world. This research has been framed by these ontologies and adopts a critical realist perspective that contends that, while there is some knowledge that is “real”, how we see and interact with these realities determines our perspectives. Critical realism also adopts an emancipatory axiology which is consistent with wanting this research to contribute to change or amelioration of the experiences of transnational social workers, and better service for Māori (Haigh et al., 2019).

The research was given approval by the University of Auckland’s Human Participants Ethics Committee and all participants provided written consent to being part of the research. A qualitative, semi-structured interview process was chosen to obtain rich data about participants’ experiences.

An invitation for foreign-trained social workers was emailed to the national membership of the Aotearoa New Zealand Association of Social Workers (ANZASW) as well as being posted on the SWRB webpage. Participants were required to have been in the country for at least two years so that they could look back on some of their experiences of the transitions. A total of 20 social workers agreed to take part in the study and they were interviewed by one of the authors, either in person (7), via phone (2) or Zoom / Skype (11) through 2017 and 2018.

We have de-aggregated the sample for reasons of confidentiality and we have used pseudonyms in reporting of the data. There were 20 participants in total –15 identified as women, and five as men. Six people were aged between 31 and 40, three between 41 and 50, 10 between 51 and 60 and one person was over 61. Participants came from eight different countries, with six from the UK, four from South Africa, three from each of Australia and Canada, and then one from each of East Europe, Germany,

the Philippines and the Netherlands. Three participants had been in Aotearoa between two and five years, six between 6 and 10 years, six between 11 and 20 years and one more than 21 years.

Interviews were recorded and transcribed and participants were given the opportunity to make emendations. Some participants also provided additional information via email following the interviews.

All information was then analysed thematically through NVivo, following the initial stages of Braun and Clarke’s (2006) six-stage model for thematic analysis. The information was initially coded in nodes (19) with five themes then developed, including: *how participants learned, stages that they went through, things that helped and hindered the journey* (including suggestions), issues to do with *biculturalism and multiculturalism* and interest in *learning the Māori language*. Further sub-themes were analysed within each node. This article deals with the node regarding stages or transitions for social workers on their bicultural journey. These themes have been represented through stages and we have used the metaphor of the fern frond (koru) unfolding to represent these stages.

Findings

One of the interview questions asked participants if they could identify stages that they had gone through on their bicultural journey. Most participants were able to identify stages, and some themes emerged in people’s journeys. We have identified four stages that describe the journeys of biculturation of our participants. These stages are: *newly arrived, early growth, unfolding knowledge, and full frond*. The silver fern, a type of ponga tree, grows from a stage of a tightly coiled spirals (koru) that unfurl over time to full fronds. The koru symbol has particular significance in Māori culture and is variously thought to represent birth, regeneration, new life, growth and movement (Houlahan, 2018).

First stage of the koru model – newly arrived

We conceptualised the first phase as newly arrived, symbolised by the koru in a tightly coiled spiral (Figure 1). We see this early phase as being characterised by not knowing, disillusionment and confusion. The literature review revealed a number of authors who had conceptualised stages that people went through in moving into a new culture. While some of those stages described an initial honeymoon phase (Oberg, 1960), this phase was either very short lived or not apparent for participants who were immediately exposed to the need to practise from a bicultural stance. Some participants had done some initial research before immigrating, but most arrived with very little knowledge of te ao Māori. They had perhaps anticipated the need to integrate into Aotearoa New Zealand society without realising the bicultural layer that was required of social workers.



Figure 1 First stage of the Koru Model – newly arrived
Original illustration by Simon Nash (used with permission)

A few of the participants described a sense of shock in the first months. Jessica, who worked for a district health board, recounted, “I think in the beginning it was really overwhelming for me. I didn’t know where to start.” Similarly, Eleanor, who worked in a non-government organisation, described her experience as “desperation because I didn’t know where to go or where to get this education about biculturalism or how to approach it or who would help me”.

Tony described a sense of disillusionment that occurred after his arrival:

I had an outsider’s view of New Zealand, which I guess is the PR image of New Zealand that everything is great and fantastic and wonderful...and so coming to a realisation of the role of Europeans and colonialism it was a shock to me, it was a shock.

Kelly moved into a social work education setting where she experienced significant tension between Māori and non-Māori staff. “I was quite shocked when I came here...about pretty much the hatred between groups and the function between groups because that was the whole reason I left [my home country].”

Some of the participants described confusion between ideas of biculturalism and multiculturalism, with particular concern that the idea of “Māori for Māori by Māori” was replicating apartheid or segregation. For Milly, a woman of colour, who had come from a very multicultural society, this was particularly difficult:

I was brought up at a time where all the propaganda around South Africa and understanding what segregation meant from that. I’m also very clear about my black history, so I understand about segregation...So was it segregation? So in those first two years I absolutely had no idea what biculturalism meant.

Milly also described the difficulty in trying to talk about it with people. She experienced

that, generally, Māori colleagues would become defensive when she tried to find out more about why the need for biculturalism, and non-Māori, who wanted to stay Eurocentric, did not want to talk about it either. “So you are kind of in a muddle and in shock.”

Juliette also described a struggle with understanding biculturalism:

Now looking back it was a very underdeveloped, and could be viewed as a racist view, “like everyone treats everyone the same and give everyone equal opportunities” and all of those kinds of things...I did not get it, I did not understand why you would single out Māori and then everyone else.

Jeff described having a basic understanding of biculturalism, but then experienced de-skilling, “I then went through a period of not knowing, it was a bit like I thought I had to re-train and that the work pre-NZ did not count.”

James, a social work educator, described his attempts at trying to learn more about biculturalism in the early stages, “I remember when I first came, I tried reading Michael King’s history and I tried to do things, but it felt like I was almost an imposter to students.”

Second stage of the koru model – early growth

The second phase is perceived as early growth, symbolised by the koru starting to open (Figure 2). In this stage, people are becoming more aware of the need to learn about biculturalism and there is sometimes a sense that it is something that they *have* to do. There can be a sense of fear about practice with Māori and a sense of discomfort around making mistakes. For some participants who came from the UK, there was also a sense of guilt or shame from being associated with the coloniser. Many of the participants had engaged in some form of training about biculturalism by this time.



Figure 2 Second stage of the Koru Model – early growth
Original illustration by Simon Nash (used with permission)

Adam, from the UK, became aware of some of the messages that needed to change for his bicultural journey:

I did come from a nation where during the 1960s...the view was the British were going to civilise natives around the world and bring them the Christian message and what a wonderful great empire we had. And I can’t help but think some of those ideas stuck and...I had to challenge and it was an arrogance I think in those early days, I didn’t understand.

Tony, also from the UK, described a similar reckoning that occurred for him in the early stages:

It was also a bit about reflecting and coming to terms with how my history and my background in terms of being from the UK...there is a role there that England played in those early years [of] colonialism, and having to come to terms with that history, which was something we are not really taught in the UK. We are not told about that stuff. So it is a bit

of an awakening and a bit of reflection and a bit of soul searching around that and that is sort of ongoing.

Katriana developed greater awareness regarding some of the dynamics she encountered in Aotearoa New Zealand society:

...there was a stage of frustration...I find racism in New Zealand being covert. Racism drives me insane and I keep saying I would rather deal with overt racists because they are upfront so you can confront them, than with those people who keep talking "I am not racist, but" ...and who keep backstabbing and undermining any project that aims to uplift Māori.

Leanna described a shift that occurred for her in "the second part" of the process through beginning her work with Māori:

I felt scared, I felt I am not confident to work with Māori, I felt that yeah weak, I don't know, maybe it is because of the confidence...But then with [agency] I don't have choice once [the case] is allocated to you, you have to work [with Māori]. So that fear and feeling scared it was just a thought, so when I started working with them, they are the same as us.

As with Leanna, Marlene defined stage two as "working closely with colleagues and developing relationships with Māori people".

Bella, who worked in mental health, was moved along her journey due to professional requirements. "Then I went through a stage of 'I HAVE to learn it' where there were demands made by outside organisations such as ANZASW to demonstrate bicultural awareness and practice."

Third stage of the koru model – unfolding knowledge

We see the third phase of the koru model as unfolding knowledge, symbolised by the fronds of the fern unfurling (Figure 3).



Figure 3 Third stage of the Koru Model – unfolding knowledge

Original illustration by Simon Nash (used with permission)

Participants described a stage where they started to settle into their new lives and became more open to learning, experienced a bit more confidence and started integrating their education into their practice. They began to form connections and relationships with Māori. Some participants also described a growing sense of connection to spiritual aspects of te ao Māori.

Pamela relayed her experience of taking what she was learning to heart and trying to implement it sincerely in her practice, only to be challenged by non-Māori practitioners. "And I would go 'well I have been taught this is the culture here' and it was like 'what right do you have to tell me what my culture is?', you know, which is interesting and challenging at the time." She described that Māori colleagues had no issue with this, "the people whose culture it was were saying 'we want people to know this, we want you to understand and respect it and so don't feel like you are not allowed to'".

Anita described the significance of working alongside Māori colleagues on her journey: "I reckon the best has been working

alongside other Māori practitioners, you know, running groups, doing assessments, working with Māori patients and clients." She also made clear the power of relationship in her journey, "I think being connected to those people actually pushed me much further down than any training did." James also described the power of relationship as a reflexive process, "I have felt more confident and had a relationship with people and that welcome has been more forthcoming or I have been more willing to engage with it."

Eleanor discussed having a Māori colleague who had initially seemed reluctant to engage with her. The relationship evolved over time to the point that they could then:

...discuss how we feel and making it a space where we can put our ideas, but also kind of challenge each other's ideas... we can respect each other's ideas and thoughts, even though he might not agree with what I think, but at least I put it out there.

Kathleen was able to identify a shift through her process and described going "from basic knowledge (the protocols, the Treaty, and what happens at the marae [Māori community meeting place]), picking up on some te reo (language), towards a heart connection / whanaungatanga (relationship connection) due to specific heart or aroha (love) experiences".

Fenella described moving from a sense of needing to almost over-prepare, through a sense of anxiety in relation to encounters with Māori, to becoming more confident. "So I guess the longer I have worked with Māori, the more confident I become that actually, you know, I don't really have to think about what could all go wrong." Similarly, Marlene felt that she had a stage of "overcoming 'fear' of being disrespectful – needed to gain confidence – stage in the journey had been to ask more questions and meet more Māori people".

Fourth stage of the koru model – full frond

The fourth stage of the koru model is likened to an established full frond, contributing to the growth of the ponga tree with a place in the forest (Figure 4). In this stage, participants describe starting to feel more confident and are more grounded in understanding who they are within the process of becoming bicultural. They move into a stage of really *wanting* to know more and describe it as a stage of exploration, consolidation and growth.

A few participants were able to situate themselves in Aotearoa New Zealand and feel their feet more grounded in their own identities and cultures. They described feeling less defensive and accepting of recognising where they "sat" in the particular cultural landscape. Nadia described being able to step away from some of the anger she perceived was being directed towards her:



Figure 4 Fourth stage of the Koru Model – full frond
Original illustration by Simon Nash (used with permission)

I learned sometimes it was an uncomfortable place for me to be and often it was going to be an uncomfortable place and in some ways I was used to that uncomfortable place...So that was ok and [in] that uncomfortable place I was often seen as who I am, you know, privileged and the anger and the experiences that I hadn't experienced were almost played out on me at times.

Nadia went on to state that "I am a signifier of what has happened to that family... whether it be a social worker coming in or somebody they had to deal with...and I have to acknowledge that in my practice."

For Veronica, there was an acceptance that she may never feel completely comfortable. "I don't feel particularly absolute[ly] comfortable with Māori people...and there's a way now of communicating which is much more relaxed because we are who we are."

Kathleen articulated a very meaningful process where she went to "a deeper connection and appreciation, and it is not something that is political for me, but more like a spiritual journey or awareness". She went on to describe the whole process in saying that "there is continuous growth from distance and ignorance to feeling really welcome, feeling really connected and actually being part of the land".

For some it felt like a process of "coming home" again. Pamela described a situation where she was returning to work following the death of a family member. She had contacted one of her Māori colleagues when she returned and asked if they could meet up. The next day she arrived for their meeting and found that

She had brought the kaumatua and kuia [Māori elders]...her team leader who was there and a couple of other people within the team within the kaupapa Māori team and they had put aside that time to just make sure I was safe coming back and at that point I thought "this is where I belong".

Many participants described coming to a place of once again "not knowing", but that this was ok. Kelly discussed the importance of understanding herself and what she brought and the recognition that she "[would] never understand the ins and outs of certain processes because they are not mine and I can't own them just because someone talked to me about it". Like the old adage about wisdom, she recognised that "first you don't know [anything] and then you get all the knowledge and then the understanding that you know nothing".

For Katriana there was also a sense of realising her limits and her place:

So the next stage is probably accepting it as it is, you know, ok this is what it is and what is the social edge so that I can undertake in my position or in my power to make this country more bicultural.... Like it is always navigating, you know, always navigating being Pākehā and being an immigrant. When I wave a Māori flag it is not my place to wave a Māori flag actually, my place is to be an ally and to really stand behind my mates when they wave their flag.

Bella described being "more of a critical friend in terms of recognising my privilege and wanting to use it for good".

Nearly every participant articulated that there was really no end to their process and that they saw it as being a lifelong one. Not all participants had reached the later parts of this. For most, there was a sense of hope, with Jules stating, "I feel quite confident but there's a lot more that I can do. Very open to learning more."

Discussion

While much has been written about acculturation or integration into new societies, very little has been explored regarding when there are two main cultures. The participants in this study did generally follow similar trajectories

as described by Oberg (1960) and others, but with less of a pronounced honeymoon period. Most participants entered a state of overwhelmingness or shock, which later moved towards exploration, growth, confidence and consolidation.

For many participants there was a parallel process that occurred with respect to exploration of who they were and what was significant about their own culture (often most visible when leaving behind the dominant culture in a new environment). They then moved to consideration of who they were within the new cultures, that they had moved towards.

Some participants experienced “push-back” from other non-Māori social workers when they tried to follow Māori protocols, or encouraged others to do so. This requires consideration of the racism that exists in the host society. Generally, people want to try to “fit in” to their new work environments. This can be difficult when there is a stated message that all social workers need to be bicultural, but in reality this might not be seen in practice, and might, in some cases, be actively rejected.

For participants who had come from the UK, there was an added layer of needing to reconceptualise the “stories” they had been told about colonisation growing up in their home countries, and then reconciling how they negotiated that identity in Aotearoa New Zealand, especially working with Māori. For participants who had come from minority cultures in other countries, and had been involved in struggles for equality there, the concept of biculturalism and/or Māori wanting to consolidate their own culture and resources was sometimes confusing and seen as moving backwards towards apartheid or segregation. There is a big difference in Aotearoa New Zealand in that it is Māori seeking to control their own self-determination (*rangatiratanga*), with a view that they will be in a much better position to meet their own needs than being told by others what is needed.

It is often difficult for non-Māori social workers, who are eager to learn and to help, to be told that a client requests to work with a Māori social worker or to learn that they might not be welcomed with open arms into a Māori *whānau* (family). Jones (2012) described that there may be an experience of “outrage and hurt when the colonised are seen to turn away from the colonisers’ best intentions” (p. 102). For white or European migrants, concepts of “white fragility” may also have been present at various stages of their journey and need to be confronted or explored in order to work well within Aotearoa New Zealand. The bicultural journey means moving away from personalising, through a sense of rejection or defensiveness, to acceptance and the need to walk beside or behind, as allies. Asking Māori how social workers can support their self-determination is part of that process. Like many colonised countries, such as Canada and Australia, social work in Aotearoa New Zealand has often contributed to, and is often still seen to contribute to, the detriment of indigenous people (Māori Perspective Advisory Committee, 1988). Social workers who come into such situations need to learn to tread carefully and respectfully.

These journeys take time to complete. The SWRB requires that all schools of social work prepare students to work with Māori, in either two-year qualifying Master’s programmes, or four-year Bachelor’s programmes. Foreign-trained social workers need to be present in Aotearoa New Zealand for at least six months before they can apply for full registration (SWRB, 2020b). While this recognises the need for some time to acclimatise and learn, for most foreign-trained social workers in this study, their biculturation process was closest to overwhelmingness and shock at the six-month period. This needs to be taken into account, and employers need to be prepared to support their social workers in a myriad of ways over several years.

While this study looked only at the transitions of social workers into Aotearoa New Zealand, it is likely that the results and considerations would be applicable to many transnational social workers as they settle. In Staniforth and Connor (2021) we have explored what participants from this study felt helped and hindered their transition into biculturalism, but we believe that there is benefit in better understanding the transitions within the process.

Limitations

As a qualitative study with only 20 participants, the information is limited to these participants and cannot be generalised to a greater population. Furthermore, as participants who self-selected into the research, they likely represent social workers who have a strong interest in biculturalism. As the participants had been in Aotearoa New Zealand for varying amounts of time, they may have not yet entered certain phases of biculturalisation, as it is often an ongoing and lifelong process. The researchers represent both Māori and non-Māori populations and participants may have felt differing degrees of comfort in responding to each of us as interviewers. All participants have come from their own unique cultural locations and each of these will also have likely contributed to their experiences of biculturalisation.

Conclusion

This article has provided an overview of some of the literature surrounding stages of acculturation for people moving from one country to another as well as some of the key literature to date regarding the incidence and experience of transnational social work. The results from a qualitative study of 20 social workers were explored with a particular focus on investigating the stages that participants felt they had gone through on their bicultural journeys. While the stages which emerged were similar in many ways to those described previously, the dynamics

of working with indigenous Māori who had experienced oppression both by British and European people who had immigrated in the late 1800s and early 1900s, coupled with social work's contribution to the colonisation process, added different dimensions. Most social workers undertook a process of self-exploration to situate themselves in their new roles and lives. For most, it had not been an easy transition, but it had been, and continues to be, a powerful and important one.

Accepted 2 September 2021

Published 15 November 2021

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Tawaf – cleansing our souls: A model of supervision for Muslims

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ABSTRACT

INTRODUCTION: Cultural supervision with Māori (tangata whenua) in social work has been a focus of practice in Aotearoa New Zealand. New approaches to address the cultural needs of Māori social workers and those of other cultural backgrounds have been developed. This article portrays a model of cultural supervision for Muslim social workers in Aotearoa.

APPROACH: The broader methodological structure of this reflective account is a kaupapa Māori framework and Rangahau (a Wānanga response to research). Rangahau is the traditional Māori methodology of inquiry utilising mātauranga Māori and āhuetanga Māori – traditional Māori bodies of knowledge from the context of a Māori world view. Critical self-reflection and use of reflective journals are used as methods of the rangahau.

FINDINGS: A model of supervision is presented which is tawaf, a ritual of haj – one of the pillars of Islam. Muslims (who follow Islam as a religion) perform haj (pilgrimage) to receive hedayet (spiritual guidance) to cleanse their nafs (soul). In this model, the phases of tawaf have been applied to structure and guide social work supervision sessions designed for Muslim social workers. Some important values of Islam such as tawbah, sabr, shukr, tawakkul, and takwa, have been integrated into the model as every action of Muslims is value-based. The model combines both nafs and a value-based approach in supervision.

IMPLICATIONS: Tawaf represents the Islamic worldview and aims to deconstruct and reconstruct supervisees' practice and assumptions. This will be used in the context of cultural supervision with Muslim social workers by Muslim supervisors.

Keywords: Kaitiakitanga; Islam; nafs; tawaf; rangahau; supervision

Cultural supervision with Māori (tangata whenua) in social work has been a focus of the development of supervision practice in Aotearoa New Zealand (Elkington, 2014). There is much debate about “what is cultural supervision, with many organizations stating all staff need to be receiving culturally appropriate supervision” (Walsh-Tapiata & Webster, 2004, p. 15; Webber-Dreadon, 2020). Lusk et al. (2017) argue that “the practice of social work supervision must

respond by incorporating supervisee’s cultural orientation, values and social position” (p. 464). Tsui et al. (2014) note that in Aotearoa New Zealand, there are culture-specific approaches to supervision. These approaches highlight the differences between supervision involving cultural insiders (Māori for Māori) and supervision that is multicultural (other diverse cultures). Supervisors with Western backgrounds attempt to provide supervision to Māori

AOTEAROA
NEW ZEALAND SOCIAL
WORK 33(3), 20–33.

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social workers but this has been seen to have detrimental effects on their practice and Wallace (2019) argues that Western practitioners are not expert on the lived cultural whakapapa (genealogy) and traditional knowing of whanau. So Māori practitioners feel detached from their culture in supervision which influences their integrity – who they are as practitioners. Culturally competent supervision is where supervision takes place between people of the same culture (Eketone, 2012). It is essential to find cultural supervisors to fulfill that requirement. The Kaitiakitanga approach of bi-cultural professional supervision programme of Te Wānanga o Aotearoa addresses cultural appropriateness and not only focuses on Māori models of practice but also invites practitioners from other cultures to develop their own models.

In this vein, there is a need for culturally appropriate models of supervision for Muslim social workers in Aotearoa New Zealand. The Muslim population in Aotearoa New Zealand is gradually increasing. According to Census (Stats New Zealand, 2018) the total number of Muslims increased by 24% from 46,149 (2013) to 57,276 (2018). Since the racially motivated Christchurch mass shooting (15 March, 2019) the worldview of Muslims (who follow Islamic religion) has received considerable attention in Aotearoa New Zealand. The attack intended to create an atmosphere of fear. This attack constituted a form of trauma and many social and psychological issues to those who experienced it and survived, and affected the whole Muslim community nationwide. In fact it is a double trauma for many in the New Zealand Muslim community who have come to Aotearoa New Zealand to escape war in their own country (Besley & Peters, 2020). After the attack, service providers and social work agencies have come forward to ensure that the Muslim community feels safe and included, not alienated, but none of these will be possible without thorough understanding of religious and spiritual

values that are meaningful to Muslims. It is important that social workers understand the worldview of Muslims from the perspective of antioppressive approaches with special emphasis on religion and spirituality.

This article presents a model of supervision, 'tawaf', derived from the Islamic worldview which has been contextualised for Muslim social workers. This offers insights and knowledge for practitioners to understand how Islam is an integral to what it means for Muslims to be human.

In the first section, the article presents my location followed by a literature review. Then it explains the methodology and the model (findings) with a discussion by takepū principle.

My personal subjective location/ position in the paper

My position in this reflective account as a Bangladeshi Muslim teacher of Bachelor of bi-cultural social work (BBSW) programme of Te Wānanga o Aotearoa (TWOA). The BBSW influenced me as a teacher to rethink my attitude towards spirituality. Now I realise that the social work profession revitalised the place of spirituality in its practice, something which was abandoned in the early 20th century when social work was striving to be recognised as a profession (Brenner & Homonoff, 2004). The teaching experience of BBSW has made me rethink my assumptions about the use of Islam in a professional context. My Islamic practice is generational which has been transmitted to me by my parents and whanau in Bangladesh. I strongly believe that all Muslims have been given a way of life (Deen [*Qur'an*]), by Allah as 'Trust' to become guardians of their lives as well as to take care of the earth.

The performance of haj is obligatory at least once in a lifetime, upon every Muslim who is mentally, financially and physically capable of performing it. I performed haj once and observed how people become devoted to

the rituals, and shifted their mindsets and behaviour. After performing haj, I felt a sense of transformation to bring some changes in my life. This is the context of my article.

Literature review (searching and knowing)

In this review I will highlight some of the Western approaches of supervision and their gaps in understanding power elements of supervision. I will point out key aspects of Māori cultural supervision literature followed by an explanation of kaitiakitanga (Pohatu, 2015) as an approach of supervision. Finally I will highlight studies relevant to my model from an Islamic perspective.

Western traditional social work supervision

Kadushin (1992) emphasized the educational and supportive roles of supervision and introduced 'self' as an active element to bring a balance of perspectives in the strong hierarchy between supervisee and supervisor. In this process social workers have been given space to position themselves by using their personal qualities and values through an active process of self reflection (Pack, 2009). Traditional social work supervision is based on functions including educational, clinical, managerial and administrative with one social worker at a time within a hierarchical agency context (Hair & O'Donoghue, 2009). In the traditional approach, a staff member within an organisation is given the authority to direct, coordinate and evaluate the performance of a supervisee for whose work he or she is held accountable (Hair & O'Donoghue, 2009). Within the framework, supervisors are encouraged to view themselves as expert knowers. Thus the supervisor becomes the only knowledge source for staff. The paradigm of 'one size fits all' has fashioned this approach of supervision that excludes less-dominant voices in supervision (Beddoe, 2015). According to the functional approach, the truth is determined according to the

knowledge that has been developed by Western standards from their worldviews and claimed as experts' knowledge (Smith, 1999). As Beddoe (2015) notes, in the supervision literature it is often assumed that there is one paradigm of supervision.

Moreover, self-reflection on practice is a powerful tool to raise supervisor awareness of their own worldviews and how these differ from their supervisees' views. However, the dominant perspectives of traditional managerialism are often said to undermine the element of self reflection to develop their practice by bringing an alternative perspective in supervision (Rankine, 2019). To address these gaps social constructivist (SC) framework emerged (Fook, 2004; Hair & O'Donoghue, 2009; Saleebey, 1997).

Social constructivist approach

The social constructivist approach suggests that ideas, stories and narratives are flexible, relational and co-constructed using multiple truths, viewpoints and different voices. One theory does not fit the needs of all supervisees. Each system has a multiple truths and perspectives (Fook, 1999). In this approach, the supervisor's knowledge is not fixed but tentative; and they are ready to honour and respect the knowledge and knowing of supervisee's perspective. A social constructivist perspective offers a space for critical dialogue by using the concepts of social justice, marginalisation, culture and socio-economic factors.

However, this SC approach also creates power relationship dynamics as there is a tendency by the supervisors to contextualise the meaning of stories within the dominant paradigm of the social work. In other words, sometimes supervisors from different cultural background can influence the interpretation of stories of supervisees' culture by imposing their view points through gender, ethnicity, culture (Fook, 1999). A supervisor from an outsider's

perspective can create dialogue with supervisee's cultural values and beliefs but critical self-reflection and deconstruction of supervisor's own cultural bias and assumptions is needed to honour the knowing of supervisee (Akhter, 2015). This proponent of SC provides the lens of social justice but the elements – history of tangata whenua, colonisation, ancestor's knowing, indigenous worldviews, spirituality etc. are missing. This is consistent with the viewpoints of the proponents of critical indigenous perspective that argues that reality is created not by nature but by people; and they are powerful people (Kovach, 2006). Here, reality is not a state of order but of conflict, tension, oppression (Potts & Brown, 2006). Beddoe (2015) also supports the view that supervision can be examined from a post-colonial lens which acknowledges the impacts of colonisation.

To bring a balance of perspectives the notion of cultural supervision has been introduced in Aotearoa New Zealand (Elkington, 2014). Cultural supervision, however, is accountable to various codes of professional bodies influenced by western mono-cultural approach and has been provided to those who need competencies to work with Māori. The competencies of cultural supervision were standardised by professional bodies of knowledge, not by Māori cultural knowledge (Elkington, 2014). According to Elkington (2014), "the name, role and definition of cultural supervision became redundant because clarity recognised no difference to the name, role and definition of professional supervision" (p. 66). Webber-Dreadon (2020) also highlights that the concept of cultural supervision is still influenced by colonial thinking. Cultural supervision constructed through a Western lens does not take into account the deeper meaning of the Māori worldview.

Kaupapa Māori approach

To address the issues of colonisation, history, power, monoculturalism, within cultural supervision, the Kaupapa Māori approach

developed a framework of practice which is "For Māori, by Māori" (Bishop, 1996). That means Māori supervisors need to supervise Māori social workers (Eketone, 2012). There is a need to find a cultural supervisor to fulfil this requirement. This arena of supervision with Māori models has been very powerful (Elkington, 2014) who describes Kaupapa Māori based supervision, with its utilisation of Māori values, principles and practices, as a proven structure that offers guidance to supervisory relationships.

Walsh-Tapiata and Webster (2004) pointed out that supervision of this type means that the self-identified culture of the social worker is "not something left at the door" (p. 16), but instead creates and shapes the supervision process. In the Māori worldview, the concept "ako" (teaching and learning) is based on the value of tuakana-teina (older brother-younger brother) model (Walsh-Tapiata & Webster, 2004). That is, supervisee can learn from supervisor and vice versa. This is in contrast to the traditional supervisor-supervisee relationship which is often linked to the power dynamics within organisations (Beddoe, 2011).

In a conference paper Ruwhiu (2004) gave a powerful message to practitioners about cultural supervision arguing that cultural supervision provides sustenance while clinical supervision provides information. Cultural supervision provides for me while clinical supervision meets my work expectations. Cultural supervision involves knowing me and therefore knowing my work. Ruwhiu (2004) also highlights the significance of wairuatanga, whakapapa and tikanga – a Māori theoretical and symbolic world of meaning and understanding in supervision. Ruwhiu's (2004) approach is similar to Thomas and Davis' (2005) Taonga Tuku Iho (treasures handed down) that was explained by focusing on the notions that include Māori creation stories, pūrakau, whakapapa, ako and tuakana-teina frameworks. Bradley et al. (1999) also argued that Māori cultural values for whānau wellbeing are paramount. Wallace

(2019) emphasise that supervisees need to be supported by supervisors who meet supervisees' cultural needs. Academically, Māori models of practices are being developed but there are racial barriers (Webber-Dreadon, 2020). To address the barriers both supervisors and supervisees' centre of knowing (Marsden, 2003) can play a significant role. A supervisor's centre of knowing as who 'she/her is' is the key focus of recently developed Kaitiakitanga: Post Graduate Diploma in Bicultural Professional Supervision of Te Wānanga o Aotearoa (Te Wānanga o Aotearoa, 2018).

Kaitiakitanga as an approach of supervision

In the Kaitiakitanga: Post Graduate Diploma in Bicultural Professional Supervision programme, the conceptual framework of kaitiakitanga has been applied to position Te Ao Māori worldview as the centre (Te Wānanga o Aotearoa, 2018). Kaitiakitanga represents constant acknowledgement of responsible trusteeship, stewardship and guardianship to any kaupapa, relationships and environments (Pohatu, 2008). Pohatu (2008) explained kaitiaki from five obligations: te tiaki (to take care), te pupuri (to hold), te tohutohu (to correct), te arataki (to guide), te tuku (to transmit) and te tautoko (to support). In his writing, Taina Pohatu positioned strongly as a kaupupuri (holder of knowledge) and acknowledged his obligations to his old people and his kaituku (transmitting) – obligations to his mokopuna (Pohatu, 2015).

A kaitiaki (supervisor) positioning from these timeless angles, facilitates a kaupapa that allows humans to flourish and transmit knowing from generation to generation. It is an individual and collective role to safeguard and protect nga taonga tuku iho (treasures including societal and environmental that have been passed down) for the present and future generations and to protect mauri or intrinsic essence of life (Boulton et al., 2014).

The takepū/principled approach also plays a significant role to structure a framework of supervision (Te Wānanga o Aotearoa, 2018). According to Pohatu (2008), takepū is a signpost that includes Māori wisdom, culture, applied principles, ethical positions and ways of life to convey ways of humanness to guide Te Ao Māori. The six selected takepū are: āhurutanga (safe space); te whakakoha rangatiratanga (respectful relationship); kaitiakitanga (responsible trusteeship and guardianship); tino rangatiratanga (absolute integrity); tau kumekume (positive and negative tensions); and mauri ora (wellbeing) (Pohatu, 2008). These takepū guide the supervisors and supervisee to explore their own takepū from their own centre of knowing (Marsden, 2003). This has inspired me to know my takepū from Islamic epistemology as the centre of my knowing and develop my model of practice, tawaf, from an insider's perspective. The focus of the present model is to integrate soul and values/takepū of Islam to maintain and achieve spiritual and holistic wellbeing of supervisees.

Islamic literature on nafs and values

Islamic studies published in the English language have only begun to emerge during the late 1970s. Unfortunately, the majority of current Islamic models are modified to fit existing Western theories or integrated with them (Cader, 2016). There have been studies using Islamic perspectives, but their categorisation comes from Western theories (Ul Haq & Westwood, 2012). Integrating western models into Islamic contexts is challenging because they do not take into account the uniqueness of the Islamic knowledge that is metaphysical. In other words, Islam provides a unique spiritual perspective including the *Qur'an* (considered as the word of God as transmitted to his Prophet, Muhammad – peace be upon him) and the Sunnah (the acts and sayings of the Prophet, as transmitted through traditions known as hadith) (Cader, 2016; Ul Haq & Westwood, 2012). Specifically, the Islamic

spiritual meaning of soul (nafs) and values derived from divinely revealed knowledge of *Qur'an* is the focus of present article.

Soul (nafs)

According to Cader (2016), it is the hierarchy of the human psyche or nafs that directs needs. He asserted that there are three stages of the nafs: 1) al-nafs al-ammārah (commanding self) is the self what prompts an individual to act to satisfy the overwhelming desire of ego; 2) al-nafs al-lawwāmāh (reproachful self) is a consciousness of ego when it becomes aware of what is appropriate and what is not). This is a stage where an individual decides the course of action based on knowledge of the consequences of ethics. Self-reproach is where tawbah (repentance) is crucial to the enhancement of the nafs. It allows an individual to take corrective actions. 3) al-nafs al-muṭma innah (contented self) is a state of serenity and satisfaction. In this stage, an individual acts based on spiritual fulfilment, resulting in satisfaction through commitment to Allah (Cader, 2016).

Values and beliefs

According to Islamic text, each act of nafs should begin with the purpose of creation along with values – taqwā (piety), tawbah (repentance), and taḥrīd (arousal). Also there are two major factors that drive nafs (self) with well-grounded beliefs which are imān (faith) and ṣabr (patience) (*Qur'an*, 3:146). In addition to these, taqwā (piety) and tawakkul (reliance on Allah) support the self to become aware of the obligations of creation (*Qur'an*, 65:2–3 in Cader, 2016). When these variables increase, the condition of the self turns towards perfection as one relies strongly on Allah by entrusting Him to facilitate the outcome of his or her actions (Alias & Samsudin, 2005). Cader (2016) identified that spirituality / religion is rooted in the meaning-system of motivation. He stated that individuals use spirituality / religion as a way to find significant meaning for work, foster control in their environments, and reduce uncertainty.

The present article takes into account the gaps of functional model of supervision and centres around the notion of cultural supervision as articulated by the proponents of Kauapa Māori supervision as well as kaitiakitanga (Pohatu, 2008) embraced by the Kaitiakitanga – Post Graduate Diploma in Bicultural Professional Supervision programme of TWOA. The programme invites both Māori and non-Māori practitioners with indigenous cultural background to reclaim their own models of practice as who they are for supervision. This is consistent with the arguments of Elkington (2014).

Approach

The broader methodological frameworks of my model are Kaupapa Māori framework and the Rangahau (TWOA response to research) strategies of Te Wānanga o Aotearoa (Te Wānanga o Aotearoa (2016). I have applied the notion of (k) new knowledge, critical self reflection and journals as methods derived from the strategies of rangahau.

Kaupapa Māori

Kaupapa Māori (KM) research has been grounded on the concept of power relation in the research arena (Smith, 1999). According to KM research, Māori should guide and control the process of research (Bishop, 1996). Kaupapa Māori is for Māori by Māori; a position where Māori language, culture and values are accepted in their own right. It is committed to a critical analysis of the existing unequal power relation within research (Smith, 1999). In the BBSW Rangahau and Postgraduate Diploma in Bicultural Professional Supervision programme of TWOA, non-Māori students can position to conduct their research by using the notion of for Māori by Māori. This is consistent with the arguments of Elkington (2014), that the supervision creates space, not only for Māori, but for other cultures. I have contextualised the notion of for Māori by Māori as “for Muslim by Muslim” in the

context of my model. So I am in the centre of the model. Broadly, there is no issue of power of non-Muslim bodies of knowledge to define and categorise the concepts of the present model.

Rangahau (TWOA response to research)

According to McDonald (2017), “Rangahau is the traditional Māori process of inquiry, discovery, invention, and innovation, resulting in the development of new knowledge from old knowledge. Rangahau is underpinned by multiple traditional bodies of knowledge, mātauranga Māori, and whakaaro Māori or Māori thinking, located within a Māori worldview, context or setting” (p. 1).

Edwards’ notion of (k)new knowledge has been a powerful construct to position rangahau, in the context of TWOA. According to Edwards:

[The] (K)new denotes that due to the degree of our colonial infection, the subjugation of a Māori way of knowing and being have had the effect that things we may be constructing as ‘new’ may actually have already been known by our ancestors and we are simply engaging in the powerful projects of remembering. The idea relates to the notion of cultural memory that provides timeless connection to ancestors. (cited in Hoani & Harris, 2009, p. 48)

Critical reflection practice is one of the strategies of rangahau for students to develop their own personal model of practice at TWOA. I have used deconstruction and reconstruction framework of critical reflection (Akhter, 2015; Fook, 2004) and contextualised it within the framework of tawaf. An ongoing deconstruction of my biased assumptions about knowledge, teaching and research was the key to the teaching practice at TWOA. I was surprised to see how Māori teachers used spiritual sacred knowledge,

mythologies, unseen power, etc., as contents to teach social work. The tawaf model is an example of how I am unlearning or deconstructing my previous assumptions about research and knowledge.

The valid epistemological source of knowledge of my model are *Qur’an* and Hadith. The following verse of the *Quran* validates the knowledge of tawaf (circumambulation):

Do not ascribe anything as a partner to Me, and keep My House clean for those who circumambulate it and those who stay in it (for worship) and those who bow and prostrate. (*Qur’an* 22:26, 2016)

Reflective journals

I started to search literature for social work from Islamic perspective when I realised that my worldview was not in the centre of my social work practice. I went to perform haj in 2009, did tawaf many times and deeply observed others. I have been critically reflecting on the promises that I made and how I am bringing a shift in my personal and professional practice (Akhter, 2015). I have kept reflective journals and notes of my own journey as well as others who are in the same path of cleansing. One of the changes that I was able to embrace was to wear hejab (head scarf) which identifies me as a Muslim woman.

The origin

The concepts utilised in the model have been derived from *Qur’an*, the Book of Allah, which was revealed to Prophet Muhammad (pbu) for humankind more than 1400 years ago. The knowledge is divinely revealed which is called ‘Wahy’ (unseen). The knowledge was revealed to Prophet Muhammad (pbu) mainly through the most honourable Angel Jibraeel (AS).

There are three concepts in the model. 1) tawaf (circumambulation-the process of cleansing soul). 2) nafs, the soul which takes

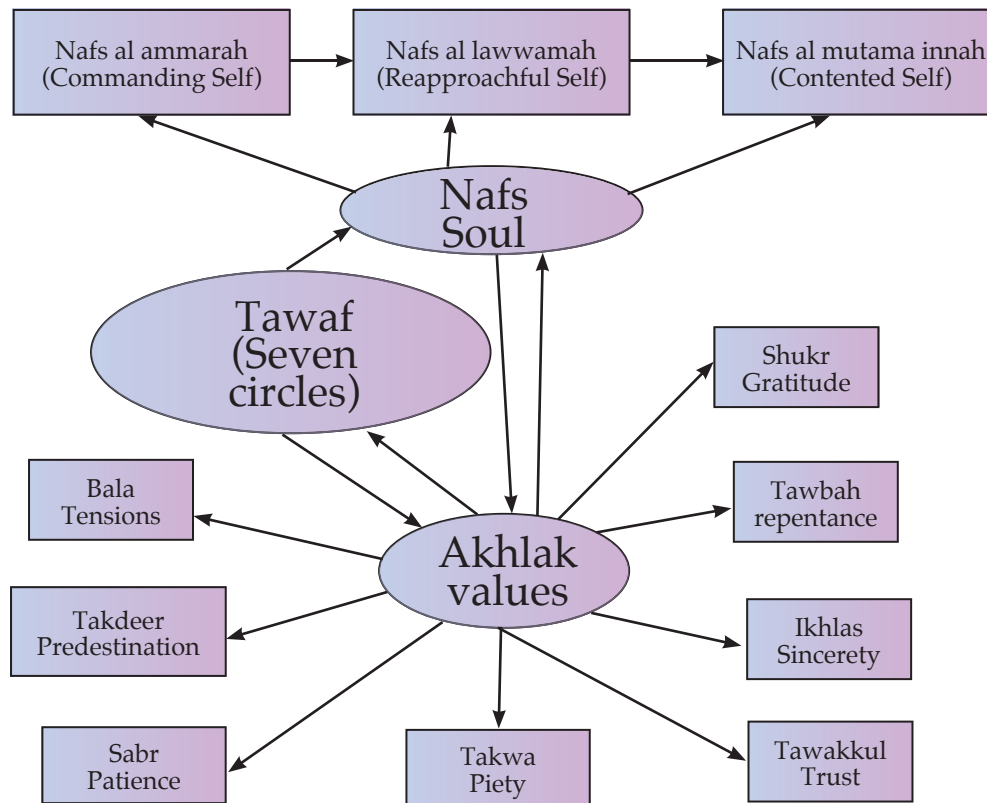


Figure 1. The Findings of Reflection (Construction of the Model 'Tawaf').

positive influences from tawaf. 3) akhlak, a value-based concept which is positively related to the processes of cleansing soul (tawaf) and, in turn, influences the wellbeing of nafs (Abdullah, 2015).

Tawaf

Tawaf, as a ritual, evolved from one of the pillars of Islam which is haj (pilgrimage to Mecca). The story is that Allah sent the Angel Gibrael to show prophet Adam (pbu) how to perform tawaf and Adam (pbu) transmitted the knowledge to mankind. Since then the practice has been handed from generation to generation.

It is a process to critique Muslims' own actions and to deconstruct them (Thompson, 2008). It is a chance to rethink and evaluate their past (Alias, 2005). Muslims walk

around the Kaaba during their pilgrimage seven times. This journey around the Kaaba in a counter-clockwise direction is known as a tawaf. The tawaf (seven circles around the Kaaba) makes Muslims to be focused, to awaken and to deconstruct. In tawaf, Muslims must come out from the comfortable zones, focus with one area (inner, spiritual wellbeing), evaluate the past mistakes, make wishes and centre around one orientation which is Allah (Figure 2).

The rituals – wearing white ihram (unstitched costume for men), shaving off the hair, wearing hijab for women, etc. are generally uncomfortable but they guide the Muslims towards a pathway of moving from a comfort zone to a zone of challenges, growth/improvement (Figure 3). Seven circles aim to intensify the practice so that it becomes a habit.

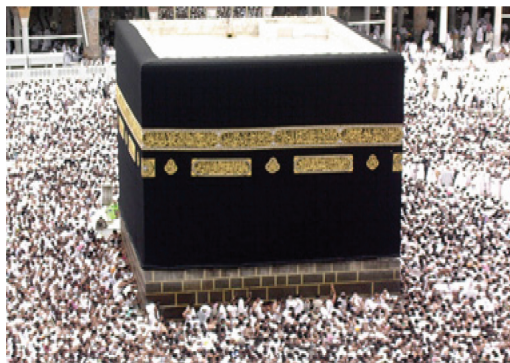


Figure 2. Centring Around the Kaba.

The tawaf has motions, that is moving and shifting, which are the symbols of success (Radan, 2009). Anticlockwise strategies of moving around the Kaaba are to keep the heart facing towards it so that the heart gets close to Allah's blessings. Above all, the seven sky analogy can be applied in the movement of seven circles. Each step represents a phase, first phase represents first sky and so on. Our Allah (creator) sits on the top of the seventh sky. By being able to complete seven circles, along with other rituals, it is perceived that Muslims feel that they get closer to Allah, hence the heart gets cleansed (Questions on Islam © 2003–2018).



Figure 3. <https://www.nooritravel.co.uk/ihram-48>.

Move from comfortable zone to an uncomfortable zone (wearing only two pieces of clothes)

Nafs

Muslims perform tawaf to attain the highest state of nafs, that is mutma innah (ethical self (soul)). The pilgrims go counterclockwise around the Kaaba three times quickly, followed by four more revolutions at a more relaxed pace. So it is recommended to do the first three circuits at a hurried pace, followed by four rounds at a more leisurely pace (Radan, 2009). It is believed that, as they walk at a hurried pace in the first three circuits, the Nafs starts to be awakened and become powerful which is the state of al-nafs al-lawwamah (re-approaching self). Our prophet (pbu) wanted Muslims to feel powerful by moving faster around the Kaaba (Questions on Islam © 2003–2018).

The last four circuits, closer to the Kaaba, are done at a calm and relaxed pace (Radan, 2009; Questions on Islam © 2003–2018). I believe, in this process, Muslims feel a sense of serenity, contentment and tranquility that take the nafs to the state of al-mutma innah (ethical self, peaceful self) which does the right thing by nature. Moral values of Islam play an important role to shift the state of nafs from ammarah (dormant) to nafs al-lawwamah (reapproachable) and nafs al-mutma innah (ethical self).

Akhlak (Moral value-based behaviour)

The tawaf combines spirituality with physical action and reminds us that it is not only beliefs we maintain within our hearts during the tawaf, but values we apply through our actions. To capture the significance of values some principles were chosen for the model of supervision which are: tawbah (repentance), bala (tensions), ikhlas (sincerity), sabr (patience), shukr (gratitude), taqwa (piety), niat (intention), amal (good practice), takdeer (pre-destination), etc. The principle of tawbah (critical self reflection-deconstructing-reconstructing of self) is one of the most important principles of tawaf. In the process of tawbah, a person identifies the weaknesses of his or her own self, promises

to unlearn or deconstruct those practices and reconstruct them (Fook, 2004). The difference between Fook's (2004) critical reflection and tawbah is that Fook's concepts are driven by reflecting on ideologies of power whereas the critical reflection in tawbah is driven by God's consciousness and spiritual values and practice. Other principles are:

Ikhlas: Muslim must believe in unseen truths with sincerity, honesty and genuineness. Hence the value safeguards the principle of integrity.

Taqwa: God consciousness is a means by which Muslims become nearer to the Creator. This could lead to attaining high ethical and moral values of supervisees.

Takdir: Muslims must believe in destiny. The notion of takdir is whatever occurred to us could not have missed us and what missed us could never have reached us. If social workers are strong in believing this moral value, they are able to cope with the pain of tensions. Muslims believe that Allah will not give you any tension that is not beyond your capacity to control. This is consistent with the framework of strength-based approaches and individuals' hopes, possibilities, etc., of social work supervision (Saleebey, 1997).

Tadbir: Muslims should not rely on luck only, they must use their fullest capacity by working hard on the basis of one's endeavour and capacity. This effort orientation has been identified as one of the best indicators of achievement in educational Psychology (Hamilton & Akhter, 2002).

Tawakkul: Rely on Allah by trusting Him to facilitate the outcome of our actions.

Tawfic: Believing in individuals' ability to recognise their full capacity makes their job more meaningful and purposeful.

Sabr: Ability to endure pain and difficulty without any complaint and frustrations.

Shukr: Thanks to Allah. Whatever benefits a Muslim receives from a person, he or she

should take it as a blessing bestowed on him/her from Allah.

Bala: It is an ever-present state in human life which is similar to the conceptualisation of taukumekume (Pohatu, 2008).

Application

In a supervision session, a supervisor can engage with social workers by prayer and introduction by asking how they are and what they are doing as Muslims about their deen (Islamic practice). This gives an indication of the state of their nafs. As per the model of tawaf, supervisors need to guide them to focus on an issue from an orientation or a framework of their Islamic worldview.

In the first phase of a supervision session, both supervisor and social workers explore challenges which may reside within the inner soul of the social workers that they are not aware of. For example, if a social worker's values and beliefs are centred around the principles of competition, high assertiveness, etc., then supervisors apply the first phase of tawaf, that is the motion of walking with a speed that means they must be engaging to explore challenges and the areas that need improvement in their practice. When they enter the first phase, they need to be awakened, moved and starting to step into a new uncomfortable zone of challenges. That means supervisors have to engage in a critical dialogue on how to start deconstructing the value of competition as social work is based on the values of koha (contribution), sacrifice, voluntary work and philanthropy as well. In social work, heartfelt service alongside professionalism is needed, not only a competitive attitude. At this point supervisors apply the principle of tawbah (repentance) which has three steps: 1) say a heartfelt sorry (with a realisation) to Allah and people affected; 2) promise to himself/herself not to make the same mistakes again; and 3) reconstruct the assumptions or beliefs by setting up new goals with sincere intention (niot) for performing them.

As they deconstruct, they enter into the next phase of tawaf which is based on the motion slower than the first three circuits. In this phase the principles of sabr (patience), shukr (gratitude), towakkul (trust), takwa (piety), and takdeer (predestination) can be discussed. It is believed that if Muslims are able to apply these principles to guide their attitude and actions they please Allah and feel calm and fulfilled. In the kaitiaki session, it is assumed that the social workers will feel that they are applying their deen (Islamic way of life) to reduce their tensions which brings their soul, deen and profession closer. If Muslims follow these principles and keep deconstructing their soul consistently, it is believed that they receive hedayet (spiritual guidance) which is the ultimate purpose of being Muslims. The practice of the values creates hope in human as hope is strongly connected to the belief system and human soul. Hope is an element that exists in the nature of human soul. When a person is devoted to the purpose of existence he or she is connected with hope (Sema, 2018). This strength allows social workers to stand and emancipate themselves to deconstruct the practice with enjoyment. So the second phase is more peaceful.

Discussion

The aim of the article is to offer a model inclusive of the values of Islam and the rituals of tawaf, which has positive influence on the wellbeing of the nafs or soul of Muslim social workers. The following discussion indicates how the values of Islam and components of nafs can be conceived as bi-cultural, aligning them with both Māori takepū and the ethical principles of social work (Table 1).

These principles sit in parallel columns with Māori takepū and non-Māori principles. For example: shukur (gratitude) has a link with Te Whakakoha Rangatiratanga (respectful relationships). The actions of shukr facilitate a spiritual and heartfelt connection between the receiver and giver and a sense of belonging in engaging with each other. The feeling of thankfulness offers a space for openness, willingness to sacrifice and acknowledgement of how responsible one feels for others. Hence, it enhances Te Whakakoha Rangatiratanga (Akhter, 2016).

Sabr (patience) can be linked with āhurutanga. Muslims use sabr as a safe pathway to deal with tensions. They attempt

Table 1. Alignment of Principles

Values of Islam	Social Work Ethical Principles	Takepū (Pohatu, 2008)
Tawbah Self correction	Critical reflection/ reflective practice	Āhurutanga (safe space)/ Mauri oho (awakening)
Ikhlas Sincerity	Integrity	Tinorangatiratanga (absolute integrity)
Shukr Gratitude	Respect/non-judgement	Te Whakakoha Rangatiratanga (respectful relationship)
Sabr Patience	Integrity	Āhurutanga (safe space)
Tawaqul Reliance on Allah	Transcendence –Trust	Mauri ora (wellbeing), Āhurutanga (safe space)
Takdeer Predestination	Strengths – luck – possibilities	Āhurutanga (safe space)
Bala Problems	Strengths: opportunities	Taukumekume (tensions: positive- negative)

to restrain ego from complaining against the tension, believe in predestination / divine decree, pray and reflect with devotion and wait for realisation and insights to come. In particular continuous reflection and attempt to change actions with a hope is the key of practising sabr. This creates āhurutanga for strengthening tawbah (deconstruction–reconstruction, resilience) to deal with tensions.

Similar to the takepū taukumekume, bala recognises the ever-present nature of tension in any kaupapa and relationship, positive or negative and offers insight and interpretation (Akhter, 2016; Pohatu, 2008).

Implications

The Islamic value-based model is rare in the literature of supervision. The tawaf model is a one that can be used for cultural supervision for Muslim social workers. The model offers a parallel column of Islamic bodies of knowledge alongside Māori and other bodies of knowledge such as strength-based models (Saleebey, 1997) and psychology (Cader, 2016). The model combines soul and value-based actions in supervision.

The model has some limitations. It can be used only in the context of cultural supervision with Muslim social workers by Muslim supervisors who believe in Islamic faith and practice. Also the model is gender sensitive. As understanding of one's own beliefs, values and worldview is central to operate the model, it cannot be applied to those who do not practise Islam. The model cannot be used directly in the context of non-Muslim supervision. It is worth noting that the general approach of self-reflection of social work practice is at the centre of the model. So, any other indigenous, spiritual and religious practitioners can contextualise the knowledge of the model within their values and beliefs. The model has potential to increase and reinforce the awareness and interest amongst practitioners

in creating more spiritual models for the advancement of spiritual knowledge in social work. Mainstream supervisors should be familiar with the basic beliefs, values, everyday rituals and the stigma attached to the presentation styles of Muslims. So, it is important that non-Muslim supervisors invite Muslim leaders from Mosques or communities to understand the unseen sacred Quranic meaning of all components of the model.

Conclusion

Overall, the literature review has indicated that the supervision has been evolving from a functional one-size fits-all approach to a multiple cultural truths based approach. The functional approach was based on power relations, and hence oppressive. To address the issue of power, the social constructivist lens has emerged; however, within its narratives, the power of the dominant worldview still exists. So cultural truths do not have a safe space to stand. Therefore, it is argued that kaupapa Māori theory, along with the kaitiakitanga paradigm with the focus of a centre of knowing, creation stories, spirituality, takepū would be more appropriate for Māori and other cultural supervision. The present model, tawaf, represents the islamic worldview and aims to deconstruct and reconstruct supervisees' practice and assumptions. Islamic values were connected with tawaf and takepū principled approach. The model will be used to supervise Muslim social workers. The model reminds Muslim social workers about their kaitiaki responsibilities to take care of their nafs as well as of their people.

Acknowledgements

I would like to thank Matua Taina Whakaatere Pohatu for his generous support that has enabled me to develop my knowledge about Te Ao Māori. Matua Taina has inspired me to go back to my roots and reclaim my identity through Māori takepū principles and Māori models of practice,

without which this article would not have been possible. My sincere thanks to Dr Morehu McDonald for his close reading of the Māori content of the article. I would also like to thank all the teachers of Kaitiakitanga-Post Graduate Diploma in Bicultural Professional Supervision programme and Bachelor of Bi-Cultural Social Work Programme of Te Wānanga o Aotearoa for their continuous stewardship role and constructive feedback to develop this model.

Accepted 23 August 2021

Published 15 November 2021

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The role of connection in the efficacy of animal-assisted therapies: A scoping review

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ABSTRACT

INTRODUCTION: There is an undeniable connection between humans and animals, with the relationship between the two being well documented across the centuries of history and storytelling.

METHODS: This article outlines a scoping review of the literature and research exploring the history, efficacy, and currency of animal assisted therapies (AATs) as they have developed in recent decades within human services and social work programmes.

FINDINGS AND IMPLICATIONS: Archaeological research suggests a mutualistic relationship has existed between canines and humans dating back 140,000 years evolving to deepened connections between animals and behaviourally modern humans including 15,000 years of animal domestication. These connections have generated relationships where animals both work *for* and *with* humans, assuming diverse roles ranging from service animal to companion pet, from livestock to live entertainment, from symbolic idol to science experiment and, as demonstrated in this article, as co-therapist or therapeutic medium in psychotherapeutic, human services and social work practice processes.

Keywords: Animal assisted therapies; connection; efficacy; psychotherapies; human services; social work

This article outlines a scoping review (Sucharew & Macaluso, 2019) which examines animals as a therapeutic medium, while identifying and analysing themes from the literature and research surrounding animal assisted therapies (AATs). By exploring the disciplinary interplay between psychology, social work, physiology, biology and medicine, the theoretical and therapeutic validity of AATs is examined. The review seeks to explore the benefits of AATs and their correlation to the concept of *connection* with relation to an animal's ability to generate human-animal connections and then impact the human-human connections within a therapeutic space.

Method

A scoping review (Sucharew & Macaluso, 2019) aims to critically appraise research studies and synthesise findings, qualitatively or quantitatively. "The purpose of a scoping review is to provide an overview of the available research evidence without producing a summary answer to a discrete research question. Scoping reviews can be useful for answering broad questions" (Sucharew & Macaluso, 2019, p. 416), specifically questions which might be new to a field of endeavour or practice. This scoping review (Sucharew & Macaluso, 2019) was designed to map the existing evidence

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WORK 33(3), 34–47.

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base of AATs and their potential impact on social work programme planning, design, management, and evaluation.

Key search terms were developed and mapped and then selected databases and internet search engines were used that identified all the relevant studies (Sucharew & Macaluso, 2019). Database searches occurred via SAGE JOURNALS Premier 2019, Elsevier ScienceDirect Journals Complete, Oxford Journals Current Collection, EBSCOhost Academic Search Complete, Wiley Online Library, EBSCOhost CINAHL Complete, Highwire Press British Medical Journal Publishing Group, and Directory of Open Access Journals. Research was collated by applying the search terms “animal assisted therapy”, “AAT”, “animal therapy”, “equine assisted therapy” and “animal assisted activities”, with searches then expanding to explore theories of the “human animal bond”, “biophilia hypothesis” and “attachment”.

This scoping review formulated a broad research question, and identified and synthesised studies that causally relate to the question: What is the role of connection in the efficacy of animal assisted therapies? The outcome of the review was that 46 peer-reviewed journal articles, and two books were summarised and thematically analysed. The literature and research were summarised by exploring topics around the definition, theories, history, application, audience, and cultural influences evident within the research into AATs.

The research on AATs

Seeking to define the field of AATs, the literature and research presents animal assisted interventions as an overarching banner, under which AATs and animal assisted activities seemingly sit side by side. With a scientific basis in anthrozoology, also known as the field of human–animal interactions, animal assisted interventions stem from the mutualistic human–animal

relationship (Yap et al., 2016). Animal assisted interventions involve a wide range of practice applications and are delivered to diverse client populations, producing a range of outcomes, including therapeutic, educational, social, and emotional (Grandgeorge & Hausberger, 2011). Lacking standardised language, there are multiple terms and definitions referred to throughout the literature and research including animal assisted therapy, pet therapy, equine therapy, equine assisted interventions, and animal assisted activities.

The lack of standardised terms and the interchangeability of language is one apparent critique evidenced within the literature (Palley et al., 2010). It is important to note here that service animals (e.g., guide dogs or seizure alert dogs) are trained for a specific purpose, living with humans as companion and providing a service. While the benefits of this connection pose similarities to those documented within AAT research, the nature of the working relationship does not fulfill the criteria to be considered an AAT.

Animal assisted activities are activities where the inclusion of an animal is focussed on play and connection (Every et al., 2017). Animal assisted activities can include hospital or nursing home visits by dogs or cats, the inclusion of a resident dog, cat or fish in rehabilitation settings, or pet visitation programmes where university students engage with a dog to decrease feelings of stress. Despite the engagement with animals providing benefits to individuals and groups, such as increased oxytocin, reduced cortisol, and social inclusion and engagement, animal assisted activities do not always set treatment plans with individual goals for clients, a clear distinction from therapeutic counterparts.

AAT is defined by Ernst (2014, p. 2) as goal-directed therapeutic interventions that include the deliberate involvement of an animal in the treatment plan for the “support and benefit of a client’s social, emotional,

physical, or cognitive functioning" (see Burton et al., 2019; Chandler, 2012; Dunlop & Tsantefski, 2018; Fine, 2010; Germain et al., 2018; Lubbe & Scholtz, 2013; Nimer & Lundahl, 2007; Stefanini et al., 2015; Stewart et al., 2013; Wilson et al., 2017). AATs are delivered by individuals with relevant experience or a social worker, psychotherapist, psychologist, health, or human service professional. This facilitator holds responsibility for guiding a client through a therapeutic process with set goals and individualised outcomes (Dietz et al., 2012; Zenithson et al., 2014). There are no localised, national, or international standards regarding professional experience or qualifications for AAT facilitators.

AATs are described as being therapeutic frameworks for clients who would benefit from the inclusion of an animal because as an individual, they were having difficulty in meeting therapeutic outcomes through other treatment options (Giuliani & Jacquemetaz, 2017; Lubbe & Scholtz, 2013; Nimer & Lundahl, 2007). AATs occur across a wide range of settings, including outdoors, on farms and within therapeutic indoor spaces (Fine, 2010). AAT interventions can occur individually or within a group setting (Palley et al., 2010) and involve a wide variety of animals, including domesticated animals such as dogs, cats, and rabbits, farm animals such as horses, goats and cows, or marine animals such as dolphins (Ernst, 2014).

Equine assisted therapies or psychotherapies fall under the banner of AAT and offer interventions that target specific therapeutic or psychotherapeutic treatment goals, for example, addressing trauma and behaviour management (Germain et al., 2018). Equine assisted therapies can include the addition of a horse as a therapeutic tool into non-recreational activities which assist the client with self-development; identifying and discussing the feelings, emotions and behaviours generated through interaction with the horse. The facilitator assists the client to apply this understanding and new way of thinking to their past and future

interactions with humans (Lentini & Knox, 2015; Mims & Waddell, 2016; Tuuvas et al., 2017; Wilson et al., 2017).

History of AATs

The earliest recorded history of the therapeutic use of animals was in Belgium in the 9th century, where animals engaged with people living with a disability through family care programmes (Chandramouleeswaran & Russell, 2014). Extending further, in the 11th century, patients in Belgian hospitals engaged in therapeutic interactions with birds, assuming responsibility for the care of birds during their hospital rehabilitation (Grandgeorge & Hausberger, 2011). Therapeutic use of animals continued throughout Europe with examples such as the York Retreat, a mental health asylum in England, implementing a notable programme during the 1790s providing therapeutic care opportunities for people with mental health issues. Through the introduction of domestic animals into the asylum, patients were encouraged to care for, and interact with, animals for therapeutic benefits (Brodie & Biley, 1999; Chandramouleeswaran & Russell, 2014; Grandgeorge & Hausberger, 2010; Palley et al., 2010; Risley-Curtiss, 2010). The practice of using animals as a therapeutic medium continued through the 18th and 19th centuries, with programmes being implemented in a home for epileptics in Germany during the 1800s (Brodie & Biley, 1999), the Bethel Institute in Germany introducing farm-based and equestrian centre programmes in the 1860s (Grandgeorge & Hausberger, 2010). The practice was also seen in the work and writing of Florence Nightingale in the late 1800s after she observed a reduction in anxiety in adults and children within institutional mental health care; she wrote, in her 1859 book, *Notes on Nursing*, of the positive benefits of companionship and pleasure offered by animals to patients during the recovery process (Ernst, 2014; Nimer & Lundahl, 2007; Palley et al., 2010).

Therapeutic interactions with animals continued into the 20th century with Sigmund Freud incorporating his dog, Jofi, into psychotherapy sessions after noting that Jofi altered his behaviours within the room according to the changes in a client's emotional state. In written works located decades after Freud's death, it was discovered that he utilised Jofi to facilitate communication between himself and his clients (Ernst, 2014). AATs spread to the United States with Boris Levinson, now considered to be the founding father of AATs, writing his seminal book, *Pet-Oriented Child Psychotherapy*, after incidentally observing a non-verbal child he was treating communicating with his dog, Jingles, in his absence. Further exploring this connection and based upon similar results from Jingles' engagement with other child clients, Levinson proposed the idea that animals can provide a relaxed and non-judgemental environment, assisting with facilitating a therapeutic connection between practitioner and client and subsequently increasing client motivation to participate with the therapeutic process (Ernst, 2014; Grandgeorge & Hausberger, 2011; Risley-Curtiss, 2010; Wilson et al., 2017).

The human-animal connection underpins centuries of history, mythology, spirituality, and symbolism. Spiritual and symbolic bonds are considered a "space of shared meaning and understanding" (Dell et al., 2011, p. 330). The use of animals for healing spans centuries as seen within the Ancient Egyptian and Mayan civilisations. Sacred texts from diverse traditions present a common theme of the human-animal connection with humans assuming the responsibility for the care and protection of the natural environment, including animals (Faver, 2009, p. 363). Indian mythology is full of stories based on human-animal connection with Indian gods taking the form of animals and humans transforming into animals to assist or live alongside humans, to represent the strength of the human-animal relationship (Chandramouleeswaran & Russell, 2014).

Canadian First Nations consider that the horse, through its cultural reverence, can "lead an individual to understand their place in the circle of life", based upon the connection of the spirits of the human and the horse, and using this connection to extend beyond the physical world into innate spirituality (Dell et al., 2011, p. 321). The First Nations people believe this profound sacredness within the horse is present in all living things – the interconnectedness of life. Similarly, the Pacific worldview of Va assumes a mutuality of connectedness between the "physical, spiritual, psychological, social, economic, and cultural dimensions of community" (Dell et al., 2011, p. 322), in which relationships are reciprocal rather than unidirectional between nature and man. Indigenous Australian cultures emphasise healing through connection to nature and all forms of life, experiencing an all-encompassing relationship with the land (Heinsch, 2012, p. 312).

AATs and the human sciences

The literature and research outline multiple theories from diverse disciplines, a significant amount examining AATs from biomedical, psychopathological perspectives. Assuming a social science position, a portion of the literature additionally utilises an ecological perspective, which examines the client and the intervention from the perspective of *person in environment*, identifying the bonds individuals and families have with companion animals and linking these bonds to the application of AATs as a natural extension to social practice (Fine, 2010; Legge, 2016; Risley-Curtiss, 2010; Risley-Curtiss et al., 2006).

One of the major theories presented within the literature is that of the human-animal bond. Cited in Zenithson et al. (2014, p. 69), the American Veterinary Medical Association have defined the human-animal bond as "a mutually beneficial and dynamic relationship between people and other animals that is influenced by behaviours that are essential to the health

and wellbeing of both" (p. 69). This bond has been researched within multiple disciplines including veterinary science, social work, medicine, education, and nursing (Stewart et al., 2013), expanding into the creation of centres and organisations across five countries in the 1970s and 1980s to research the interconnected ways in which humans and animals engage (Palley et al., 2010). It is through the development of a theoretical understanding of the human–animal bond that research has been able to clearly identify the benefits of interactions with animals, resulting in the inclusion of animals in therapeutic interventions based upon their deep connection to humans.

Research into the human–animal bond demonstrates that, through interaction with animals, humans experience reduced anxiety and stress, improved mood, decreased cortisol, increased social engagement, lowered blood pressure, decreased loneliness, increased empathy, improved cardiopulmonary pressure, a decrease in the use of medicines and an improvement in psychological health; with research related to psychologists and psychiatrists recommending a pet to over 50% of their patients (Ernst, 2014, p. 5; Lubbe & Scholtz, 2013, p. 117; Mims & Waddell, 2016, p. 453). Through their natural ability to create a relationship with humans, animals are stated to develop rapid levels of rapport and demonstrate empathy towards humans (Chandler, 2012; Lubbe & Scholtz, 2013). The research suggests the connection between humans and animals can replicate relationships based upon secure attachment, similar in nature to the attachment seen within human–human relationships. Animals offer "a space of safety, and a secure base" (Dunlop & Tsantefski, 2018, p. 17). While the relationship between humans and animals appears mainly behavioural, it is viewed as emotionally warm and welcoming, with participants stating that they found their therapeutic encounters with animals as non-judgemental (Stefanini et al., 2015, p. 45). The findings of Fine (2010)

identify that, within therapeutic interactions, clients demonstrated increased smiling and laughter, while numerous other studies have demonstrated that children turn to their pets for comfort when feeling stressed or needing connection (Lubbe & Scholtz, 2013). The therapeutic effects of AAT are linked to the human–animal bond which provides connection based upon "pleasure, relaxation, affection, loyalty, security, love, and unconditional acceptance" (Every et al., 2017, p. 46; Risley-Curtiss, 2010, p. 40; Risley-Curtiss et al., 2006, p. 257).

One factor considered influential in understanding why humans and animals are so deeply connected is the peptide hormone and neuropeptide oxytocin located within the neural endocrine system. Secreted by the supraoptic and paraventricular nuclei of the hypothalamus, studies indicate that oxytocin is believed to be the source of the neurobiological response to interactions with animals (Giuliani & Jacquemettaz, 2017; Odendaal, 2000). Research indicates that the release of oxytocin has powerful anxiolytic effects due to an understanding that when oxytocin levels are high, the levels of the stress hormone cortisol are low, creating a physiological balance which is believed to underpin the benefits of interactions between humans and animals (Petersson et al., 2017; Serpell et al., 2017). Research has discovered that oxytocin, the hormone that enhances trust, cooperation and love between a parent and child, is released following humans spending one minute of petting dogs (Every et al., 2017; Mims & Waddell, 2016; Petersson et al., 2017).

Attachment theory is presented within the literature as an explanatory theory for examining the efficacy of AATs. The sense of connection is generated within the right hemisphere of the brain, the same area of the brain responsible for emotional processing. The literature presents research and anecdotes which refer to the attachment connection experienced between clients and therapeutic animals and assertions that the

bond of attachment is one important element in the efficacy of AATs (Balluerka et al., 2014; Dunlop & Tsantefski, 2018; Geist, 2011).

The representation of the biophilia hypothesis offers additional understanding of the deep connection between humans and animals which underpins AATs. An understanding of biophilia was first mentioned by psychologist Erich Fromm in the 1960s, linking the Latin words *bio* and *philia* to create the concept of a *love of life*. Furthering this idea and creating the biophilia hypothesis, Harvard biologist, Professor Wilson, concluded that humans have an innate predisposition to interact with the natural world, experiencing physical and psychological benefits from this connection. This perspective is supported by further research conducted within multiple disciplines including medicine, psychology, community development and architecture on the health-enhancing effects of engaging with nature (Antonioli & Reveley, 2005; Heinsch, 2012; Serpell et al., 2017). Moving forward from a dualistic perspective of humans being separate from nature to an understanding that humans form one part of nature, biophilic theorists Besthorn and Saleebey (2003, p. 2) assert that the human need to affiliate with natural ecosystems, including animals, is ‘innately biological and intensely emotional’; concluding that the soul of biophilia is humanity’s biological imperative to live fulfilling lives through our connection with nature (Faver, 2009, p. 363; Heinsch, 2012, p. 310). In considering the affinity evident within the literature between humans and animals, the biophilia hypothesis provides supportive evidence of the efficacy reported within AATs being based upon an innate, biological need for connection.

The theory of *attentionis egens* describes “the need for attention on a normal, basic emotional level as the prerequisite for successful social interaction” (Odendaal, 2000, p. 276). Utilising attention-need behaviour, animals and humans engage in interactions which lead to connection

and bonding through feedback systems. Companion animals exhibit high levels of sociability and expression of attention-need which contributes to the success of the human–animal bond. This human–companion animal bond provides opportunities for attentionis egens, or attention-need, to be fulfilled within both sides of the relationship. It is also considered that less social animals can still fulfil the need for attention from their human owners, while the basic physiological needs of the animal are being met by the human. The efficacy of AATs may be based upon the fulfillment of attentionis egens, with the attention-need-based connection between humans and animals being expressed as a rationale for the inclusion of animals into therapeutic interactions (Odendaal, 2000).

“The connection”

A strong theme of “connection” can be identified within the literature and research, human–animal connection, human–human connection, and human–nature connection, with the research outlining the physical, psychological, and physiological benefits generated within these relationships. The importance of connection within therapeutic interventions has been well researched, with findings demonstrating that the “quality of the therapeutic alliance is the strongest predictor of treatment success, regardless of the specific intervention used” (Stewart et al., 2013, p. 330); (see also Faver, 2009, p. 369; Tuuvas et al., 2017, p. 324). It is considered that the efficacy of AATs is linked to the therapeutic alliance or therapeutic connection facilitated through the inclusion of the animal. As animals offer the client non-judgemental and unconditional positive regard, the client can form an attachment or connection with the animal before transferring this attachment or connection to the practitioner through the creation of a safe space based upon empathy, trust, and comfort (Coetzee et al., 2013; Every et al., 2017; Taylor et al., 2016).

Including an animal in the therapeutic process speeds up the generation of a therapeutic alliance, with the animal facilitating the connection and rapport between the practitioner and the client. Additionally, the animal generates connection by providing comfort to the client through touch, which further supports the therapeutic alliance and enhances the therapeutic environment without overstepping professional-personal boundaries (Chandler, 2012; Every et al., 2017; Fine, 2010; Stewart et al., 2013). The literature presents convincing evidence of the animal assuming the role of co-therapist or therapeutic medium and being a fundamental element in the creation of a therapeutic alliance based upon the varied levels of connection offered to the client.

Questions around what it is that is being done *with* and *to* animals is evident within the literature, examining the ways in which animals are utilised in therapeutic interventions. The impact on animals is discussed, with the stress levels experienced and the potential for fatigue, burnout or mistreatment expressed as areas of concern. One study examined the impact of social interactions on animal assistance dogs by examining increases in their cortisol following various interactions. Across three testing locations – the home environment, a clinic environment and within a university – the findings recorded no noticeable elevation of cortisol in the dogs tested (Zenithson et al., 2014, p. 70). Based on the power dynamic in the human–animal relationship, the integration of animals into therapy relies heavily on ethical practice which respects the animal’s need for rest, reduced stress, and appropriate treatment (Munoz Lasa et al., 2015, p. 2). Recognising that animals are sentient beings, truly ethical work with animals must involve a two-way benefit for the humans and animals involved, with their needs being recognised as at the same level of importance to that of the human (Every et al., 2017). This recognition, when transferred to a professional setting, creates scenarios where the use of animals as a therapeutic

medium requires ethical consideration, indicating a necessity for the reference of human–animal relationships in professional codes of ethics (Taylor et al., 2016).

The application of AATs to varied diagnoses was presented within findings related to mental health settings, correctional facilities, social care providers, residential care settings, group homes, addiction treatment centres, schools, and hospitals for the treatment or management of autism symptoms, medical conditions, physical disabilities, cognitive functioning, emotional functioning, social functioning, self-efficacy, behaviour management, and psychological conditions (Burton et al., 2019; Dell et al., 2011; Every et al., 2017; Firmin et al., 2016; Munoz Lasa et al., 2015; Nimer & Lundahl, 2007; Taylor et al., 2016; Tuuvas et al., 2017).

AATs are delivered to individuals and groups across all stages of life, with the research demonstrating studies related to children, adolescents, young adults, adults, and the elderly, of all genders. The variable nature of AATs makes them suitable for diverse applications, including short-term or long-term interventions, different environments (indoors or outdoors) and the format in which it is delivered (individual or group) (Nimer & Lundahl, 2007). Working towards pre-determined therapeutic goals, the practitioner engages the client in a series of therapeutic interventions by asking questions, encouraging positive attachment and connection, examining challenges, using metaphors applied to everyday life, assisting in problem solving, modelling communication, encouraging storytelling and narrative, or applying cognitive or behavioural restructuring techniques (Burton et al., 2019; Germain et al., 2018; Lentini & Knox, 2015; Tuuvas et al., 2017).

AATs as complementary therapy

Another theme from the research is the distinction that AATs work in addition to, and complement, other therapeutic interventions such as cognitive behavioural

therapy (CBT) and trauma therapies, rather than working as a stand-alone therapy (Dietz et al., 2012, p. 667). Examining this holistic approach, the literature further identifies the connection between the human and the animal as an important influence upon therapeutic success. A 2018 meta-analysis suggests that research overwhelmingly supports the benefits of AAT although based on many studies showing moderate effects regardless of the level of inclusion of the animal, the meta-analysis questions if the *presence* of the animal is as beneficial as the human-based interventions taking place (Germain et al., 2018, p. 161). Comparatively, one randomised, controlled trial where clients were allocated to a water-based programme based in nature versus a water-based programme involving dolphins, demonstrated significant reductions of depressive symptoms in those engaging with dolphins; further supporting the importance of an animal's presence for producing positive therapeutic results (Antonioli & Reveley, 2005, p. 3).

The literature presents a wide range of animals being utilised within AATs, with dogs and horses being the most reported. However, the complete range of animals outlined in the literature included birds, small pets and rodents (mice, rats, guinea pigs and hamsters), horses, farm animals (cows, sheep, pigs and goats), dolphins, rabbits, fish, and reptiles (Balluerka et al., 2014; Every et al., 2017; Fine, 2010; Kamioka et al., 2014; Nimer & Lundahl, 2007). Interestingly, distinctions between cultures and the selection of animals for therapeutic use was evident, with animals not common to a Western application being featured, supporting the efficacy of AATs on a global scale. Participating in research conducted in South Africa, clients engaged with giraffes, impala, a donkey, ostriches, and mongoose, or participated in activities watching lions, tigers, wild dogs, and cheetahs. It is well documented that the use of AATs is increasing globally in both application and research (Chandler, 2012; Zenithson et al., 2014).

Exploring the connection between animals and culture, the literature identifies strong cultural connections between populations of pet owners. There are high percentages of pet ownership by Indigenous cultures, followed closely by Anglo, Latino and Asian populations (Risley-Curtiss et al., 2006, pp. 265, 258). AATs are beneficial due to their flexibility to adapt to individual and cultural diversities (Risley-Curtiss et al., 2006; Taylor et al., 2016). Based upon strong cultural and spiritual connections to animals, it is reported that services which work with Indigenous peoples might experience improved service delivery through the inclusion of animals into their interventions (Risley-Curtiss et al., 2006, p. 267). Tradition within Islamic countries does not commonly include dogs as companion animals in the home, so it is stated that dogs (and possibly cats) would be unsuitable for inclusion into a therapeutic setting with this population (Every et al., p. 49). Although most of the research into AATs has been conducted from a Western perspective, there is a growing body of research appearing in countries such as South Africa, Mexico, Japan, India, and Singapore (Chandramouleeswaran & Russell, 2014; Coetzee et al., 2013; Every et al., 2017, p. 48; Loo et al., 2015; Lubbe & Scholtz, 2013).

Examining the impact of pet ownership or prior positive or negative experiences with animals, one study concluded that prior direct experience with animals has no significance to the acceptability of AATs as an intervention (Rabbitt et al., 2015, p. 346). Based upon their commonality as animal of choice, the literature deeply explores the characteristics of dogs and horses, seeking to identify what it is that makes both animals a popular choice for inclusion into therapeutic programs and interventions. It is considered that dogs are the most suitable choice due to their domestication, the ease with which they travel, the reduced requirements for specific therapeutic locations and their nature and trainability (Nimer & Lundahl, 2007, p. 235). Additionally, research into the human-animal bond identifies many humans

experience high levels of attachment to dogs, which may support their efficacy as a therapy animal (Every et al., 2017, p. 47).

Horses are considered the most suitable choice for situations where biofeedback is required. Horses, as a prey animal, have highly attuned senses which make them receptive to subtleties in the environment, including the presence of humans (Burton et al., 2019, p. 15; Wilson et al., 2017, p. 19). Research suggests that resonance underpins the human–horse interaction, providing opportunities for the participant to understand their feelings based on non-verbal feedback (Dell et al., 2011, p. 331). It is believed that horses possess the ability to respond to the internal state of the client and sense their intentions, offering insight into the client’s feelings which cannot be picked up by external cues. By honing into the horse’s reactions to the client, the practitioner can gain an understanding of the client’s internal environment and use the sensitivities of the horse to assist clients in becoming more aware of their own internal reactions, responses, and feelings (Tuuvas et al., 2017; Wilson et al., 2017). Using metaphors during ground-based experiences, the practitioner assists the client to locate meaning in their interaction with the horse which resonates with their current psychological functioning and individual challenges (Burton et al., 2019, p. 15). This unique connection between horses and humans is utilised to attain specific therapeutic outcomes, with research demonstrating positive results with those living with autism spectrum disorder, addiction, trauma, PTSD, and populations with challenging behaviours (Burton et al., 2019; Dell et al., 2011, p. 319; Dunlop & Tsantefski, 2018; Lentini & Knox, 2015; Tuuvas et al., 2017; Wilson et al., 2017).

Efficacy of AATs

One of the success factors as outlined here, is the positive enhancement of the therapeutic environment through the inclusion of an animal. Acting as a vessel through which

connection is generated and facilitated, the literature consistently presents the animal as relationship builder, mood elevator, stress reliever, and source of security and comfort (Brodie & Biley, 1999, p. 333; Lubbe & Scholtz, 2013, p. 120; Tedeschi et al., 2005, p. 64). Multiple studies report that animals “promote therapeutic disclosures and enhance therapeutic progress” (Lubbe & Scholtz, 2013, p. 120), with the presence of the animal creating a warm and inviting environment which assists clients to develop a sense of trust with the animal, which can be later transferred to the practitioner (Tedeschi et al., 2005, p. 62). Through the creation of warmth and empathy within the therapeutic environment, studies found that client retention and engagement increased, producing positive therapeutic outcomes (Dietz et al., 2012, p. 668). It is suggested that AATs are beneficial when motivation to attend therapy is an issue or concern. Legge (2016) discussed findings which indicate improved service accessibility by clients participating in AAT, concluding that clients who feel unashamed or happy to engage with therapeutic services will demonstrate increased engagement and motivation to attend (Legge, 2016, p. 1937). There is evidence which demonstrates that the inclusion of an animal into therapy increased client motivation and attendance, and decreased attrition, particularly when the therapy addressed complex and painful experiences of trauma. These findings are in stark contrast to earlier findings which indicate higher drop-out rates for trauma-based interventions, as discussed within the meta-analysis of Germain et al. (2018) which identified decreased attrition in trauma-based AAT programmes, suggesting that the animal provides additional motivation to attend and engage in the challenging aspects of trauma therapy (Germain et al., 2018, pp. 143–160).

It is considered that the connection with the animal itself provides incentive to attend therapeutic interventions, offering a solution to the barriers surrounding motivation and engagement. Research outcomes

demonstrated increased attendance rates within inpatient psychiatric programs that involve animals (Nimer & Lundahl, 2007, p. 234), increased motivation to engage with treatment for anxiety in patients with learning disabilities (Giuliani & Jacquemetaz, 2017, p. 14), and there is qualitative research which indicates that all informants in one study described the connection with their therapeutic horse as a keen motivator to attend and engage with their treatment (Tuuvast et al., 2017, p. 315). Additionally, in their case study examination of AAT in the South African context, Scholtz and Lubbe (2013) concluded that the inclusion of a dog as a therapeutic medium served as a tool for motivation as well as supporting an improvement in the creation of the therapeutic relationship between client and practitioner (p. 122). One perspective relates to the therapeutic bridge between animal and client where it is stated that, due to less complex social signals, engagement and interaction with an animal requires lower levels of cognitive processing. This results in accelerating and simplifying the connection between humans and animals, enhancing the rapid development of mutually beneficial interactions (Dell et al., 2011, p. 331; Tedeschi et al., 2005, p. 69). When animals serve as a therapeutic medium, they offer the client a transitional object to explore and develop trust and express their feelings through non-verbal interactions.

AATs are experiencing growing recognition for their potential to lead to positive outcomes for the health and wellbeing of individuals, particularly in situations where traditional talk therapies present challenges, fail to create change, or are not suitable (Firmin et al., 2016, p. 204). Providing therapeutic opportunities for clients to engage in treatment which extends beyond a traditional one-on-one, closed-door style of intervention, it is considered that AATs are successful at reducing barriers and limitations to therapy as they do not rely on language as an independent medium of change (Every et al., 2017; Wilson et

al., 2017). One example of this approach in action is presented while working with at-risk teenagers, who reject therapeutic connections based upon the expectation to “talk” or to engage in conversations which explore and articulate their feelings, such as anger or sadness (Firmin et al., 2016, p. 38).

AATs are being utilised with diverse client populations with varied diagnoses and health needs. The literature presents multiple studies where AATs are applied to children diagnosed with autism spectrum disorder (ASD), producing behavioural outcomes including improved communication and increased social interaction (Nimer & Lundahl, 2007, p. 227), with equine assisted therapy / psychotherapy and animal assisted therapies involving dolphins specifically demonstrating reductions in the symptoms of autism (Chandramouleeswaran & Russell, 2014, p. 6).

Coetzee et al. (2013) identified the diversity of the therapeutic application of AATs, citing research findings related to interventions for “trauma, loss, alienation, depression, and aggressive or violent tendencies, as well as for healing sexual, physical and emotional abuse” (p. 477). In a 2007 meta-analysis, 49 studies were found to provide convincing evidence that AAT had “moderate effects in improving emotional wellbeing in non-clinical and clinical populations” (Nimer & Lundahl, 2007, p. 225). Providing a therapist’s perspective, research outcomes into equine assisted therapies reported that all therapists included in the study agree that it is a powerful therapeutic intervention which provides benefits and results in shorter timeframes than traditional therapeutic interventions (Wilson et al., 2017, p. 24).

Examining the benefits of AAT begins from a space of understanding the biological, psychological, physical, and social factors which underpin health and wellbeing. The literature demonstrates evidence of positive effects experienced by humans following interactions with animals based on health,

wellbeing, and motivation (Tedeschi et al., 2005, p. 61), and presents convincing evidence of the ways in which AATs produce outcomes which demonstrate efficacy in addressing varied diagnoses and health needs from a multi-disciplinary perspective (Loo et al., 2015). The holistic nature of AATs supports their efficacy at psychological, behavioural, physical, and affective levels. Additionally, there is evidence of the suitability of AAT as a therapeutic option based upon its ability to be delivered at multiple and varied treatment locations to general and clinical populations (Firmin et al., 2016, p. 211; Hines, 2003, p. 44).

Through its ability to deliver interventions of an experiential nature rather than purely verbal processes, Tedeschi et al. (2005) identified the powerful therapeutic validity of AATs while working with families, individuals, and groups, discussing the multiple positive impacts of the therapeutic approach which influences “physical, social and emotional healing through a dynamic relationship and connection with others” (p. 62). Following positive interaction with animals, humans experience physiological and medical benefits including increased endorphins, stress reduction, increased oxytocin, decreased cortisol, decreased physiological arousal, improved heart rate, decreased blood pressure, improved sleep, improved lipid profiles, improved immunity, improved fine or gross motor skills and coordination, improved cognitive functioning, increased survival rates following surgery, improvements in physical health and lower epinephrine and norepinephrine levels (Chandramouleeswaran & Russell, 2014; Coetzee et al., 2013; Ernst, 2014; Fine, 2010; Germain et al., 2018; Gonzalez-Ramirez et al., 2013; Heinsch, 2012; Legge, 2016; Marcus et al., 2012; Nimer & Lundahl, 2007; Odendaal, 2000; Stefanini et al., 2015; Taylor et al., 2016).

In a research study examining the impact on blood pressure following visual engagement with an animal, two groups of clients were broken into those with hypertension and

those with normotension. Both groups stared at a blank wall to establish baseline blood pressures before shifting their concentration to brightly coloured fish swimming in an aquarium. Within both groups, significant reduction in blood pressure was reported (Brodie & Biley, 1999, p. 333). Nimer and Lundahl (2007) identified that “young children consistently benefited across all outcome variables, including those associated with autism” (p. 234). However, it was reported that less consistent results were identified regarding the benefits experienced by other age groups, suggesting that young children are more receptive to the influence of the animal (Nimer & Lundahl, 2007, p. 234). AATs were researched for their efficacy while working with disabled populations; able-bodied populations returned stronger, more reliable wellbeing and behavioural benefits than disabled populations, although those with disabilities demonstrated stronger, more reliable “medical outcome dependent variables” (Nimer & Lundahl, 2007, p. 234).

Critiques of AATs

Critiques of AATs are related to concerns such as lack of control groups in research, small participation groups, lack of randomisation, poor outcome measures, an inability to test the hypothesis, lack of published treatment protocols and lack of theoretical frameworks to guide application (Dietz et al., 2012, p. 668; Every et al., 2017, p. 45; Nimer & Lundahl, 2007, p. 226; Palley et al., 2010, p. 202; Stefanini et al., 2015, p. 42; Stewart et al., 2013, p. 332). A lack of empirical evidence is a concern raised within the literature (Legge, 2016, p. 1928; Serpell et al., 2017, p. 224; Stefanini et al., 2015, p. 42; Stewart et al., 2013, p. 331).

In response to critiques, a few studies identified varied explanations to address the issues raised as negative or critical of AATs. Germain et al. (2018) identified that future research into AATs should be directed towards an examination of methodology, whereas Serpell et al. (2017)

emphasised that null results should not be considered as absolute demonstrations that AATs are ineffective at producing clear and consistent benefits, precisely because of inadequate sample sizes, broad outcome measures or the statistical power of differences (p. 223). Firmin et al. (2016) identified mitigating factors of success with AAT including “client needs and fears, the practitioner’s abilities and desires, and the animal’s nature” (p. 205). Within one study which collated practitioner perspectives of equine assisted therapy / psychotherapy, practitioners discussed the lack of community understanding and awareness regarding animal-based therapeutic interventions, identifying that the lack of community education about how it works, its use, validity and effectiveness impacts how well it is adopted as an intervention of choice (Wilson et al., 2017, p. 25). One challenge in evaluating AAT research was discussed by Germain et al. (2018) who identified the unique nature of AAT interventions and question research critiques by asking “how can one compare studies that attempt to decrease PTSD symptoms where one study has a participant teach a dog how to sit and another utilises participant/animal interactions as metaphors for relationships and life” (p.142).

Conclusions

Research which supports the efficacy of AAT has expanded across the past decade. This article outlines a scoping review (Sucharew & Macaluso, 2019) and presents research findings which replicate positive therapeutic outcomes despite variances in application and client populations. Underpinning both theory and practice, the role of connection is evidentially significant within the literature supporting an understanding that the inclusion of an animal in therapeutic settings generates and facilitates a connection which provides physical, emotional, social, and psychological benefits to client populations. Supported by theories, including

attachment and the human–animal bond, and demonstrated through a scientific understanding of increased oxytocin and decreased cortisol, the positive impact afforded to client populations through the presence of an animal is strongly supported throughout the literature.

Despite the evidence which supports the validity of AATs as a therapeutic intervention, it can be stated that, in comparison to alternative therapies, AATs are still in their infancy stage of development, application and understanding. As such, there is significant scope for further research which examines the therapeutic application and outcomes of AATs across a global population. Ongoing research provides an opportunity for the further development of an evidence base which collaboratively defines AATs as a *therapy per se*, rather than an intervention which simply aims to improve connections between humans and the world around them.

Accepted: 21 August 2021

Published: 15 November 2021

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Does helping hurt the helper? – An investigation into the impacts of vicarious traumatisation on social work practitioners in Hawke’s Bay, Aotearoa New Zealand

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ABSTRACT

INTRODUCTION: This article is based on the findings of a Bachelor of Social Work Honours student research project investigating the impacts of vicarious traumatisation (VT) on a small sample of frontline social work practitioners in the Hawke’s Bay region of Aotearoa New Zealand.

METHOD: Semi-structured, one-to-one interviews with the four participants were used to collect the data and the interviews took place in 2019. A thematic analysis approach was applied to identify key themes within and across the data set.

FINDINGS: Three of the four social workers had experienced VT resulting from their work with clients with histories of trauma. Participants, however, were also able to identify a range of self-care management strategies they utilised to support and enhance their health and wellbeing. In addition, several important organisational supports were also identified. These included a workplace culture that recognised VT, clinical supervision, Employee Assistance Programme (EAP) services and supportive supervisors and managers.

IMPLICATIONS: The study demonstrates that VT and its associated impacts on social workers are important issues requiring ongoing acknowledgement and research in the New Zealand social work context.

Keywords: Vicarious trauma; secondary trauma; burn out; stress; self-care; social work

Social workers, during their everyday work, frequently engage with clients who are experiencing trauma, or who are already traumatised, and consequently they may themselves experience indirect trauma (Tarshis & Baird, 2019). This article poses the question, “Does helping hurt the helper?” and is based on the results of a qualitative research project which investigated the impacts of vicarious traumatisation (VT) in a sample of

four frontline social work practitioners employed in Hawke’s Bay.

The objective of this project was to investigate the impacts of VT on the wellbeing of social workers and what, if any, self-care strategies social workers utilised in respect of these impacts. It was hoped the findings would build knowledge about the potential impacts of VT on social work practitioners, how well they were able to

AOTEAROA
NEW ZEALAND SOCIAL
WORK 33(3), 48–60.

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recognise the signs and symptoms, and the strategies they used to manage their self-care.

VT can be defined as is a form of indirect trauma that involves damaging changes occurring in a professional's view of themselves, other people, and their world view, which result from exposure to the graphic and/or traumatic material of their client's histories and disclosures (Baird & Kracen, 2006; Pearlman & Saakvitne, 1995; Rothschild, 2006). VT can be described as the professional taking on the emotions, experiences and reactions of trauma survivors which then has negative ongoing effects on their wellbeing, and which may involve them deciding to leave the field permanently as a result (Dombo & Blome, 2016; Tarshis & Baird, 2019). The terms *VT*, *secondary trauma*, *compassion fatigue* and *burnout* are often used interchangeably (Huggard et al., 2017; Pearlman & Saakvitne, 1995; Tarshis & Baird, 2019) to describe the negative impacts on helping professionals of working with traumatised clients and engaging on a regular basis with their experiences of pain and distress (Baird & Kracen, 2006; Dombo & Blome, 2016; Figley, 1995; Rothschild, 2006; Tarshis & Baird, 2019). The following operational definition was selected for the project: "Vicarious traumatisation is the transformation of the inner experience of the therapist that comes as a result of empathetic engagement with client's traumatic material" (Pearlman & Saakvitne, 1995, p. 31).

Hawke's Bay is a relatively remote area of Aotearoa blessed with scenic beauty and is a major producer of export quality fruit and wine. There is darker side to the region, however, with the demand for child and adolescent health and addiction services increasing steadily and regional police and Oranga Tamariki (Ministry for Children) statistics revealing that Hawke's Bay and neighbouring Tairāwhiti have higher than the national New Zealand average for rates of reported child exposure to domestic

violence (Laing, 2019; Moroney, 2016; Morris Mathews et al., 2019). Hawke's Bay based paediatrician and former Commissioner for Children, Dr Russell Wills, comments that, while it is not clear why these figures are increasing, much work needs to be done to engage with drivers of domestic violence which include poverty, homelessness, drugs and alcohol, and male violence (Laing, 2019; Wills, 2016, cited in Moroney, 2016).

After this introduction and context description, the following sections will include a review of the literature, a description of the methodology used in the project, an analysis of the findings, and conclusions.

Literature review

The term VT emerged in the early 1990s. Although an effective review of the literature intends to provide an overview of current knowledge on a topic and support the identification of existing patterns and themes, gaps, and inconsistencies (Neuman, 2011), literature from earlier seminal authors such as McCann and Pearlman (1990), Figley (1995), and Pearlman and Saakvitne (1995) were also included to accurately explain the definition of VT and secondary trauma within a helping professional context.

It is important to identify a clear, robust definition of VT to support an understanding of how it can impact on social workers and what this means. The first theme identified in the review demonstrated the interchangeability of terms such as compassion fatigue, secondary stress and burnout used to describe VT (Figley, 1995; Kimes, 2016). Others, however, argue there is an important distinction between these terms (Branson, 2018; Cunningham, 2003; Dombo & Blome, 2016; Fogel, 2015; Rothschild, 2006; Wilkinson, 2016). Secondary stress and compassion fatigue are normally used to refer to the impacts on workers of providing social services to clients experiencing high levels of trauma (Dombo & Blome, 2016). Burnout, by comparison, is a general term

applied to any professional working in a very stressful work environment (Dombo & Blome, 2016; Kimes, 2016). VT, however, is viewed as having a greater impact as compared with secondary stress, compassion fatigue and burnout, chiefly because, in addition to the numerous and complex ways it can affect the individual, it results in changes to practitioners' cognitive schemas, i.e., the ways in which they view the world, themselves and others (Baird & Kracen, 2016; Branson, 2018; Cunningham, 2003; Pearlman & Saakvitne, 1995).

The second theme concerned the benefits of, and need for, more research, training, and educational support to help social work practitioners develop an awareness of the symptoms, and the protective factors required to manage the impacts of VT (Branson, 2018; Cunningham, 2003; Kearns & McArdle, 2011; Lewig & McLean, 2016; Pearlman & Saakvitne, 1995). Apropos of this, Cunningham (2003) and Lee and Miller (2017) comment that an awareness and acknowledgement of the normality of VT is crucial in developing resilience and effective coping strategies to manage it when it occurs. Research, training, and educational support are advantageous for several reasons. First, a greater knowledge base about VT is associated with the potential to reduce high staff turnover (Branson, 2018; Cunningham, 2003). Second, growing awareness about VT can serve as a long-term protective factor to help practitioners extend their working life in the social work profession (Branson, 2018; Wall et al., 2016; Pearlman & Saakvitne, 1995). Third, Rothschild (2006) comments that VT is preventable, and the impacts can be remediated if social workers and other helping professionals have the knowledge and skills required to identify its symptoms.

The third theme identified concerns about the workplace. Social work is a profession with higher levels of role-related stress than other similar occupations, and these factors are thought to contribute to the increased rates of burnout, sick leave, and

staff turnover seen in comparison with other helping professionals (Baird & Kracen, 2006; Branson, 2018; Dombo & Blome, 2016; Kimes, 2016; McCann & Pearlman, 1990; Wilkinson, 2016). Some research also suggests that social workers underestimate the cumulative impact of the stress and distress they experience when they engage with clients' personal stories of trauma over time (Izzo & Miller, 2018; Lloyd et al., 2002). Likewise, Izzo and Miller (2018) observed that social workers are working in an environment where several occupational characteristics can increase the likelihood of VT occurring. These include the cumulative effects of exposure to stories of trauma, repetitive contact with vulnerable populations, and the ethical pressures and dilemmas associated with the helping role in general (Izzo & Miller, 2018). Organisational support, clinical supervision, and safe and supportive workplaces have also been identified as key to reducing the effects of exposure to indirect trauma and VT (Wall et al., 2016; Wilkinson, 2016); as is the importance of implementing trauma-informed practice frameworks into organisational policies, and workplaces to promote employee self-care and wellbeing (Marlowe & Adamson, 2011; Wall et al., 2016; Wilkinson, 2016).

The fourth theme identified concerns over the importance for social workers to adopt strategies to manage their self-care (Hooyman & Kramer, 2006; Lee & Miller, 2013). Lee and Miller (2013) describe self-care as a process of engagement with behaviours which encourage wellbeing, a balanced healthy lifestyle and resilience for the prevention of empathy fatigue.

Overall, the literature searched argued that social workers should prioritise and utilise principles of self-care in their personal and professional lives (Fogel, 2015; Hooyman & Kramer, 2006; Miller, 2015). The assumption that social workers will do that, and indeed possess the knowledge to do so, however, is just that, *an assumption* (Hooyman & Kramer, 2006; Lee & Miller, 2013; Miller, 2015;

Rothschild, 2011), as concerns have been raised about the lack of input and theoretical frameworks focussed on VT evident in social work education and training (Tarshis & Baird, 2019). Incorporating self-care practices and activities into an individual's daily routine has been linked to the reduction of stress and maintenance of wellbeing essential to practising effectively and enhancing short- and long-term wellbeing (Lee & Miller, 2013; Miller, 2015; Rothschild, 2006, 2011). Lee and Miller (2013) identified self-care as an essential social work survival skill which, if ignored by either individuals or organisations, is linked to VT, high staff turnover and staff shortages in social service agencies. Furthermore, the implementation of a workplace-based "self-care culture" has been argued as the responsibility of both the organisation and the practitioner (Wall et al., 2016).

It is not known if, how or what various activities social workers utilize to manage their on-going self-care and if they and other trauma workers have a framework for understanding their own experiences of working with affected clients, as this can act as buffer by clarifying that VT is an acknowledged reaction to ongoing trauma work (Rothschild, 2011; Wall et al., 2016). Sadly, Lee and Miller (2013) stated that little attention has been given to clearly conceptualising the practice of self-care, leading to challenges in understanding how this can be built into social work training and education.

The importance of professional supervision in identifying and preventing the onset of VT was identified as a recurring theme across the literature (Branson, 2018; Dombo & Blome, 2016; Wilkinson, 2016). The Social Workers Registration Board (SWRB, 2015) define professional supervision as a process where the supervisor guides and facilitates the social worker in meeting personal, professional, and organisational objectives. Ongoing regular supervision with empathetic supervisors who show an understanding of the risks, uncertainties, and

complexities inherent in social work practice is linked to the prevention of symptoms and impacts of burnout, VT and secondary stress, and believed to contribute to improvements in workers' emotional resilience (Branson, 2018; Wilkinson, 2016). Unfortunately, inconsistent supervision arrangements can be a risk factor for VT, an issue exacerbated by staff shortages and time pressures involved in meeting agency compliance and productivity targets (Branson, 2018). Supervisors can further stigmatise the experiences of supervisees if disclosures of VT are received judgementally (Goldblatt & Buchbinder, 2003).

To summarise, the review of the literature found that professional helping has the potential to hurt the helper in a variety of ways, of which VT is one example. It has also highlighted how important it is to social workers to have a working knowledge of VT and the ability to utilise self-care practices in their lives (Canadian Centre of Torture Victims, 2017; Lee & Miller, 2013).

The following section outlines the methodology used in the research project.

Methodology

Ethical approval for this study was obtained through the Eastern Institute of Technology (EIT) Research and Ethics Committee Hawke's Bay and Te Aō Māori principles were integrated into the interview process.

This was a qualitative research project, and this methodology was selected because it is an appropriate approach with which to explore situations and phenomena about which little is known (Bryman, 2016; Carey, 2012; Merrian & Tisdell, 2016; Neuman, 2011). In addition, this was a deeply personal subject for practitioners to discuss, and a qualitative approach with its personal-centred, contextual, and holistic focus made it the most appropriate method with which to work sensitively with emotionally charged aspects of the interview process and data analysis (Padgett, 2008).

This project was underpinned by an epistemological foundation of interpretivism, and this theoretical framework was selected as the fitting way to explore participants' experiences, and the meanings they made of their reality (Flynn & McDermott, 2016). The position of interpretivism is ontologically and epistemologically underpinned by the belief that reality is multiple and relative (Carey, 2012; Merriam & Tisdell, 2016). This enables a focus on the voices of participants and how they construct their individual practice within agency contexts, and within the broader context of social work practice narratives (Flynn & McDermott, 2016).

Data were collected through face-to-face, semi-structured interviews with four registered social workers. This interview approach was selected as it was thought the most appropriate way to encourage participants, in a safe and private environment, to discuss their experiences openly.

Snowball sampling was the method used to recruit research participants to the

study. Merriam and Tisdell (2016) describe snowball sampling is a strategy which involves locating one or two key participants who meet the established criteria to participate in the study and this proved to be an effective recruitment approach. The initial participant was located through professional networks established in the first author's previous student placement.

Analysis

Thematic data analysis was chosen to organise the collected data as it allows the researcher to use the experiences of the participant to guide this process (Braun & Clarke, 2013). The characteristics of thematic data analysis focus on identifying patterns and themes regarding group behaviours, attributes, or values by allowing the patterns of their experiences to emerge from the collected data (Bryman, 2016; Carey, 2013). This process was assisted by using thematic networks, described by Attride-Stirling (2001) as web-like illustrations that summarise the main themes comprising a piece of text. Thematic networks provide an

Table 1. *Thematic Summary of Thematic Content*

Global Theme:	Sub-theme:
Understanding of VT in social work practice	Commonly associated terms
Impact of VT on the individual practitioner	Signs and symptoms
	Identification of signs and symptoms
	Importance of recognising VT in individual practitioners
	Implications for practitioners & clients
Self-care strategies	Motivation to engage in self-care strategies
	Importance of self-care strategies
	Self-awareness/self-reflection
	Job satisfaction and "making a difference"
Organisational support	Clinical supervision
	Access to competent supervisor
	Supportive work environment
	Workplace policies and strategies to support employees in relation to VT
Education and training	The need for education and training

analytic tool for organising thematic analysis in a representational form. This makes clear links between text and interpretation and provides answers to the research question by identifying themes collected through semi-structured interviews at varying levels of complexity across the data set (Attride-Stirling, 2001; Bryman, 2016; Padgett, 2008).

The themes identified in the data were organised with reference to the various sections of the semi-structured questionnaire, covered with participants.

These are displayed in Table 1.

A maximum of five trained and qualified registered social workers currently employed in a social service agency in Hawke's Bay, New Zealand, was the number the study originally hoped to recruit. In the event, four social workers were recruited. The inclusion criteria required social workers to have a current social work degree, be registered with the SWRB, and be currently employed with a social service agency in Hawke's Bay.

A condition of participation was that participants could access the Employee Assistance Programme (EAP) for support after the interview process, if required. EAP Services offer talking therapy support to employees to enhance and support their wellbeing at work (EAP Services, 2019). Participants were excluded if they had accessed the EAP programme within the preceding two years. This decision was taken to minimise the potential for re-traumatisation. Two participants were excluded for this reason.

This was a small, but diverse, sample which contained dimensions of difference in age, ethnic background, and gender. Details have been generalised because of its small size and the need for anonymity. Table 2 presents the participant demographics.

Strengths and limitations of the study

The focus on individual practitioner's voices and lived experiences was a strength because of the richness their narratives brought to the project. The local nature of this research is also a strength as it connected with other research projects also happening in the Hawke's Bay to provide broader insights into the professional skill sets and competencies of those working with vulnerable individuals (children, young people and adults), and their whanau/families in this region of Aotearoa New Zealand (Wills et al., 2020).

The project was limited by three factors. Qualitative research is recognised as a time-consuming and labour-intensive process and the first limitation was the nine-month timeline available within which to complete the research because of the academic study timeline (Pope et al., 2000). The second limitation was the geographical location, and the relatively small population of Hawke's Bay, making it difficult to generalise findings to the rest of Aotearoa New Zealand. Finally, the sample size was small. Overall, however, this area of research is important for social work in Aotearoa New Zealand as part of the ongoing need to acknowledge the potential impact of VT on practitioners and the sample size.

Table 2. Participant Demographics and Practice Experience

Participant demographics				
	Participant 1	Participant 2	Participant 3	Participant 4
Practice Experience	10 years	5 years	8 years	18 years
Sector Employed	Primary mental health care	Statutory care and protection	Primary health care	Education & government
Ethnic Origin	New Zealand European	New Zealand with Māori heritage	South East Asian	New Zealand European

The themes identified in the data analysis will be discussed in the following Findings section. Participants' quotes are used to illustrate the findings from the research project; pseudonyms will be used to preserve their anonymity.

Findings

The first theme identified concerned participants' understanding about VT in social work practice:

Three of the four social workers' personal definitions and understandings of VT in practice aligned with the inquiry's operational definition. They recognised that VT describes harmful changes that occur in a professional's view of themselves, others, and the world around them as a result of exposure to the graphic and/or traumatic experiences and disclosures of clients (Baird & Kracen, 2006; Figley, 1995; Pearlman & Saakvitne, 1995; Rothschild, 2006).

...it's the cumulative effect, it makes practitioners form a negative view of the world and clients and themselves, it has a negative impact. I think what happens is that you find a way to cope with it, normalise it, I guess. (Jennifer)

This reinforces what is widely stated across the literature that VT can have a cumulative, long-term effect on the social work practitioner (Baird & Kracen, 2006; Branson, 2018; Cunningham, 2003; Dombo & Blome, 2016; Izzo & Miller, 2018).

...the trauma that your clients are going through can often end up being traumatic for yourself, as well. Hearing the stories, the heartbreak, providing the support...it can have an impact on yourself and your family... (Melissa)

Two of the four participants, however, had not heard the term *vicarious trauma* and referred to VT as *burnout*. They described burnout as the negative impacts of engaging with trauma work with clients over time

which can contribute to high staff turnover. One participant also referred to VT as *compassion fatigue* and *secondary trauma*. Three out of four participants stated that, during their training, the commonly used terms to refer to indirect trauma were compassion fatigue, secondary stress, and burnout. This reinforces that a variety of terms are often used interchangeably to describe indirect trauma and have similar, symptoms and impacts. The uniqueness of VT, however, is its dangerous capacity to permanently alter cognitive schemas affecting practitioners' views of themselves, others, and the world (Tarshis & Baird, 2019).

The second theme identified the perceived impact on participants of engaging in trauma-related work with clients. All participants discussed the personal impacts of engaging with traumatised clients, stating that they had experienced what they identified as VT or burnout during their social work career. One participant referred to burnout rather than VT to describe their experiences.

Three participants identified a variety of personal impacts of VT including withdrawal, anxiety, depression, the formation of a negative view of self and work, emotional exhaustion, cynicism, and panic attacks. These participants also identified the seriousness of the effect of VT on the individual self and stressed the importance of social workers having a clear understanding of VT as a strategy for prevention. Jennifer and Melissa described the negative impact of VT on their health and wellbeing:

...I remember a time where I would wake up in the morning and have panic attacks, or I would have a panic attack on the way to work, and I thought, this is not worth it, this is affecting my health. (Jennifer)

...I would cry at TV shows at night and have this sense of overwhelming sadness. I thought I can't cry all day when I'm listening to things...I have to be strong. (Melissa)

When the participants were discussing the personal impact of VT, they described excessive worry about clients, difficulty “switching off” at the end of the day and feeling overwhelmed by sadness. The signs and symptoms discussed in their narratives are consistent with those commonly reported in the literature, such as panic attacks, depression, anxiety, and emotional exhaustion (Baird & Kracen, 2016; Figley, 1995; Pearlman & Saakvitne, 1995; Rothschild, 2011).

...I didn't want to talk to anyone, I would just start to shut down emotionally...my patience was, in a sense, fading a little bit, indicating that it was starting to seep into my own psyche. (George)

Two participants spoke of how a change in job alerted them to personal signs and symptoms of VT and they both spoke about the relief they experienced shortly after they commenced work in new roles. One commented that it was not until they started their new employment that they noticed the impact the stress of the previous job had had on them. This same participant also spoke about the impact of VT on colleagues, and in the work environment.

... I stayed because I felt I could make a difference, but I left because I couldn't stand it anymore. There are people who work there who do their best, and then there are people who just need to leave. (Melissa)

Participants were able to identify a range of impacts of VT on themselves and their colleagues. The study also identified that participants actively pursued strategies to promote and maintain their personal self-care and enhance their wellbeing. Each participant spoke of the importance having a good work/life balance; spending quality time with family and friends; hobbies; spirituality; faith; taking annual leave; having things to look forward like travel, celebrations and recognising life's important milestones. Participants also spoke of

there being “more to life than work” and “knowing how to look after yourself” as key, not only to competent, ethical, and safe social work practice, but to living a fulfilling life to continue to do the work they do.

...you must put your own needs first because you cannot care for anyone if you are not taking care of yourself first. I can only help my clients if I take care of myself first. (George)

One participant spoke about the importance of using annual leave to nourish yourself, taking time to refresh, recharge and self-reflect. Another participant discussed nature, exercise, and wellbeing as being an important self-care strategy. Each had their own individual strategies, ranging from massages, quiet home/down time, eating well, social activities and each participant felt self-care was a crucial aspect in combating VT or burnout in their practice.

Job satisfaction was also an important sub-theme as, despite their work being very challenging and difficult at times, the importance to participants of feeling they were making a positive difference in clients' lives was clear in their narratives. Three participants discussed the importance of utilising supervision and EAP services to access support and guidance with difficult situations and cases. All the participants placed importance on the need for positive self-talk, self-awareness, and self-reflection to analyse thoughts and feelings; this included reframing difficult situations and focusing on the positive aspects of their work. They all highlighted wanting to engage with healthy self-care strategies to continue being effective social work practitioners.

...this is not my doing; I won't get it right all of the time...but I'm trying. This isn't my mess; I didn't create this. But I just hope I am making a little bit of difference. There is a saying, “if you can't do any good, do no harm”. (George)

The role of organisational support was acknowledged as significant, and

participants particularly spoke of the importance of having regular access to clinical supervision as a key part of the support they received from their workplaces. Participants identified quality supervision as an essential tool in safeguarding their emotional competence on the job.

Supervision is really important. You know, good supervision. It helps the social worker to work out that it's not all their fault...My supervisor is very good at bringing it all to the centre, his approach is very good. That's where I normally talk about any difficult experiences that I've had. (Jennifer)

One participant emphasised the importance to them of a supportive work environment where the importance of self-care is acknowledged and prioritised as a protective factor in recognising and responding to VT. Another participant described the positive impact of the increased awareness of VT in their workplace:

There has been a particular organisational shift at work, it's something we are acutely aware of [VT], it's something that is talked about constantly. Our supervisors ask us, how would you know if you have VT? I am always critically reflecting. (George)

Organisational support is a key element to self-care (Lee & Miller, 2013) and creating a workplace culture that acknowledges the benefits of incorporating and utilising self-care approaches, as noted, has been identified as a strategy to prevent VT among social workers. This corresponds with the argument that a collective responsibility in social work organisations and agencies is required to ensuring staff self-care through acknowledging and utilising of wellbeing management strategies (Rothschild, 2011; Wall et al., 2016). Melissa and Jennifer spoke of a positive organisational shift at their workplaces, which has resulted in a growing acknowledgement and acceptance of the how important self-care is, both personally and professionally.

My workplace is really supportive. When I started, my boss said to me, you and your well-being are the most important. Your family is next. And work comes after that. It's exactly the balance I want and need...they are really great. (Melissa)

Finally, despite a growing awareness about VT in their current and previous workplaces, two participants commented on a gap they noted concerning the lack of opportunities for further education and training generally. One participant stated that they rarely, if ever, had access and opportunities to engage in continual professional development (CPD) through their employer.

I think employers need to be more supportive in terms of practitioner professional development. This is what I am missing. I want the training but there doesn't seem to be much available. Other professionals get it, you know, the doctors and the nurses. They [employers] need to be more supportive, I think this is a must! Keep us up to date. (Mark)

A surprise finding was that two participants did not discuss professional training or education in their interviews. This was interesting as the literature indicates that training and education are helpful in developing effective coping strategies and an on-going awareness of VT (Dombo & Blome, 2016; Fogel, 2013; Lewig & McLean, 2016).

Discussion

It is widely recognised, as has been noted, that the social work profession is an occupation with increasing role-related stress and these stressors can contribute to increased rates of work-related stress, sick leave, absences, and staff turnover (Branson, 2018; Dombo & Blome, 2006; Kimes, 2016; McCann & Pearlman, 1990; Wilkinson, 2016).

This paper posed the question, "Does helping hurt the helper?" The answer to this is yes, it can, and the risk of this needs to be carefully managed at the

multiple intersecting reinforcing levels of individual practitioner, supervisor/manager, organisational, and the profession itself.

There is a risk of conflating the terms referring to stress and trauma; however, on an individual level, all social workers in the project had experienced indirect trauma and work-related stress, and three social work practitioners experienced a range of symptoms and impacts that they attributed to VT. All the social workers demonstrated resilience in the face of these experiences and were able to describe actively utilising a range of self-care management strategies to maintain and enhance their wellbeing. Their recognition of the responsibility they had to take their self-care and wellbeing seriously was highlighted throughout this research.

Participants recognised the negative impacts of VT on themselves, not just personally, but as professionals, and discussed the importance of practising ethically, with competence and adhering to the core values of the social work profession, and the SWRB core competence standards. They also made links to the importance of a collective responsibility, both individual, supervisory, and organisational for the acknowledgement of self-care and for identifying the potential impacts of VT. Organisational support was identified as crucial in preventing VT and, as a part of this, participants highlighted the effectiveness of positive reflective supervision on their practice. The importance of having a competent supervisor in helping them to effectively discuss, reflect on and receive feedback about their practice with clients was identified. Finally, an organisational commitment to creating a workplace culture acknowledging the value of self-care was also identified as crucial. This emphasises the importance of reinforcing the practice of self-care on multiple, systemic levels that include the social workers, supervisor, the agency and, indeed, the social work profession itself. Supportive management and workplace cultures have been found to be an additional protective factor when

discussing VT in social work practice. The responsibility managers and supervisors had for creating a culture recognising the importance of utilising self-care management strategies was identified, as was the need for social work practitioners to feel safe and sufficiently supported to discuss the impacts of VT, particularly during clinical supervision. Many benefits are associated with implementing a culture of self-care in the workplace; these include better service delivery to clients and improved job satisfaction for the social work practitioner (Branson, 2018; Dombo & Blome, 2016; Wall et al., 2016). These views are reinforced by Marlowe and Adamson (2011), who argue the importance in the workplace of open channels of communication and prosocial and professional social work practices for the consolidation of what Lindy (1985) calls a *trauma membrane*, which can, in turn, facilitate the development of practitioner resilience.

In Aotearoa New Zealand, there is legislation and sector guidance intended to support worker wellbeing. This takes the form of the Health and Safety at Work Act (2015). The recently published trauma-informed care literature review by Te Pou o te Whakaaro Nui also argued that a commitment to support the workforce has been identified as a critical core component in implementing a trauma-informed approach (Donaldson, 2018). Regarding this, and to ensure productive, competent social workers, participants identified and discussed a range of workplace policies and strategies currently available to help employees who may be struggling with VT. These ranged from regular supervision, unlimited sick leave after two years of employment, access to EAP services, a supportive, flexible work environment, the provision of short breaks and accommodating family/personal commitments in times of need. They discussed how they valued the support received from their organisations as a way of identifying, acknowledging, and preventing or minimising the impacts of VT in their practice. Finally, they had several

recommendations to encourage employers to maintain a commitment to social work self-care and wellbeing in the current climate of high staff turnover and potential VT. These linked to broader policy and operational issues which included ensuring caseloads were manageable, with supervisors being mindful of case complexities in individual social worker's workloads. Other recommendations included policies discouraging lone working or working long hours, and paying for SWRB registration fees. Finally, further education and training generally, including on the potential for VT in social work practice, were identified as necessary for identifying and recognising the impact of indirect trauma before social workers suffered permanent harm.

Aotearoa New Zealand has experienced high rates of domestic violence and child abuse over several years exacerbated by rates of poverty, poor mental health, and addiction which are also excessive. For future research, this project identified the need for more investigation to identify the need for more investigation, both nationally and locally, to identify broad patterns and development-tailored local support packages for social workers working extensively with traumatised individuals and whanau/families.

Summary and conclusion

This small-scale, qualitative research project explored the impacts of VT on a small sample of frontline social workers in Hawke's Bay and discussed with them the strategies they used to manage their self-care in their work environments. The findings demonstrated how these practitioners took active steps to manage these issues for themselves in ways which showed insight and resilience.

VT is acknowledged to be an occupational health hazard for social workers and pathologising the individual is acknowledged as an inadequate response. How hurt workers become because of

engaging with traumatised clients over time depends on the remedial actions of several relevant stakeholders. That is to say, practitioners' supervisors, agencies and the social work profession itself, collectively working together to heal harmful effects on workers and create a non-stigmatising professional environment where dialogue about these issues can occur without fear of negative judgement.

Accepted 27 September 2021

Published 15 November 2021

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Defining, teaching, and practising diversity: Another hegemonic discourse?

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ABSTRACT

INTRODUCTION: Respect for diversity is a primary principle of the social work profession; however, the term *diversity* has been critiqued as meaningless and is often linked with cultural competence. Gaps in terminology, education, and knowledge about how to practise diversity have been identified in health and social practice literature, while attempts to teach diversity have uncertain results. The research question guiding this master's study was "What are the factors that inform Aotearoa social workers' practice when engaging with diversity?"

METHODOLOGY: Qualitative, semi-structured interviews were conducted with a purposive sample of four practising social workers to explore what informed their diversity practice. An inductive thematic analysis of the interview data was undertaken. Numerous themes and sub-themes were identified and grouped into seven thematic categories.

FINDINGS: For research participants, the term *diversity* exists only in the discursive; and it "gets in the way" of practice. While acknowledging the importance of education and practice with Te Tiriti, participants could not seem to connect this knowledge with diversity and associated practices. The authors suggest that the definition of diversity for the purposes of social work education and competency frameworks requires a more critical approach: its associations with power, and its tendency to describe and classify otherwise complex, fluid, contextual identities. Aotearoa New Zealand social work education must also engage in critical analysis of monocultural, hegemonic discourse and power relationships through te Tiriti frameworks to prepare all students for practice with diversity in a bicultural context.

Keywords: Diversity; social work profession; professional practice; competencies

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Overview

The term *diversity* presents complexities for practitioners at the conceptual and practice levels. The practitioners in this small study clearly identify that while their social work education supported reflection and critical thinking, it has not prepared them specifically for engaging with diversity. For them, diversity is simply a term that often gets in the way of practice. This study raises the question of whether

it is possible that diversity is just another hegemonic discourse? It may be that critical, in-depth analysis of the term is insufficient in social work education curricula, leaving practitioners with incomplete or ambiguous understandings which potentially impede the profession's commitment to Te Tiriti o Waitangi and social justice-based practice.

It is considered that professional bodies, employers and educators need to provide more support for social workers so that

AOTEAROA
NEW ZEALAND SOCIAL
WORK 33(3), 61–73.

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they can demonstrate responsiveness to the diverse range of clients in their practice. As Kelly et al. (2020, p. 51) stated:

...these practitioners are aware of the impacts of what they characterize as oppressive power on their diverse clients and are suspicious that the term diversity may be a tool of this oppression but without the conceptual tools to shed a more critical and sociological light on diversity, what it is, and when and how it came about, these practitioners' default to narrow interpretations of diversity.

We suggest that social work education on diversity would benefit from the application of a more critical lens, one which extends beyond the limited definitions currently provided.

Social work's stance on human rights, social justice, emancipatory and anti-oppressive practice establishes the professional responsibility in helping to cater for diversity and the various challenges this may impose (International Association of Schools of Social Work [IASSW] & International Federation of Social Work [IFSW], 2014; 2018; Pack & Brown, 2017; Saunders et al., 2015). However, the profession has historically viewed diversity through a positivist lens, with a focus on individualistic self-determination and equal opportunity for all (Sewpaul & Henrickson, 2019). Such a focus has not served indigenous communities seeking collective self-determination and social justice through access to equitable human rights. Social work educators and students alike have also reported limitations within the curriculum and teaching on diversity (Kelly et al., 2020; Olcoñ et al., 2020).

Diversity is not defined, but generalised, by governing social work bodies, with its meaning simply "assumed to be known" (Featherstone, 2009, p. 11). Phrases such as "other circumstance" (IASSW, 2018, para. 1) and "other forms of diversities" (IFSW, 2012, para. 9) are used by professional bodies

to portray the many expressions of human diversity. The current IFSW and IASSW's Global Definition of Social Work (2014) and Global Social Work Statement of Social Work Ethical Principles (2018) have emerged from intensive problematisation of social work's responses (Sewpaul & Henrickson, 2019) and prompt reconsideration on how the profession responds to, and teaches, diversity.

In Aotearoa New Zealand, national legislation and professional obligations set the context for social workers to uphold human rights regarding diversity (Aotearoa New Zealand Association of Social Work [ANZASW], 2019; Social Workers Registration Board [SWRB], 2016). For instance, of the SWRB (2021) Core Competence Standards, three of the 10 relate directly to diversity; these include competence to work with Māori; competence to practise social work with different ethnic and cultural groups, and competence to work respectfully and inclusively with diversity and difference in practice (SWRB, 2021). Within these competencies, several terms are used: one standard includes the term *diversity*; another the term *divergent*; two include the terms *different* or *difference*; two include *ethnic* or *ethnicity*; and all three include the terms *culture* or *cultural*. The term, diversity, is not defined in any competence standards but is listed in standard three as including "ethnicity, disability, social and economic status, age, sexuality, gender and transgender, faiths and beliefs" (SWRB, 2021, para. 6). Without a critique, the application of social work's foundational values (e.g., self-determination) can work against the wellbeing of those groups who may hold different beliefs, practise different customs, and hold ideals that differ from the majority group.

The SWRB's Code of Conduct (2016) mandates that respect for diversity should be embedded in practice, while the ANZASW Code of Ethics (2019) maintains that social workers "do not tolerate discrimination" (p. 9) (based on the categories listed in the previous paragraph). The failure to

comply with the Code of Conduct (2016) is considered a breach of professional conduct, therefore the profession needs to clearly define the term 'diversity' and establish guidelines for practice.

Te Tiriti o Waitangi

Within Aotearoa New Zealand, the social work profession views a commitment to te Tiriti o Waitangi as vital to maintaining professionalism and competent practice (SWRB, 2016). The importance of understanding te Tiriti o Waitangi in social work practice is exemplified by its place as the first-named competency of the SWRB (2021). The groundwork for this modern competency standard which recognises the status of tāngata whenua and te Tiriti can be traced back to the 1980s where growing discontent over monocultural practices sparked debate about how social work policy, competency standards, and registration, specify anti-discriminatory responses to human difference (Fraser & Briggs, 2016). Criticisms of racism in the ANZASW were raised at the 1986 Turangawaewae Conference alongside discussions of minimum competency requirements that aimed to set higher standards of social work practice that countered mono-culturalism and oppressive practices (Fraser & Briggs, 2016; New Zealand Social Work Training Council, 1984). These critiques resulted in a unique bicultural social work association in Aotearoa New Zealand that had a direct focus on partnership based on Te Tiriti (ANZASW, 2014; SWRB, 2021 Fraser & Briggs, 2016; McNabb, 2019).

The competence requirement for working with Māori states that practitioners must articulate how the "wider context of Aotearoa New Zealand both historically and currently can impact on practice" (SWRB, 2021, para. 4). Colonisation is the backdrop for this wider context that has resulted in historic and current marginalisation and discrimination against tāngata whenua (Hobbs et al., 2019; Stenhouse, 2021). Failure

to honour te Tiriti through equal partnership has deeply impacted otherwise well-functioning whānau, iwi and hapū social and wellbeing systems (Came et al., 2018). Wellbeing disparities and disproportionate access to resources between Māori and settler populations are now documented as generationally entrenched facts (Came et al., 2018; Hobbs et al., 2019; Ministry of Health, 2015). Māori identities are fluid and changing (Houkamau & Sibley, 2010; Kelly, 2002; McIntosh, 2005; Stevenson, 2001). Professional and educational approaches to Māori identity fail to recognise and protect diversity within the Māori population (Hetaraka, 2019; Ramsden, 2002). A Tiriti based social work response to disparities must go beyond diversity's focus on individual difference and equality for all people. Te Tiriti based social work focuses on the rights of Māori to achieve equity through reallocation of power and resources. ANZASW (2019) stated, "people may be given preferential treatment to address inequities caused by discrimination, colonisation, economic policies, violence or exploitation" (p. 15).

This research aimed to explore social workers' understandings of diversity and how they practise with diversity. The overarching question guiding the research was: "What factors inform social workers' practice when engaging with diversity?" A further aim was to examine what critical, reflective, and competent practice looks like when interacting with diversity, as well as how these findings may inform social work educators.

Method

Qualitative, semi-structured, individual, face-to-face interviews were chosen as the method of data collection. A qualitative research approach was chosen because of the ability to capture detailed stories, while at the same time recognising that the interaction between the researcher and participant/s impacts on the data collected

(Bhattacharjee, 2012; Bryman, 2016; Padgett, 2017).

After approval was obtained from the Whitireia and WelTec Ethics and Research Committee (WWERC, reference 133-206), the process of participant recruitment began. A convenience sample of four practising social workers experienced in engaging with diversity were recruited through the first author's professional contact networks and the subsequent practice of chain sampling. Inclusion criteria were that participants must have held a social work qualification (to the eligibility level to practise social work in Aotearoa); had more than two years of professional practice experience; and were not known to the researcher.

The participants were all New Zealand European females with social work degrees; three participants graduated between 12 and 20 years ago and one was a recent Master of Social Work graduate. Three participants were employed in social work positions (one in the health sector, and two in non-government, non-for-profit agencies), while the fourth had a church-based role that utilised her social work skills. Given the focus of the study was diversity, the homogeneity of the participants' ethnicity and gender was troubling; however, given the time constraints on the research (this article draws on a Master of Professional Practice thesis) as well as a recommendation from the WWERC and supervisors regarding participant numbers, further participant recruitment was not possible. Recruitment criteria did not specify culture or ethnicity as a participant inclusion criterion to avoid pre-empting what are traditionally seen as diversity categories.

An interview guide was developed by the first author, which was informed by her reading in the field; however, other questions were asked "on the spot" in response to the participants' accounts, which highlights the role of researcher-as-instrument in the data collection (Padgett, 2017, p. 2). All interviews were conducted in

a private location and lasted approximately 90 minutes. The audio-recorded interviews were manually transcribed verbatim by the first author and checked alongside the audio-recordings for accuracy.

Data analysis

An inductive thematic analysis was undertaken based on Braun and Clarke's (2006) model as well as Maykut and Morehouse's (1994) adapted form of constant comparison method. Step one involved the first author becoming an expert on the content of the data by listening to the audio-recordings and transcribing them, as well as reading and rereading the transcripts. From this process, initial codes and themes that were identified in the data and, through the process of constant comparison (comparing passages of text that were seen as highlighting a theme), were further refined. After the themes were identified, a rule was created, whereby the passages of text coded as belonging under a theme were compared and if they were too dissimilar, they were recoded and grouped under a different theme. This coding and classification process was completed numerous times as the data were shaped into coherent themes. It should be noted, however, that the overarching themes were partly shaped by the research aims and questions as well as by reading in the field.

Findings

Definition

When asked for their understandings of the term, diversity, each participant gave a different answer. For instance, "disability" (P2, in the context of their current work focus), "I am still confused about the word" (P1), a "Pākehā perspective" (P3) and "uniqueness" (P4). Moreover, two participants explained that they looked up the word before coming and another explained how she was confused about its meaning. One participant incorporated her own understandings of diverse identities

into her own interview responses and asked why people think Māori, gay, and even European people are diverse. She also questioned whether it was “okay with [these people] that they are considered diverse?” (P1).

Numerous terms were used to describe the forms of diversity the participants engaged with in their practice. These included “elderly” (P2), “mental health [consumers]” (P1, P2, P3, P4), “lesbian” (P1), “faith” (P2, P4), “age”, “ability”, “two parent families”, “single unemployed”, “transgender” and “cultural”. The participants questioned if diversity was “political” (P3), “politically correct” (P1, P2), “about funding” (P1), or “caused harm” (P1). One participant questioned whether the term was limitless (P2), while another said the word was “code for anyone who is not Pākehā” (P3).

Social work “basics”

When the participants were discussing what informed their practice when working with diversity they named interpersonal skills, referred to as fundamental social work skills, including “empathy” (P1, P2, P3, P4), “rapport” (P1, P2, P4), listening” (P1, P2, P3, P4), “trust” (P3, P4), “relationship[s]” (P1, P2, P3, P4), “empowerment” (P2, P3), “[social work] role” (P2, P4), “client centred frameworks” (P2) and “respect” (P1, P2, P3, P4). Two participants spoke about how the social work role informed their work with diversity, for instance, Participant 2 maintained that, at the start of a social work relationship, she and her team are “not thinking about diversity at all”. Instead, she was informed by her team, medical aspects related to her organisation’s service, the person’s issues, and social work concerns. She and participants 1 and 3 spoke about being upfront about their role as a social worker, and the services that can be provided, “regardless of the diversity” of the service user.

Participant 3 was upfront about her social work role with service users due to her immersion in Asian “ways of being” and languages. She stated that Asian norms meant she “hold[s]” and “claim[s]” the social work role, and instead of asking what service users want, she offers choices of services, which is at odds with “Pākehā ways of working”; however, it helped build the relationship and ensured the productivity of the relationship in the long term.

One participant said that she was informed by personal/professional values that aimed to support service users with achieving their goals. Two participants said they tried to be on the same level as service users instead of taking an “elevated” position (P4). Participant 1 said this in relation to working with Māori, while another said she was aiming to achieve “engagement, rapport, no signs of discrimination or unease, and to be a genuine person” in her practice with diversity. Participants 2 and 4 stated that, when working with Māori, they knew the “basics” of respecting culture. Participant 1 gave examples, such as ensuring Māori whānau know about Māori providers; removing her shoes; being mindful that she is entering their home and that whānau will likely be present; and being open to karakia.

Participant 2 reported how listening informed her practice and gave the example of working with people with learning disabilities. She acknowledged that she had prior prejudices about the “diversity [the participant] comes with” but listening to the person with a disability reduced her prejudices so she could hear what is being said.

Family upbringing and influence

All participants said that family values informed their social work practice with diversity. For instance, participant one described how she was brought up with a mother who was socially minded, interested in social justice, and described how she

had discussions about social issues with her mother. She described growing up as a Pākehā in a Māori community where her parents looked out for the “underdog”, and she learned to “treat people as people”. In the interview, this participant stated that she was confused about diversity because her practice is underpinned by this belief that all people should be treated as people regardless of diversity. She also stated that when she moved to a Pākehā community she was treated as diverse and/or different because she looked and acted differently. She learned from this experience not to look to their colour or sexuality/gender diversity.

Another participant (P3) stated that social justice was a family topic and a part of her. She said the nation’s questioning of “why things were” (from the 1970s to 1990s as seen by the Springbok tour protests and so on) influenced her social justice focus when working with diversity. Participant 2 said her sister learned te reo Māori and she, in turn, learned from her. She described living in other countries, learning about the culture, and that becoming proficient in many languages, informed her practice with diversity.

The remaining participant said she had a “chronically legalistic” upbringing and was expected to “fit in a box” (P4). She said her childhood experiences and later personal relationship with God informed her understanding of diversity as uniqueness, and that the source of the definition for her is Psalm 139 from the *Bible*. She said that “God made us all unique” and this belief informs her practice with diversity and her passion to help others thrive in their uniqueness. The participant stated that she experienced racism in her family of origin, which contrasted with the messages about how she was meant to behave. She illustrated this with an example of a Christian song, “Red and yellow, black and white all are precious in His sight”. She said she “screamed rebellion” at this racism and was ashamed of her family who were anti-Māori.

Like this participant, two others said they had a religious upbringing and reflected on how their upbringing informed their practice with diversity. One said she had a Catholic upbringing that provided strong social justice values that were discussed at home and these constant messages about helping and social justice informed her social work practice. The remaining participant was brought up in a non-religious environment and as such, she learned how to be different in distinct contexts because of her family’s religion. She described how the ability to change informed her work with diversity as she drew from different parts of herself according to the service-user she was with. This participant said she was treated differently by Protestant children because of her Catholic uniform, which taught her how other people can act on the wrong information about difference.

Foundations of social work practice

Te Tiriti o Waitangi

All participants were asked if, and how, te Tiriti o Waitangi, social work education, and self-awareness and reflection, informed their practice with diversity. Two participants said te Tiriti o Waitangi is the “founding document” (P2, P4) of Aotearoa New Zealand and therefore, bicultural frameworks should guide the way for social work practice in multicultural Aotearoa. Of these, one participant said that biculturalism means “letting go of taken for granted ways” (P2) and that it provides better practice for diversity. The second said people need to “engage deeply with one form of difference” (P3) to know what difference is. She stated in Aotearoa, engagement should be with te ao Māori to break down the “stranglehold that Pākehā norms have on our profession” (P3) and open social workers up to diversity.

Another participant said te Tiriti o Waitangi is “about respect and...acceptance” in her practice and she added that working with Māori service users is “not a biggy” (P4). She also said that this respect and acceptance

applies to working with Māori and all people alike. Later, she stated “we” (although not specifying who “we” referred to) work with numbers and are therefore in conflict with uniqueness (her definition of diversity) and respect. She said respect underpins te Tiriti, and that if “they don’t acknowledge it and... have to legislate it” then that is not respect.

Social work education

When asked if social work education informed their practice and/or skills working with diversity, one participant said yes, it “helped to frame...reframe” and “sense about what [I am] thinking” (P4), while another said it “sharpened me up” (P2), that is, her existing life-experience skills. The second participant went on to explain that she knew how to listen before social work schooling but learned about the “mechanics” of listening through her social work education. However, another participant said “no” because her social work school held a “presumption that people of some cultures have religious faith which, I think is quite othering and off-putting” (P3). She said it was particularly off-putting because this understanding was at odds with Asian culture/s. She said there was poor emphasis on what diversity meant and especially when working with people from diverse backgrounds and when drawing on cultural knowledge in their courses. She stated that social work education tries to teach about diversity and learning from clients, but that there is “a laziness in that” (P3). She went on to explain that anyone from a particular culture does not say “I’m diverse”, but says, for example, “I’m Samoan” (P3). She said there are no shortcuts, and social workers must learn about diverse cultures and backgrounds.

Reflection

The participants were asked to provide examples of what informed them of work with diversity. One participant replied, “What informs me?...It is my Christian belief and my belief in the uniqueness of the

individual ...[this belief] gives permission to everybody and anyone” (P4). Participant 2 questioned what informed her engagement with diversity, but ended with an example of how she did engage:

It is listening and hearing what is happening for that person, where the issues might be and...exploring those... And again, that can be as diverse as anything because...I was with a couple today in their 80s and this gentleman had had a stroke 17 years ago, but he has now become more frail and his wife was in her 80s...if I had gone in assuming that she [was] not coping because of his disabilities or frailty...and assumed that [then] I would not have heard what she was saying. (P2)

Participant 1, who was confused about the meaning of diversity, explained how she approaches diversity in practice, “I wouldn’t necessarily think ‘oh shit ... why they are lesbian?’ ...I just see them as who they are, you know, women, men” (P1).

All participants also thought about their practice experiences of engagement with diversity *as* they discussed the experiences. Two participants shared thoughts about their own position in the practice example. For instance, after sharing an experience of burnout in her practice, Participant 1 said, “I suppose my value was that these other people needed social work input a lot more than this side needed it. The well-off side just seemed to want to chit chat...that might be something I need to work on.” Another participant reported how she had not thought about diversity in multidisciplinary teams before the interview and paused during the interview to reflect.

Sometimes we might be working with that person, and you have the rest of the team saying “no this, this and this” and other times you might not. So...we have boundaries within that, and it is about safety, so how far do I go as a social worker in that safety argument?...So,

there is a responsibility within that as well [pause]. I hadn't thought of it like that, but we do have to be responsible. (P2)

organisations...and so over time people can't bring difference into the space, which means it stays white. (P3)

Challenges to diversity

All participants expressed concern about how their current or past employment organisation catered for the diversity of service users. For example, after noting that student social workers were recruited only from mainstream universities in her organisation, Participant 2 endeavoured to identify why. She wanted to ensure that new social workers were bringing different models and ways of working that were "not squashed...especially for Māori social workers working in health". Another participant said that as it was her role as a social worker to challenge her organisation; however, she acknowledged that she had to "choose her battles" (P1). She gave an example of how she challenged her organisation's referral system and found alternative ways to accommodate people in need.

....someone might have a history of bipolar, the team would freak... "Oh they are mental health, they're mental health". So, these people who were diverse, were put into that mental health category... if it weren't for me fighting for them and getting a lot of them in the backdoor because it wasn't a mental health issue. It was a past history of it. (P1)

Participant 3 described her perception that organisations expect social workers to be "white" at work, but authentically "other" when engaging with clients. She stated that this expectation placed stress on workers:

So the expectation that...puts on me is that in my relationship with Pākehā colleagues, I will be 100% Pākehā and yet I will turn around and be 100% [pause] right in how I deal with this person... Making that transition all the time is exhausting so I think that the pressure on to people that bring diversity into our

Discussion

Definitions

As stated previously, practising with diversity is one of the core social work competencies; however, the participants seldom used the term and when they did, they used it without a clear definition and with suspicion. The social workers in this research could not define diversity. They framed diversity as belonging to different "backgrounds" (P1), having "different ways of being" (P3), "[people] who cannot speak English" (P3), "uniqueness" (P4) and even, "individuality" (P4). The term was used to denote individuals, groups, work practices, people's backgrounds, their experiences, a client's pace of speaking, socio-political and organisational conditions, and to refer to themselves and their upbringing. Such a finding supports other studies that have found the term is problematic and generally goes unexamined (Featherstone, 2009; Sinclair & Evans, 2015).

These social workers' understandings of diversity were reflected upon as constructed through their interactions during their formative years (e.g., the only Pākehā in a predominantly Māori village or being teased for being Catholic). Through these reflections on their own personal experiences, they tended to frame diversity within the limitations of social identity categories (e.g., ethnicity and religion). This, in turn, glosses over the complexity and fluidity of identities and runs a risk of promoting the notion that there is some fixed identity underpinning these categories (Kelly et al., 2020). Identifying others as Māori also narrows identity and plays to political ideologies that assume to know what Māori *is* (Hetaraka, 2019). Critical approaches to diversity problematise fixed categories of identity and object to a homogeneous or microlevel focus

(e.g., self-reflection) on diversity as meaningful. Instead, critical approaches centre on the fluid and contextual nature of identity and structural power analysis (Kelly et al., 2020). What is needed is a more thorough understanding of how societal forces come to construct some factors / identities and practices as the norm and others as diverse or different (Southwick & Polaschek, 2014). It is therefore necessary to unravel how the term diversity itself is utilised and understood in social work education, policy, and practice.

Education and the fundamentals of social work

To produce competent practitioners, it is essential that social work education effectively teaches diversity (IASSW, 2020; Olcoñ et al., 2020; SWRB, 2021). Educators' comfort and competence when teaching diversity are pivotal in students' understandings and practices with diverse service-users (Saunders et al., 2015; Walker, 2012). Consequently, educators need to reflect on, develop their own practice, and their comfort with teaching diversity. Furthermore, institutional barriers preventing tutors from teaching about various diverse populations also need to be identified and remedied (Lenette, 2014; Saunders et al., 2015).

The use of reflection in social work practice is necessary when engaging with diversity (Payne, 2020; SWRB, 2021). Awareness of one's own cultural, gender, sexuality and other biases are necessary for effective social work practice (Lenette, 2014; Pack & Brown, 2017; Testa, 2017). We suggest that, even more important, is critical analysis of the term, utilising critical and post-structuralist theoretical frameworks. The participants' lack of critical reflection through use of conceptual or theoretical frameworks, on the impact of formative experience with diversity raises questions about how far their education has prepared them for critically understanding and practising with diverse service users.

Social work values such as acceptance, respect, genuine interest, and patience were identified as central in the participants' developing relationships with diverse service-users (Adelowo et al., 2016; Danso, 2016; Lenette, 2014; Stirling et al., 2010; Testa, 2017). All the participants were also aware of, and spoke against, structural inequalities relating to diversity (Jeyasingham, 2012; Olcoñ et al., 2020). Of these, three offered a strong critique of the "white" nature of the term diversity, in which they stated their understandings were embedded. It is suggested that exploration of white privilege, relational space and intersectionality would deepen critique of practitioner engagement with diversity and Māori (Boulton & Cvitanovic, 2021; Hobbs et al., 2019; Stenhouse, 2021).

These social workers identified that the knowledge of te Tiriti gained in their education did support them in their engagement with diversity on an interpersonal level; however, they could not seem to connect this with understandings or practice with diversity (McNabb, 2019; Walker, 2012). According to Walker (2012), often social worker graduates may not know how to take their knowledge of te Tiriti and embed a bicultural approach in practice. Educators can be tasked to teach about biculturalism and other concepts they do not have sufficient knowledge of or are comfortable to teach (Hetaraka, 2019; McNabb, 2019). We suggest that social workers may also be ill equipped to also connect this knowledge with diversity.

Culture, te Tiriti o Waitangi, and social justice

Research studies have highlighted how social workers either align themselves (or not) with the backgrounds and values of culturally diverse service users (Testa, 2017). This was evident in this study when one participant stated that she adapted herself to meet diverse service-users' needs and utilised her knowledge of Asian cultures and language in her practice. However, some culturally

diverse social workers have maintained that, when interacting with an unfamiliar culture, other social workers should position themselves from a standpoint of “not knowing” (Testa, 2017). Modern social work practice also stresses learning from the client, that is, listening and giving prominence to the client’s unique story (Johnson & Munch, 2009). Three participants reported learning from their service-users and disclosing personal information only once they had deemed that the disclosure would support relationship building (Testa, 2017).

Based on their experiences of social work education, reading of literature, as well as student feedback on engagement with the lesbian, gay, bisexual, transgender and intersex people, Pack and Brown (2017) maintained that centring practice on service user’s worldview is an essential requirement for practice with diversity. The intention to give minority groups space to claim their own self-defined “reality or state” (Southwick & Polaschek, 2014, p. 249) has been framed as central to effective, culturally diverse practice. Results of this study show that a desire to advocate for the right to self-determine how one lives also informed the participants’ practice with diversity.

Te Tiriti o Waitangi should underpin social workers’ practice with diversity and the dominant/subordinate power relationships arising from Aotearoa’s colonial history need to be recognised (Hetaraka, 2019; Richardson, 2010; Southwick & Polaschek, 2014; Walker, 2012). The participants spoke about the rights of Māori service-users and their own responsibilities as practitioners under te Tiriti to respect Māori, while one stated that te Ao Māori should be included in all social work practice. Nevertheless, most failed to report whether they included significant *te reo* or *tikanga* in their practice, which could be seen as a signifier of a bicultural approach (although they may have).

Practitioners need to recognise that dominant societal groups, and the subsequent narratives these groups produce, serve to perpetuate

power inequities (Stenhouse, 2020). Social workers need to provide “analysis of the social identities that produce oppression on a societal level” (Dominelli, 2002, cited in Pack & Brown, 2017, p. 113). In this study, three participants evidenced this by critiquing diversity as a Pākehā term that is placed on those who do not conform to this ideal. Such a finding supports many studies that focus on how dominant societal groups label others as diverse which, in turn, constructs these people as *other* to their taken for granted or dominant position (Sinclair & Evans, 2015; Pack & Brown, 2017; Richardson, 2010; Southwick & Polaschek, 2014).

Discourses of social justice, human rights and equity were also evident in the participants’ accounts. According to Craig (2002), social justice is the pursuit of fairness and equality, a meeting of basic human needs and the acceptance of diversity. This can be seen by the participant who stated that the removal of funding from one client was a breach of their human rights and self-determination.

Organisational barriers to practising with diversity

The increasingly diverse and complex environments social service practitioners work in presents challenges for organisations and practitioners alike (Fook & Gardner, 2007). Often social service practitioners have trouble expressing their values within an organisation that adheres to clear operating priorities that differ from their own morals and beliefs (Fook & Gardner, 2007). The hierarchical structures and inflexible processes within organisations often cause practitioners frustration, disillusionment, and premature exiting of employment (Pack & Brown, 2017). In this study, participants also reported that they felt constrained by their employer to engage in effective social work practice with diversity and address such macro aspects as the “stranglehold [of] Pākehā norms” (p. 3) in their organisation as well as society in general. More research is needed on the nature of the relationship

between social workers' personal values, their practice with diversity, and employer organisational requirements that may hinder their practice with diversity.

Evaluating the study

This small master's study adds to the research base reporting on social workers' understandings of diversity and their work with diversity in practice. This study was a snapshot of what informs social workers' engagement with diversity and did not require participants to self-identify as diverse. This may be seen as a limitation; however, the participant profile of this study does provide insight into how these particular European social workers engaged with diversity at the time of the research. Areas to improve te Tiriti based practice have been identified. Future studies exploring diversity in social work practice in an Aotearoa New Zealand context should endeavour to seek the experiences of Māori social workers, and those who self-identify as diverse in relation to sexuality, gender, ethnicity and dis/ability, amongst others.

Conclusion

The term *diversity* has been critiqued as "hollow" (Featherstone, 2009; Kelly et al., 2020), arising out of the neoliberal business management models of the 1980s. A small sample of experienced social workers identified how the word is ambiguous and warrants investigation by the social work profession. The findings of this research show that for these social workers, diversity only exists in the discursive; and it gets in the way of practice. While the social workers in this research also acknowledged the importance of education and practice with Te Tiriti o Waitangi, they could not seem to make a connection between this knowledge and the term diversity and its associated practices. Individualistic assumptions about identity through a social identity lens tend to prevail. These assumptions can impact practice and need to be explored. The process of self-reflection is fundamental

to social work competencies, obliging practitioners to be cognisant of self and explore their personal knowledge, values, and beliefs. That this was the first time the experienced social workers had reflected on the term and how it impacted on their practice is possibly surprising. Therefore, the authors suggest that attempts to define diversity for the purposes of competency frameworks is considered more critically and the education curriculum and advocacy has a role to play in this.

Social work education would benefit from providing critical theoretical and conceptual frameworks for depth of understanding of what diversity is and how to practise with it. Educators can stress the importance of self-reflection in teaching as it is a critical underpinning competency, but without real critical analysis of the term diversity (where it came from, who defines it and why) reflection may be inadequate for working with diversity. Aotearoa New Zealand social work education must also engage in robust critical analysis of monocultural, hegemonic discourse and power relationships through te Tiriti frameworks to prepare all students for effective practice with diversity in a bicultural context. Is it possible that the vagueness of *diversity* is just another form of such discourse?

Organisational challenges are also attributed with hindering practitioners' work with diversity. Professional bodies need to investigate how they can support members who face such challenges in their work to better meet the needs of their diverse client base. We also suggest that SWRB explore more analytically critical and flexible use of the term diversity in line with the profession's commitment to decolonised practice. In addition, competency requirements to work with diversity would benefit from the addition of the critique of structural inequality and inequity as needed skills alongside self-awareness and personal reflection.

Accepted 21 October 2021

Published 15 November 2021

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The role of contextual knowledge through the eyes of a resettlement social worker

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ABSTRACT

It is commonly known that social workers are required to possess wide-ranging knowledge. Furthermore, a multi-dimensional approach to social work knowledge is required to help social workers make decisions in their practice. Thus, for many social workers, it is almost impossible to emphasise only one dimension of knowledge over others. One area of social work that is of particular interest is resettlement for former refugees. The knowledge required for social workers practising in refugee resettlement must include contextual knowledge of both local and global contexts. This article is a reflection from a resettlement social worker, who shares her own practice journey in working with former refugees in Aotearoa New Zealand. As part of this reflection, the social worker shares her experience in utilising different types of knowledge to inform decision-making processes in her practice. She hopes this article can encourage further reflections in our social work practice with former refugees to become more culturally sensitive, effective and contextual to each social work scenario.

Keywords: Social work; contextual knowledge; refugee resettlement

Social work knowledge

My work in refugee resettlement started when I was a volunteer for Refugee Services while studying towards a social work degree. I was then employed as a social worker in different fields before working as a resettlement social worker for New Zealand Red Cross (NZRC) for 6.5 years, before I moved on to child protection social work and I am currently teaching an undergraduate social work degree. I am a migrant from Indonesia who has had the privilege of gaining a variety of social work practice experiences in Aotearoa New Zealand; this article is a small way of showing my gratitude for the privilege I have been blessed with.

My attempt to work effectively with former refugees was influenced by the ongoing process of acquiring knowledge and

applying it into practice. The different types of knowledge I possessed also influenced my decision-making in assessment, planning process, intervention and evaluation for each social work case I was allocated to work with. In the literature, there is an increasing analysis of knowledge used to inform social workers' decision-making processes (Hyslop, 2013). For example, Hay (2019) contends knowledge of individual and collective strengths in the community has also been recognised as an important aspect of decision-making process in social work response to disasters. In particular, the knowledge that social workers possess as part of their strengths influences their decision-making processes—which contribute to the success of their practice with clients. Similarly, social work practice in refugee resettlement requires the use of various knowledge including local and

AOTEAROA
NEW ZEALAND SOCIAL
WORK 33(3), 74–78.

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international knowledge on refugee matters. Based on my practice experience, the application of knowledge requires constant reflection of our contextual knowledge relevant to refugee resettlement; this involves our understanding of contextual knowledge, how we develop the knowledge and how it can help us inform our decision-making processes. Equally important is our acknowledgement of the refugee journey our clients are going through and the key terms and concepts used in the local and global arenas.

It is the intention of this article to share my practice experience and provide a brief discussion to stimulate further dialogue amongst social workers, social work students and social services professionals to critically reflect on the current social work knowledge in refugee resettlement services in Aotearoa New Zealand.

Contextual knowledge

In my view, the importance of contextual knowledge cannot be emphasised enough for social work practice in refugee resettlement. I have not found a single definition of contextual knowledge; however, many authors such as Forster (2015), Hyslop (2013), and O'Donoghue (2003) have written about contextual knowledge in great detail in their studies; these authors argued that contextual knowledge encompasses knowledge in the specific contexts of practice, which includes knowledge focused on the context of the individual's experience. Furthermore, Imre (1984) maintained contextual knowledge is knowledge gained by practitioners through experience in the job, consisting of general experience as well as specific knowledge. Thus, social workers require practical experience for the contextual knowledge to develop. This view was endorsed by a study conducted by Payne (2007) involving beginning social work practitioners in constructing their professional identity; the study found participants "did not feel they possessed adequate knowledge as new social

workers" (p. 81). Some participants felt an inevitable need for possessing specialist knowledge in order to practise in their field area.

The study conducted by Payne (2007) resonates with my experience as a new graduate; for example, I gained my general knowledge (such as theories and models relevant to social work practice), but it was not until I had a number of years of practice experience that I developed my contextual knowledge—specific to refugee resettlement. Furthermore, knowledge construction and application in social work is far from a straightforward process (Stanfield, 2021). The types of knowledge needed varied from technical knowledge such as government legislation, organisational policies, research studies and theories to practical, cultural, local and intuitive knowledge. An example of a case scenario where I applied knowledge to practice was when I was allocated several families from Colombia to work with. I learned about their cultural and religious background, their language and the support available from their own community. Technical knowledge from policies, concerning their residency status enriched my understanding of their rights and responsibilities. Furthermore, practical knowledge such as their traditions, communication style and customs had helped me build relationships with the families and their community. I learned that Colombian clients were more open talking about their strengths and needs so most of the time I only needed to briefly prompt them when discussing their issues and together we came up with solutions. I always had a Spanish-speaking caseworker or interpreter to help me with the language since I do not speak Spanish. Food was also part of their custom in showing hospitality—many times they made arepas or empanadas when I visited them no matter how often I said they did not need to do that.

Currently working in academic social work, I concur with the recommendations made by Payne (2007) to tertiary educators in

enhancing students' knowledge of micro and macro social work to help them become more prepared in stepping into the profession and applying knowledge to the specific context of their social work area. Specifically, contextual knowledge is required to develop social workers' speciality in practice which is usually enhanced with the length of experience in practising social work. Moreover, Munford and O'Donoghue (2019) argued that it is necessary for social workers to include the application of knowledge in general to a specific social work case—taking into account practice wisdom and local knowledge in order to establish and maintain a constructive, considerate, culturally appropriate and caring relationship with their clients. Most importantly, in order to be competent in their social work practice in Aotearoa New Zealand, social workers must understand and articulate social work theories, indigenous practice knowledge, other relevant theories, and social work practice methods and models (Social Workers Registration Board, 2020).

The importance of contextual knowledge is seen in a research study involving 41 health professionals focusing on information literacy (Forster, 2015). The research findings showed all categories in their interviews were contextual, specific to the knowledge required for particular clinical situations. Similarly, Cha et al. (2006) conducted a research study to better understand the use of knowledge in social work; they found that social work practitioners appreciated theoretical knowledge but utilise contextual knowledge more in solving problems in their cases.

Key contexts and terms in refugee resettlement

Contextual social work knowledge in refugee resettlement cannot be separated from key contexts and terms used in the resettlement topic area. My social work practice with these population groups—which Nash (2005) described as *minorities*—required critical analysis and a great deal of global

and local knowledge to effectively support clients in their resettlement. Furthermore, it is necessary to understand the fundamental differences between migrants and refugees, which involves understanding the context of voluntary and forced migration. Migrants are people who migrate to another country, most of these movements are voluntary, planned (Fitzgerald, 2017; Marlowe, 2019; Nash, 2005), and people are able to return to their country of origin. Like myself, a migrant from Indonesia, many immigrants may have an intention to attain better life opportunities (Fitzgerald, 2017). However, many also have challenges in their migration story, for example, as found in a research study conducted by Kim (2014) on the experiences of Korean immigrants in the North Island of Aotearoa New Zealand. The study found language and limited social networks as some of the barriers faced by the participants. Moreover, knowledge regarding societal contexts was identified as one of the most important aspects of resettlement support.

In regard to former refugees, there are circumstances that cause people to be in refugee situations and different descriptive terms are currently being used (Fitzgerald, 2017; Marlowe, 2019) which would be useful for social workers to understand when working with former refugees in Aotearoa New Zealand. One of the key terms used is the official definition of refugees that was set out by the United Nations under the 1951 Convention Relating to the Status of Refugees and Stateless Persons and its 1967 Protocol—a refugee is that of a person who:

Owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality and is unable to or, owing to such fear, unwilling to avail himself of the protection of that country. (United Nations, as cited in OHCHR, 2020)

Another term being used for people who have fled their homes for similar reasons to refugees but who are within the territory of their own country are *internally displaced persons* (OHCHR, 2020). Furthermore, people who have neither an official refugee status nor citizenship are called *stateless persons* (OHCHR, 2020). And when people have left their country of nationality and entered another country to seek asylum are called *asylum seekers*.

In my experience, both as a frontline resettlement social worker and, for a short time, leading a team of resettlement social workers, the types of knowledge that are important and applicable include knowledge of refugees' strengths and needs, countries of origin, cultural and religious backgrounds, traditions, customs, languages, and most of all the local knowledge in the communities that might support refugees in their resettlement and integration.

Previously the quota for former refugees in Aotearoa New Zealand was set at 1000 people per year and this increased to 1500 people in July 2020. However, the new annual quota has not been implemented due to the Covid-19 pandemic. The resettlement areas are: Auckland, Hamilton, Palmerston North, Wellington, Nelson, Blenheim, Christchurch, Timaru, Dunedin and Invercargill. Once refugees resettled in Aotearoa New Zealand, they are granted permanent residence status and therefore technically, they are no longer refugees (Fitzgerald, 2017), and in my view it is socially acceptable to consider them to be *former refugees* in order to respect many former refugees' wish to speak about themselves as no longer in a refugee situation.

The challenges that I observed for these people during my time working as a resettlement social worker were learning new languages, new cultures, new systems and loss of the support systems they used to have back in their home country. Specifically, I observed different cultural experiences

were influenced by the different gender roles between men and women, for example, in my research study on the resettlement of Syrian former refugee women in Aotearoa New Zealand (Fitzgerald, 2017), the study found a strong presence of different gender roles in the Syrian community. Similar findings were found in a research study by Kamri-McGurk (2012) on the resettlement experiences of Burmese former refugee women in the Wellington region. Both studies confirmed the importance of resettlement social workers and their roles in supporting former refugees in Aotearoa New Zealand. For many newly resettled former refugees, their social workers and volunteers are the first people they engage with, therefore, it is crucial for social workers to have adequate contextual resettlement knowledge. Specifically, understanding the culture of the family they are working with as well as understanding their own culture has been identified as contributing factors for a successful resettlement.

Resettlement social work in Aotearoa New Zealand

In my opinion, the number of quota refugees in Aotearoa New Zealand is debatable; however, the services provided are well organised and community oriented with a wraparound support from NGOs and government agencies starting from when former refugees arrive in the Mangere Refugee Resettlement Centre (MRRC) to their local resettlement areas. NZRC is currently providing the initial resettlement support in the local areas. The resettlement social workers generally engage with their clients between 6 and 12 months upon their arrival. The work they do, ranging from local orientation programmes (partnership with local government and NGOs), getting the right entitlements, housing issues, children's schooling, adult education, employment, health, regular home visits and psychosocial assessments, and community engagement.

This humble reflection of my practice has allowed me to hope for further reflections as

I have come to understand the importance of utilising knowledge in decision-making process and developing contextual knowledge in specific social work areas through practice experience.

Conclusion

It is important for social workers to utilise various types of knowledge—technical knowledge, practical knowledge and contextual—to inform their decision-making process, in particular, contextual knowledge is necessary when working with a specific area of social work, such as refugee resettlement. The essential knowledge includes but is not limited to knowledge of the former refugees' countries of origin, culture, religious background, traditions, customs, languages, and most of all the local knowledge specific to the community where the clients are resettling. The possession of different types of knowledge enables resettlement social workers to deliver practice in effective and meaningful ways for both practitioners and clients.

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Locating my pou

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The following is a critically reflective narrative describing the events that led me to begin my PhD research on how Pākehā statutory care and protection social workers can improve their practice with whānau Māori. Storying and metaphor are used to capture the framework of ideas that underpin and drive my research process.

“Okay, so tell me about how the Treaty of Waitangi fits into social work, what does that mean to you?” The sole wāhine Māori on the panel held my gaze as she asked me her question. She laid it down, a wero, a rākau whakaara, presented by the first challenger in the Pōwhiri process. The process is normally reserved for important visitors, which I, a middle-class, middle-aged, Pākehā woman, was not. She challenged me in this way because it was an important question, the most important question in my interview to enter the social work programme. “I think we’re not there yet,” I hedged, panicking and kicking myself silently for not being prepared. “What does that mean?” She laid down the rākau takoto, the second challenge. I took a deep breath, “I mean that Pākehā are not honouring the commitment made in the Treaty and that the Crown has never honoured it.” I breathed out. She laid down the final rākau whakawaha, “So?” “So it matters in social work because Treaty breaches continue to impact Māori whānau today.” She held my gaze. She didn’t smile or nod. Te Tiriti o Waitangi and my obligation as Tangata Tiriti became my first pou¹.

I was accepted to the programme

“You should all read Pūao-te-Ata-Tū. It’s a report published in 1988 that acknowledges the presence of structural racism in the New Zealand Department of Social Welfare,” the lecturer paused, looked out at the

predominantly Pākehā faces dominating the social work third-year lecture and sighed, “that is why I am still here, I can’t retire until something changes.” Of all the new knowledge I had learned as a ‘mature’ social work student: neo-liberalism, constructivism, ecological systems theory, attachment, positivism, utilitarianism, deontology, teleology, psychodynamics, and the list goes on, it is Pūao-te-Ata-Tū that has sat most heavily in my head, and on my heart since. In 1988 I was 10 years old, now I am 43. In 1988, we knew we had a problem, more than three decades later, we know we still have the same problem. The unrealised vision of Pūao-te-Ata-Tū is my second pou.

I graduated the next year

“I would trust her to work with my whānau,” my wāhine Māori colleague offered as a concluding thought to a job interview she was supporting me in. The interview was held on Zoom, amidst the Covid-19 pandemic lockdown², and much like Covid-19 itself, the comment has sat as a constant at the periphery of my thoughts ever since. If I was to hazard a guess about what many Pākehā social workers hearing a sentence like this would feel, I suppose they would feel happy. Satisfied that they have exhibited some magical combination of values, skills, and knowledge to “competently” work with Māori, and their efforts have been noticed. Ka rawe! What went through my recently graduated, middle-class, middle-aged, Pākehā perfectionist mind was, “I have work to do.” What if I’m not to be trusted? Why would you trust me? To me, this level of confidence from a wāhine Māori I respect professionally and care about personally moved me, beyond professional competencies and codes of ethical conduct. If I am to be trusted to

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WORK 33(3), 79–81.

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work with whānau Māori, then I'd better make sure I deserve that trust. This trust of my colleague, and other friends and whānau is my third pou.

I got the job

"Do you ever wonder whether the policy guidelines we are being asked to use in practice are right for Māori?" I dipped my toe in the water. "I mean, 'child centred' practice doesn't seem right if we understand the place of tamariki Māori within whānau." I dived in head first, I didn't check for rocks. "Well, I trust the guidance is correct and that behind what we are asked to do there are always good intentions," my statutory social work colleague smiled, my head hit the rock. Good intentions, a loud echo in my mind. Good intentions, the makeshift stitches for the gaping hole in the fabric of the most fundamental skill set of social workers, the ability to reflect and think critically. Since when do we leave the work of seeking equity and socially just outcomes to the enigmatic whims of good intentions? How do we do better when we aren't challenging the system? Is this even social work? Good intentions are not good enough is my fourth pou.

I left the job

These four pou: the obligations I hold as Tangata Tiriti, the unrealised vision of Pūao-te-Ata-tū, the trust bestowed on me by my Māori colleagues, whānau and friends to practise safely, and the understanding that good intentions are not good enough, have set in motion a process that feels fraught with anxiety-inducing moments of uncertainty; simultaneously exhilarating, and slippery. It is a fish barely hanging on the hook. The long and arduous road of doctoral study stretches out in front of me, and from my little office at the end of the university hallway, under the bright rainbow flag, it mostly doesn't feel real. It has taken me months to bait the hook

with anything even close to a research outline. I've landed on "exploring the epistemological assumptions underpinning the practice of Pākehā statutory social workers working with whānau Māori in the Aotearoa New Zealand care and protection system." It's a mouthful, more than a worm, leaves me short of breath. It sounds bombastic enough for a PhD, the rainbow trout of research projects. I've got some questions to ask Pākehā statutory social workers, about their views of their obligations to Māori whānau, about the knowledge, values, and skills that help to meet these obligations, and the social, cultural, and systemic factors that impact the work. But, what I really want to ask is simply, how can we do better?

I've started the research

Each time I think I have settled on a clear thought, the weather rolls in and the clouds of doubt obscure it. At best, I fear that my research will be seen as performative allyship, at worst, I will be called out as racist for exclusively studying Pākehā ways of knowing and being and doing. The irony of this fear that my own "good intentions" will be misconstrued is not lost on me. Colonial guilt, privilege, fragility, creeping apathy, and discomfort are now almost constant companions of mine, sometimes they are there as abstract concepts I can load into the microscope and study, separate from me. Sometimes they are there in the mirror staring right back at me. The threat of retreating into Pākehā paralysis is real. Also real are the negative experiences of whānau Māori in contact (often intergenerational contact) with the statutory care and protection system; the churn, the disempowering processes, the very real fear of having the fabric of your whānau torn apart and then stitched back together with good intentions. Real is the combination of institutionally racist policy and practice that leads to more reviews, more "practice shifts," more clip-on fixes to a system that has been described as "broken beyond repair"³. Real are my four pou.

Onward

Glossary

Wāhine – female, women

Wero – challenge

Rākau whakaara – warning baton

Rākau takoto – baton laid down

Rākau whakawaha – baton that clears the way

Pōwhiri – welcome ceremony on a marae, welcome.

Pākehā – English, foreign, European

Pūrakau – story

Whānau – extended family, family group

Te Tiriti o Waitangi – The Treaty of Waitangi

Tangata Tiriti – Treaty people

Pou – support, supporter, metaphoric post, symbol representing support

Pūao-te-Ata-tū – Daybreak

Ka rawe – excellent

Tamariki – children

Notes

- 1 The reo Māori word *pou* is being employed metaphorically as a symbol of support.
- 2 In March 2020, the New Zealand Government announced level four lockdown restrictions in order to safely manage the Covid-19 pandemic. More information on the restrictions at level four can be found here: <https://covid19.govt.nz/covid-19/restrictions/>
- 3 Lady Tureiti Moxon's second brief of evidence to the Waitangi Tribunal in the matter of the Oranga Tamariki Urgent Inquiry (Wai 2915) contained this statement "Oranga Tamariki is broken beyond repair, it destroys whānau and we have absolutely no confidence in it" (Moxon, 2020, p. 1).

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Counselling in relationships: Insights for helping families develop healthy connections

Vicki Enns (Ed.).

ACHIEVE Publishing, 2021.

ISBN 978-1-988617-12-1, pp.367, paperback, NZD \$25.61

As social workers, we are involved in myriad relationships, as are those we work with. Much of our work involves developing relationships with people, alongside assisting them to navigate the complexities of their relationships with others and their wider contexts. This book provides an understanding of the challenges faced by people in numerous different relationships, with each chapter offering insight into a particular type of relationship. The types of relationships discussed include, but are not limited to, parents–teens, couples, single-parent families, immigrant and refugee families' relationships, blended families, and foster families.

The overarching aim of the book is to provide insights for those in the helping professions, so they can support clients to develop healthier connections in their relationships. The editor, Vicki Enns, is the Clinical Director of the Crisis & Trauma Resource Institute (CTRI), and each chapter is authored by either a social worker, counsellor, or a therapist. Case examples, drawn from each author's own practice experiences, are given to demonstrate how to apply the concepts and principles being discussed. Opportunities are also presented for the reader to reflect on their own lives and practices.

There is an emphasis on being trauma-informed, alongside understanding the numerous historical and societal influences that shape people and their relationships. The authors address issues of colonisation, systemic racism, and intergenerational

trauma. They provide an understanding of the importance of identifying and unpacking these experiences to enable people to understand the enduring influence that these have on themselves and their relationships, or on those they are in relationships with. Although examples are given of encounters with individuals and families, this book highlights the need for those in the helping professions to identify the multiple layers of influence on people's lives and how these impact on relationships.

In Chapter 1, Marion Brown emphasises the importance of identifying both micro and macro factors that are impacting on people's relationships. This helps to ensure we do not reduce our interactions to the individual level, solely focussing on encouraging individuals to make better decisions. Rather, Brown states, "to understand someone, we need to pay attention to the history and current condition of their environment and relationships, their culture and the surrounding politics" (p. 5), thus acknowledging the numerous influences that shape individual actions.

Despite being written in the Canadian context, this book has much to offer practitioners in Aotearoa New Zealand. Chapter 10 has a specific focus on indigenous insights which, although speaking to the experiences of Canadian First Nation peoples, provides relevant information applicable for working with Tangata Whenua and other indigenous peoples. In this chapter, Noela Crowe-Salazar discusses nine principles of "truth and reconciliation" and asks readers to "see with your ears

and listen with your eyes” (p. 315) when reflecting on these. The nine principles include indigenous peoples’ rights, treaty considerations and self-determination, healing relationships, and addressing the ongoing impacts of colonisation through constructive action. Crowe-Salazar concludes by asking readers to consider the steps required “to walk in reconciliation in your daily practice with individuals and families” (p. 345), something that we, as social workers in Aotearoa New Zealand, should all be doing.

This book is an easy read, with concepts that have dominated my social work degree apparent throughout. The authors emphasise the need for client-led, strengths-based, and culturally competent practice that positions individuals and families as the experts in their lives. Also highlighted is the need to practise in a way that acknowledges the diverse nature of families, their cultures, and their unique experiences. In sum, this is a relevant read for those working in the helping professions, and appropriate for the Aotearoa New Zealand context.

Reviewed by **Fleurina Gilmour**, 4th year Social Work Student The University of Waikato