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A rich collection of research and scholarship for social justice in Aotearoa New Zealand

We are pleased to introduce a rich and varied set of articles that comprise the first issue for 2023. While the topics, challenges, and populations addressed and the methods employed are varied, there are common themes and challenges. All authors provide evidence and argument for improved outcomes for different groups in Aotearoa, New Zealand.

Leading off this issue is "Ka mua, ka muri—Walking backwards into the future: Partnering with mainstream child protection mainstream child protection services as a community-based Māta Waka organisation" by authors Lashana Lewis (Ngāti Kahungunu Ki Te Reinga), Shayne Walker (Kai Tahu, Ngāti Kahungunu), Paula Toko King (Te Aupōuri, Te Rarawa, Ngāpuhi, Ngāti Whātua, Waikato Tainui, Ngāti Maniapoto), Hunia Te Urukaiata Mackay (Ngāti Toa Rangatira, Ngāti Koata, Ngāti Rangitihi, Rongowhakaata), Natalie Paki Paki (Taranaki), Daniel Anderson (Ngāti Maniapoto, Tainui) and Susan P. Kemp. The authors note that, frequently overlooked in discussions of Crown–Māori partnerships are the community-based Māta Waka (pan-tribal) organisations, which provide a range of services to tamariki, rangatahi and whānau Māori who are not mana whenua. This highly timely and topical article reports on a Kaupapa Māori study designed to examine the expectations that kaimahi working for a Māta Waka Kaupapa Māori service provider have of other organisations that: partner with tamariki, rangatahi and whānau Māori; and partner with Māta Waka.

In a rich and engaging article, Lewis et al. draw on findings from wānanga with kaimahi, to illuminate the principles and values that guide their practice, using these as a foundation for exploring the complexities, challenges, and opportunities inherent in building effective partnerships with statutory child protection services on behalf of tamariki, rangatahi and whānau Māori across differences in mandate, power, world views, and guiding frameworks or tikanga Māori. The study findings have implications for current Crown–Māori partnership efforts and, by extension, for the wellbeing of tamariki, rangatahi, and whānau Māori.

In "Āpiti hono, tātai hono. A collaborative bicultural social work research approach" Kora Deverick and Hannah Mooney (Ngāti Raukawa ki te tonga, Te Āti Awa, Ngā Rauru, Te Āti Haunui a Pāpārangi, Pākehā) describe their research design as a bicultural collaboration between a Pākehā researcher (and tauira) and a Māori social work research supervisor. The article both describes the methods they used, and presents a reflective account of the process, in an effort to use a "decolonising, Te Tiriti o Waitangi lens". The authors argue that this reflective process helps acknowledge and take account of the wider social, political and historical contexts. This article will be particularly of use to Pākeha keen to engage in bicultural research processes in studies that engage with Māori participants. It describes wider issues of accountability, relationships and supervision, as well as interpersonal aspects such as interviewing processes. Covering important *nitty gritty* issues such as whakawhanaungatanga, karakia and time as important aspects of interviewing, the article provides a realistic account

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of the tensions inherent in this kind of research and asks how cultural humility can inform the application of these concepts and practices in interview settings.

In "Āpiti hono, tātai hono. Collaborative bicultural social work practice—A selection of findings", an article that follows the article introduced above, Deverick and Mooney explore the personal bicultural practice journeys of social workers, Erika, Lynley, Alana and Rose. The complexities of colonisation, practice and education are outlined through the presented findings with gentle reminders of the importance of shared understandings, te Ao Māori and differing diverse journeys. A key recommendation presented by Deverick and Mooney, through the voices and experiences of participants, is a need to bridge the gap between policy and practice. This article is of substantial value to training Pākeha social work students as they navigate the responsibilities of bi-cultural practice. It is also useful for social workers in the field who are struggling with bi-cultural roles and responsibilities, providing a rare look at practice focused on giving effect to te Tiriti o Waitangi through collaborative practice. Deverick and Mooney demonstrate research bi-culturalism as Māori and Pākeha researchers while the social workers interviewed from Māori, Pasifika and Pākeha perspectives enable us to see multiple realities. This article has great relevance for all.

Both international and research undertaken in Aotearoa New Zealand indicates that older adults experience inequity of access to inpatient and outpatient palliative care. In ”Utilising literature and systems theory to explore the intersections between policy, practice and equity of access to palliative care for older adults in Aotearoa New Zealand", Dallace Lilley and Kate Reid examine the intersections between policy and palliative care practice, ageism and inequity experienced by older adults, including Māori and LGBTQ+ perspectives, and older adults' caregivers, family and whānau. This article is a good example of how applying a critical social work lens to explore the impacts of inequity and ageism within a range of source materials including peer-reviewed academic literature, strategic documents, and legislative frameworks, to discern the knowledge base necessary to advocate for older adults within palliative care services. Lilley and Reid argue for age-attuned policy development and specialist education for palliative practitioners as means to address age-related inequity and improve the outcomes for older adults using palliative care.

Upon publication of this issue of the journal, many parts of Aotearoa, and indeed other parts of the world, still grapple with the significant impacts of climate events like Cyclone Gabrielle, and other disasters. The anecdotal stories on the ground in Aotearoa during the summer of 2023 are of social workers responding to this disaster, volunteering to shovel silt, donning PE gear to retrieve belongings, providing networked support for the distribution of essentials and attending to the basic welfare and housing needs of those who have lost everything to floods, slips and cyclonic winds.

Social workers will be more than usually interested therefore in the timely insights offered by Kathryn Hay and colleauges who further report on their research project examining the role of social workers in the management of disasters. In "Social work disaster practice: Enhancing skills, community connections, and external relationships" Kathryn Hay, Katheryn Margaret Pascoe, Lee Henley, Fiona Knight, Kate Stewart and Gabor Radik examine in-depth case studies of social work disaster practice, including the 2004 Whanganui floods, and the 2011 Christchurch earthquake. The participants in this research offer valuable insight both into how social workers personally and professionally respond to such events, and how this practice could be formalised and strengthened.

The article articulates the tranferability of social work skills to disaster work, highlights the need for adaptability and creativity in the face of unprecedented circumstances. Emphasis is made on the reality that social workers may be both victims of disaster and central to the community or national response. Social workers bring a holistic perspective to challenges faced, acknowledging complexity, and the need to work at multi-levels of impact. A significant recommendation from the study is to strengthen exisiting networks and develop more effective processes of communication between agencies and services. Developing formal partnerships with disaster management and civil defence structures is offered as a way of better streamlining response. It also recommends specific skills development for social workers at the tertiary level, ongoing training for all social workers, and the creation of a group of skilled disaster response social workers to be ready and called upon when necessary.

In "Understanding sexual citizenship for Asian MSM in Aotearoa: Literature to inform social work practice of sexual justice", Spar Wong and Laura Chubb draw on the concept of sexual citizenship to explore social work practice with Asian men who have sex with men (MSM) in Aotearoa. By way of a narrative literature review, Wong and Chubb examine relevant sexual health issues for Asian men in the context of HIV and identify three themes relating to: sexual stigma and prejudice; sexual health and layered identities; and knowledge of safer sex practice. These issues affect the ability of Asian MSM in Aotearoa to have their rights upheld through culturally safe health care. The role of social work is crucial in advocating for people's rights, especially "in response to HIV globally and the sexual injustices that continue to occur".

In "The rationale of non-smoking adolescents' use of electronic cigarettes (vaping): A scoping review" Shaanika Caie and Guanyu Jason Ran explore the increasing prevalence of vaping using e-cigarettes among young people aged 13-18 in Aotearoa, New Zealand. Little research has been undertaken in this area to shed light on how social workers should respond to this issue. Caie and Ran's article presents a scoping review of the limited overseas research on the topic of vaping amongst young people. From this review, they identify that personal relationships including peer pressure; social context; ease of access; and the appealing features of vape products all contribute to use amongst this age group.

The article's discussion draws connections to the Aotearoa New Zealand context. Here they outline that New Zealand's legislative framework (the Smokefree Environment and Regulated Products (Vaping) amendment Act 2020) already addresses the main contributing factors to young people's use of vapes. This includes banning vaping in schools and other venues, the use of vapes in cars with under-18-year-olds present, enforcing restrictions on the flavours of vapes as well as where they can be sold. But, they suggest these positive steps may be undermined by the punitive approach taken by many schools in addressing young people who vape. Social workers within schools are described as pivotal in educating and advocating for young people through adopting a harm reduction approach. Further research is recommended to inform how social workers can best engage with and support young people around their use of e-cigarettes.

Anti-Asian sentiment featured in the social response to the Covid-19 pandemic. In "Asian communities' well-being in Aotearoa during Covid-19: The mitigating role of sense of belonging in the relationship between racism and life satisfaction", Lynne Soon-Chean Park, Rebekah Jaung, Joohyun Justine Park, and Changzoo Song utilised a cross-sectional online survey conducted in 2021 to explore whether the sense of belonging mitigated the adverse effects of racism on life satisfaction for self-identified Asian New Zealanders. Analyses of 1341 responses to the survey revealed that four out of 10 participants reported experiencing racism in the first 18 months of the pandemic and participants' life satisfaction decreased slightly since January 2020 ($p<0.001$). This experience of racism was associated with decreased life satisfaction. Having a sense of belonging reduced the magnitude of this negative association between racism experience and life satisfaction, especially expressing one's own ethnic identity and belonging in Aotearoa New Zealand. In this valuable, topical article, Park et al. support a call within social work for a stronger conceptual, intersectional framework for understanding anti-Asian racism within our society. The authors suggest that social workers can play an important role in improving social justice by committing to an explicitly anti-racist social work praxis.

Finally, in this issue, we present three book reviews. Eileen Joy reviews *Social Work in the Age of Disconnection: Narrative Case Studies* edited by Michael Jarrette-Kenny and Miriam Jaffe. Matt Rankine reviews *The Strength-Based Clinical Supervision Workbook: A Complete Guide for Mental Health Trainees and Supervisors* by Christopher L. Heffner and Jessica A. Cowan, and Liz Beddoe reviews *The Challenge of Right-wing Populism—A Human Rights Approach* edited by Carolyn Noble and Goetz Ottman. Writing a book review is a great contribution to the journal and a way to build your personal library. If you would like to have opportunities to review new books, please email our book reviews editor Dr Eileen Joy, with details of your social work role and reviewing interests Eileen.joy@auckland.ac.nz.

In 2023, we will be publishing an issue of both *Te Komako* and *Tu Mau* and a special issue on reproductive justice and social work and social and health policy. We thank all our authors and peer reviewers for their significant contributions to this and forthcoming issues.

Liz Beddoe

For the editorial collective

ORIGINAL ARTICLE
QUALITATIVE RESEARCH

Ka mua, ka muri—Walking backwards into the future: Partnering with mainstream child protection services as a community-based Māta Waka organisation

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ABSTRACT

INTRODUCTION: Spurred by critical reviews of Oranga Tamariki–Ministry for Children, Aotearoa New Zealand's statutory child protection agency, and growing calls for services delivered "by Māori, for Māori, with Māori", the New Zealand government is taking significant steps toward devolving responsibility for supporting the wellbeing of tamariki, rangatahi, and whanau Māori from the Crown to Iwi and Māori social service providers. Frequently overlooked in discussions of Crown–Māori partnerships are community-based Māta Waka (pan-tribal) organisations, which provide a range of much-needed services to tamariki, rangatahi and whānau Māori who are not mana whenua. The purpose of this Kaupapa Māori research was to examine the expectations that kaimahi working for a Māta Waka Kaupapa Māori service provider have of other organisations that: 1) partner with tamariki, rangatahi and whānau Māori; and, 2) partner with Māta Waka.

APPROACH: Drawing on findings from wānanga with kaimahi, this article illuminates the principles and values that guide their practice, using these as a foundation for exploring the complexities, challenges, and opportunities inherent in building effective partnerships with statutory child protection services on behalf of tamariki, rangatahi and whānau Māori across differences in mandate, power, world views, and guiding frameworks or tikanga Māori.

IMPLICATIONS: The study findings have implications for current Crown–Māori partnership efforts and, by extension, for the wellbeing of tamariki, rangatahi, and whānau Māori.

Keywords: Partnership, collaboration; Māori; Indigenous; non-governmental organisations; statutory services; community providers; child protection

Spurred by critical reviews of Oranga Tamariki–Ministry for Children, Aotearoa New Zealand's statutory child protection agency, and related calls for services delivered "by Māori, for Māori, with Māori" (Waitangi Tribunal, 2021; Whānau Ora Commissioning Agency, 2020), the Aotearoa New Zealand government is making significant investments in devolving responsibility for supporting the wellbeing of tamariki, rangatahi, and whānau Māori from the Crown to Iwi and Māori health

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and social service providers. In its “2021 Future Direction Action Plan” and related public statements, for example, the Ministry for Children (hereafter “the Ministry”) notes that it will “invest in iwi/Māori and community organisations and build on existing relationships and approaches that enable decision-making by whānau, hapū, iwi and communities” (Oranga Tamariki Ministry for Children, 2022, Partnering with Māori section).

To this end, the Ministry is actively building and formalising strategic partnerships with Iwi and large Māori organisations (Oranga Tamariki Ministry for Children, 2021). Also under way, though less further along, are moves to reconfigure the Ministry’s relationships with the array of smaller, Māori-serving, community-based organisations that likewise are vital providers of front-line services to tamariki, rangatahi, and whānau Māori. These include Māta Waka organisations and providers (hereafter “Māta Waka”), which serve whānau Māori from multiple Hapū, Iwi and whakapapa connections, alongside those from other communities (Eketone, 2002; Maaka, 1994).

As Aotearoa New Zealand once again commits itself to creating meaningful and lasting change in state child-protection policies and practices, specifically as these pertain to Māori (Hyslop, 2021), it is important these efforts are informed by the perspectives of diverse Māori providers on their experiences of partnering with mainstream child protection services. Māta Waka are key entities in the ecology of tamariki, rangatahi and whānau services. However, the space they occupy is complex. Although Māta Waka serve large numbers of tamariki, rangatahi, and whānau Māori, many lack necessary resources, bargaining power and visibility. Consequently, they tend to be overlooked both in allocation of resources and in broader decision-making about services and systems. Yet, alongside Iwi and non-governmental organisations (NGOs) they are significant providers of front-line services, with valuable knowledge to offer on the challenges and opportunities entailed in building effective Crown–Māori partnerships with statutory child protection services.

To make the perspectives of Māta Waka on Crown-Māori partnerships more visible, this article shares the views and experiences of kaimahi from one Māta Waka around partnering with statutory agencies and other mainstream organisations on behalf of tamariki, rangatahi and whānau Māori. Te Hou Ora Whānau Services is a 21st century, urban, pan-tribal Māta Waka organisation that has its own version of ahi kā (keeping home fires burning) with many whānau who live outside of their own tribal boundaries. To that extent they are Iwi, but they are not an Iwi (Waitangi Tribunal Report, 1998).

To position the findings, we first describe larger contextual factors shaping partnerships between statutory agencies and Māori. We then present our learnings from the kaimahi participants in our study. We conclude by placing these learnings in conversation with relevant New Zealand and international literature on partnerships between Indigenous and mainstream organisations, with the aim of adding Māta Waka perspectives to the current kōrero on Crown–Māori partnerships.

Statutory agency–Māori partnerships: Contextual factors

Current moves to strengthen partnerships between Māori and statutory child protection services raise important questions about the nature and form such partnerships might potentially take. In Aotearoa New Zealand, as in other settler–colonial nations, relationships between the Crown and Māori are indelibly shaped by New Zealand’s history of colonisation, structural injustices, problematic power relationships, racism, and marginalisation of Māori (Boulton et al., 2018; Fitzmaurice, 2022). In the child protection context, the significant and intransigent over-representation of tamariki and rangatahi Māori among children and young people in state care, associated histories of separation of tamariki and rangatahi Māori from their whānau, Hapū, Iwi, and culture, and profound systemic failures in protecting children in state care from abuse and harm have understandably resulted in deep wells of mistrust of child-protection services in Māori communities (Boulton et al., 2018). Failures by the Crown to live up to previous commitments to reform add to scepticism that current efforts will be successful (Waitangi Tribunal, 2021; Hyslop, 2021, 2022).

In the years following New Zealand's Children, Young Persons and their Families Act 1989 (the Act), the failure of the Crown and statutory agencies to adequately resource Iwi and other Māori providers to support whānau Māori resulted in a significant hollowing out of the promise of the Act and its visionary precursor "Puao-te-ata-tu: The Report of the Ministerial Advisory Committee on a Māori perspective for the Department of Social Welfare" (Māori Perspective Advisory Committee, 1988). The legacies of this and other failures by the state to fully recognise Māori sovereignty in relation to the wellbeing of whānau Māori, to adequately resource meaningful partnerships with Māori, or to elevate Māori approaches to service delivery hang over contemporary partnership efforts (Boulton, Potaka-Osborne et al., 2018; Boulton, Levy et al., 2020), raising cautions for Iwi and other Māori entities.

The neoliberal economic reforms of the 1980s and 1990s, which saw the rise of a "contract culture" in Aotearoa New Zealand's social sector (Mills, 2015), added further complexities. In child protection, as in other domains, NGOs providing contractual services have effectively become less powerful extensions of state services, reliant on competitive, state-funded contracts and subject to contractual conditions that in many ways dictate the shape of the services they provide, reducing flexibility and self-determination (Grey & Sedgwick, 2013). For Māori organisations, this has typically meant being subject to contractual frameworks that privilege Western models, compromising their ability to provide services in ways consistent with Māori worldviews and lifeways (Masters-Awatere, 2015; Walker, 2004). Furthermore, as Grey and Sedgwick (2013) have noted regarding the positioning of NGOs within New Zealand's "contract state", those speaking up for marginalised groups are frequently themselves marginalised by these arrangements, including having their knowledge and expertise "dismissed, mistrusted or treated as unsubstantiated anecdote" (p. 4).

Nonetheless, as Keddell et al. (2022) pointed out, community-based providers serve as key "instrumental, mediating lever[s]" (p. 4) between statutory services such as child protection and families with multiple needs. As close-to-the-ground providers offering holistic, relationally oriented, culturally responsive services, Māta Waka complement those services also provided by Iwi and other NGOs. In particular they are important facilitators of access to Kaupapa Māori services for whānau Māori who do not whakapapa to mana whenua but may be deeply reluctant to engage with mainstream organisations because of personal and inter-generational histories of traumatic and punitive interactions with colonial systems (Leckey et al., 2022; Lindsay Latimer et al., 2020). Equitable, mutually productive partnerships between statutory agencies and Māta Waka are thus essential to ensuring that the priorities, aspirations and needs of these whānau are met.

Little is known, however, about the experiences of Māta Waka with statutory child protection organisations, or about their perspectives on the elements essential to building effective partnerships between statutory organisations and Māta Waka—relationships that, as Walker (2010) observes, are vital to “giving substance to Treaty of Waitangi obligations at the local level” (p. 54). As the Crown transitions many of its front-line services in health and child-protection services back to Iwi and Māta Waka, it is the power inherent in those relationships and the kaupapa commitment to tamariki, rangatahi, and whānau wellbeing that unites rather than divides. In seeking to address the knowledge gaps identified, this article is also considered an expression of kotahitanga.

Methods

The purpose of this Kaupapa Māori research was to examine the experiences and expectations that kaimahi working for Māta Waka have of other organisations that: 1) partner with tamariki, rangatahi and whānau Māori; and, 2) partner with Māta Waka. We used a wānanga approach to both the qualitative data collection and analysis utilising Royal’s (2011) description of wānanga as a process of knowledge creation that recognises knowledge as pre-existing. Thus, our “understanding arises in the consciousness of the individual contiguous with the progressive revelation of depth in the world (p. 5)”. Our wānanga approach to the research aimed to facilitate those creative processes of internalised knowing that bring about individual and collective transformation in consciousness and awareness for everyone involved (King, 2021).

Our ethical approach to the research and to meeting our ethical obligations to kaimahi involved was informed by Māori research ethics such as “Te Ara Tika Guidelines” (Pūtaiora Writing Group, 2010), mahi on ethics and marginalisation (Ormond et al., 2006), and the ethics of care and transformational research practices (Brannelly & Boulton, 2017). Ethical approval was received by the University of Auckland Human Participants Ethics Committee (Reference: UAHPEC3398).

Participants in the study involved Te Hou Ora Whānau Services’ kaimahi over 16 years of age who were willing to participate and had given written consent. We obtained appropriate organisational approvals prior to the recruitment of study participants.

Data collection and analysis

In accordance with New Zealand Government Covid-19 regulations at the time of the data collection, we held the wānanga in-person at Te Hou Ora Whānau Services with online participation for those unable to travel. The approach to the wānanga followed the tikanga of Te Hou Ora Whānau Services, for instance, karakia, whakawhanaungatanga, and shared kai. Lasting approximately 2.5 hours, the wānanga was informed by a flexible interview schedule in order to facilitate the pūkōrero. Both the English language and Te Reo Māori were spoken during the pūkōrero. The research team wrote notes during the wānanga, and audio-recordings of the pūkōrero were obtained and transcribed verbatim (both with informed consent).

We used a hybrid method to the data analysis that included both data-driven inductive and deductive (a priori) approaches, ensuring Kaupapa Māori theory was central to data coding and analysis (through the deductive approach), whilst making space for the generation of themes to occur through the inductive approach (King & Cormack 2022; Rolleston et al., 2021). All six research team members reviewed transcripts of the pūkōrero, and the data were then coded systematically by two members. The broader research team then deliberated on and defined the overarching and supporting themes from the pūkōrero. During this time, we reflected on Dr Moana Jackson’s (2015) “ethics of prior thought”. We thus privileged Māori concepts grounded in those ontological and epistemological systems of our tūpuna in our defining and naming of the overarching and supporting themes. We obtained feedback from kaimahi participants from the wānanga on the initial themes from coded data (illustrated with anonymised quotes) as a quality check.

Results

Eleven kaimahi participated in the study. Five overarching themes and seven sub-themes are described in the sections following. The five themes of *Whakamana*, *Aro ki te hā*, *Whakapapa*, *Whanaungatanga*, and *Pono* are described as the pou—the foundational underpinnings of both good practice and good partnerships. The seven sub-themes of *Manaakitanga*, *Kanohi kitea*, *Wā*, *Māia*, *Ūkaipō*, *Mahi tahi*, and *Pūkengatanga* are the takepū, the "preferred ways, fashioned by Māori thinking and rationale, of engaging with others" (Pohatu, 2013, p. 13). The pou and takepū are described in the text following.

Pou: Whakamana

The pou Whakamana refers to the importance kaimahi place on organisations ensuring that the priorities, aspirations and moemoeā of tamariki, rangatahi and whānau are placed at the forefront of decisions made and actions taken—a principle that in the view of kaimahi is frequently not upheld by partner organisations.

> The term "box checking"…rings really true with a lot of other organisations… They've got so many different pieces of paper, certain numbers they have to hit in their files to get to that space, that they forget that they're working with a person in a family and whānau. Which, I guess, that's frustrating for us as well when we enter that space with that young person's needs at the forefront, and it's like, "Oh, but they don't meet this criteria".
>
> The social worker for this particular person or this whānau, I hadn't met them. They'd had them for six months at least, and they'd rung twice…Then the other services that were in there, I think there was a lawyer for the child and that kind of thing, and I think the lawyer for the children was the only person that I had actually met and spent some time with them. The rest of the people there, apart from say one or two hadn't even met with them and they're making these decisions about a whānau, about rangatahi, about where they go, the direction that they get put in. And actually, the whānau have no input and the people haven't had anything to do them. That's a real hard thing that I struggle with. And that's been similar stuff with multiple whānau.

Kaimahi also emphasized that for Whakamana to be realised, statutory organisations that rely on the whānau-centred work of Māta Waka need to ensure that resourcing mechanisms uphold the mana of Māta Waka. They noted that this requires investments in funding services equitably. Also important is avoidance of contracting arrangements that force Māori providers to compete with each other (Grey & Sedgwick, 2013), to extend themselves beyond available resourcing, and—frequently—to underwrite the services they provide out of other funds.

> That competitive environment isn't healthy for whānau, so what happens is organisations will grab or try to take, for a variety of reasons that aren't helpful. So, because they need certain numbers, because out of fear that if they don't fill up a service, then they may lose that contract. A lot of that is fed by the contract provider at different times, that they will hold that over an organization. So, I guess what I see from these guys is a shit load of courage to make the right decision, regardless of the consequences…because they generally always have that "whānau first" mentality. That's very, very difficult in our environment at the moment.
>
> Because of how we have been funded, the funding is not equitable, so what

> that means is, is that we've always been short. And so that shortness has been cut around the auxiliary services needed to uphold the mana of the kaimahi.

Fundamentally, kaimahi noted, these issues come down to questions of power. As one said of partner organisations: "There is a lack of willingness to have shared control."

Kaimahi also highlighted the negative impact on partnerships of actions by partner organisations that discount their knowledge and experience, thereby diminishing and undermining the mana of Māta Waka, and thus of tamariki, rangatahi and whānau.

> There's like a lack of understanding that we work alongside our young people and we've been working with them for quite a while, and that does carry its own weight in terms of what we are saying…There's often times…where it's like, "Why do you need this?", "Why do they want this?", "Why can't they do this?" And it's like, well, actually I've been working alongside them for a year now and I know this is not just, you know, they're not pulling your strings and all that stuff, but that means nothing sometimes, which is frustrating.

Pou: Aro ki te hā

The pou of Aro ki te hā refers to absolute reverence for a person's breath of life (The Pūtaiora Writing Group, 2010). In practice, Aro ki te hā relates to ensuring that partnerships with tamariki, rangatahi and whānau are based upon love, compassion and empathy:

> [E]xpressing love is a highly professional skill that is utterly underrated and is not considered to be professional. But I think people who treat it like that are amazing. And they tell you, you know, cos they wouldn't talk to you if they didn't know you thought like that.

Aro ki te hā likewise underscores the importance these kaimahi place on their own and other organisations honouring the voices and pūrākau or stories/narratives of tamariki, rangatahi and whānau that they aim to partner with, and avoidance of deficit approaches in the interpretation of pūrākau shared.

> In terms of processes, like in terms of referrals…it's trying to get the whānau or the young person's voice, not what the social workers want, because their goals are very different to what actually our rangatahi and our whānau want…before even meeting them, is like the referrals, like I've chucked a couple back to [mainstream organisations] to say, "No… This isn't acceptable." So, it's trying to really get the voice of them before we meet them, but when we meet them, we just take them at face value, so we don't judge them by what's been written in those referrals.

Pou: Pono

The pou of Pono relates to the importance kaimahi place on having integrity of process so that organisations follow through with what they say they are going to do, holding themselves accountable to tamariki, rangatahi and whānau, and also to Māta Waka. The kaimahi in this study described lack of follow-through and communication by partner organisations, both with rangatahi and whānau and with them, as an ongoing source of frustration and concern, and damaging to partnership relationships.

> A big thing has been accountability and lack thereof with other services. So, a lot of my time is spent actually trying to chase up other services to do the things that they've said they're going to do…one of the big things that builds trust with the whānau that we are working with, is that when things are going to be said they're going to be done, they end up actually being followed through on.
>
> And so it can be really hard, I think, trying to have that accountability and transparency for us working directly

> with the whānau, when we're not also getting that ourselves with the different organisations that we are trying to liaise with. But also, those organisations also aren't being transparent or being held to account for the things that they've directly told the whānau as well.

Fundamentally, Pono also refers to the expectation that mainstream organisations demonstrate integrity by doing their own mahi first. This entails ensuring that as an organisation there is investment in learning the priorities, aspirations and needs of, and how to work with, tāngata whenua in Te Tiriti o Waitangi based and culturally safe ways. In general, kaimahi noted, there is a need for ongoing work in this area:

> There's a [lack of] cultural capability and competency, but also a [lack of] willingness to be on any sort of journey towards that and understand the value that it could add.
>
> The continual improvement or self-reflection with partners is always lacking.

Pou: Whakapapa

The pou Whakapapa reflects those structured genealogical and relational layers that are interconnected, interdependent and complementary, traversing generations, past, present and future, including connections with tūpuna, with atua, with the natural and spiritual worlds, and with the universe. Kaimahi describe good partnerships as grounded in and responsive to these whakapapa connections, beginning with whānau in the community and extending outwards to include organisations if these are willing to invest time and effort in building relationships.

> Because I know like massively in the Māori community, we know everyone. And that's how we get a big in with our whānau as well, it's cos that cousin knows that cousin, and that cousin knows that cousin.

Pou: Whanaungatanga

The pou of Whanaungatanga refers to the importance kaimahi in the study placed on interconnected, interdependent and complementary relationships in partnering with Māta Waka and in responding to the priorities, aspirations and moemoeā of tamariki, rangatahi and whānau. Whanaungatanga also reflects the importance of organisations taking a "whole of whānau" approach. Crucially, Whanaungatanga recognises and acknowledges that tamariki and rangatahi do not exist outside the context of their whānau. For the kaimahi, partnering with tamariki and rangatahi requires being responsive to the self-determined priorities, aspirations and moemoeā of the whānau collective—an obligation that shapes the way they approach their practice.

> I think something we do quite well as well is, you know, we get a referral for one tamariki, and then go into that household…we often end up servicing the whole whānau in there. It's that holistic, wraparound support that we provide…That's something I think I'm really proud that we're able to do.

Whanaungatanga also recognises and acknowledges the responsibilities, obligations and commitments that Māta Waka have to the communities and collectives that they are part of, and the relationships that they form within these. The kaimahi in this study emphasised the importance of partner organisations validating and supporting these obligations, and thus ways of working that differ from mainstream, Western practices.

> We create, we build genuine connections with our young people.
>
> I think also to be mindful that we are only a part of the community, and people that we are helping are our community. You know, so we are not—there's no this, were actually on par. So, if we want our

> community to thrive, that's what we do in order to make it thrive.

Takepū: Manaakitanga

The takepū Manaakitanga relates to the centrality that kaimahi place upon exercising respect, care and kindness during each and every interaction with tamariki, rangatahi and whānau. Kaimahi found it troubling when these values weren't as evident in the practice of partner organisations.

> It's really quite sad really cos sometimes when you meet someone for the first time and after the initial meeting they're like, "that's the first time I've heard praise in I don't know how long".
>
> But also, when you were saying that you were smiling cos you were thinking of some of those young people and you could see them. And so you didn't see this problem as such, you saw everything else that was there. I think it's really sad when especially statutory work robs people of that, you know? When they're talking about all the whānau they have a privilege of working with, they should light up…Do you know what I mean? Otherwise, they shouldn't be there.

Takepū: Kanohi kitea

The takepū Kanohi kitea refers to the centrality of the "seen face"—the importance kaimahi place on partner organisations engaging in a meaningful way with Māta Waka through ongoing, open and mutually respectful dialogue, communication, and mutual learning.

> Communication is key…face to face communication too…Acknowledgement.
>
> Come talk to us and see what we do… They don't know where our buildings are, they don't know what our services are.
>
> So, it's also language and knowing from both sides how to use that language, so it's communicative across the board. It's about putting our frameworks into their language and hopefully vice versa as well.

For the kaimahi, being the "seen face" equates with being the "trusted face": being present and turning up for the tamariki, rangatahi and whānau they work with, and for. This commitment to being a seen and trusted face extends to their relationships with one other, and with the organisations (both statutory and NGO) they partner with, informing kaimahi expectations of what good partnerships should look like.

> I'm so sick of the excuse, "'Oh, I'm just too busy". Having the same person not show up...That happens a lot.
>
> There's also that expectation too, that we are the ones communicating with the young person for the other so-called professional, just cos we're the ones on the ground all the time with them. That's not good partnership.

Takepū: Wā

The takepū Wā relates to the centrality of time to Māori ways of being, knowing, relating, and doing in responding, and being accountable to, the priorities, aspirations and moemoeā of tamariki, rangatahi and whānau. Achieving this requires an honouring of the time that is required. This flexible responsiveness, grounded in whanaungatanga, typically surpasses—and thus can be in conflict with—the time constraints generated by formal government commissioning and contracting processes, which typically are inflexible and do not honour Wā.

> We don't want to do that, we don't want to move someone on that should be moved on yet, even if the contract's coming to an end.
>
> I think that's what the sort of state services seem to be is "Get them off

> our books as quickly as possible." And actually that's not the right approach to take with our rangatahi and whānau. You need to be involved until you don't need to be involved anymore.
>
> Actually what we also allow is that those whānau, if they need extra support in the future, that they can always come back. So, it's not just a "You're out." That's what gives them a bit of relief and support to continue their good mahi.

Takepū: Māia

The takepū Māia refers to the importance kaimahi place on being courageous in all interactions, with one another and with partners. Acts of courage are supported through respectful, straightforward engagement around challenging issues.

> There's a difference between being direct and being disrespectful.
>
> Part of this is being able to speak your mind freely to whether it is good or bad…Where you can respectfully call the shit on someone else and know that we will hold that respect when we shake hands at the end and leave.
>
> Having the courage to defend or stand up for the voice of whānau, even with [mainstream organisations] or someone who appears to have greater power or whatever. But also the courage to say when they [the kaimahi] might not be the right person for that rangatahi or whānau, and that's quite hard in a competitive provider environment.

Kaimahi highlighted the adverse impacts on whānau when courage on the part of other organisations and their workers was lacking.

> I think most of them want to do a really good job. They're just hamstrung so much…They're just scared…They're operating under fear…They're operating under a process rather than as an individual…It's sad…And fear that makes you stop being creative…Fear. You can't feel your wairua if you're scared…But we know all this, but why is it at the expense of our whānau? It's always at their expense.

Takepū: Ūkaipō

The takepū Ūkaipō refers to the importance of supporting the reconnection of tamariki, rangatahi, and whānau with sacred sources of sustenance and nurturing, as a vital part of the healing process for minds, bodies and spirits. Yet kaimahi also noted that such cultural practices are often not considered to be *valid* social work or mental health interventions by the mainstream services they partner with.

> Just connecting them with nature and simple things like gathering kaimoana and stuff, and then taking it back and sharing it with people.
>
> We really connect them back to the taiao, so our environment and actually being able to look after and nurture other things also.
>
> We can cut down harakeke together [then] she weaves, and that's great. But yeah, the other professionals didn't realize that that was part of her wellbeing, which I argued for.

Takepū: Mahi tahi

The takepū Mahi tahi highlights the importance of inclusion, participation and collaboration between partners in support of shared goals whenever working with, and for, tamariki, rangatahi and whānau.

> In some instances, they've just completely washed their hands of the situation. So I mean, yeah, I've been aware of situations where [mainstream organisations], for example, have been involved and there's been a kid might be uplifted kind of situation. And they're like, "Oh, but

> you guys are involved. Like, you've got someone there," and we are expected to either do nothing or be the one that holds and sorts out everything. And there's sort of no in between. It's really hard to get good collaboration and people fitting into their roles.

As the kaimahi emphasised, Mahi tahi requires recognition, acknowledgement, and mutual awareness of and respect for the roles and responsibilities that each partner brings—key building blocks of effective partnerships that kaimahi view as critical but which too often are absent.

> People don't know who we are and what we do. They assume "[I] can do this. [I] can do that." Actually do you even know what I do? Do you even know what my program[me]s are?

> Good partnership is roles and responsibilities. Everybody knowing what their role and responsibility is within that cohort. Actually know who is in that cohort with that whānau, and then having regular hui.

Takepū: Pūkengatanga

The takepū Pūkengatanga relates to recognition, acknowledgement and being respectful of the knowledge, expertise and skills that kaimahi within Māta Waka hold in their ways of being, knowing, relating, and doing. For the kaimahi, this is evidenced by partner organisations respecting both the practices they use, many of which are grounded in Te Ao Māori, and community-based kaimahi as professionals and colleagues. Too often, this recognition isn't evident in their relationships with partner organisations.

> So, someone else looking into that wouldn't have seen weaving, but if you put it into their language, so actually this was our form of counselling, then [mainstream organisations] would've got it.

> Their ability doesn't get acknowledged. Their insight and relationships they have to whānau aren't recognized. Their roles and responsibilities aren't clear or respected. And at time of decision making, they are often left out of decision-making.

Discussion

The findings we report here are from a small-scale, qualitative study set in a particular context, time and place, and so must be interpreted and understood from this perspective. There is no one voice of Māta Waka. Nor is there one voice for tāngata whenua who work within the broader context of child-protective services in Māta Waka, Iwi, statutory or other mainstream organisations. Rather, all will have distinct experiences, perspectives, and lived realities.

Nonetheless, our findings align closely with those in the broader literature. Research conducted in New Zealand has shown that NGOs in general face a number of challenges in collaborating successfully with statutory organisations, including differences in norms, misalignment in practices and paradigms, and differing perspectives on optimal timeframes for service provision (Grey & Sedgwick, 2013). As demonstrated by a scoping review of the research literature on partnerships between Indigenous and mainstream health providers in Australia, these tensions are magnified for Indigenous organisations, which face additional challenges related to cultural differences and systemic racism (Taylor & Thompson, 2011). Factors identified as contributing to "tenuous and unproductive" relationships (p. 297) included legacies of colonialism and related mistrust on the part of Indigenous organisations; differences in values and ways of working; ambiguity—and lack of shared knowledge—around roles and services; insufficient resourcing; and challenges in sharing power related to institutional racism and "inherited paternalism" (p. 303).

The wider literature also suggests that, like the communities they serve, Indigenous organisations and their workers regularly have experiences of not having their knowledge and expertise valued, of being excluded from decision-making, and of being rendered invisible (Keddell et al., 2022; Taylor & Thompson, 2011; Taylor et al., 2013: Walker, 2004, 2010). Mirroring these findings, the kaimahi in this study described challenges around respect for their roles and recognition of their cultural and professional expertise from statutory agency partners and other mainstream organisations.

Embedded in these experiences is a positioning of kaimahi and, by extension, Māta Waka as less than professional. Other studies report similar findings, noting that rather than valuing the relational, flexible, and open-ended practice of Indigenous workers and providers, mainstream organisations and workers raise concerns about boundaries, ethics, confidentiality, and accountability (Cuestra-Briand et al., 2015; Eketone, 2021). Attesting to the persistence of such appraisals, a study of transcultural relationships between Māori providers and mainstream organisations conducted more than a decade ago conducted more than a decade ago (Walker 2010) identified similar critiques of Kaupapa Māori practices. It also noted the negative impact on these relationships when "non-Māori organisations questioned the competence of staff and accountability mechanisms in Māori organisations" (Walker, 2010, p. 52).

Tensions over mismatches between Indigenous and Western frameworks (Sookraj et al., 2010) undergird and fuel these concerns, together with a lack of respect for, and understanding of, Indigenous knowledges, practices and service models. The kaimahi in our study painfully described mainstream organisations' lack of understanding or validation of their Kaupapa Māori theoretical models and practices, a finding consistent with the broader literature on epistemic injustice (Fricker, 2007) and with studies highlighting the persistent silencing and marginalisation of Māori knowledges and knowledge holders in Aotearoa New Zealand's social and health sectors (Boulton, Levy et al., 2020; Cormack & King, 2022). In his 2004 case study of a Māta Waka provider, for example, Walker (2004) detailed the challenges faced in gaining either validation or funding for the Māori frameworks and practices at the heart of the provider's kaupapa. In consequence, Walker (2004) concluded, "the desired partnership that was envisaged by 'Puao-te-ata-tu', the articles and the principles of the Treaty of Waitangi and the focus on Māori caring for Māori as envisioned by the Children, Young Persons and their Families Act 1989 was not manifested" (p. 162). Seventeen years later, Lindsay Latimer et al. (2021) reported similar constraints on Māori workers, including a lack of recognition of practices grounded in mātauranga Māori.

Issues of power and control, at multiple levels, pervade the accounts of the kaimahi in this study and are echoed in the broader literature. As Moore et al. (2022) noted, Indigenous organisations are frequently small, community-based, relatively resource poor, and reliant on state contracts for their survival—all factors, in addition to their Indigeneity, that place them at a disadvantage relative to powerful statutory agencies and their staff. In his studies, Walker (2004, 2010) described relationships between Māori organisations and state agencies in which state agencies used their statutory power to assert control, with adverse impacts on respect and trust. A recent study of Māori health contracts (Eggleton et al., 2022) supported and amplified these earlier findings, pointing to language embedded in contracts that reinforces top-down power arrangements, paternalism, and a deficit lens. Eggleton's study also highlights "subtle forms of control" (p. 6), including the powerful but relatively invisible dynamics entailed in discounting the capacity and expertise of Māori workers and providers. These findings align closely with the experiences of the kaimahi in this study, who speak of the unwillingness of mainstream organisations to cede control or share power as an ongoing source of stress and frustration. Profound disparities in resourcing, particularly in relation to large differentials in pay between statutory and community-based social workers (Social Service Providers Aotearoa, 2022), exacerbate these tensions.

Taken as a whole, our findings suggest that efforts to create equitable partnerships between statutory child protection organisations and community-based Māta Waka will necessarily require action at multiple levels, from the restructuring of top-down, performance-focused, Western-centric contracting models to investments in forthrightly engaging the multi-layered systemic, organisational, and professional dynamics that sustain the dominance of Western frameworks and practices—and which in ways both subtle and forthright, disrespect and devalue Māori ways of being, knowing, relating, and doing (Cormack & King, 2022).

The interlocking challenges to effective partnerships between Indigenous and mainstream child-protection organisations highlighted in our study data are both real and persistent. Yet as the kaimahi suggested, and findings from other studies confirm, important benefits are also realised when these relationships work well, with shared goals and understandings, a climate of trust, a strong relational foundation, ongoing dialogue and information sharing, and respect for Indigenous knowledges, practices, and self-determination (Moore et al., 2022; SNAICC, 2020; Taylor et al., 2013). These include improvements in the cultural relevance and safety of services, greater attention to the social determinants of client issues, a broadening of service provision, frameworks and practice models, and enhanced responsiveness to family, whānau and community needs (SNAICC, 2020; Taylor & Thompson, 2011).

Durie (2004) has contended that the interface between Western and Indigenous perspectives and practices is potentially a “source of inventiveness” (p. 1140). The findings of this study are consistent with his insight. Embedded in the words of the kaimahi in our study—and in the pou and takepū distilled from these words (summarised below in Table 1)—is the outline of a framework for envisioning and building more robust, innovative, and mana-upholding partnerships between Māta Waka and statutory and other mainstream organisations.

As the Aotearoa New Zealand government seeks to strengthen its Te Tiriti o Waitangi partnerships with Māori and deepen its investments in Māori-led, community-based and preventive services (Boulton, Levy et al., 2020), it is essential that Māta Waka, which operate from a Te Ao Māori lens but provide services applicable and open to all tamariki, rangatahi and whānau, are not invisibilised. The pou and takepū developed from the experience and perspectives of the kaimahi in this study hold promise as guiding principles for effective partnership practice. However, more work is needed to bring this framework fully into view, including forthright attention to the issues identified in this study and related research as posing challenges to effective partnerships between Indigenous providers and mainstream child-protection organisations.

Conclusion

The pou and takepū highlighted by the kaimahi in this study manifest in their tiaki for those they serve, and for one another—highly professional and volitional acts of love that evoke power in its most beautiful form. They are also at the heart of what kaimahi expect in their partnerships with other organisations. Imbued with a fierce grace, Te Hou Ora

Table 1. Overview of Five Pou and Seven Takepū

Pou	
Aro ki te hā	Utmost reverence for one's breath of life. Love, compassion and empathy underlay the very essence of the approaches and practices taken when working with and for tamariki, rangatahi and whānau.
Whakapapa	Structured genealogical and relational layers are interconnected, interdependent and complementary, traversing generations, past, present and future, including connections with tūpuna, with atua, with the natural and spiritual worlds, and with the universe.
Whanaungatanga	Those interconnected, interdependent and complementary relationships generated through whakapapa, through working on shared kaupapa with one another alongside tamariki, rangatahi and whānau, and through the sharing of lived experiences as a collective, are continually strengthened and sustained.
Whakamana	Ensuring that the priorities, aspirations and moemoeā of tamariki, rangatahi and whānau are always forefront, where tamariki, rangatahi and whānau are recognised and acknowledged as being experts of their own lives.
Pono	The importance of being absolutely true, unfeigned and genuine with regard to the kaupapa and core values and having integrity of process when working with, and for tamariki, rangatahi and whānau.
Takepū	
Manaakitanga	Respect, care and kindness is exercised during each and every interaction with tamariki, rangatahi and whānau.
Kanohi kitea	Being present, not only in the physical sense but also in terms of being real, human and relatable is crucial to developing and strengthening whanaungatanga, and to being accountable to tamariki, rangatahi and whānau.
Wā	Time is central to Māori ways of being, knowing, relating, and doing. Responding, and being accountable to the priorities, aspirations and moemoeā of tamariki, rangatahi and whānau requires an honouring of the time that must be taken to achieve this.
Māia	Acts of courage in all interactions with one another, strengthen and support the relationships developed and sustained through whanaungatanga.
Ūkaipō	Tamariki and rangatahi are returned back to Papatūānuku as the sacred source of sustenance and of nurturing. Connecting back to Papatūānuku and Ranginui is not only an integral part of the healing process for minds, bodies and spirits, but also a way in which the knowledge held by Papatūānuku and Ranginui can be shared with tamariki and rangatahi, contributing to their growth and development of life skills.
Mahi tahi	Collaborative approaches in support of shared goals are crucial whenever working with, and for, tamariki, rangatahi and whānau. Strong relationships based on trust are critical to such collectivist approaches.
Pūkengatanga	Fluidity in ways of being, and creativity in ways of doing are required in responding and being accountable to the priorities, aspirations and moemoeā of tamariki, rangatahi and whānau. Ways of being, knowing, relating, and doing are grounded in mātauranga Māori; the body of knowledge derived from, and built upon, the knowledge of our tūpuna.

Whānau Services are deeply committed to authentic and meaningful partnerships. They will not turn anyone away, including statutory and other mainstream organisations.

The challenge for these organisations is to similarly commit to, and invest in, the difficult but essential work entailed in being good partners with Māta Waka and with tamariki, rangatahi and their whānau, beginning with reaching out to learn from and with them about how to work with tāngata whenua in Te Tiriti o Waitangi based, culturally safe ways that whakamana. Building and sustaining such partnerships will require, as Whiting et al. (2018) have noted, "two-eyed seeing": the capacity to "capture and catalyze the tremendous value and strengths of both worlds…." (p. 330).

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Glossary

ahi kā	burning fires of occupation
aroha	love, compassion, empathy
Hapū	kinship group, sub-tribe, sub-nation, to be pregnant
Iwi	extended kinship group, tribe, nation, people, bone
kai	food, meal
kaimahi	worker(s)
kaimoana	seafood
kanohi kitea	to have a physical presence, to be seen, to represent
karakia	to recite ritual chants
Kaupapa	
Māori	Māori agenda, Māori principles, Māori ideology—a philosophical doctrine, incorporating the knowledge, skills, attitudes, and values of Māori society
kotahitanga	unity, togetherness, solidarity, collective action
koha	gift, offering, contribution
kōrero	speak, speech, address
mahi tahi	to work together, collaborate, cooperate.
māia	bravery, courage
mana	spiritually sanctioned or endorsed influence, power, and authority
manaakitanga	showing and receiving care, respect, kindness, and hospitality
mana whenua	power associated with possession and occupation of tribal land
Māori	Indigenous Peoples of New Zealand
mara	garden
māramatanga	enlightenment
Māta Waka	many canoes, a pan-tribal Māori organisation
moemoeā	to have a dream, have a vision
Ōtepoti	Dunedin
Papatūānuku	Earth Mother
pēpi	baby, infant
pono	to be absolutely true, unfeigned, genuine
pou	post, upright, support, pole, pillar, goalpost, sustenance
pūkengatanga	expertise
pūkōrero	well-informed, speaking with authority, articulate
puku	stomach, belly
pūrākau	ancient/historical narrative, story
rangatahi	young people
ranginui	Sky Father
raranga	to weave
taiao	natural world
takepū	preferred ways of engagement with others
tamariki	children
Te Ao Māori	the Māori world
Te Tiriti o	
Waitangi	the Māori version of the Treaty of Waitangi; forms the foundation of the contractual relationship between two internationally recognised sovereign nations – Māori, as tāngata whenua (people of the land), and the British Crown
kotahitanga	unity, togetherness, solidarity, collective action
tūpuna	ancestors
tūrangawaewae	standing, place where one has the right to stand
ūkaipō	the suckling of a child on their mother's breast at night, one's ancestral land, a place of nurturing and of spiritual and emotional strength
wā	period of time, interval
wānanga	to meet, discuss, deliberate, consider
whakamana	to give authority, to validate
whakapapa	ancestry, familial relationships
whānau	to be born, extended family, family group
whanaungatanga	relationships
whenua	placenta, ground, land

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ORIGINAL ARTICLE
THEORETICAL RESEARCH

Āpiti hono, tātai hono: A collaborative bicultural social work research approach

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ABSTRACT

INTRODUCTION: This article introduces the qualitative research design of a research report completed in 2019 that focused on collaborative bicultural social work practice in Aotearoa New Zealand. A major focus of this article is the relationship between the Pākehā researcher (and tauira) and the Māori social work research supervisor. Therefore, reflective accounts are provided throughout the article where we have emphasised the value of the supervision process and bicultural collaborative relationship.

METHODS: The research utilised social constructivist theory and a decolonising, Te Tiriti o Waitangi lens. Data were collected from semi-structured interviews with four registered social workers. An integrated narrative approach to analysis allowed for multiple narrative levels to be considered. The researcher and supervisor modelled a collaborative bicultural relationship in the research design process.

FINDINGS: The article presents the process of research design and a critical reflection on the challenges and benefits of a collaborative bicultural supervision relationship. We argue that an interrogation of the cultural positioning of the researcher and supervisor is essential in research design in Aotearoa New Zealand. These were also reflected in the findings reported in a separate article in this issue (Deverick & Mooney, 2023).

IMPLICATIONS FOR PRACTICE, RESEARCH OR POLICY: Reflections of bicultural research will be of interest, particularly to other Pākehā, Tauiwi tauira interested in exploring how they can contribute to the bicultural discourse in research. Research supervisors may also be interested.

Keywords: Collaborative bicultural research; positioning, social work; Te Tiriti o Waitangi; reflection

This article introduces the research design of a research report completed in 2019 that explored collaborative bicultural social work practice in Aotearoa New Zealand as part of a Master of Applied Social Work degree with Massey University. The aim of this article is to focus on the methodology, methods and reflections of the approach undertaken. For a detailed exploration of the findings of this research please see the companion article in this issue, "Āpiti hono, tātai hono: Collaborative bicultural social work practice—A selection of findings" (Deverick & Mooney, 2023). The study employed a qualitative approach, used data collected from semi-structured interviews with four registered social workers. These data were analysed using an integrated

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narrative method. The study was grounded in social constructivist theory through a Te Tiriti o Waitangi, decolonising lens. In this article, reflections are presented both from a researcher / tauira perspective and from a research supervisor perspective. This additional focus is fitting as it was also indicative of a collaborative bicultural relationship. The challenges and benefits of a collaborative bicultural relationship are presented through a description of the research approach and reflections. These were also reflected in the findings of the research which illustrated that the wider social, historical and political contexts are inseparable from research and practice. Exploration of the cultural positioning of the researcher and supervisor is essential. This first section outlines the authors' positioning and explores the tensions in bicultural research—these were recognised as essential considerations before undertaking research, particularly of this nature.

He tūranga, positioning

Kora—Researcher/Tauira

He Pākehā ahau, born and raised in the Waitakere Ranges, and I now call Te Whanganui home. I have a strong connection to Scotland where my mum grew up; I have lived and studied there, and a piece of my heart remains there. My dad's grandparents came from southeast England, arriving in Aotearoa, New Zealand in the early 1900s. I have travelled extensively, dabbling in community development, and I am relatively new to the social work profession. I am a feminist, a creative, and I have always existed just outside of the box. All of these aspects contributed to my approach in this research. I recognise the groundwork laid by my whānau in the realms of social justice. I recognise that my ancestry is heavily laden in colonial roots, something I am continually addressing, understanding, and attempting to undo.

Hannah—Research supervisor

He Māori ahau. He uri ahau nō Ngāti Raukawa ki te tonga, Te Āti Awa, Ngā Rauru me te Ātihaunui a Pāpārangi. He Pākehā ahau hoki. My cultural positioning is that I identify as both Māori (my iwi identified above) and Pākehā. While I whakapapa Māori, I have more of a Pākehā appearance, and people do not readily recognise that I am Māori as well. This informs the way I view the world. When people get to know me, they see how both these lenses play a role in how I move through the world, in my personal and professional life. I am also a woman, a mokopuna, a daughter, a niece, a sister, a cousin, a wife, and a mother to three tamariki (among other roles!).

Bicultural research

Kora—Researcher/Tauira reflection

When I first met with Hannah to discuss my research project, I was interested in exploring bicultural social work practice, but I was not set on a topic. I wanted to engage more fully in bicultural social work, to go "beyond mere tokenism" and to explore ways it is practised successfully and respectfully (Eketone & Walker, 2015, p. 110). At first, our supervision discussions revolved around the ethics of this project; we discussed the politics of the bicultural space and how best to approach participants of all ethnicities without causing friction. We also unravelled the tensions inherent in bicultural research, which are unavoidable, just as our history is. As Hannah outlines below, a result of these discussions was to be clear about my positioning. The importance of 'knowing your positioning' become a pivotal element throughout the research process – during recruitment, within narrative analysis and in the results of the research. Our communication style helped us understand the others' processes, we could therefore listen, understand, and contribute. On reflection, I can see this is an example of an active collaborative bicultural approach to research.

The notion of bicultural collaboration was first introduced to me through the 2017 book, *Collaborative and Indigenous Mental Health Therapy: Tātaihono, Stories of Māori Healing and Psychiatry*, by NiaNia, Bush and Epston, which outlines several successful collaborative practice examples between matekite and clinical psychiatry in a Kaupapa Māori service provider. Tātaihono is described as an active process:

> In our case it is about collaborating between our Māori and Pākehā points of view. We both have to put the effort in. It requires a commitment and a genuine relationship. Sometimes it's as if you are on a steep incline and you have to hold fast to your footing; otherwise, you could slip off. There is that history of colonisation in there. For that reason we had to find a way to reconcile and forgive those things that have taken place between our cultures. At the same time there is manaakitanga, giving mana to another person. Giving mana is for me the basis of our mutual respect. Another thing that binds us together is our love of people. (NiaNia et al., 2017, p. 7)

This text provided examples of the active engagement that I was searching for, and I wanted to see if it had been practiced elsewhere. The concept and practice of *biculturalism* is contested in social work, with some criticisms as to how to genuinely apply it in policy and practice. Eketone and Walker (2015) noted that the shift to biculturalism was to challenge dominant Eurocentric worldviews in Aotearoa and recognise our two distinct cultures. It focuses on the relationship between Māori and Pākehā, bringing together Indigenous and non-Indigenous knowledge and practices to enhance wellbeing (Eketone & Walker, 2015).

There have been times where I have thought I understood a Māori worldview. However, there are still instances that demonstrate my western lens; discussions with Hannah really highlighted this for me. As much as I try to seek understanding of Te Ao Māori, I can easily slip back into western theory and an individualistic worldview. In this research I have attempted to critically reflect on these tendencies and seek to address them, but I am certain some slip through.

One of my main influences were a set of kaitiakitanga cards I was gifted by a colleague studying at Te Wānanga o Aotearoa. Throughout the research I read through and reflected on them whenever I sat down to study. The cards have been a source of grounding, reminding me what I am here for, whilst also helping to understand more about Te Ao Māori. I am limited in my interpretation of these kupu Māori, I will only ever understand them from my worldview.

Hannah—Research supervisor reflection

Kora and I met at the beginning of 2019 to discuss her ideas for her research report. She was not set on her topic yet but was considering the topic of collaborative practice between Māori and non-Māori in social work. We had numerous discussions about her research question in relation to how the research could be designed. A big part of this was how she could approach the topic as a Pākehā researcher, how she could best approach potential participants and her desire to engage in a tika way, the right way, with Māori participants. We discussed that while her research would not be Kaupapa Māori as she did not whakapapa Māori, it could have a bicultural lens. A risk of opening recruitment to all potential ethnicities meant that she may not have got any Māori participants. However, I believe that a key factor in her recruitment success was that she was open and clear about her positioning to participants and throughout the research. She was very respectful of Māori in her research interviews and in the analysis of data, she engaged with an open mind, utilising kupu Māori where it felt appropriate and critiquing and reflecting as she went. In addition to this, we met regularly, at least monthly, and engaged in email contact in between. Kora engaged in supervision with respect, humility and openness. She seemed to enjoy my *thinking out loud* moments as we went through an ako process, learning from one another as we collaborated in a bicultural partnership process, tangata tiriti and tangata whenua.

It is important that the student researcher has thoroughly thought through their research approach and all ethical considerations. My role is to ensure that this is completed with rigour and integrity. Additionally, as a Māori social worker, a Māori researcher and Māori research supervisor, when it comes to research that involves Māori as potential participants, it is essential that I do my part well. I need to support the student to do the right kind of research, in the right way and they should be the right person, at the right time. Kora had an openness to learning that went beyond *good intentions*, she did not come with a rescuer or all-knowing approach. She demonstrated a commitment to the bicultural partnership but also had a sense of when it was not for her to venture into. While I bring personal and professional knowledge and skills to the relationship, I do not position myself as an expert in research or Māori research, so the collaborative aspect is a really important part of the process.

Tension in bicultural research?

The heart of this research is biculturalism, a journey both Māori and non-Māori should be on together (Bishop, 1996). However, due to the ongoing negative impacts of colonisation, the bicultural space is one of tension. Indigenous cultures have a long history of being researched by the colonisers, which has created a deep mistrust of research, particularly when led by non-Indigenous people (Smith, 2009). This research adopted a "power-with" approach, aiming to empower those involved in or influenced by the research regardless of their ethnicity or cultural backgrounds (Bishop, as cited in Eketone & Walker, 2015, p. 111). I believe as Pākehā, I must take ownership of my own learning and not rely on Māori, who have been relied on for so long already (Hollis-English, 2012; Margaret, 2013). This does not mean I embark on the bicultural journey alone, but rather recognise the part I play and not wait for others to do the mahi (the work) for me, honouring the part of tangata whenua in a collaborative partnership.

The remainder of this article will outline the methodology and include reflections on the how the bicultural collaboration played out.

Methodology and theoretical framework

This section outlines the research design, including the qualitative approach and theoretical framework. It will discuss access and recruitment.

The qualitative research design was relevant for the social focus of this research (Braun & Clarke, 2013). Qualitative research allows for multiple subjective accounts to be explored, focussing on the lived experience of the participants (Braun & Clarke, 2013). It provides a valuable contribution by exploring diverse perspectives, and understanding the differing ways bicultural practice can be applied. It used semi-structured interviews and emphasised practice examples to inform the narrative analysis approach. Narrative analysis was used to bring focus to the social, personal, interpersonal and political context of the participants' kōrero, as the bicultural journey is often a personal one, it followed that these influences should be acknowledged (H. Crawford, 2016; Ware et al., 2018).

This research was informed by social constructivist theory and took a decolonising approach. Social constructivism is the recognition that there are multiple interpretations of human existence, constructed by interactions with social, political, cultural and historical contexts (Braun & Clarke, 2013). This aligns well with narrative analysis, as each participant, researcher and reader has a subjective view of reality, which can then be explored and compared to create meaning (Riessman, 2008). My aim was to explore each participant's perspective of the world from within their professional, social and political environments. It was continually evident that to do this, I must have a sound understanding of my own positioning within the bicultural kōrero. While the participants and I may have had similar public narratives, our personal stories and backgrounds were vastly different (see explanation of each of the narratives in section below entitled Data analysis—Narrative approach).

Decolonisation is a process of divesting from colonial power by addressing "bureaucratic, cultural, linguistic and psychological" aspects in society (Coates, 2013, p. 64). It is not a short-term fix but a process that requires engagement through both actions and cognitive processes (Coates, 2013; NiaNia et al., 2017). Mercier (2020) suggested that decolonisation is rooted primarily in cognitive processes, indicating that decolonising the mind is the most important step, and will inevitably lead to action. In Aotearoa, all of us have a responsibility to participate in decolonisation processes, particularly those in social work and social work education (Ruwhiu, 2019). Using a decolonising lens in research design and through reflections enabled this analysis to be centred throughout. Gaining awareness and locating oneself in order to work towards emancipation and liberation, is an important first step of decolonisation, one that was utilised in this research (Ruwhiu, 2019). The supervision relationship enhanced this as we could kōrero from our own positions, recognising and challenging any entrenched belief systems and where they come from. Positionality could be a way for Pākehā to move out of paralysis in research, having security in one's own cultural identity, internally reflecting on one's biases, perspectives, privileges and so on and externally stating one's position and place (Crawford & Langridge, 2022).

The timing of this research project was also influenced by the personal and public domains. The researcher's personal experience has expanded and changed since the outset of this project. Publications and conversations about racism and decolonisation are becoming more prevalent in the public sphere, for example due to the Black Lives Matter movement and the growth of Te Pāti Māori in parliament; this project may have had a different outcome or focus if started now.

Ethical considerations

As previously discussed, the ethics of this research were particularly important and guided a lot of the decisions that were made. A low-risk ethics application was made to Massey University Human Ethics Committee (MUHEC) and was approved before recruitment commenced. Ethics were discussed with peers and my supervisor. The following considerations are in reference to the MUHEC Code (2017).

Bicultural considerations and Te Tiriti o Waitangi

Ethical considerations centred around an appropriate low-risk approach that involved Māori participants in a respectful and beneficial way. Initially, its aims were to explore the notion of tātaihono, collaborative bicultural practice, between Māori and non-Māori kaimahi in a Kaupapa Māori service, focussing on the experiences of Pākehā social workers. At this stage, collaboration was understood as two kaimahi co-working and sharing cases, utilising both cultural perspectives. Cross-cultural ethics were considered—as a Pākehā researcher I would have to consider my approach carefully.

The idea of approaching Māori-led services to talk to Pākehā was considered an ethical issue that may be misunderstood—it did not seem right for this research to exclude Māori participants. In-depth discussions regarding this took place in supervision. Therefore, the scope was widened to include all social workers who self-identified that they were working in a collaborative bicultural manner with their colleagues and instead advertising was through the Aotearoa New Zealand Association of Social Workers Te Rōpū Tauwhiro i Aotearoa (ANZASW). This was a beneficial decision as it allowed for the social workers themselves to decide on whether to participate regardless of ethnicity and a diverse range of voices to be heard on a topic that includes all social workers in Aotearoa, New Zealand. In addition, as Aotearoa New Zealand Association of Social Workers members this meant that respondents adhered to a Code of Ethics (ANZASW, 2007, 2019). Smith (2009) highlights tangata whenua reluctance to participate in research undertaken from western perspectives as many researchers have subjugated and disadvantaged tangata whenua. Smith (2009) argued that any research in this space must be done with respect and value for Indigenous voices. It was therefore necessary to ensure the aims and heart of the research were established and upheld. This was helped, for a large part, by continuous discussions with Hannah. Our open discussions and respectful relationship meant that I could explain my point of view, be open to correction, but that this would not disrupt any rapport we had. In fact, it built on it. This speaks to the ethical principles of tika and manaakitanga by considering the positive ways this research will impact on Māori (MUHEC, 2017). To make this clear, my positioning was emphasised throughout the research process. This shows how essential the supervisor/supervisee relationship is, especially building rapport and maintaining relationships. Clear boundaries and continual discussion are crucial.

Hope, not deficit

Following on from Smith (2009) and Coates (2013), and with the knowledge that a deficit approach limits rangatiratanga, emphasis was placed on positive examples and a positive outlook for the future. Aligning with taukumekume, acknowledgement that there will be struggle and tension in every relationship, the challenges were also recognised (Pohatu, 2008). This was difficult to do at times as it was simpler to focus on negative things that were happening. It was easy however, to focus on the dedication and passion that the participants held for their mahi, shown through what they said and how they said it. It was important to therefore balance out the challenges with the strengths and ensure the analysis process allowed for a deeper interpretation of negative experiences.

Confidentiality, avoidance of harm

For confidentiality, I worked to remove identifying information in the final report, which was done with feedback from the participants and my supervisor. Pseudonyms were used to maintain confidentiality. It was important, however, that participant profiles did not reduce the participants to basic identifying features, I took care to include parts of their story, particularly as they related to the topic. Interviews were stored on a secure computer to be deleted after five years. To mitigate any bias, participants were unknown to me prior to recruitment.

Autonomy, tino rangatiratanga

The detailed information letter and consent form explained the aims and researcher's positioning, participants' rights, and the voluntary nature of the research. It was reiterated at the beginning of each interview that they could decline to answer, or to ask questions at any time. To ensure the participant's right to privacy and consent, transcripts were emailed with the opportunity to amend, elaborate or withdraw completely (Anthony & Worsley, 2011). Three out of four participants chose to include further reflections, included at the end of their transcripts with one participant amending their transcript significantly. This also ensured that their views were appropriately represented (Anthony & Worsley, 2011).

Access and recruitment

Each participant was required to be a registered social worker who had worked in a collaborative bicultural manner with colleagues. The recruitment email included a detailed information sheet, which included my positioning for transparency as discussed in supervision. The first three suitable participants were accessed in this way. The final participant was recruited in person at a social work event. There was a lot of interest in this project, 12 other social workers were in contact, which shows the relevance of this topic for many social workers. Before each interview, a consent form and interview schedule were emailed, reiterating that participation was voluntary and confidential. In one instance, the participant was concerned about meeting the criteria so discussed this with me to ensure their participation would be beneficial. The same participant decided to prepare answers to the questions beforehand. Recruitment was not limited based on age, (dis)ability, gender or ethnic identity, but all four participants identified as female and were over 40. One identified as Māori, one of Pacific Island descent, one as both Pākehā and Māori, and one as Pākehā with strong ties to Manawhenua, the local hapū and iwi. I was pleased to accept the first four eligible participants.

Hannah—Research supervisor reflections

The collaborative process with Kora flowed well. Kora is a diligent student who brought integrity to the research design, methodology, methods and ethics. Her ideas led the way, but we discussed them openly which, at times, shifted the decisions and added value and depth to the process. We kept in regular monthly contact for supervision, and she would also check in between times via email if needed. Kora also took supervision notes and sent these through after each session. She set up Google docs and shared her work with me and I was able to give her written feedback or we worked on the document at the same time.

Interviews

The semi-structured interview style seeks to understand the lived experience of participants, allowing them freedom to describe experiences without restricting their responses with prescribed questions (Bell & Waters, 2018). Definitions of *collaboration* and *bicultural* were kept broad, enabling the participants to define it from their perspectives. Throughout interviews, examples and stories of social work practice were encouraged, feeding into the narrative analysis that was to come.

As discussed in supervision, I wanted to ensure the research was conducted in a way that respected tikanga Māori and I made the conscious decision to approach the research in this way (National Ethics Advisory Committee, Kāhui Matatika o te Motu, 2012). This gives respect to the diverse cultural backgrounds in Aotearoa (including diverse realities for Māori) and contributes to building rapport, regardless of ethnic identity. It was preferred that our interview kōrero took place kanohi ki te kanohi (face to face) in line with Māori research best practice; it is an important value in Māori society that people meet face to face so that trust and the relationship can be built (Pipi et al., 2004). However, as I was anxious about not getting enough participants, I decided to include online participants. This would increase the geographical coverage and ensure I received adequate responses, with the intention of favouring in-person and focus on whakawhanaungatanga. From the responses

I received, three were online and one was in-person. On reflection, whanaungatanga was sometimes difficult to achieve due to the online environment. The online environment allows less space for pre-interview banter that can be helpful when first meeting in person, it can quickly become awkward silence, and this then feels like it needs to be filled with the kaupapa that has brought you there. It also does not allow for shared kai in the same way, which is important tikanga. While I had scheduled in and allowed for over an hour, I was both mindful of the time that the participants were taking outside of their busy schedules and mindful to allow the time that was needed. I also tried to take time over email and at the beginning of each interview to establish a connection and build a comfortable relationship. It was easier to practise this with the interview that was in-person but by then I had also developed more comfort with the interview process, as this was my final interview. This process was a significant learning experience for me, in both bicultural research and practice situations. While kanohi ki te kanohi is preferred, Māori are not unaccustomed to the use of online approaches as this is being used more regularly to keep people connected over long distances (O'Carroll, 2013). But as experienced, the risk is that reading and responding to tone and body language can be more difficult, affecting whakawhanaungatanga (Rangiwai, 2020).

While I recognised the importance of karakia in establishing a safe space and I was pleased to offer it I realised quickly (in the moment) that I was not prepared to lead it. My first participant led with a karakia which made me realise that I had previously taken karakia for granted, and that I must take responsibility for my learning. Although I practised karakia for subsequent interviews, I either felt whakamā because it felt like tokenism, or because it felt inappropriate to offer between two non-Māori. On further reflection with my supervisor, offering an opening prayer or thoughts in English would have been an appropriate alternative. The other concern I had was how to share my pepeha, whether in Māori or English, so for these interviews I shared who I was, but not as in-depth as I would have liked in order to do my part in the whakawhanaungatanga process. On reflection, it is likely this also had something to do with the online environment, and my newness to research.

These reflections exemplify aspects of my own decolonisation process, and further establish the subjective nature of research, including the mind of the researcher. As discussed in supervision, it is essential to remember that learning happens throughout the research process, with each interview building on the last. It is, therefore, useful to have this in mind when leading research.

Each interview was recorded on two devices and transcribed by me with the assistance of online transcription software, Otter.ai, an encrypted service. Although it was transcribed automatically, I listened to each interview multiple times to imbed each kōrero in my mind. Sometimes on the second or third listen, a deeper understanding would surface. The American software also did not understand our accents, resulting in some comedic interpretations of kupu Māori and English words. My favourite was "learning how to eat the beast" (learning how to get the best).

Hannah—Research supervisor reflections

I remember our discussion of the first interview and Kora's feelings of inadequacy when the participant had asked her to lead the karakia or something similar. Kora had recognised the importance of karakia but had not thought past this point initially, that it was important that she have something prepared as the researcher (and it was not something we had discussed in detail in supervision beforehand). It was a great reminder to both of us to acknowledge that even with careful planning, things can still surprise us, and that we can learn, grow and develop from each interview. This also leads to bigger questions in the decolonisation and Te Tiriti o Waitangi partnership conversations, should Pākehā and other non-Māori social workers and researchers prepare and lead karakia if these are offered by the researcher/social worker and/or requested by the interviewee/service user? What might be acceptable from a position of cultural humility? Do all Māori researchers/social workers feel confident with karakia? If not, what might be alternatives when the process is recognised as tikanga. Again, the importance of positionality is apparent, being honest about the importance of safe spaces and wairuatanga, recognising our level of knowledge and position/s, having brave conversations, educating and pushing ourselves when needed.

Data analysis

Narrative approach

The narrative approach aligns with the exploratory aims of this research and allows for more unbiased information to arise (Kim, 2016). Narrative analysis focusses on the stories told by participants to build up a narrative in context, recognising the unerring interconnectedness of all things (Riessman, 2008). As it is in practice, the practitioner must consider the whole person-in-context. Ware et al. (2018) described a Kaupapa Māori method of narrative enquiry, including comparisons to western narrative methods. By using a narrative approach, I hoped to respect and value mātauranga Māori by emphasising pūrākau without appropriating the culture for my own (Ware et al., 2018; Webber, 2008). Data from interviews were analysed by combining the integrated narrative analysis outlined by Stephens and Breheny (2013) and subscribing to the idea of “flirting with data”, a way of interpreting data from the perspective of an “unknower”, allowing for the possibility of the research aims to evolve (Phillips, as cited in Kim, 2016, pp. 187–188).

The integrated narrative approach analyses interviews through personal, interpersonal, positional and public narrative contexts as communicated by the participants (Stephens & Breheny, 2013). These levels can be referred to in Table 1. A personal narrative is a story one tells about their own experience and is at the centre of the research, while an interpersonal narrative is the co-creation taking place between participant, researcher, and readers (Stephens & Breheny, 2013). Keeping this in mind enables the reader to recognise their part in the narrative. Introducing the participants in their own context tells the story through both narrative lenses. A positional narrative is the broader social and moral context, which has influenced personal narratives; this is shown through the participants’ values, exemplified through experiences they describe and their responses to them (Stephens & Breheny, 2013). The positional narratives are combined with personal by using quotes from interviews and using participants’ kupu throughout results and discussion (Stephens & Breheny, 2013). A public narrative includes historical and political contexts and speaks directly to the broader systems and beliefs in society (Stephens & Breheny, 2013). This refers to the shared stories that the participants and I shared about the current political and social climate, and historical influences. The public narrative underpins positional, personal and interpersonal narratives by forming a story based on sometimes unspoken but shared beliefs, such as a shared understanding that colonisation has had a negative impact on tangata whenua. The four narrative levels work together to form the women’s stories, showing how their lives have informed the successes and challenges of the experiences they portray. Focussing analysis on the how and why of what they do brings practice contexts into focus (Riessman, 2008). This approach was especially relevant for this research project because of the deeply personal and political nature of bicultural practice and

Table 1. Overview of Narrative Levels

Narrative level	Description
Personal	Participants' way of seeing the world.
Interpersonal	The telling, re-telling and reading of the participant stories.
Positional	Social and moral context, overlapping significantly with public narratives.
Public	Shared political and historical narratives, influenced by values.

acknowledges that these narratives cannot be separated (Polkinghore, as cited in Kim, 2016, p. 191). Remember, you the reader will have your own take on this research and methodology, therefore building on the existing narrative.

By bringing focus to the interplay of contexts in one practitioner's experience, this analysis approach was found to add in-depth, contextual insights, providing a practical context to the theory. It showed how similar public narratives created a shared view on the importance of bicultural practice, however, differing personal narratives created differing definitions of *bicultural*. This is important to recognise in bicultural research; to bring about change, a common ground must be found, even if it is simply the recognition of differences.

The analysis process

Analysis was done by the student and included discussion with supervisor and peers as it was useful to help organise ideas. As a tactile learner, I printed off transcripts to work with by hand. Initially I colour-coded transcripts by questions which helped to centre myself in the research and locate myself in the participants' story. However, this was largely unsuccessful as this meant they were pre-categorised and did not allow for movement. I cut up the transcripts into segments by categories I had surmised, and as the lines were numbered, I could refer to the original documents to keep things in context. Segments were labelled with their pseudonym and divided into physical piles relating to patterns that emerged. Once each participant's perspectives were engrained, I summarised the personal, interpersonal, positional, and public narratives from each participant's perspective.

Evident at this stage were two things. One was the power I had over their stories, I could have easily taken them out of context and merged them to fit my pre-existing narratives and conclusions. Acknowledging this, I used the participants exact wording as much as possible, giving mana to their words whilst creating a collaborative narrative that spoke to their values. The second was the influence a personal narrative can have on interpreting others' stories and the value of discussing results with a supervisor or other researcher. My understanding of participants' responses was often given a different meaning/interpretation by my supervisor as she utilised her lens on the quotes chosen. An example of this was with one of the participants who had very candid views in the interview and had made substantial changes to her transcript. I found aspects of this challenging for two reasons; my concern that the data needed to emphasise hope and not sit in the deficit space, and my concern that my interpretation and analysis of her perspective needed to be tūturu, genuine for her. This shows the importance of acknowledging differing personal and positional narratives, in addition to historical influences on the researcher, supervisor and participants' perspectives.

Key patterns from each interview were listed on paper so they could be compared visually. This helped with drawing out the similarities and differences. After a few days, writing a draft, and discussing with my supervisor, I rearranged the categories again considering my aims more closely.

It was evident at this stage that the views of the participants needed to be presented more fully so that their representation was accurate. Discussions with my supervisor, Hannah, were so valuable at this point, although she did not read the original transcripts, certain (and simple!) questions such as "did they actually say those words?" helped to ground me.

Hannah—Research supervisor reflections

One of the reasons it is helpful to have Māori supervision, Māori members on your team or a Māori consultation panel in research is that any research involving Māori participants benefits from (and I would argue *requires*) having Māori input at all stages of the research. In this case, the bicultural collaborative approach benefitted Kora's research and added to the integrity of the research. She has a strong position and respect for Māori perspectives, and this took her so far. I was not carrying out the research and this was her role and important for her to do as the recipient of the course grade and passing her degree (though the research meant much more to her of course) but it was to both of our enjoyment that we were able to work together, collaboratively, for her to explore this kaupapa. Not only this, but I think this is also what Kora offered her participants, a space to examine and reflect from their own practice approaches and to project their voices of what works for them and to challenge social work and social workers to do better.

Limitations

As an exploration into diverse experiences, this research only represents the voices of the people interviewed and therefore cannot reflect the general population (Liamputtong, 2010). The decision to include or omit aspects of participants' stories could be problematic; however it allowed me to interpret their narratives to fit the research context (Kim, 2016). While the narrative method brings more context and understanding, it must be acknowledged that in the telling, re-telling and reading of their narratives, the meaning is subjective and will change (Riessman, 2008; Stephens & Breheny, 2013).

Conclusion

Tauira and supervisor reflections in this article show several things that worked well, and some that could be improved upon. Nonetheless, it describes an effective bicultural research model, the supervision relationship and the research methodology and design, that could be used for further research in this area. These reflections included the need to prepare and engage more in the whanaungatanga process and conduct the interviews kanohi ki te kanohi (face to face). This research process contributed to my own (tauira) bicultural journey, and I believe it is a clear example of a decolonisation process. It reinforced for me how different everyone is and understanding one's own positioning is essential for any interaction, but especially in the bicultural space. Throughout the process, the aim of the research should always be focussed on. Encouraging practice examples throughout the interviews was something that positively contributed to the narrative analysis. Further exploration in this space could include a kōrero with the two people who are working collaboratively together and more research regarding if, and how, tauiwi can meaningfully contribute to Māori research. As this research aims to contribute to increasing all practitioner knowledge, it is hoped that engaging in collaborative bicultural practice will encourage a more reflexive practice, personal growth, and spark courage for people to have more difficult conversations with themselves and others. Kia kaha, the time is now.

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Glossary

These definitions are from *Te Aka Online Māori Dictionary* or from within the texts they came from. They are defined as they are understood in context of this research, which for some is simplified and may have a further meaning in different contexts.

Āpiti hono, tātai hono—Let that which has been joined, remain intact

Ako—Learning, teaching

Hapū—Sub-tribe, kinship group

He tūranga—Positioning

Iwi—Tribal group, extended kinship group, often refers to a large group of people descended from a common ancestor and associated with a distinct territory

Kai—Food

Kaimahi—Worker, social worker, carer

Kaitiakitanga—Guardianship, stewardship, trustee

Karakia—To recite ritual chants, pray, recite a prayer, chant

Kaupapa Māori—a philosophical doctrine, incorporating the knowledge, skills, attitudes and values of Māori society

Kia kaha—Be strong

Kōrero—speech, narrative, conversation

Kupu—Word

Mahi—Work

Māoritanga—Māori culture

Manaakitanga—Hospitality, kindness, generosity, support

Mātauranga Māori—Māori knowledge, originating from Māori ancestors

Matekite—"A seer of sickness and death" (NiaNia et al., 2017, p. 167)

Mokopuna—Grandchild / ren

Pākehā—New Zealander of European descent

Pepeha—Introducing yourself, sharing connections to people and places that are important to you

Pūrākau—Story, narrative

Rangatiratanga—The right to exercise authority, autonomy

Tamariki—Children

Tangata whenua—People of the land, referring to indigenous peoples of Aotearoa

Tauiwi—Non-Māori New Zealander

Tauira—Student, researcher

Taukumekume—Struggling, arguing, conflict, disagreement

Te Ao Māori—Māori worldview

Te Pāti Māori—The Māori Party in parliament

Te Reo Māori—The Māori language

Te Tiriti o Waitangi—Te reo Māori version and different from the English version (The Treaty of Waitangi)

Tika—Correct, true, just, fair

Tikanga—Correct procedure or custom

Wairuatanga—Spirituality

Whakamā—Ashamed, shy, embarrassed

Whakapapa—Genealogy

Whānau—Family group, extended family

Whanaungatanga—A relationship through shared experiences and working together which provides people with a sense of belonging

Whakawhanaungatanga—The process of establishing relationships, relating well to others

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ORIGINAL ARTICLE
QUALITATIVE RESEARCH

Āpiti hono, tātai hono: Collaborative bicultural social work practice—A selection of findings

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ABSTRACT

INTRODUCTION: Bicultural practice in Aotearoa, New Zealand is an integral aspect of social work. However, there can be a lack of understanding and engagement in some spaces. Collaborative bicultural practice could encourage a more active engagement by creating a reciprocal Te Tiriti o Waitangi partnership between Māori and non-Māori. This research focussed on how bicultural partnership can create a more dynamic and effective approach to practice that privileges Te Ao Māori to benefit whaiora of any ethnicity.

METHODS: The research design was grounded in social constructionist theory and used a decolonising, Te Tiriti o Waitangi lens. Data were collected from semi-structured interviews with four registered social workers. An integrated, narrative approach to analysis allowed for multiple narrative levels to be considered. For a detailed exploration of the methodological design please see the companion article in this issue "Āpiti hono, tātai hono. A collaborative bicultural social work research approach" (Deverick & Mooney, 2023).

FINDINGS: The findings of this research followed the narrative of diverse personal journeys, and illustrated that wider social, historical and political contexts are inseparable from practice.

CONCLUSIONS: Recommendations show a need for more commitment from the public sphere to bridge the gap between policy and practice; more research is required to establish this approach as a successful partnership model; a clear need for the support of agency and government policy; and social workers need to have more courageous conversations for bicultural partnerships to succeed and flourish.

Keywords: Collaborative bicultural practice; social work; Te Tiriti o Waitangi; narrative

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Bicultural practice in Aotearoa New Zealand is an integral aspect of social work. However, there can be a lack of understanding and engagement in some spaces. Collaborative bicultural practice could encourage a more active engagement by creating a reciprocal Te Tiriti o Waitangi partnership between Māori and non-Māori thereby creating a more dynamic and effective approach to practice that privileges Te Ao Māori to benefit whaiora of any ethnicity. Collaborative practice can be described as a reciprocal relationship where both sides contribute equally. Biculturalism is a partnership which is everybody's responsibility to uphold (Bishop, 1996). This article is based on a research report completed for a Master of Applied Social Work qualification in 2019, gained through Massey University. The aim of the research was to explore social workers' understanding of collaborative bicultural practice as a contribution to the broader kōrero of bicultural social work practice in Aotearoa New Zealand. This article will first focus on the motivations and basis for this research, including both authors' and participants' positioning. Key findings are then integrated into a discussion using the four narrative analysis levels (see Table 1) as used in the data analysis. In the interest of accessibility for international readers, a small glossary of key kupu Māori is included at the end of the article.

Bicultural collaboration

Interest in the notion of bicultural collaboration was first sparked by the 2017 book, *Collaborative and Indigenous Mental Health Therapy: Tātaihono, Stories of Māori Healing and Psychiatry*, by NiaNia, Bush and Epston, where two of the authors describe successful collaborative practice between a matekite and a clinical psychiatrist in a Kaupapa Māori service provider. They describe their approach as tātaihono, which "can be about reparation, reconciliation, collaboration and connection", and "is a kind of spiritual binding that gives unity and strength" (p. 7). For this research, I (as tauira) wanted to actively explore and engage in bicultural practice "beyond mere tokenism" and to explore ways it is practised successfully (Eketone & Walker, 2015, p. 110). The text by NiaNia et al. (2017) provided examples of the active engagement that I was searching for.

Methods

The research had a qualitative research design and used semi-structured interviews; these emphasised practice examples and explored the participants' interpretation of "bicultural practice" and "collaborative practice". Narrative analysis was used to bring focus to the social and personal context of the participants' kōrero—as the bicultural journey is often a personal one, it followed that these influences should be acknowledged (Crawford, 2016; Riessman, 2008; Ware et al., 2018); see Table 1 for an overview of the narrative levels used. Names were changed to ensure confidentiality.

This research was informed by social constructivist theory and took a decolonising approach as described by Coates (2013): prioritising language and stories of an Indigenous culture, understanding the history, knowing your positioning and privilege, engaging in difficult conversation and challenging implicit bias. Combining these two approaches acknowledges that, while there are social change objectives, the views are limited by individual experience.

For a detailed exploration of the methodological design, including the narrative analysis process, please see the companion article, "Āpiti hono, tātai hono. A collaborative bicultural social work research approach" (Deverick & Mooney, 2023).

He tūranga, authors' positioning

Pūkenga—lecturer and supervisor

I identify as both Māori and Pākehā, I whakapapa to a number of iwi on the west coast, from Taranaki down to Whanganui-a-tara. This identity is important to me, personally and professionally, as it is integrated in all that I do, although the journey is not always easy. This combined with our obligations to Te Tiriti o Waitangi—it is essential that Māori research ethics and ideas are explored adequately when supervision students are forming their research ideas and conducting their research. Kora and I came together to form a collaborative bicultural partnership, we openly discussed her ideas and she listened to ideas and guidance that I had to offer. She was very open to feedback and very respectful and humble in her approach.

Table 1. Overview of Narrative Levels

Narrative level	Description
Interpersonal	The telling, re-telling and reading of the participant stories.
Personal	Participants' way of seeing the world.
Public	Shared political and historical narratives, influenced by values.
Positional	Social and moral context, overlapping significantly with public narratives.

Tauira—student

I am Pākehā, born and raised nestled in the Waitakere Ranges, I currently call Whanganui home. My ancestors on both sides are of British descent. My family are passionate about social justice and I was raised to treat everyone fairly, with respect, and to stand up against injustices. I spent most of my 20s exploring abroad and, upon my return to Aotearoa, I felt simultaneously connected yet disconnected with the whenua and the people in it. I spent the first year of my master's study aghast at how little I knew about the real history of Aotearoa New Zealand. Thankfully, the increasing focus on racism in this country has meant that past and present injustices towards tangata whenua have been brought into mainstream consciousness. My journey through bicultural and decolonising practice is influenced not only by my studies and mahi, but also this resurgence. Throughout this study I attempted to practise what I was preaching by exploring a decolonising approach to my life (for example, see Coates, 2013). I would not claim to have taken this approach perfectly, nor that it is the best way; but I will respectfully, and courageously, try.

Participants

Erika is Māori and has been a social worker for 30 years. Erika says she is "a bit ethno-centric because I believe that the Kaupapa Māori models actually work for all whānau" and emphasises that her approach is about mutual respect and "getting the best for whānau". Her agency context and personal approach is to work collaboratively, it is not separate from working biculturally. Her work history is in both statutory and non-government organisations and she gave many examples of collaborative practice: as parallel development between Māori and non-Māori, between Kaupapa Māori agencies and between colleagues.

Lynley was brought up in Aotearoa New Zealand by Pākehā parents; she married a Māori tāne and has Māori mokopuna. This has influenced her personal and professional journey, encouraging her children and herself to learn about their whakapapa and tikanga Māori when her tāne passed away. She took this approach to her working life, immersing herself in Māoritanga throughout her career and emphasising Māori models in her practice. Lynley has been working in the social work field for 30 years, in both bicultural and collaborative settings. Her roles include counselling, private practice, within the justice system, stopping violence programmes and in Kaupapa Māori whānau services.

Alana is of Pacific Island descent and has been practising social work for 10 years. She emphasises that her lived experience and cultural background have helped her with bicultural practice because she is family orientated and aligns more with Māori approaches than non-Māori approaches. She said that learning about bicultural relationships from books was informative but completely different in practice; this is one reason she sought out a Kaupapa Māori service to work in. She has worked in probation and parent support services, which were a mix of community and statutory organisations. She describes her practice approach as natural, holistic and intuitive, following the client's lead and treating everybody as a human being, whether or not they share values.

Rose is of Māori and Pākehā ethnicity and is influenced by both Māori and Pākehā in her extended family. She embraces many ways of knowing: from traditional Māori values and knowledge to contemporary Māori and Pākehā life values and knowledge. In over 19 years as a social worker, Rose has worked in care and protection, domestic violence, probation, Māori health, elderly and special needs in both community and statutory organisations. Rose has also worked many years outside the social work field with tangata whenua in rural Aotearoa New Zealand. Rose has seen the ramifications of disruptions in whānau and connections to whenua, especially for our rangatahi who need to understand their identity and tūrangawaewae. This was the only interview conducted in person. This biography was co-written by Rose to allow for clarity and confidentiality concerns.

Results and discussion

A reminder of the narrative levels used in the narrative analysis and utilised to present the results. *Interpersonal*: The telling, re-telling and reading of the participant stories; *Personal*: Participants' way of seeing the world; *Public*: Shared political and historical narratives, influenced by values; and *Positional*: Social and moral context, overlapping significantly with public narratives.

Interpersonal narrative

The interpersonal narrative is embedded in the interview process, analysis, re-storying and reading of this article. Interview questions and the way they were asked contributed to the co-construction of our kōrero, and therefore the results of this research. The researcher's input during interviews was often prompted by the natural flow of the kōrero and did not always relate to the aims, again showing the co-construction of our story. Differing interpretations are inherent in all interactions—reading, writing, and practice—and are important to keep in mind. These interactions also show the relationship between research approaches and practice approaches. As in practice, this research has engaged with participants in their own context, whanaungatanga, considering rangatiratanga, acknowledging and being open to other worldviews, and self-reflection. These perspectives are important to consider in both research and practice, especially in a profession based in the social world. The heart of this research, however, is the personal narrative.

Personal narrative

The participants' understanding of collaborative bicultural practice was embedded in their personal story, showing the individual nature of bicultural practice (Crawford, 2016). The personal narrative was shown to drive the participants' decisions and perspective, as opposed to being led by societal expectations or agency policy. Participants portrayed a passion for their practice and were informed by the political and historical context of bicultural spaces. This section explores three aspects of the personal narrative: bicultural definitions, collaboration as an active engagement, and the importance of education.

Exploring bicultural definitions

Participants' interpretations stem from their moral positioning, a shared public narrative of the importance of bicultural practice and the aim of rangatiratanga for clients. Their personal narratives have also influenced these interpretations, based on their lived experience and passion for this work.

Nairn et al. (2012) discussed bicultural partnerships in psychology, describing bicultural partnerships as navigating the "space between" two cultures (p. 24). L. Ruwhiu et al. (2016) suggested a similar concept, referring to a "borderland" where Te Tiriti o Waitangi partners and their cultures intersect (p. 79). The understanding of bicultural practice given by participants aligned with the literature, even considering their varied responses. While emphasising the complex relationship that can occur when engaging at the border, two participants referred to biculturalism as a respectful Te Tiriti o Waitangi partnership between Māori and non-Māori, echoing the definition from ANZASW Practice Standards (ANZASW, 2014) and other literature (Crocket et al., 2017; Huygens, 2011; Millar, 2004; Nairn et al., 2012; NiaNia et al., 2017). Alana's understanding of bicultural practice was from a Treaty perspective, she also emphasised that "regardless of whether we agree with…each other's values and beliefs", bicultural practice is "a respectful relationship between two cultures", where one culture is Indigenous and the other is "everyone else." Lynley also referred to the Treaty, indicating that bicultural practice was between the crown and tangata whenua. She referenced Beazley (2019) who indicated that, together, New Zealanders are tangata Tiriti. She explained further that,

> …recognising the different ways that another culture does things, to me is biculturalism…biculturalism is knowing about what our culture is and being able to live within another culture or operate within another culture. (Lynley)

Alana stressed that one must learn to be bicultural before one can learn to be multicultural and added that she "doesn't stop being bicultural", which was echoed by all other participants. In these accounts, the two cultures are not fixed—they could be tangata whenua and Pākehā, or tangata whenua and Pacific—recognising the multiple cultures that exist in Aotearoa and the diversity within them (Crocket et al., 2017; Eketone & Walker, 2015; Nairn et al., 2012; L. Ruwhiu et al., 2016).

In contrast, Eketone and Walker (2015) and L. Ruwhiu et al. (2016) define bicultural practice as specifically when non-Māori work with Māori. This could be consistent with Erika's view; as Māori, she believes the word *bicultural* is not for her.

> …that term is more for others that don't have an understanding of te Tiriti o Waitangi and of Kaupapa Māori models of practice… because for me it's a just a natural way of working because all Māori social workers have had to actually learn to two systems. (Erika)

Erika's approach emphasises a respect and honouring of whānau from a Māori perspective.

> …from my worldview, whenever I'm talking to someone, I'm talking to them as a living breathing face of their tīpuna no matter what their ethnicity is, so I need to be mindful and respectful. (Erika)

Her assertion that the weaving of Kaupapa Māori theory with western theory was a necessary aspect of her practice has been discussed in previous studies, reiterating the observation that some Māori practitioners have been participating at the border for a long time (Hollis-English, 2015, 2016; Moyle, 2014; L. Ruwhiu, 2013; L. Ruwhiu et al., 2016).

Incongruent with the studied literature is the idea that the term *bicultural* is limiting, as one participant suggested. Rose explained that bicultural is limiting to think of as two cultures because there is so much diversity within each person and family group. Her positioning was that everyone is different, and you must consider culture as the client understands it.

> [I]t could also be limiting to just think of biculturalism as say a blanket approach for say Māori because they like everyone else have to be assessed in their individual context of the system and world they live in. (Rose)

These differing interpretations show the complexity of bicultural practice and emphasises the influence of the participants' personal stories and positioning on their practice approaches and beliefs, thus demonstrating the term's intricacy. It would be beneficial to explore further differences, if any, in interpretation in a larger study with more varied ethnicities. This could inform bicultural education for both social workers and the public by showing how biculturalism can be engaged in from different perspectives.

Collaboration as active engagement

The interview question regarding collaboration was "what does collaborative practice (between practitioners) mean to you?". As a result, the answers centred on collaboration as a separate approach to bicultural were often given. This shows an interpersonal narrative taking place between researcher and participant. Collaborative bicultural practice was understood more broadly than anticipated; not only through co-supporting a client as is described in NiaNia et al. (2017), but also in supervision, inter-agency programmes and parallel development within agencies. Studies in these areas show that collaborative bicultural practice exists under different monikers like *partnerships*, *parallel development* and *supervision* (Consedine & Consedine, 2012; L. Ruwhiu et al., 2016).

Prior research has noted the necessity for more reciprocal relationships where, if Māori knowledge systems were emphasised alongside Pākehā knowledge systems, there would be better outcomes for all (Bennett, 2016; Durie, 2003; Hollis-English, 2016; Huygens, 2011; Nairn et al., 2012; Semmons, 2006). Findings from this research reinforce this view and suggest that collaboration could be a successful way to do this. Practice examples from participants illustrated the benefits of sharing knowledge and skills between colleagues, motivated by their personal drive to get the best for whānau. For example, Erika described collaboration between colleagues (sharing skills and utilising speciality knowledge) was an important aspect of her approach.

> …we all had our speciality areas and speciality niches and no matter who we were working with we could always collaborate with our colleagues to make sure they got the best wrap-around service. (Erika)

When co-counselling with a Māori man, Lynley described how they would work to their strengths:

> I might put out a concept for the thing and he would tell a story around it and that was a lot of the way that we worked and he was much better at doing it than I was, I'd be too clinical. (Lynley)

This indicates that the collaborative approach engenders a more active engagement in bicultural practice, where both sides of the border contribute whilst recognising the impact of the dominant culture (Durie, 2003; NiaNia et al., 2017; L. Ruwhiu et al., 2016). This also reveals the importance and influence the agency context has on practice decisions; the participants' endeavours were most beneficial with support from workplaces and policy. In line with ideals of decolonisation, this active engagement acknowledges the uneven power structures that were created by our colonial history and offers a re-storying of bicultural relationships (Coates, 2013).

Education

Education of social workers and the wider public is key for bicultural relationships and contributes to successful collaborations at the border. Participants believed that bicultural practice was an essential aspect of their social work training and is recognised by a number of authors (Consedine & Consedine, 2012; Crawford, 2016; Eketone & Walker, 2015; Huygens, 2011; Margaret, 2013; McNabb, 2019; Walker, 2012). However, participants also indicated that lack of appropriate education has inhibited society's move to a more understanding and productive bicultural space—in social work and in policy. All participants stressed the importance of teaching New Zealand's history and Te Tiriti o Waitangi principles in schools, in social work education and in wider society.

> New Zealand history needs to be in the schools, but it needs to be everywhere. Within our practice how can we fully understand the Treaty if we don't actually know New Zealand history. (Lynley)

> [There needs to be] more of an understanding of the impacts of colonisation, and the guarantees that te Tiriti o Waitangi brought...so that the gaps and barriers [of understanding and support] can be addressed more. (Erika)

It was felt that the change needed to address this should happen at a government level.

> [O]ur Treaty it's not implemented so if we have racism up here [gestures up] at the top then what's being filtered down… it all starts with our leaders, if our leaders aren't bicultural or don't have value in the indigenous people and what's happening for Māori then I dunno what the future of biculturalism is gonna look like. (Alana)

Education should include conscientisation as part of the bicultural journey, which could be confronting for some (Coates, 2013; Crawford, 2016; Margaret, 2013; P. Ruwhiu, 2019). Conscientisation in this context was first introduced to me by Dr Paul'e Ruwhiu, it had a profound impact on me, and is discussed in her PhD thesis (P. Ruwhiu, 2019). Alana stated that it would depend on the person's values, and Lynley stipulated that Pākehā in particular need to be more involved. Lynley suggested that the dominance of mainstream culture has meant that many Pākehā became complacent and have not had to learn about their own or other cultures and ethnicities.

> [I]n indigenous culture and other minority cultures, they have to fit in with the mainstream so they know the difference between how they do it in their own culture and how they do it in mainstream...whereas because we're mainstream, we don't need to. (Lynley)

This knowledge and willingness to confront uneasy realities was apparent in participants—they accepted the public narrative of intergenerational impacts of colonisation, and were seeking to contribute to change, even if it was difficult. Rose stressed that there is a lot of work being done by iwi in communities to work on ongoing issues, and that this should be known and celebrated.

> [There is a] lack of knowledge public knowledge about all the work your iwi organisations do in different communities. (Rose)

It was noted by some authors that, although education and conscientisation should be delivered in the public arena and in social work education, ultimately, movement towards change will come from the individual social worker (Crawford, 2016; Margaret, 2013). This echoes the first stages of the decolonisation process as outlined by Laenui (2006), which must first happen in the mind. It should be acknowledged here that these two authors write from a Pākehā bicultural experience, whereas Māori and others may have different stories to tell.

Te reo Māori was recognised by participants as a positive aspect of education. Erika expressed that the increased interest in learning te reo Māori was encouraging:

> I think it's quite beautiful the amount of New Zealanders who are embracing te reo and going to learn te reo and speaking te reo. (Erika)

Rose echoed this, indicating that compared to the historical oppression of te reo Māori, wider use of the language was a positive and is increasing "public awareness and interest". However, it was felt by Alana that without also teaching the oppressive history of te reo Māori, this surge of interest and events such as Te Wiki o Te Reo Māori were merely tokenism.

Barriers to collaborative bicultural practice were felt by participants in many areas but were mostly felt in statutory organisations and in government policy. Their positioning is shown through their value-based responses, and by working against the colonial narrative. This leads to the divide between policy and practice, which sits within participants' public narrative.

Public narrative

The participants, authors, and the literature studied shared a public narrative, especially regarding the value of bicultural practice and the negative intergenerational impacts of colonisation. There was also the shared understanding that Te Ao Māori perspectives and approaches contribute to rangatiratanga in social services and should be widely acknowledged in mainstream policy (Hollis-English, 2015; Rangihuna et al., 2018; L. Ruwhiu et al., 2016; Walker, 2012). It is difficult to separate the public from the positional narrative, as any public phenomenon will be interpreted and acted upon based on an individual's moral positioning. This section will focus on the issues mentioned that pertain to the public sphere; the policy / practice divide and valuing Te Ao Māori.

Policy/practice divide

The participants' focus on rangatiratanga for clients and whānau sometimes sat in tension with the structure of government systems and policy, creating a policy / practice divide. Alana stipulated that although individual practitioners have a personal responsibility, none of that will matter if the change does not occur from the top:

> …you *gotta educate the front-line workers*… put it in your policies and make sure that staff know what that looks like on the ground otherwise it's just something written on paper. (Alana)

> …policy needs to be linked to the practice. (Rose)

Lynley discussed a lack of acknowledgement of the Pūao te ata tū Report (Ministry Advisory Committee, 1986) in a family court setting:

> …the law said we could do these things but none of it was done. As judges they never asked for cultural reports, and what good was that? (Lynley)

Alana emphasises this:

> [N]othing's changed from when Pūao te Ata tū came out and recommendations were being made… people still experienced institutional racism, *nothing's changed.* (Alana)

On a positive note, it was identified by Erika that the government is supporting collaborative practice in some ways.

> [The government are] doing more funding for collaborative groups, they're once again encouraging the collaboration and the sharing, which is good. (Erika)

This is consistent with earlier studies, showing that the structures social workers operate within sometimes create barriers that impact on practice (Nairn et al., 2012; L. Ruwhiu et al., 2016; Swann & Crocket, 2017). This divide can be linked to tokenism in some social policy and emphasises the need for commitment to biculturalism at an agency policy and social policy level (Eketone & Walker, 2015). Our kōrero showed that the agency had a significant influence on how participants could engage in bicultural practice, and how collaboration could, or could not, occur. If the agency and participant values diverged significantly, this impacted on their ability to provide effective support which, for two participants, resulted in their resignation.

The participants' practice examples showed that they were actively trying to work against the policy / practice divide. While highlighting the need for policy to reflect practice and vice versa, this also shows the commitment of participants to continue regardless. This was not reflected in the literature studied.

The participants' shared understanding of the current political climate is that many social services operate in a mono-cultural, western system. They shared the moral positioning that this western system is problematic and were actively promoting change throughout their respective workplaces. This displays a tension between differing public narratives, the participants' positioning and their personal contexts.

Valuing Te Ao Māori

The value of promoting and privileging Indigenous services and approaches is evident in this study. Participants highlighted their appreciation of Māori worldviews through continued education and in using and promoting Māori models. Erika and Lynley explained they used Māori models for all clients, Erika adding that she naturally operates from a Kaupapa Māori perspective. She also referenced her treatment plan, which included facilitating access to matekite. Both women indicated that a Māori worldview-centred approach can benefit anyone; discussing Te Whare Tapa Whā (Durie, 1998), Lynley says: "[the taha] are all significant, not just for Māori, but for everyone". This is supported by literature and reflects decolonising aims of privileging Indigenous narratives and knowledge (Coates, 2013; Durie, 2003; McNabb, 2019; Munford & Sanders, 2010). Contrary to this was the observation by participants that Māori approaches were not always taken seriously or did not have the same standing as western approaches in some arenas. For example, Rose discussed difficulties when her supervisors were not educated in, or did not acknowledge, Māori models. In reference to engaging with Māori frameworks, she indicated:

> [T]here'd be a lack of sort of understanding as to the progress you were making with people to change, with Pākehā and Tauiwi supervisors. (Rose)

These experiences are supported by previous studies (Bush et al., 2019; Hollis-English, 2015; Kopua et al., 2019; McNabb, 2019; Moyle, 2014; Munford & Sanders, 2010; Semmons, 2006). Further, within Erika's training and practice she has had to "weave" the dominant western worldview with her natural approach so that she could be understood in both Māori and western practice contexts. Erika explained:

> …there's still not proper weighting given to Kaupapa Māori knowledge of practice and what works…although with Whānau Ora coming about more is being recognised and with the decree in mental health, that you've got to look at the *whole* whānau now, you see that's just what we used to do naturally. (Erika)

This could be the result of entrenched societal views resulting from colonisation and ongoing systemic racism; however, further research is needed to understand and mitigate this.

Positional narrative

A positional narrative is the broader social and moral context that has influenced personal narratives. The relationship between public, positional and personal narratives is evident in this section. Participants' share a sense of responsibility to re-story the colonial narrative within their roles in the workplace and their communities. The personal narrative is intrinsic; the experiences are portrayed through their lenses and are influenced by their backgrounds. The relationship between narrative levels shows how personal stories greatly influence moral interpretations of public narratives. Participants, therefore, had different roles in this space and were primarily related to their ethnic identity, but also to their moral standpoints.

Know your positioning

Māori and non-Māori have differing roles in bicultural practice (Consedine & Consedine, 2012; Crawford, 2016; Hollis-English, 2016; Huygens, 2011; Moyle, 2014; NiaNia et al., 2017; Waldegrave, 2012). Results mirrored this, highlighting the need for practitioners to understand their own positioning. Although many studies referred to Māori and Pākehā as the two sides of a Tiriti o Waitangi relationship, in this study there was more diversity. Regardless of their ethnic identity, participants saw their role as working against colonial narratives—the relevance of this is stressed in two decolonising aims of social work: reflexive practice and questioning dominant views (Coates, 2013; Huygens, 2011; McNabb, 2019; L. Ruwhiu et al., 2016). This section explores responses from participants' differing positional standpoints.

"Pākehā paralysis"

Tolich (2002) describes "Pākehā paralysis" as the reluctance of Pākehā researchers to engage with Māori as part of any research (p. 164). This is expanded upon by Eketone and Walker (2015) in the social work field, who indicate that this Pākehā *fear* has led to a reluctance to engage with whānau Māori, and therefore they may have incompetent practice. This was not demonstrated as a personal challenge or identified as a practice issue for the participants in this study. On the contrary, the active interest in bicultural practice portrayed by Pākehā participants, or interactions with Pākehā colleagues, could be considered the opposite of paralysis. Participants showed courage in their interactions and a willingness to try, and accept when they were wrong. However, challenges were experienced with Pākehā supervisors. This would be an important area of further study as it was not discussed on a policy or agency level in the considered literature.

"Resisting dominance"

Resisting dominance is described as a small but effective way of opposing mainstream systems and worldviews through individual actions of a practitioner, for example advocating for culturally appropriate treatment options (Swann & Crocket, 2017). Swann and Crocket (2017) described how some Māori kaimahi have woven the two knowledge systems together whilst retaining rangatiratanga in their practice; this is echoed by Erika in this study. Swann and Crocket (2017) describe the dual concept of "resisting dominance" of western approaches while still "continuing to engage" in processes (p. 177). This is shown in their example of a required statutory assessment; creating space for the meeting to occur (continuing to engage) but doing so on their own terms, a hui in the client's home (resisting dominance). This was shown through the practice examples of participants in this study; for example, advocating for more appropriate diagnoses and weaving two knowledge systems together so that practice was seen as *valid* by outsiders. Two possible ways of resisting dominance became clear through the results; recognising diversity, and parallel development.

Recognising diversity

L. Ruwhiu et al. (2016) proposed that the singular focus of current social policy is a failure to adequately recognise diversity in Aotearoa New Zealand. This research found that recognising the diversity in client's cultural worldviews was a vital aspect of bicultural practice and results in better outcomes when considered. Erika acknowledged this implicitly by ensuring Māori have a choice in which service they prefer to engage with, "Kaupapa Māori or general". Rose's understanding of bicultural practice is based on diversity of social work clients:

> [B]icultural practice is acknowledging and working to understand Pākehā, Māori and Tauiwi where they fit in the wider spectrum of the New Zealand community as a whole. (Rose)

Celebrating diversity is linked to practitioner self-awareness and positioning as well as being able to work with difference. Alana described being mindful of diversity as a personal challenge, especially when the client's views do not reflect her own. To counter this, she reminds herself "that we're all at different levels in our own cultural identity". Recognising diversity was seen by participants as especially significant because of the homogenisation of Māori culture. Māori are often referred to as a whole group with one perspective or agenda; but this fails to recognise varied worldviews, whakapapa, iwi and hapū, dialects, whenua and so on. This is also acknowledged in the literature (Consedine & Consedine, 2012; Munford & Sanders, 2010; L. Ruwhiu et al., 2016; Waldegrave, 2012).

Although some agencies were shown by participants to actively acknowledge diversity, it was not indicated that this was reflected at a government policy level. While these findings are consistent with the aims of decolonisation and in previous literature on this topic (Coates, 2013; McKenzie & Matahaere-Atariki, 2008; Munford & Sanders, 2010), further research into the approach of government organisations and policy makers would be beneficial. In addition, the examples show how participants' practice is focussed on rangatiratanga and enhanced by working with diversity.

Parallel development

Parallel development is a way of resisting mainstream approaches to social work practice. It is an acknowledgement that Māori clients and whānau may prefer Māori-led services.

> [Parallel development] set up specifically to be a collaborative sharing thing with total acknowledgement of Te Tiriti o Waitangi as the founding document and so parallel development of, by Māori, for Māori. (Erika)

It was evident that Erika was passionate about this process by the way she described and emphasised the successes. This is a combination of her positional and personal narratives, showing her commitment to this process and the significance that values in practice. She explained:

> …there's a real respect an absolute respect and honouring of the process of that parallel development. (Erika)

Notably, Erika's understanding of collaborative practice and bicultural practice are "one and the same", reflected in descriptions of her working environment.

Very little was found in the literature on the use and efficacy of parallel development in bicultural practice, however, Consedine and Consedine (2012) described it as an approach to Te Tiriti o Waitangi education workshops. Consedine and Consedine (2012) advocated that this separation is necessary, and successful, due to the differing cultural and historical experiences of each group. Their experience showed that it was more beneficial to confront bicultural issues alongside others who have had similar experiences. This could be related to social work practice in the same way. Through participants' examples, this model was shown to be successful as it recognises differing cultural perspectives and allows for culturally safe spaces where whānau Māori have rangatiratanga over their own decisions.

These results further support the idea that celebrating diversity and a parallel, equitable space for Māori is beneficial for all (Consedine & Consedine, 2012; Durie, 2003; Nairn et al., 2012; NiaNia et al., 2017; Rangihuna et al., 2018; Semmons, 2006).

Rata (2005) contended that separating groups based on ethnicity ignores "the universality of the human race", emphasising that dividing cultural groups to make decisions is in opposition to the political rights of the individual (p. 272). This position ignores the unequal power relations that form society, undermining the impact colonisation has had, and overlooks the diversity of experiences felt both within and between cultural groups. For Erika, it was key that Māori clients were given the opportunity to talk to a Māori worker, showing how the parallel systems works against these power imbalances.

> [I]f they wish to go into the general [agency] that's ka pai, but it's about having a Māori worker have that conversation rather than a non-Māori worker with a Māori client because what happens often is Māori workers are able to pick up on nuances. (Erika)

Conclusion

This article has discussed differing experiences and approaches to bicultural collaboration in relation to four narrative levels; interpersonal, personal, public and positional. Participants placed emphasis on positioning and personal values, the significance of education, and the value of Māori worldviews and approaches. Although practitioners contribute significantly to bicultural practice, results suggest a need for more commitment from the public sphere, with an active contribution from agencies and government to bridge the gap between policy and practice. It is concluded that, while collaborative bicultural practice is an existing approach in social work, more research is needed to establish it as a successful partnership model. Finally, it is suggested that, to ensure effective engagement in bicultural practice, social workers need to have more courageous conversations for bicultural partnerships to succeed and flourish. As a profession, social work is already contributing significantly to bicultural practice, shown through this report and through the polices of our governing bodies. In accordance with social work values, individuals and agencies are encouraged to advocate for social change and rangatiratanga, and also to work within discomfort and awhi others to do the same. Collaboration, tātaihono, means undertaking this mahi together; only this will keep the fire burning bright well into the future.

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Glossary

These definitions are from *Te Aka Online Māori Dictionary* or from within the texts they came from. They are defined as they are understood in context of this research, which for some is simplified and may have a further meaning in different contexts.

Āpiti hono, tātai hono—Let that which has been joined, remain intact

Hapū—Sub-tribe, kinship group

He tūranga—Positioning

Hui—Meeting

Iwi—Tribal group, extended kinship group, often refers to a large group of people descended from a common ancestor and associated with a distinct territory.

Ka pai—Good

Kaimahi—Worker, social worker, carer

Karakia—To recite ritual chants, pray, recite a prayer, chant

Kaupapa—Māori a philosophical doctrine, incorporating the knowledge, skills, attitudes and values of Māori society.

Kupu—Word

Mahi—Work

Māoritanga—Māori culture

Matekite—"A seer of sickness and death" (NiaNia et al., 2017, p. 167)

Pākehā—New Zealander of European descent

Rangatahi—Younger generation, youth

Rangatiratanga—The right to exercise authority, autonomy

Tāne—Man, husband

Tangata whenua—People of the land, referring to Indigenous peoples of Aotearoa

Taonga—Treasure, sacred, something prized

Tapu—To be sacred, restricted, forbidden. Goes hand-in-hand with *mana*, with one affecting the other

Tātaihono—Collaboration, joining together

Tauiwi—Non-Māori New Zealander

Te Ao Māori—Māori worldview

Te Reo Māori—The Māori language

Te Tiriti o Waitangi—Te reo Māori version and different from the English version (The Treaty of Waitangi)

Te Whare Tapa Whā— "The house of four walls"; a Māori health model developed by Sir Mason Durie. Each wall is referred to as a *taha*.

Te Wiki o Te Reo Māori—Māori language week

Tikanga—Correct procedure or custom

Tipuna—Ancestors, grandparents, elders

Tūrangawaewae—Home, a place where one has the right to stand

Whaiora—Seeker of wellbeing, client, patient

Whakapapa—Genealogy

Whānau—Family group, extended family

Whānau Ora—A national health initiative driven by Māori values

Whanaungatanga—A relationship through shared experiences and working together which provides people with a sense of belonging

Whenua—Land

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ORIGINAL ARTICLE
THEORETICAL RESEARCH

Utilising literature and systems theory to explore the intersections between policy, practice and equity of access to palliative care for older adults in Aotearoa New Zealand

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ABSTRACT

INTRODUCTION: Older adults are the 'disadvantaged dying' within palliative care (Gott et al., 2011). International and national research indicates older adults experience inequity of access to inpatient and outpatient palliative care.

APPROACH: Undertaking post-graduate study allowed exploration of older adults' experiences of inequity observed in practice, particularly how access to resources could change a person's end-of-life choices or impact the capacity for a family to care for loved ones at home. This article examines the intersections between policy and palliative care practice, ageism and inequity experienced by older adults, including Māori and LGBTQ+ perspectives, and older adults' caregivers, family and whānau.

CONCLUSIONS: A social work lens has enabled exploration of the impacts of inequity and ageism within academic literature, strategic documents, and legislative frameworks to advocate for older adults within palliative care services. Research advocates for age-attuned policy development and specialist education for palliative practitioners as the way to effectively disrupt age-related inequity and improve outcomes for older adults within palliative care services.

Keywords: Older adults; equity; palliative care; systems theory; social work

Demographic implications and inequity

Approximately 1.2 million people in Aotearoa New Zealand will be aged 65 years and older by 2034, constituting over a fifth of the total population, almost 180,000 people aged 85 years and older will be amongst those experiencing longer and healthier lives (Jackson & Healthwatch, 2019). Alongside celebrating longevity, it is important to consider the implications this poses for age-attuned policy and research development; this includes rethinking existing perceptions of ageing, how society views older adults and how these perceptions effect older adults' end-of-life care (Frey et al., 2020; Gott et al., 2017; Jackson & Healthwatch, 2019; Murray et al., 2017).

Older adults would benefit from specialist palliative care across their illness trajectory, yet older adults' psychosocial, physical, and psychological/emotional needs are marginalised within national and international palliative care strategies,

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academic literature, and research (Frey et al., 2020; Murray et al., 2017). Within the research, inequity within palliative care is related to ageism, including a lack of integration between palliative care and gerontology, and incorporating theoretical frameworks that explore older adults' perspectives, needs and aspirations (Gott et al, 2011; Nicholson & Richardson, 2018).

Social work perspectives

As a palliative care social worker within a hospice multidisciplinary team (MDT), the first author primarily works alongside patients who are older adults, their family, whānau, and caregivers. Undertaking post-graduate study allowed exploration of older adults' experiences of inequity observed in practice, particularly how access to resources could change a person's end-of-life choices or impact the capacity for a family to care for loved ones at home.

From early professional beginnings until the present day, social work theories are recognised for responding to well-being and health disparities within society by exploring the connections between inequality and oppressive social structures (Beddoe, 2011). Social work practice is committed to responding to inequity and empowering positive change for marginalised populations through person-centred, inclusive, multidisciplinary, interdisciplinary, and collaborative practice approaches (International Federation of Social Workers [IFSW], 2021). Social work contributions are pivotal to achieving age-attuned care and equitable palliative care outcomes for older adults.

Social work practice, values and skills, ideologies, and knowledge bases, including holistic assessments, care coordination, continuity of care and patient-led therapeutic relationships, are conversant with age-attuned policy development (Connolly & Harms, 2015; Egan & Maidment, 2016; Golden, 2019; Nicholson & Richardson, 2018). Palliative care social work responds to social and psychosocial needs, and provides specialist knowledge of trauma-informed care, and grief and loss experienced across the lifespan (Connolly & Harms, 2015; Egan & Maidment, 2016; Golden, 2019; Payne, 2004). Current research acknowledges social work's commitment to anti-oppressive practice and identifies social work practitioners as being ideally situated to effectively advocate for equitable palliative care outcomes for older adults (Aotearoa New Zealand Association of Social Workers [ANZASW], 2019; Golden, 2019; IFSW, 2021; Wang & Wang, 2020). However, disrupting inequitable access to palliative care for older adults can be a contentious space as social work contributions are often marginalised when a medical model is adopted by MDT.

The "Hidden in Plain Sight" report (Hogan, 2021), acknowledges the privileging of medical practitioners within Aotearoa New Zealand healthcare and advocates for reducing medical model dominance through direct access to allied health professionals, including social workers. Empowering the role of social work within palliative care practice and policy development can improve outcomes for older adults by reducing inequities between allied health and medical model practitioners. Social work representation within hospice MDT can reduce reductionist pathology and medical-model dominance (Agnew et al., 2011; Golden, 2019; Hogan, 2021; Payne, 2014; Wang & Wang, 2020).

Systems theory practice frameworks

Social work operates across all social sectors to understand and respond to inequity. Practitioners will often critically engage with policy and practice utilising systems theory frameworks (Connolly & Harms, 2015; Egan & Maidment, 2016; Payne, 2014). Systems theories consider how inequity issues, and the ability for a person, family, whānau or community to cope and adapt during adversity, is impacted by societal systems that either detrimentally affect, or positively empower, autonomy and choice (Connolly & Harms, 2015; Payne, 2014). There are limitations with the broadness of systems theory analysis, including revealing multiple interventions, such as policy development at national levels or at interpersonal levels within practice, that can problematise identifying the most appropriate or effective option (Connolly & Harms, 2015; Payne, 2014).

Systems theories view adversity experienced by individuals, family, whānau and communities as social issues (Cheyne et al., 2011; Payne, 2014). Understanding oppression as a social issue underpins strengths-based, anti-oppressive social work values and skills (Egan & Maidment, 2016; Payne, 2014). Oppression can be experienced at multiple levels, including cultural, structural, and interpersonal oppression. Within palliative care, oppression can manifest as deficit pathology, viewing patients as *sites of disease*, and reductionist approaches that minimise responding to emotional and spiritual distress (Giles, 2016; Payne, 2014; Thompson, 2016).

Systems theories interconnects social systems, and resource constraints to older adults' inequity of access to palliative care by illuminating the effects of loss of agency and self-determination to a person's ability to achieve a *good death* (Nicholson & Richardson, 2018; Payne, 2014; Rosa et al., 2022). Systems perspectives consider these interconnections within a chronological time and a place. Currently, Aotearoa New Zealand's political system is predominantly *third way*. Third-way policies promote the outsourcing of social services to community organisations to minimise government interventions and expenditure, often without adequate funding and resources to achieve optimum care (Cheyne et al., 2011; Connolly & Harms, 2015; Payne, 2014). Home-based care is an example of outsourcing and service shortfalls creating inequity as family and whānau often bridge the gaps within service delivery by providing unpaid care (Cheyne et al., 2011; Dunbrack, 2005; Wong et al., 2022).

Inequity of access to palliative care for older adults is exacerbated by Covid-19-related resource deficits including service provider staff attrition, and restricted access to hospices and hospitals (Payne, 2014; Powell & Silveira, 2021). Inequity occurred prior to Covid-19, with observations from practice identifying inadequate staffing for home-based agency supports restricting older adults' ability to choose to die at home. Hospice, and aged residential care (ARC) vacancy deficits have further restricted patients' ability to receive specialist end-of-life care outside of a hospital setting (Payne, 2014; Powell & Silveira, 2021). Covid-19 exposed existing resourcing and policy deficits and has highlighted a need for robust, age-attuned policy development (Gott et al., 2017; Nicholson & Richardson, 2018; Payne, 2014; Rosa et al., 2022).

Age-attuned care

Nicholson and Richardson (2018) maintained that *age-attuned* policy frameworks empower accessible, appropriate care for older adults by reducing age-related inequities. Age-attuned hospice policy development empowers older adults' equity through the provision of integrated, strengths-based care (Durie, 2011; Nicholson & Richardson, 2018; Payne, 2014; Rosa et al., 2022). Age-attuned practice is relational and achieves wrap-around holistic care by considering the relationships between a patient, their caregivers and whānau. This is achieved by harnessing whānau strengths when identifying care goals that reflect older adult patients' unique needs and aspirations (Nicholson & Richardson, 2018). Age-attuned care acknowledges older adults as the experts in their own lives; this can effectively reduce practitioner dominance within palliative care services (Egan & Maidment, 2016; Nicholson & Richardson, 2018; Payne, 2014).

Age-attuned care involves comprehensive, sensitive assessment processes responsive to existential distress, spirituality, and cultural needs, that recognise grief and loss at end-of-life associated with loss of personhood and age-related mortality (Durie, 2011; Nicholson & Richardson, 2018; Rosa et al., 2022). Age-attuned practice provides continuity of care within holistic whānau-inclusive interventions, compassionate community approaches involving interdisciplinary and community-based collaborations, and multidisciplinary clinical interactions within hospice (Nicholson & Richardson, 2018). Holistic, whānau-inclusive care empowers patient and whānau involvement within decision-making process, such as the prioritisation of family meetings.

Ageist discourse

Negative societal attitudes and ageist discourse, including a low value placed on growing older and ageing, negatively impacts palliative care amongst service providers and older adults (Gott et al., 2011). To reduce age-related inequity, gerontologists and palliative care researchers recommend better access to specialist palliative care, including geriatric nursing, primary care, and medicine (Gott et al., 2011; Rodríguez-Prat et al., 2017; Rosa et al., 2022). Ageism and care-provision discrimination observed within practice includes the expectation that older adults will access ARC if prolonged inpatient care is required. Accessing ARC can have long-term detrimental economic, social, and psychological impacts for older adults struggling with the implications of a recent or long-term adverse diagnosis. Furthermore, ARC admission expectations are less likely to occur for younger palliative patients.

Publications containing ageist discourse perpetuate negative self-perception and discrimination experienced by older adults, particularly when they focus on increased fragility and comorbidities that problematise longevity and the process of growing older (Gott et al, 2017; Miller et al., 2017; Morgan et al., 2021). Literature celebrating older adults' agency and ability to respond to threats to their well-being are often marginalised within media coverage (Morgan et al., 2021). Evidence of ageist discourse related to international epidemiological data that highlights older adults' susceptibility to the virus can be found within Covid-19 pandemic literature and media items (Ministry of Health [MoH], 2020; Morgan et al., 2021). This includes coverage that prioritises economic impacts over protecting the safety and health of older adults that perpetuate the ideology older adults are less worthy of social investment (Flett., 2020; Gott et al., 2017; Morgan et al., 2019; Morgan et al., 2021). Systems theories connect devaluing a population group and marginalisation within public policy to discrimination experienced by older adults during the Covid-19 pandemic (Morgan et al., 2021; Payne, 2014).

Morgan et al.'s (2021) study of Aotearoa New Zealand media during March 2020 identifies significant age-related discrimination. Ageist discourse within the media articles *others* older adults by referring to them to as a homogeneous group of nameless, passive, at-risk members of society (Flett, 2020; Morgan et al., 2019; Morgan et al., 2021; Wiles & Jayasinha, 2013). Media coverage stigmatising older adults as inherently vulnerable and passive, as opposed to situationally at risk, disregards diversity within the older population, particularly social contexts, and intersectional implications, including ethnicity (Pihama & Lipsham., 2020; Morgan et al., 2021). Documentation and media items describing older adults as frail and passive, including publications that connect care goals to cost incurred with an emphasis on cost-saving strategies, devalues their contribution to society (Cheyne et al., 2011; Gott et al., 2017; Morgan et al., 2021).

National and international strategic planning

Palliative care strategy plans are required to acknowledge and meet the needs of older adults as the numbers of deaths within the oldest age groups are rapidly rising in most developed countries (Castelli Dransart et al., 2021; Gott & Ingleton, 2011). A lack of understanding of older adults' end-of-life preferences globally, including Indigenous older adults and Māori, marginalises their voices within palliative care strategy plans nationally and internationally.

The MoH Review of Adult Palliative Care Services in New Zealand (2017) acknowledged the specific palliative needs and aspirations of older adults and recommended clear funding and service access pathways to empower equitable outcomes. This review reflects palliative care policies across developing countries that prioritise providing opportunities to experience a good death whilst minimising the perspectives of older adults (Castelli Dransart et al., 2021; Gott et al., 2017). This has relevance for those of advanced age, defined with gerontology literature as people aged 85 years and older, who are understood to experience the highest levels of marginalisation amongst older adults within palliative care (Gott et al., 2017; Smith et al., 2002).

Current strategy documents discussing the palliative care needs and aspirations of older adults do not reflect the voices and perspectives of this community (Castelli Dransart et al., 2021). The Aotearoa New Zealand MoH (2001) Palliative Care strategy acknowledges that most people requiring palliative care are older adults and maintains everyone should have equitable access to support services conversant with individual end-of-life preferences. However, there are no clear funding or resource allocation guidelines to support these goals, while detailed guidelines for older adults are deferred, awaiting higher-level policy decisions. Systems theory perspectives connects older adults' capacity to access quality palliative care to a lack of robust policy, funding and resource allocation—this includes inadequately funded in-home support that reduces an older adult's ability to stay at home (Payne, 2014). Furthermore, the Palliative Care Strategy (MoH, 2001) strategy is over 20 years old, indicating a review is required to meet current palliative care needs.

Negative self-perception impacts older adults' sense of self-worth within family, whānau relationships, including experiencing whanaungatanga (reciprocity) and receiving care from family members. This is reflected within Te Puawaitangi O Nga Tapuwae Kia Ora Tonu, Life and Living in Advanced Age (LiLACs NZ) study results that show Māori and non-Māori participants identify "not being a burden to my family" as their main end-of-life priority (Gott et al., 2017). Experiencing a home death is not within the top three end-of-life preferences chosen by study participants (Gott et al., 2017). This is oppositional to the Palliative Care Strategy (MoH, 2001) that outlines a commitment to supporting home death, and states 50– 70% of people prefer home-based care. The Gott et al. (2017) study results challenge national and international palliative care policy development that maintains home death is essential to a good death.

Perceptions of being a burden receive limited attention within research, policy development or strategic planning (Castelli Dransart et al., 2021; Gott et al., 2017). Age-attuned policy development challenges perceptions of being a burden by recognising the significant contributions older adults have made throughout their lifetime to society, and within whānau relationships (Gott et al., 2017; Nicholson & Richardson, 2018). Challenging perceptions of being a burden is a significant social issue as assisted dying research indicates this perception can be an underlying factor for requesting euthanasia (Castelli Dransart et al., 2021; Coyle & Sculco, 2004; Kelly et al., 2002; Rodríguez-Prat et al., 2017).

Covid-19 pandemic implications

Older adults in ARC endured palliative care inequity prior to the Covid-19 pandemic; this inequity continues to be a serious healthcare concern nationally and internationally (Gilissen et al., 2020; Pivodic et al., 2018). Palliative approaches such as holistic assessments, referrals to palliative care specialists, symptom management and familial support are minimised within international, ARC strategy documentation (Ferrell et al., 2018; Gilissen et al., 2020). Whilst Covid-19 mortality disproportionately affects older adults in ARC globally, international responses to the pandemic focus on infection control and prevention with limited acknowledgment of older adults' palliative care (Ferrell et al., 2018; Gilissen et al., 2020; Pivodic et al., 2018). This includes the World Health Organisation (2020) "Preventing and managing COVID-19 across long-term care services" policy brief which gives limited attention to prioritising older adults' palliative care.

International ARC strategies inadequately address non-physical symptoms, including older adults' social, psychosocial, and spiritual needs, with dementia barely acknowledged. This is a notable omission, as many ARC facilities care for older adults experiencing dementia (Honinx et al., 2019; Wang et al., 2020). "Advanced Care Planning" and recording the end-of-life preferences of older adults is incorporated within international COVID-19 strategies. However, there is an emphasis on recording "do not resuscitate" information, with limited attention to empowering education and communication skills to achieve holistic, comprehensive advanced care planning for older adults (Gilissen et al., 2020; Rietjens, et al., 2017). Systems theory perspectives connect marginalisation within international Covid-19 guidance strategies to older adults' experiences of inequitable palliative care outcomes within ARC globally.

Māori perspectives

Māori older adults experience equity deficits within culturally inappropriate, one-size-fits-all palliative care service delivery. Culturally inappropriate services exacerbate inequality by limiting access to resources specific to the unique and diverse needs of whānau (family), hapu (clan), and iwi (tribe) (Durie, 2011; Payne, 2014; Roberts, 2016). Durie (2011) maintained inequity is foregrounded by Eurocentric domination culminating in Māori alienation and disempowerment (Durie, 2011; Egan & Maidment, 2016; Roberts, 2016). Māori older adults' inequity experiences are connected to the negative impacts of colonisation affecting Indigenous populations worldwide; this includes higher mortality rates and well-being deficits that are attributed to societal marginalisation, land loss, and cultural disenfranchisement (Zambas & Wright, 2016). Empowering access to culturally appropriate palliative care for older Māori adults involves reconnecting Māori to cultural heritage—that is their birthright. This can be achieved through policy development that empowers tino rangatiratanga (self-determination), and addresses grief, loss and trauma experienced across the lifespan (Pihama et al., 2017; Pihama et al., 2020; Roberts, 2016).

Te Tiriti o Waitangi (1840), negotiated between the British Crown and Indigenous Māori, is foundational to Aotearoa New Zealand public policy (Durie, 2011; Egan & Maidment, 2016; Kidd et al., 2021; Roberts, 2016). To uphold Te Tiriti o Waitangi, the Aotearoa New Zealand government health policy needs to protect and promote the well-being of all Māori (Kidd et al., 2021). The right to express tino rangatiratanga is considered pivotal to empowering Māori rights within Aotearoa New Zealand primary health, and palliative care services (Durie, 2011; Egan & Maidment, 2016; Kidd et al., 2021; Roberts, 2016). Equality for Māori within Te Tiriti is empowered within three articles encompassing concepts of sovereignty, land, and rights. Sovereignty is particularly relevant, and systems theory perspectives recognise ongoing well-being inequities are perpetuated within government systems that do not empower Māori sovereignty over all things Māori. Boulton et al. (2020) maintained equality and meaningful biculturalism between Aotearoa New Zealand Treaty partners will only be realised when authentic power-sharing is achieved at a structural level.

Aotearoa New Zealand social work practitioners are committed to empowering biculturalism and ensuring palliative care practice approaches respond to Mātauranga Māori knowledge systems, perspectives, and worldviews (ANZASW, 2019). Aotearoa New Zealand palliative care practitioners are encouraged to engage with Mauri Mate, a Māori Palliative Care Framework for Hospices (Totara Hospice et al., 2020). Mauri Mate provides compassionate, culturally appropriate guidelines to improve end-of-life care outcomes for patients, family and whānau, including culturally responsive grief and loss support.

Te Māoritanga perspectives empower holistic, harmonious well-being practices that acknowledge the importance of considering person and family, and whānau well-being within palliative care. For example, Aotearoa New Zealand palliative care assessments often utilise Te Whare Tapa Wha holistic well-being ideologies of achieving *balance* within a *whare* conceptualised as interlinked dimensions representing physical, spiritual, mental/emotional, and family, whānau/family well-being or, "four walls of a house" connected to a place of belonging, or whenua/land (Durie, 2011; Roberts, 2016). Pākehā are encouraged to seek Kaiāwhina cultural support and guidance when engaging with Indigenous concepts and Māori patients (Durie, 2011; Roberts, 2016; Totara Hospice et al., 2020). Empowering Māori equity of access to palliative care includes access to rongoā Māori, or traditional healing systems (Durie, 2011).

Access to Māori specific trauma-informed palliative care for older adults is an important equity issue. According to Pihama et al. (2020), trauma-informed care within Aotearoa New Zealand lacks culturally appropriate responses. Māori behavioural health experts and researchers concur, stating Māori experience collective trauma, including loss and grief connected to disadvantage and marginalisation, as well as intergenerational and historical trauma requires Māori-specific, trauma-informed care (Durie, 2011; Pihama et al., 2017; Pihama et al., 2020; Roberts, 2016). Pihama et al. (2020) encouraged practitioners to engage with "by Māori, for Māori" knowledge and resources responding to Māori-specific trauma, including education for palliative and healthcare professionals, access to culturally appropriate psychosocial supports responsive to Māori specific needs and aspirations, and encouraging earlier referrals to specialist supports, to enhance equitable outcomes for older Māori adults.

LGBTQ+ experiences

LGBTQ+ older adults, including, but not exclusive to, lesbian, gay, bisexual, transgender, queer, and intersex older adults, are understood to experience increased concern for their safety and well-being, including discrimination and social isolation, within end-of-life care (Cartwright et al., 2012; Kortes-Miller et al., 2018). Inequitable access to palliative care for LGBTQ+ older adults is connected to marginalisation within research, legislation, and policy development (Fenaughty & Pega, 2016; Kemery, 2021; Kortes-Miller et al., 2018). Systems theories recognise marginalisation within legislative processes leads to older LGBTQ+ adults experiencing inequity of access to palliative care (Fenaughty & Pega, 2016; Payne, 2014).

Legislation has played a pivotal role in determining how personhood and human rights of non-heteronormative population groups are understood. Within Aotearoa New Zealand, same-sex intercourse between men was criminalised following the adoption of British law, formalised by the signing of Te Tiriti o Waitangi (1840). The Homosexual Law Reform Act (1986) decriminalised homosexuality, however; this legislation cannot achieve equality if other social structures and policies do not empower anti-discriminatory practice (Fenaughty & Pega, 2016). Anti-discrimination statutory measures within Aotearoa New Zealand empowering LGBTQ+ human rights, includes the Human Rights Act (1993). Within the Human Rights Act (1993) discrimination towards "self-identities" including age, ability, colour, religious beliefs, and race is prohibited. However, the Human Rights Act (1993) does not explicitly identify or provide protection for LGBTQ+ sexual and gender diversity. Fenaughty and Pega (2016) stated policy development deficits foregrounding gender and sexual diversity inequity, and a lack of research exploring their specific social and well-being needs can be attributed to the Human Rights Act (1993) not specifically identifying this population. Neglecting to specifically identify LGBTQ+ inclusion detrimentally impacts their equitable access to quality palliative care.

To reduce inequity of access to palliative care, service providers are encouraged to provide clear indications that their services welcome LGBTQ+ patients, family and whānau; this includes ensuring websites and admission information explicitly states gender expression, sexual orientation, and gender identity inclusivity are embraced (Bristowe et al., 2018; Maingi et al., 2018). Palliative care inequity of access is perpetuated when there is minimal information, research and literature examining palliative care experiences of LGBTQ+ older adults, including comparisons between LGBTQ+ older adults and the experiences of non-LGBTQ+ service users (Stinchcombe et al., 2017). Research related to older LGBTQ+ adults palliative care equity issues often focuses on individuals' fears surrounding future care needs, while disregarding the perceptions and experiences of the care received (Haviland et al., 2021).

Research examining LGBTQ+ health care issues and concerns recommends palliative care providers demonstrates a commitment to ensuring palliative care practitioners and clinicians have the knowledge and skills to meet the needs of LGBTQ+ older adults (Kemery, 2021). Practitioners providing direct care, including social workers, nurses, and physicians, are encouraged to undertake additional education related to LGBTQ+ specific trauma, including the effects of discrimination across the lifespan on a person's health and well-being (Maingi et al., 2018).

Trauma experienced across the lifespan is particularly relevant within ARC contexts. Research shows gender and diverse sexuality minorities expect to access ARC as they age and receive end-of-life care within these settings (Furlotte et al., 2016). Amongst LGBTQ+ older adults entering ARC facilities there is an expectation that they will encounter stigmatisation and discrimination within unsafe social and physical environments, and experience loss of independence and loss of identity (Furlotte et al., 2016; Kortes-Miller et al., 2018). Older adults commonly express fear and loss of quality of life as a concern when accessing ARC. However, older LGBTQ+ adults' inequitable experiences are often compounded by the "loss of identify statuses," as diverse identities may not be recognised within ARC, this includes access to specialist care support unique to maintaining diverse identity statuses (Furlotte et al., 2016; Kortes-Miller et al., 2018).

Caregivers, family and whānau

Inequity of access to palliative care detrimentally affects the caregivers of older adults. Internationally, palliative care services continue to be underutilised by older adults, family and whānau caregivers despite an increased need for palliative care for older adults (Ahmed et al., 2004). This is significant as family caregivers are estimated to provide 75–90% of home-based end-of-life care (Dunbrack, 2005). Many studies documenting home-based palliative care acknowledge caregivers' distress, including depression, anxiety, social-isolation, deterioration of family relationships and fatigue (Belasco et al., 2006; Schoenmakers et al., 2010; Wong et al., 2022). Wong et al.'s (2022) research examining caregiver experiences of elderly patients end-of-life care illuminates the detrimental impacts of caregiver inequity of access to palliative education and knowledge, including information explaining health status and service provision. Access to palliative care information and knowledge has been shown to reduce caregiver distress and increase positive end-of-life experiences amongst families of older adults (Wong et al., 2022; Yang et al., 2012).

Inequity experienced by caregivers of older adults includes access to income support and social services while providing unpaid care. Informal caregivers incur significant indirect and direct costs when providing unpaid end-of-life care for older adults, which can result in incurring debt and bankruptcy (Egan & Maidment, 2016; Gott et al., 2015). Gott et al. (2015) maintained that the cost to family and informal caregivers is minimised within research and policy that emphasises the cost to society. This inequity disproportionately impacts Māori caregivers as they are affected by higher levels of costs and unmet primary care generally, this includes Māori socioeconomic marginalisation which increases their cumulative financial burden (Cheyne et al., 2011; Durie, 2011; Gott et al., 2015; Roberts, 2016). Marginalisation and inequity amongst caregivers of older adults is also evident within strategic planning documentation that prioritises reducing societal costs and minimises acknowledging the cost to patients and families (Castelli Dransart et al., 2021; Gott et al., 2017; MoH, 2001).

Gott et al. (2015) maintained that research and policy development quantifying and responding to the financial costs incurred by families is required as developing countries move towards community-based palliative care provision. Systems theories perspectives acknowledge the role and pressures experienced by family and whānau caregivers, including caregivers' personal, financial, and social costs, by connecting family distress to policy deficits (Egan & Maidment, 2016; Gott et al., 2015; Payne, 2014). Systems theory critical analysis connects "family is best" to "family is cheapest" ideologies that are conversant with Aotearoa New Zealand's third-way political system that prioritises reducing the cost of palliative care to the state (Cheyne et al., 2011; Gott et al., 2015; Payne, 2014). Inequity of access to palliative care amongst older adults is exacerbated for those living alone or socially isolated without the social networks required to bridge gaps within service delivery by providing unpaid, home-based care (Cheyne et al., 2011: Gott et al., 2015; Payne, 2014).

Studies show that, despite the movement towards community-based palliative care, and subsequent home-based caregiving, many palliative patients frequently require hospitalisation at the end of life across developing countries (Robinson et al., 2014). Frey et al.'s (2020) research examined caregiver satisfaction within palliative care services and found caregivers experienced higher levels of satisfaction with hospice care, and the lowest within hospital-based end-of-life care. Systems theories connect family and family, whānau caregiver inequity of access to older adults' inequitable palliative care experiences as these issues are interrelated, including end-of-life hospitalisation as this strongly indicates resourcing, and specialist assistance for family and whānau is inadequate (Frey et al., 2020; Payne, 2014).

Conclusion

Older adults would benefit substantially from access to palliative care across their illness trajectory, yet they continue to be the *disadvantaged dying* within end-of-life services. Research identifies inequitable outcomes for older adults is exacerbated within marginalised communities, including LGBTQ+ and indigenous populations, and by unpaid caregivers providing home-based care.

Systems theories and social work perspectives were utilised to examine older adults' inequitable access to palliative care and explore the intersections between pervasive ageist discourse within society, national and international policy development, strategic planning documentation, and the marginalisation of older adults' voices, perspectives and aspirations within research and service delivery.

Gerontological research advocates for age-attuned policy development and specialist education for palliative practitioners as the way to effectively disrupt age-related inequity and improve outcomes for older adults within palliative care services.

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Social work disaster practice: Enhancing skills, community connections, and external relationships

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ABSTRACT

INTRODUCTION: Natural and human-made disasters, including climate change, pandemics, and other hazards such as earthquake and flooding can have considerable negative impact on all communities in Aotearoa New Zealand. This article uses a case study approach to describe the experiences and reflections of social workers in relation to disaster practice.

METHODS: This phase of the research project included semi-structured interviews with 11 registered social workers who had been involved in disaster management in Aotearoa New Zealand. The case studies were examined using thematic analysis to identify key themes. This article draws on four of the 11 interviews grouped together after thematic analysis, enabling detailed exploration of experiences.

FINDINGS: Analysis of the interviews identified that the transferable skills and knowledge of social workers are important for disaster practice; social workers are effective in connecting with individuals and communities; and improved professional relationships, systems, and processes are required so that the community is better supported following future disaster events.

IMPLICATIONS: Social workers practise locally but are situated within an international context that is underpinned by global definitions, agendas, and goals. These, and local codes and standards, offer a rationale and framework for effective social work disaster practice. Stronger connection between the social work profession and the national emergency management organisation in Aotearoa New Zealand will build social capital and signal the profession's commitment to community resilience in the context of disaster practice.

Keywords: Natural disaster; social capital; skills; knowledge; social work; community resilience

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Background

This article is one of a series that explores the experiences of social workers who have been actively engaged in disaster management efforts, often following natural disaster events in Aotearoa New Zealand (see Hay & Pascoe, 2021, 2022; Hay et al., 2021). While the four social workers profiled in this article reflected on their own locally situated experience, the findings can be considered in light of more recent emergency situations such as the Covid-19 pandemic and the significant flooding event in the upper North Island in 2023 (Drolet et al., 2021; Fraser & Aldrich, 2021).

Social workers in Aotearoa New Zealand are trained in a range of psychosocial and community development approaches that are transferable across fields of practice and client groups (Beddoe et al., 2018). The curriculum also incorporates Māori and Pacific models of practice as well as learning about Te Tiriti o Waitangi and its relevance for social work practice (Ruwhiu, 2019). Social workers understand people within their environmental and social context, often drawing on an ecological system and person-centred or person-directed lens that enables them to identify strengths and resources of individuals and communities (Alston et al., 2019). Social workers are guided by the Global Definition of Social Work and the values entrenched in the *Code of Ethics*, both of which highlight empowerment, respecting diversity, enhancing wellbeing, and challenging injustice (ANZASW, 2019; IFSW, 2014).

Although schools of social work have some autonomy in decision-making regarding the teaching of specific theories, models, skills, and practice approaches, the Social Workers Registration Board (SWRB) (2021) specifies:

> The curriculum will reflect the principles of social justice, human rights, collective responsibility and respect for diversities that are central to social work, underpinned by theories of social work, social sciences, humanities and indigenous knowledge. (p. 4)

These principles ultimately provide a strong rationale for social work engagement in disaster management (Drolet et al., 2022), especially as the impacts from disaster events disproportionately affect marginalised and vulnerable groups (Alston et al., 2019; Drolet et al., 2021). This was also evident recently during the global Covid-19 pandemic (Golightley & Holloway, 2020).

The Global Agenda also contributes to social work practice in New Zealand as it seeks to raise the profile and visibility of social work and enable social workers to contribute to policy development at local and international levels (Jones & Truell, 2012). Awareness and application of the Agenda in Aotearoa New Zealand however, including in the tertiary curriculum, is currently unknown. More recently, the New Zealand government has committed itself to the Sustainable Development Goals (SDGs) (Saunders et al., 2020). The 17 goals are a call for action at the local and global levels to reduce poverty and inequality, improve education and health, and promote economic growth alongside the protection of the natural environment and the curbing of climate change. While there is debate as to whether the SDGs lack a commitment to human rights, many of the SDGs have direct relevance to social work (Healy, 2017). In fact, social workers could claim to be actively supporting the achievement of the goals in their everyday activities, such as supporting people into housing, seeking access to justice and peace, achieving food security, and enhancing health and wellbeing (Dominelli, 2014). In addition, five goals specifically mention disasters (Alston et al., 2019).

In New Zealand, the profile of social work disaster practice has been shown to be limited (Hay & Pascoe, 2021), yet there is considerable evidence of involvement of social workers in the different phases of disaster management (for example, Maher & Maidment, 2013; van Heugten, 2014). These disaster management phases are commonly referred to as reduction, readiness, response, and recovery. In Aotearoa New Zealand, the government department National Emergency Management Agency (NEMA) is responsible for leadership and supporting response and recovery efforts. At a regional level, local authorities establish civil defence groups who engage in activity across the disaster management phases. In the welfare area, which focuses on ensuring the wellbeing of communities, civil defence groups are tasked with building capacity and capability with first responder organisations such as Red Cross, Oranga Tamariki, Salvation Army and hospitals (Hay & Pascoe, 2021). While social workers are positioned in all these agencies, as well as many other fields of practice, awareness of how they can effectively contribute to disaster management activities seems surprisingly low from some staff in civil defence groups (Hay & Pascoe, 2021).

In addition, it is not known, except anecdotally, whether social work students are being taught about disaster management and relevant international policy documents such as the Global Definition and Agenda and the SDGs. Although social workers have a unique set of skills, knowledge, and values, as well as awareness of local and cultural contexts, their understanding of how these can be effectively utilised in disaster management may therefore be limited.

The following case studies offer insights into aspects of disaster response and recovery that can be transferred into future emergency situations. Both individual social workers and the wider profession, including the Schools of Social Work and professional organisations such as the Aotearoa New Zealand Association of Social Workers (ANZASW), are encouraged to improve qualifying curricula, continuing professional development opportunities and relationships with key disaster management organisations.

Methods

The four case studies discussed in this article were drawn from the final stage of a qualitative project designed to explore social workers' involvement in disasters in Aotearoa New Zealand and their role, capacity, utility, and training needs in disaster practice. So that their experiences can be honoured with detail, the experiences of only four social workers are drawn on here with recent and future publications focusing on the remaining participants (see Hay & Pascoe, 2021, 2022; Hay et al., 2021). The primary research question was:

> How have registered social workers been involved in disaster management in their professional role in New Zealand?

Starting with a content analysis of social work (phase one), social workers, and emergencies (disasters) in Aotearoa New Zealand online media between 2006 and 2016 it was found that "social workers and their emergency related practice remains largely invisible in Aotearoa [New Zealand]'s online media" (Hay & Pascoe, 2018, p. 5).

Phase two involved semi-structured interviews with disaster management professionals who were not social workers. Findings indicated a limited understanding about social worker capabilities and prior involvement in disaster management, reinforcing their largely invisible role and raising concerns about the utility of social workers in this space.

The phase three survey findings reported social workers in Aotearoa New Zealand had been involved in all stages of disaster management, both in their local geographical region and in other affected areas. Most participants, however, believed their knowledge and skills were underutilised (Hay & Pascoe, 2021). Taking a nested sample approach (Yin, 2012), survey participants were invited to participate in semi-structured interviews in the fourth phase to develop case studies for teaching purposes, to stimulate discussion with social work and emergency organisations, and to assist with training of professionals in the disaster management space.

Eleven registered social workers (RSWs) participated in these interviews. All had been involved in response and recovery efforts and several had also engaged in risk reduction and readiness planning. The disaster events focused on by the participants included the 2010 and 2011 series of earthquakes in Canterbury, the North Canterbury or Kaikōura/Wairau earthquake of 2016, and a flooding situation in the North Island of Aotearoa New Zealand. All participants agreed to be named in their case studies.

Interview transcripts were approved by participants before being developed into case studies by the two authors. For consistency, a set format was applied: the context; the practice environment; practice approaches; challenges; lessons learned; reflections for other professionals. The participants were invited to edit the case studies to ensure accuracy and strengthen the trustworthiness and credibility of the data (Tracey, 2010) enhancing the reflexivity of the authors who were not present during or after the disasters being discussed (Braun & Clark, 2019). Guided by the framework approach of Ritchie and colleagues (2014), thematic analysis was applied to the case studies to identify concepts and themes. Based on this analysis, decisions were made about which case studies would sit alongside each other in subsequent publications. The following four case studies were grouped thematically, identifying similarities in the experiences and learnings shared by the participants. The project received low-risk ethics approval (notification 4000019500) from Massey University, Aotearoa New Zealand.

Social worker case studies

Kate, an RSW living in Whanganui, was studying for her PhD when a significant flooding event occurred in the region in 2004. The flooding destroyed homes, communication lines, roads, and bridges, killed livestock, and isolated communities. Media reported the disaster as a once in 100-years flood, and an emergency was declared for the Manawatū-Whanganui region at 8pm on February 17, lasting until midnight on February 25. Kate volunteered with the local civil defence group and undertook home visits that focused on psychosocial support and counselling.

The other three participants were involved in social work practice in response to the catastrophic 6.3 magnitude earthquake on February 22, 2011, which struck approximately 10km southeast of Christchurch. At the time of the quake, Fiona was a team leader for a large non-government organisation (NGO) that held a government contract for disaster response. Based in Auckland, she was part of an immediate response group of 50 staff sent to Christchurch where she worked for eight days. For the first two days, under instruction of the local civil defence, Fiona was placed into an interdisciplinary team that conducted welfare and safety checks in a residential area. Each team consisted of one NGO representative (social workers, pastoral care workers and volunteers), an engineer, and a builder. From day three to eight, Fiona worked with the flying squad which was called upon if the initial welfare and safety check teams encountered concerns that required specialist intervention.

Lee was managing a community mental health and addictions team at a hospital in the North Island when the 2011 earthquake struck. Following a request from the Canterbury Health Board for additional social workers, Lee travelled to Christchurch and worked in the crisis psychiatric service for one week before returning home. Lee was paired with a community psychiatric nurse and conducted initial screening assessments.

Gabor was living in Christchurch in 2011, working at an NGO that offered a range of services including a night shelter and drop-in centre for people experiencing homelessness. In the following weeks Gabor's work was wide-ranging. The NGO staff distributed food parcels and water, ran a night shelter, completed door-to-door visits and assessments, made referrals, and had a mobile van which they would park in prominent locations for people to access support or assistance as required.

The experiences of the participants are both varied and similar, which emphasises the wide-ranging disaster practice social workers may encounter. Two of the participants were flown in to assist for a short period of time while the other two participants had experienced the disaster event themselves and remained in the affected community afterwards. The learning from their experiences contribute to a growing scholarship on the knowledge and skills of social workers in disaster management in Aotearoa New Zealand.

The transferability of social work knowledge and skills

The transferable skills and knowledge that social workers develop in their training is a strength in disaster practice. When a disaster event occurs, many basic facilities and services are disrupted—people can become hypervigilant, so creative thought is required to identify solutions in a resource-constrained environment. In a crisis, stress impacts people in different ways and they may be too close to the situation to think practically. Therefore, an outside perspective from someone skilled in problem-solving can help provide achievable solutions. Fiona, for example, met a resident who had run out of medication to manage his schizophrenia. Uncertain of how to access more medication with many businesses closed, Fiona was able to assist by contacting an alternative pharmacy to prescribe his medication. Similarly, Fiona visited a young woman who was upset about her toilet not working and having to use a bucket in the garden. The lack of privacy was distressing for her. Despite not being able to have the toilet fixed, Fiona recommended the bucket be used in the bathroom to offer some privacy, a suggestion which was quickly adopted by the young woman. By exploring challenges and prioritising needs together, a social worker can assist people and communities in setting appropriate goals. Goal setting encourages people to coordinate their thoughts and focus on obtainable tasks, effectively introducing some structure in a chaotic environment. Kate found that using visual aids such as drawing a mind map or writing lists on large pieces of paper provided a way for people to process their thoughts during goal setting. These creative resources can be used as working documents and be reviewed at each session to track progress and reassess priorities in a dynamic, evolving situation.

Following a disaster event, social workers may also be required to do tasks outside of their usual remit, thus requiring adaptability. Fiona, for instance, was called to the residence of an elderly person with early-stage Alzheimer's disease whose water cylinder had blown and flooded her home. Although the resident had shown resilience in her capability to manage the aftermath of the initial earthquake as well as the recent death of her husband, the hot water cylinder was a tipping point, and she was distraught when Fiona arrived. Fiona's role was to negotiate the woman's relocation into a rest home and put steps in place to ensure the security of her valued possessions. This included re-homing her cat and depositing a shoe box full of cash on behalf of the resident under the supervision of a security guard and colleague.

Working with people from diverse backgrounds with varying needs also requires flexibility and the ability to adapt skills and knowledge into new contexts. This can present as a challenge when working in a time-constrained environment, as investment in relationship-building before exploring needs, challenges or goals may be necessary. For example, although she is a Pākeha social worker, Kate was allocated an older Māori woman who was living alone in a rural community and experiencing conflicts with neighbours. Having no prior relationship with the woman, Kate spent the first session meeting her ancestors and hearing information about her family through pictures hanging on the walls of the house. Demonstrating adaptability, this was an effective approach to building rapport and developing a relationship in this situation.

For social workers arriving from out of town to support the disaster response and recovery process, improvisation is also critical. Fiona and Lee both experienced disruption in their accommodation arrangements. Fiona described her experience:

> …I had my own tent and I had all the food and all the camping gear with me, and I would've been quite happy to sleep in my tent in a park but then, not knowing where I was going to sleep each night was, I found quite stressful. I found out about myself that I can do anything in the day as long as I know that tonight I have a bed to sleep in somewhere.

Further, social workers coming from outside the disaster-affected area will be required to make new professional relationships, often in multi-disciplinary contexts, and quickly orientate themselves to the geographical location. Disaster events are often not discrete and so even though social workers may not have experienced the initial event they still have to manage being in an affected area, often with ongoing impacts, for instance aftershocks or further flooding. Drawing upon the breadth of social work skills and knowledge, including those in relation to self-care and relationship-building, is essential.

Connecting with individuals and communities

Demonstrating the core social work values of empowerment and self-determination (IFSW, 2014), participants stressed the importance of enabling individuals and communities to take the lead on what they wanted to address to offer a greater sense of control in a time of crisis. The participants discussed the relevance of ecological systems theory informing their practice. At a micro level, each resident and their family have their own agency, strengths, resources, and knowledge that can be drawn upon to address their own needs. At a meso level, local communities, such as neighbourhoods, schools and workplaces contain additional resources and skills that can be harnessed to support one another. At a macro level, there are often multiple NGOs and government services that engage in disaster response efforts. At each level, resilience of individuals and communities must be recognised and supported for effective response and recovery efforts.

Social workers must listen to the expressed needs of individuals and communities to ensure they are not imposing their own, or external, perspectives or basing their practice on assumptions. Focusing on the distribution of food, shelter, and water rather than therapeutic work is likely to be the first task for social workers in the response phase, as experienced by Gabor. Kate also found that people initially wanted to talk about practical needs such as power, water, accommodation and verify information regarding ongoing support. Although primarily undertaking mental health assessments with individuals, Lee also noted it was important to remain mindful that much of the community was impacted by the trauma of the disaster and therefore making connections at both levels was necessary.

Connecting at a community level, social workers can encourage and support local solutions to local problems that have been identified by community members. Fiona actively engaged at a meso-level to avoid encouraging a dependency on herself or the NGO. This was evident when she was approached by several residents who expressed concerns about an elderly neighbour needing support with meals. Fiona called a street meeting to establish a plan for residents to provide food for one another as well as check on the resident of concern. By pooling skills and resources, a community-based response was possible, demonstrating to residents that they still held agency to respond to some of their own needs without solely relying on external supports. The importance of a multi-level approach was supported by Gabor who noted his effective practice was related to understanding the local context:

> It was probably my knowledge of the services around there and my social work skills in terms of connecting people to the right services at that time. But again some of them were shut down because of the earthquake, so it was finding out which ones were still operating and which wasn't… (Gabor)

Further, Lee highlighted social workers "… are kinda good at making these networks and connecting services up so we can take quite a lead role there I think." This illustrates the importance of understanding the internal and external systems present, being able to link people together, draw upon existing strengths and connect with community resourcing to ensure effective and sustainable response and recovery efforts.

Strengthening external relationships

Working in a disaster-affected context led to a series of recommendations from the participants. These largely focused on the importance of improving systems and processes between social workers and external organisations.

An improved relationship between NEMA, local civil defence groups, social workers and the social work profession was recommended by all the participants. In Kate's experience, there was a lack of coordination, structure, and accountability in the management of home visits by the civil defence staff. This disorganised approach reflected the chaos of the time; however, it also gave rise to uncertainty and the impression that welfare was an afterthought in the response efforts. When guidance or standardised procedures were lacking, the participants relied on their professional training and experience to inform their engagement with colleagues, communities, and affected individuals.

Kate recommended that welfare and emotional well-being should become entrenched in disaster reduction, planning, response, and recovery efforts in the NEMA. Further, she suggested NEMA develop a flow chart of responsibilities with key contacts to improve coordination and develop a united response effort. The flow chart could be accessible to all organisations expected to participate in each phase of disaster management. Responsibility for addressing welfare needs could be outsourced to social service organisations; however, NEMA and the local civil defence groups, as the operationalising bodies, should maintain strong relationships with them to ensure effective collaboration in times of disaster. In disaster planning, they should be able to identify key people trained in disaster management in each organisation who can coordinate their own staff, be key contacts for on-going communication, and provide a chain of accountability. Gabor reflected:

> I think social workers have a really good knowledge of the community because they work in it, and they work with the people so maybe if the civil defence [organisation] or the Army, they want to work with the community hand in hand then maybe the social workers could give them some guidance around it, who are the services they could actually dip into…

Fiona advocated for the establishment of a national disaster volunteer register. This process could involve a central agency, such as the Ministry of Social Development or the ANZASW, calling for an expression of interest from social workers and assessing each applicant's skills, knowledge, and expertise before being placed on an approved disaster response register. This would provide NEMA and civil defence groups with a pool of vetted and equipped people with specialist skills that could be deployed to a disaster zone, rather than the current ad hoc recruitment of volunteers. The coordination of a register could also increase the number of social workers ready and able to assist post-disaster. As Fiona commented, "But just imagine if we had another disaster, god forbid, but if we did and civil defence was able to go to ANZASW and say right I want 50 qualified social workers on the ground thanks very much. And for that to happen. How amazing would that be."

Discussion

The aim of this research was to explore how social workers have been involved in disaster management in their professional role in Aotearoa New Zealand. The participants in this article had all engaged in immediate response efforts following a disaster event. Their activities ranged from assessment and therapeutic work with individuals to mobilising neighbourhoods to support one another, thus building connection as a localised community. The involvement of the participants in both individual and community practice emphasises the importance of both elements in qualifying programmes and post-qualifying activity (Staniforth et al., 2011).

Critique of current generic social work qualifications suggests an emphasis on micro-practice and a general neglect of community practice and other transformative social work approaches, including disaster practice (van Heugten, 2014). Mapping of the declared curriculum in 14 Aotearoa New Zealand social work programmes in 2016 did not highlight any topics or course titles related to social work practice and disasters or to environmental justice (Ballantyne et al., 2019). With the very real impacts of climate change now upon us, and the subsequent increase in natural disaster events, such as the significant flooding event in the upper North Island, including Auckland, in January 2023, all schools of social work should be analysing their current curricula to ensure inclusion of relevant teaching content (Boetto et al., 2021; Drolet et al., 2021). Social work disaster theory (see Alston et al., 2019), for example, interlinks international and local values and experience, and places environmental and social justice at the core of practice.

The integrative perspective of recognising complexities in a person's lived experience as well as broader social issues was evident in the stories of the research participants. Disaster events can exacerbate people's existing concerns or health issues in both the short and long term and it is well known that there are disproportionate impacts on marginalised people and minority groups (Alston et al., 2019; Blake et al., 2017; Drolet et al., 2021). Access to resources such as medication, housing, and basic supplies such as water can all be significantly affected following a disaster and advocacy is necessary at individual and community levels. As the participants noted, much of their practice occurred with individuals; however, there were some opportunities to facilitate community action, especially amongst neighbours. Recent disaster practice scholarship has emphasised the need for building social infrastructure and community resilience as an alternative approach to both pre-disaster preparation and mitigation and also post-disaster response and recovery (Aldrich & Meyer, 2022; Rammah et al., 2022). Emergency organisations encourage people to have three days of food and water in preparation for a disaster event (see https://getready.govt.nz/), however, building stronger ties within local communities, especially neighbourhoods, could prove to be just as, if not more, important (Aldrich & Meyer, 2022; Rammah et al., 2022). Neighbours, in particular, have been identified as an "… aspect of individual and community social capital that provides access to resources in disaster situations, including information, financial and nonfinancial aid, and emotional and psychological support" (Aldrich & Meyer, 2022, p. 202). Rammah et al. (2022) suggested this type of social support in the post-disaster phase has a protective effect on people's wellbeing.

Transformative social work practice has relevance here as it encompasses intervention at multiple levels including focusing on the needs of individuals, families and communities while considering "the relationship between personal issues and the broader social and political context and the factors that facilitate social change" (Munford & Sanders, 2019, pp. 140–141).

There is a potential disconnect, however, between the values underpinning current government approaches to emergency management and social work ideals. The dominant discourse in the disaster management field, and specifically in the government emergency management organisation, is underpinned by values of individualism and self-reliance (Blake et al., 2017). These diverge from a critical social work ideology that society is unjust and inequitable and that societal structures affect the distribution of resources (Weinberg, 2016). Marginalised and diverse populations are disproportionately impacted, and yet neoliberal policies assume that all people have agency to prepare for and support themselves following a disaster event (Blake et al., 2017; Rammah et al., 2022). Social workers, and the wider social work profession, therefore, have a responsibility to bring their commitment to social change to conversations on improvements to current disaster management systems as well as to consider how local communities can be supported prior to and following disaster experiences (Maglajlic, 2019). As social workers are currently less visible in disaster planning, risk reduction and policy development (Alston et al., 2019; Hay & Pascoe, 2021), the social work profession needs to proactively build new relationships with emergency organisations as part of their investment in, and commitment to, building community resilience (Rammah et al., 2022).

ANZASW, as the largest social work professional association in Aotearoa New Zealand, is well-placed to facilitate this process and to develop a partnered approach to social work disaster practice with NEMA and local civil defence groups. Joint webinars or training sessions, at both national and local levels, would enable reciprocal learning opportunities. Social workers would advance their knowledge of emergency response, and civil defence and emergency professionals could extend their understanding of the breadth and importance of social work practice.

In addition, the establishment of a social work disaster practice professional learning community within ANZASW would build capability and practice knowledge and experience to be drawn upon in future disaster situations. Communities of practice are recognised for enabling the generation of ideas that can be tried in practice and then reflected on for further learning and improved future practice (Wenger-Trayner et al., 2022). Such a forum would offer a space for social workers to collectively engage, collaborate and learn with and from each other and effectively be part of a disaster planning and mitigation process. Linking in education providers would also enhance current curricula in disaster practice. Students, including in Aotearoa New Zealand the Student Volunteer Army, have often been key contributors to disaster response efforts (Carlton et al., 2022; Smith et al., 201 4). Social work students could usefully contribute to future efforts either as crisis volunteers (Carlton et al., 2022) or in a professional capacity post-qualifying.

In combination, these actions can facilitate the development of social capital between and within the social work profession and the emergency management sector. Social capital describes ties between groups, including those with perceived or actual power and respect and trust are embodied in these formal or informal networks (Aldrich & Meyer, 2022). Communities with trust in agencies or individuals within organisations are more likely to comply with requests or direction, as was evident in relation to the Covid-19 pandemic (Fraser & Aldrich, 2021). As has been shown by the Student Volunteer Army's work, fostering collaborative relationships with disaster management organisations, whilst maintaining an element of distance, can enable the effective mobilisation of volunteers as well as access to important briefings or information (Carlton et al., 2022). There are lessons to be learned here by the social work profession in Aotearoa New Zealand so we can more effectively, and in a more coordinated fashion, assist during future disaster events.

Conclusion

The involvement of social workers in disaster practice has received growing attention over the past 20 years, although we may still not be especially visible or included by national emergency organisations. Given the international and local principles underpinning the profession and commitments to social and environmental justice, social workers have a strong rationale for continued and increased involvement. While individual social workers can be active in local communities, especially following disaster events, social work bodies, such as professional organisations and schools of social work, can also be proactive in advancing social work knowledge and credibility in this space. Proactive collaboration between these bodies and emergency management stakeholders can build social capital, a key contributor to community resilience in disaster contexts.

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ORIGINAL ARTICLE
THEORETICAL RESEARCH

Understanding sexual citizenship for Asian MSM in Aotearoa: Literature to inform social work practice of sexual justice

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ABSTRACT

INTRODUCTION: As members of a profession that promotes social justice and human rights, social workers are well-positioned to engage in sexual health practices. Such practices include providing human immunodeficiency virus (HIV) services, a significant aspect in the development of *sexual citizenship*, or supporting the rights and responsibilities of people in their sexual lives. Comprising part of the second-largest ethnic minority group, Asian men who have sex with men (MSM) are the most HIV-affected ethnic minority group in Aotearoa New Zealand. However, social work practices with this cohort are non-specific. This article presents the concept of sexual citizenship as a lens through which to better understand the sexual health needs of Asian MSM in Aotearoa and how social workers or other health professionals might be supportive.

APPROACH: A narrative literature review of eight articles concerning Asian MSM's sexual health in Aotearoa was undertaken. Three themes were identified from this review: 1) sexual stigma, discrimination and prejudice; 2) sexual health and layered identities; and 3) knowledge of safer sex practises.

CONCLUSIONS: As the fastest growing ethnic minority group in Aotearoa, more actions and resources are required to meet Asian, particularly Asian MSM's, sexual health needs. The social work profession can play a critical role by advocating for sexual citizenship, providing supportive sexual health resources, and addressing sexual stigma and health disparities among Asian MSM.

Keywords: Asian MSM; sexual health; sexual citizenship; sexual justice; social work

Sexual health is seldom considered a significant component of a person's holistic understanding of health to the same extent as physical and mental health. The World Health Organisation (WHO, 2006) defined *sexual health* as a "state of physical, emotional, mental and social wellbeing in relation to sexuality." When framed holistically and positively, sexual health is much more than the absence of disease—it comprises respect, safety and freedom from discrimination and violence. Sexual health is expressed through diverse sexualities and critically influenced by gender norms and expectations, roles, pleasure, reproduction and power dynamics (WHO, 2006; World Association for Sexual Health [WAS], 2014). Over the last two decades, attitudes toward sexual health shifted from an illness-focus to a human rights perspective, positioning sexual health rights as a necessity for individual social and economic prosperity (Kismödi et al., 2017).

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In 1999 and 2014, WAS adopted a "Declaration of Sexual Rights" endorsed by the WHO. Bywater and Jones (2007) argued that the declaration aimed to promote healthy sexuality at all levels of society. The most recent WAS (2014) declaration stated that sexual rights are an integral part of fundamental and universal human rights that should be defended, recognised, respected, and protected. Such rights, and the responsibility one has within those rights, comprise what Richardson (2000) theorised as the concept of sexual citizenship, which can be used as a critical lens for interpreting social work responses to sexual health and promotion of sexual justice.

This article presents a narrative review of literature on sexual health and human immunodeficiency virus (HIV) among Asian men who have sex with men (MSM) in Aotearoa New Zealand utilising a critical lens of sexual citizenship as it relates to sexual justice—the first of its kind in the country. The term, MSM, was used to include not only men who identify as gay or bisexual but also men who identify as heterosexual but engage in sexual behaviours with other men. The collated literature evidences this community deserves greater attention concerning culturally safe health care and services that meet their needs. Insights from the literature inform social work practice with ethnic and rainbow communities regarding their sexual health and promotion of sexual justice.

Sexual citizenship, justice, and social work

Richardson (2000) argued that sexual citizenship, sometimes called "intimate citizenship" (Oleksy, 2009), is a multi-faceted concept. Sexual citizenship refers to "a status entailing a number of different rights claims" (Richardson, 2000, p. 107) and focuses on the access to rights granted or denied to various social groups based on sexuality. By challenging Western-centric constructions and traditional norms of citizenship underpinned by heterosexuality and reproductivity, Richardson (2017) argued that sexual citizenship can locate beyond individualised rights and choice and the "private sphere" of intimate relations, which are constructed and regulated through public and social institutions. Authors such as Mackie (2017) also acknowledged the Eurocentric origins of the term, sexual citizenship. Mackie (2017) argued the importance of considering non-Western cultures with different political, economic, and social structures and the impacts those have on shaping ideas of sexuality and citizenship. With awareness of contextually specific ideas of sexuality and citizenship, the concept of sexual citizenship may be a useful frame for social workers to develop culturally nuanced understandings and better practices around sexual justice as an integral part of social justice, especially for minority populations who experience individual and intersecting sexual oppressions.

As members of a profession that promotes social justice and human rights, social workers are well-positioned to advocate for sexual health, despite its predominant medical influences. The International Federation of Social Workers (IFSW, 2014) stated that the principles of social justice, human rights, collective responsibility, and respect for diversities form the core business of social workers. Some social workers are involved in safeguarding and addressing risks related to people's sexualities by focusing on the identification, prevention, and intervention of sexual coercion, exploitation, and abuse when working with their clients. However, social work scholars (Pilgrim et al., 2021; Turner, 2016; Turner & Crane, 2016) have suggested that the profession could achieve more. Turner (2016) posited "sexual justice is social justice" (p. 45), calling for the placement of sexuality and sexual health directly in the purview of the social work profession. An array of topics is included under the umbrella of sexual justice. For example, access to sexual and reproductive health (SRH) care or rights surrounding pregnancy and abortion are pivotal to achieving quality health outcomes. Additionally, reducing LGBTQ+ health disparities and continuing the fight against criminalising and punitive attitudes to sexual and gender diversity remain a challenge to sexual rights and justice for all.

It is important to recognise that challenges to sexual justice faced by LGBTQ+ individuals in non-Western countries, particularly Asian countries, can be very different from those in Western countries (Mackie, 2017). While marriage equality and other legal protections such as the right of gay-identified people and same-sex partners to adopt are important steps towards creating more equal societies, they may not be the most pressing issues for LGBTQ+ individuals in countries where their very survival is at stake. For example, in many places, disclosing a non-cis-heterosexual identity or seeking treatment for a sexually related condition can be dangerous or even fatal (Mackie, 2017). It is essential to address the systemic issues of discrimination and violence towards LGBTQ+ individuals in all countries to ensure equal access to healthcare services enabling people to live their lives free from fear and oppression. Additionally, laws and policies that protect LGBTQ+ individuals from discrimination can create more supportive environments for them to access healthcare services and reduce the stigma and discrimination they face. Moreover, providing comprehensive, medically accurate, and shame-free sex education to reduce negative frames of sexuality and expand overall sexual literacy is imperative to realising sexual agency and equity (Turner, 2016).

HIV remains one of the most significant aspects in sexual health, particularly among sexual and gender minority communities such as MSM. Since the epidemic of HIV and acquired immunodeficiency syndrome (AIDS) in the 1970s, social workers have contributed extensively to the global responses to HIV (Henrickson et al., 2017). Several international and national social work professional bodies published policies, practice guidelines, and their stances on HIV and sexual health (see British Association of Social Workers [BASW], 2013, 2015; Canadian Association of Social Workers [CASW], n.d.; IFSW, 2006, 2012; National Association of Social Workers [NASW], 2012), but little is known about the Aotearoa social work professional stance on HIV and sexual health.

To set the stage for scoping how Asian MSM's sexual health and rights are supported, the authors describe the current sexual health landscape and infrastructure, particularly relating to HIV and other sexually transmitted infections (STIs), in Aotearoa and highlight Asian MSM as a community at risk of experiencing sexual health inequities. The narrative literature review that emerged out of this scoping exercise generated greater insight into the sexual health needs of migrant Asian MSM in Aotearoa and recommendations for how social workers might support those needs.

Sexual health landscape and infrastructure in Aotearoa

Sexual health landscapes and infrastructure includes the legal environment, health policies and guidelines, services and resources in the community that vary across countries, including Aotearoa. It is imperative for social workers to understand the sexual health landscape and infrastructure in Aotearoa New Zealand in order to provide better support for service users regarding their sexual health. At present, social work education and training regarding sexual health in Aotearoa New Zealand is limited to fragmented delivery of topics that fall under sexual citizenship, such as sexual violence and abuse, sexual and gender identity, women's health, and intimate and family relationships.

Over the past 40 years, law reforms have provided evidence Aotearoa New Zealand is shifting toward a modern and progressive society for gay rights (see Homosexual Law Reform Act 1986, Civil Union Act 2004, and Marriage (Definition of Marriage) Amendment Act 2013) and wider sexual rights (see Prostitution Reform Act 2003 and Abortion Legislation Act 2020). In addition, the New Zealand Bill of Rights Act 1990 and the Human Rights Act 1993 have provided legal protection from discrimination on a wide range of grounds, including race, ethnicity, and sexual orientation. These legislations are recent examples of Aotearoa's attempt to remove structural discrimination toward ethnic and sexual minorities.

In Aotearoa New Zealand, SRH covers a broad range of topics and issues, including STIs and HIV, reproductive health and abortion, sexuality education, sexual violence prevention, and gender-affirming care (New Zealand Ministry of Health [MoH], 2022a). In response to sexual health issues, the MoH launched a two-phase process to guide the health sector using an overarching framework for action plans to improve SRH outcomes with a resource book for Aotearoa's healthcare organisations (Miller, 2010), including specific strategies for Māori and Pacific Peoples. STIs and HIV are important components of sexual health policy because of their potential to impact anyone who is sexually active. Several strategies and action plans related to HIV were published alongside the two-phase response (Miller, 2010). Pre-exposure prophylaxis (PrEP) has been publicly funded since 2018 in Aotearoa New Zealand for those at high risk of contracting HIV, such as MSM. PrEP is a medicine, including emtricitabine and tenofovir disoproxil fumarate, which prevents seronegative individuals from acquiring HIV. If taken as prescribed, PrEP reduces the risk of acquiring HIV during unprotected sex by up to 99% (Saxton et al., 2018). As of 1 July 2022, the eligibility criteria to access PrEP were relaxed and expanded to any person who has a negative serostatus and is at risk of contracting HIV (PHARMAC, 2022). The Associate Minister of Health, Dr Ayesha Verrall (2021), indicated the government has been developing a new sexually transmitted and bloodborne infections strategy and a new HIV action plan, which was expected to be released in 2022. Despite the Public Health Association's (2022) call for more actions on sexual health for Asian communities, no priorities were given to Asians, the most HIV-affected ethnic minority group, as noted in the latest draft National HIV Action Plan 2022-2032 (MoH, 2022b).

Aside from government policies, guidelines, and laws, the sexual health infrastructure also consists of community resources. There are two primary professional bodies in Aotearoa New Zealand. The New Zealand Sexual Health Society (NZSHS), a group of multidisciplinary professionals working or interested in the field of sexual health and the AIDS Epidemiology Group (AEG), who have provided annual reports on epidemiological surveillance of Aotearoa's HIV infection and AIDS since the late 1980s. A review of sexual health services (Miller, 2010) found that numerous district health boards (DHBs) and sexual health services—either wholly or partially funded by the government—are available in Aotearoa. Service providers span 20 DHBs and four NGOs, including the Burnett Foundation Aotearoa, Body Positive, Positive Women, and Family Planning Services (Miller, 2010).

Asian MSM and HIV in the Aotearoa New Zealand context

In Aotearoa New Zealand, HIV prevalence has been relatively low but highly concentrated among MSM since the HIV/AIDS epidemic. Amongst people with HIV infection, European males remain the most affected group, followed by Asian males from 1996 (the year when information on ethnicity of people diagnosed with HIV was first collected) to 2021, as shown in Table 1.

According to statistics from the AEG (AEG, 2020), of all 212 people diagnosed with HIV in 2019, 24.1% were Asian (*n* = 51). There was a significant increase of 89% amongst Asian

*Table 1. HIV Infection by Ethnicity**

		HIV Infection															
		1996-2015		2016		2017		2018		2019		2020		2021		Total	
Sex	**Ethnicity**	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Male	European	1595	47.9%	113	46.3%	77	39.1%	73	41.0%	74	34.9%	72	44.4%	42	37.5%	**2046**	46.2%
	Māori	221	6.6%	17	7.0%	8	4.1%	18	10.1%	17	8.0%	12	7.4%	14	12.5%	**307**	6.9%
	Pacific Islander	81	2.4%	7	2.9%	7	3.6%	7	3.9%	6	2.8%	7	4.3%	10	8.9%	**125**	2.8%
	African	266	8.0%	3	1.2%	4	2.0%	2	1.1%	5	2.4%	2	1.2%	2	1.8%	**284**	6.4%
	Asian	331	9.9%	43	17.6%	34	17.3%	27	15.2%	51	24.1%	20	12.3%	17	15.2%	**523**	11.8%
	Other	89	2.7%	11	4.5%	15	7.6%	13	7.3%	25	11.8%	13	8.0%	3	2.7%	**169**	3.8%
	Unknown	118	3.5%	23	9.4%	26	13.2%	16	9.0%	8	3.8%	12	7.4%	5	4.5%	**208**	4.7%
Transgender	Unspecified	13	0.4%	0	0.0%	4	2.0%	3	1.7%	3	1.4%	0	0.0%	1	0.9%	**24**	0.5%
Female	European	132	4.0%	6	2.5%	3	1.5%	5	2.8%	5	2.4%	8	4.9%	6	5.4%	**165**	3.7%
	Māori	28	0.8%	1	0.4%	2	1.0%	0	0.0%	2	0.9%	3	1.9%	2	1.8%	**38**	0.9%
	Pacific Islander	34	1.0%	1	0.4%	0	0.0%	0	0.0%	3	1.4%	2	1.2%	1	0.9%	**41**	0.9%
	African	279	8.4%	3	1.2%	2	1.0%	3	1.7%	4	1.9%	5	3.1%	2	1.8%	**298**	6.7%
	Asian	113	3.4%	11	4.5%	10	5.1%	5	2.8%	8	3.8%	5	3.1%	5	4.5%	**157**	3.5%
	Other	13	0.4%	0	0.0%	0	0.0%	1	0.6%	0	0.0%	0	0.0%	0	0.0%	**14**	0.3%
	Unknown	15	0.5%	5	2.0%	5	2.5%	5	2.8%	1	0.5%	1	0.6%	2	1.8%	**34**	0.8%
Total		**3328**	**100.0%**	**244**	**100.0%**	**197**	**100.0%**	**178**	**100.0%**	**212**	**100.0%**	**162**	**100.0%**	**112**	**100.0%**	**4433**	**100.0%**

N.B.: AIDS Epidemiology Group has stated in their annual reports that the decline in 2020 and 2021 will, in part, have been affected by less transmission due to COVID-19 physical distancing measures and more limited testing access during lockdowns.

**Data collected from AEG between 1996 and 2021.*

men from 2018 (*n* = 27) (AEG, 2019), making Asians the most HIV-affected ethnic minority group in the country. This is concerning, given the 2018 Census recorded the Asian population as the second-largest ethnic minority group, with 15.1% of the total population, and the fastest-growing ethnic group in Aotearoa New Zealand (Statistics New Zealand, 2020). These statistics clearly demonstrated the need for the healthcare system to provide more culturally responsive services for the prevention of STIs, sexual health education, and encouragement to engage in safer sex practices in this community. However, current Western-style public health campaigns can potentially discourage Asians from seeking healthcare services (Jahangir & Meyer, 2020; Peiris-John et al., 2016). Further research into more Asian-New Zealand communities and the cultures around their sexual health practises, behaviours, and needs could develop insights for more culturally appropriate and acceptable sexual health promotion. Such research might provide insights that could contribute to a reduction in STI and HIV transmission, support Asian communities' sexual health and wellbeing, and benefit Aotearoa New Zealand's healthcare system.

Methods

A literature search was conducted that included English-language scholarly work published between 2000 and 2021. The search encompassed empirical sexual health literature focusing primarily, but not exclusively, on Asian MSM in Aotearoa. Peer-reviewed empirical literature published in Aotearoa New Zealand and internationally was selected. The authors sourced and cross-checked literature from several databases, including Google Scholar, Taylor & Francis Online, Springer, BMJ Journals, SAGE Publications, and CSIRO Publishing. Using the concept map in Table 2, key terms were searched separately or in combination as search strings.

The research returned over 700 results, the abstracts of which were then reviewed to ensure the primary focus on the Asian MSM population. Eight pieces of literature fit all criteria for this review and are summarised in Table 3. All eight empirical studies were based in Aotearoa New Zealand. Most of the literature was based on public health perspectives on sexual health, HIV, and other STIs. Four qualitative studies included in this review involved interviews with members of Asian communities, including Chinese, Indian, and Filipino MSM, which explored their views and understandings of sexual health, HIV, and other STIs.

Three major themes were identified and will be further discussed in the review:

- Sexual stigma, discrimination, and prejudice
- Sexual health and layered identities
- Knowledge of safer sex practices

Table 2. Literature Search Concept Map

Asian	Men	Sexual Health
Chinese Indian Southeast Asian Other Asian	Gay men Bisexual men Gay and bisexual men (GBM) Queer Men who have sex with men	HIV/AIDS Sexually transmitted infections Sexuality Sexual health experiences Sexual health services Access and utilisation to sexual health

Table 3. Literature Determined Relevant for Review

Citation		Study design	Participants
1.	Adams & Neville (2020)	Qualitative, individual interviews	Chinese and South Asian GBM (*n* = 44)
2.	Adams et al. (2019)	Qualitative, individual interviews	Asian gay men (*n* = 18)
3.	Adams et al. (2020)	Qualitative, individual interviews	Filipino GBM (*n* = 19)
4.	Henrickson (2006)	Quantitative, survey	Asian-born men (*n* = 36); total LGB participants (*n* = 2,269)
5.	Lachowsky et al. (2020)	Quantitative, survey	Asian GBM (*n* = 1003); total GBM (*n* = 10,525)
6.	Neville & Adams (2016)	Qualitative, individual interviews	Chinese and South Asian GBM (*n* = 44)
7.	Omura et al. (2006)	Qualitative, questionnaire survey for Asian students, & individual interviews with health practitioners	Asian male students (*n* = 66); Health practitioners (*n* = 7)
8.	Peiris-John et al. (2016)	Qualitative, individual interviews	Stakeholders on Asian and migrant health (*n* = 6)

Findings

Sexual stigma, discrimination and prejudice

Othering discourses play a significant role in constructing stigma toward sex and sexual health (Jensen, 2011; Silva-Brandao & Ianni, 2022). Dominant societal narratives emphasise the function of sex for reproduction and view non-heteronormative sexual practices, such as homosexual or anal sex, as deviant, unnatural, or sinful. These damaging narratives fuel sexual stigma that can compromise the health of sexual minority populations (Lee et al., 2022), contributing to their reluctance to access STI testing and treatment, especially among Asians who have recently moved to a Western country (Neville & Adams, 2016; Peiris-John et al., 2016).

Few sex-related conversations were reported among gay and bisexual Asian men and their peers and family because they feared being ostracised within their social networks (Omura et al., 2006; Peiris-John et al., 2016). Such forms of sexual stigma can impact Asian people's access to, and utilisation of, sexual health services (Adams & Neville, 2020; Adams et al., 2019; Adams et al., 2020; Neville & Adams, 2016). For example, Asian MSM who access sexual health services and use PrEP to protect themselves from HIV infection can potentially be labelled promiscuous (Adams et al., 2019). Asian participants in a study by Neville and Adams (2016) shared fears that people might perceive a person using PrEP or accessing sexual health services as "dirty" or promiscuous. In two further studies (Adams & Neville, 2020; Adams et al., 2020), this type of perceived stigma was described by many Asian MSM residing in Chinese, South Asian, and Filipino communities, which are generally small and close-knit in Aotearoa New Zealand. Therefore, some Asian MSM have not disclosed their sexuality to their ethnic friends and families or family doctors, who might also come from the same community (Adams & Neville, 2020; Adams et al., 2020). Herek (2014) suggested that these negative social consequences generate psychological stress and feelings of guilt and shame, forestalling preventive approaches to HIV and other STIs. Neville and Adams (2016) noted that, because of these consequences, Asian MSM are less likely to seek sexual health-related information from family, friends, or doctors and broach such topics with them. Echoing this dilemma, Peiris-John et al. (2016) noted that many Asian MSM in their study expressed concerns about privacy and confidentiality, which were discussed as an additional barrier to engagement with sexual health services and resources.

Peiris-John et al. (2016) also suggested that racism and racial discrimination significantly influence health and wellbeing among Asian and other ethnic minority communities. Sexual racism refers to the sexual rejection of a racial minority, which is a form of discrimination based on race (Stember, 1978). Adams and Neville (2020) explored the complexity of sexual racism among Chinese and South Asians in Aotearoa and argued that racial discrimination exposes these groups of Asian MSM to being doubly marginalised. For example, Chinese and South Asian participants described the gay community as "hierarchical" (p. 517) and noted that discriminatory racial comments, such as "No Indians" and "No Asians," were not uncommon on dating apps (p. 517). On the other hand, an attraction based on ethnicity and race can also contribute negatively to racialised stereotypes and sexual racism, such as people who have "yellow fever" (preference for Asian men; Adams & Neville, 2020, p. 517), which has been well documented in many international studies (Howard, 2021; Lim & Anderson, 2021; Stacey & Forbes, 2021). While some Asian MSM argued that seeking ethnic preferences is an expression of racism, others considered it as an expression of sexual freedom or becoming desensitised, particularly among those who had lived in Aotearoa longer than five years (Adams & Neville, 2020).

Sexual health and layered identities

Literature based in Aotearoa New Zealand on migrant Asian MSM highlights how subscribing to a different culture than those existing in the country affects identity (Adams et al., 2019; Adams et al., 2020; Henrickson, 2006). Asian MSM in Aotearoa may hold multiple identities—as migrants and as members of an ethnic and sexual minority. These layered identities have the potential for different impacts on Asian MSM's sexual health. For example, the immigration status of Asian MSM determines their legal status and rights in a foreign country where automatic citizen rights do not exist, such as the eligibility to access public-funded health services and social welfare support. In contrast, migrants who fail to meet acceptable standards of health, including having certain sexual health conditions (e.g., HIV infection or Hepatitis B and C), could be negatively affected during their visa applications and immigration journeys.

Adams et al. (2020) suggested the migration pathway creates a tendency for migrants to prioritise more pressing issues in their lives, such as housing and employment, before their health and wellbeing, including accessing sexual health resources. In addition to immigration status, the length of time in Aotearoa New Zealand can also influence migrant Asian MSM's sexual health. For example, Neville and Adams (2016) interviewed 44 Chinese and South Asian MSM in Auckland and explored their views of HIV/STIs and health promotion in Aotearoa New Zealand. The authors noted that overall engagement in testing regularly remained low among Asian MSM. However, those living in Aotearoa New Zealand for more than five years were more likely to engage in regular HIV/STI testing (Neville & Adams, 2016).

Several studies (Henrickson, 2006; Neville & Adams, 2016; Omura et al., 2006; Peiris-John et al., 2016) found that cultural factors can influence perceptions of sex and sexuality, further contributing to stigma and impacting sexual health experiences among Asian people. Omura et al. (2006) suggested that Asian cultures do not encourage people to discuss sexual health openly in public. The reluctance to discuss sexual health with key informants, including health practitioners and educators, has created additional and greater barriers preventing Asian men from achieving better health outcomes (Omura et al., 2006). In addition, Adams et al. (2020) suggested that religion also plays a role in influencing Filipino MSM's sexual health. Filipino MSM participants in Adams et al. (2020) described their strong Catholic faith as contributing to Filipinos' conservative attitudes toward sex and sexuality. The effects of such cultural constraints hinder Filipino MSM from achieving good sexual health.

Peiris-John et al.'s (2016) study on stakeholder views on young Asians' health and wellbeing also found that young Asians are reluctant to talk openly about sexuality and sexual health at home due to intergenerational and cultural issues. Peiris-John et al. (2016) suggested that Asian parents were perceived as lacking awareness about sexual health due to language barriers and unfamiliarity with health systems in Aotearoa New Zealand. These challenges faced by Asian youth relating to their cultural identity during acculturation highlighted the importance of including their families in health promotion (Peiris-John et al., 2016).

The lack of culturally responsive promotion of sexual health also hinders ethnic minorities to access and utilise sexual health services. Neville and Adams (2016) found that some Asian MSM described previous campaigns as "highly and overtly sexualised" (p. 6), which clashed with their cultural beliefs. The respondents also stated that the majority of the models in the campaigns were White men. Neville and Adams (2016) suggested that White-dominant campaigns can discourage Asian gay men from accessing and utilising healthcare services because they do not fit comfortably into the targeted community. Omura et al. (2006) and Peiris-John et al. (2016) also suggested that multilingual and culturally appropriate health services are needed to improve Asian people's sexual health and overall wellbeing.

Knowledge of safer sex practices

With the development of medicine and a shift of the HIV landscape over the past two decades, a sex-positive approach has been employed in HIV prevention and safer sex practice promotion. Saxton et al. (2015) summarised five actions as part of the comprehensive HIV prevention approach in Aotearoa New Zealand: condom use; pre-exposure prophylaxis (PrEP); prompt testing; HIV antiretroviral treatment post-diagnosis; and vaccination against other STIs. Each action has advantages and disadvantages but can effectively prevent HIV and other STI infections (Saxton et al., 2015). Despite the general assumption that increasing knowledge improves practice, it is often not the case. Through the literature reviewed (Adams et al., 2020; Neville & Adams, 2016; Omura et al., 2006), it is evident that Asian MSM's knowledge about sexual health does not always translate into safer sex practices.

As described by Neville and Adams (2016), although Asian MSM have a "theoretical understanding of condom use as a 'desired' safe sex practice, it did not always translate into practice" (p. 4). Across multiple studies (Adams et al., 2019; Adams et al., 2020; Neville & Adams, 2016), inconsistent use of condoms was reported by many Asian MSM who provided various explanations, including no need to use them with their regular partners and difficulties using them with casual partners. For example, Filipino participants in Adam et al. (2020) reported that unprotected anal sex was prevalent with regular sex partners or partners in stable relationships where trust was built. Hence, using a condom during anal sex was deemed unnecessary. Neville and Adams' study (2016) on Chinese and South Asian MSM also supported this notion, with participants saying they do not have to use condoms in long-term, monogamous relationships. The perception of "unnecessary" use of condoms could pose risks to Asian MSM and their sexual health. Additionally, unprotected anal sex in hook-ups or with casual partners was also reported (Neville & Adams, 2016). Among scenarios where condoms were not consistently used, Neville and Adams (2016) suggested several findings, including Asian participants' lenient attitude toward condom use, the impact of condom use on sexual pleasure, and power dynamics to negotiate condom use during sex, which highlighted the vulnerability of some Asian MSM to sexual coercion.

Compared to a relatively good understanding and awareness of condom use, the alternative approach—PrEP to prevent HIV—tells a different story. Despite the effectiveness of PrEP in HIV prevention, the knowledge of HIV among Asian MSM is scant (Adams et al., 2019; Adams et al., 2020). In Adams et al.'s qualitative study (2019) on immigrant Asian MSM's understanding of PrEP, they discovered several misconceptions about PrEP. Foremost, some participants confused PrEP with Post-exposure Prophylaxis (PEP), an antiretroviral medicine taken shortly after exposure to HIV to prevent acquiring HIV infection (Adams et al., 2019). Secondly, some participants believed PrEP is a treatment for people living with HIV, a common misunderstanding of early PrEP knowledge, especially amongst some immigrant gay and bisexual Asian men (Adams et al., 2019). In addition, many participants were unaware of PrEP eligibility, and some assumed it was only funded for those at high risks, such as prostitutes or people with drug addictions (Adams et al., 2019). A few participants in Adams et al.'s (2019) study had some knowledge of PrEP. However, there was scepticism about the effectiveness and side effects of PrEP and, more importantly, its futility in preventing other STIs. Some participants said that PrEP, unlike condoms, could not provide a visible and physical barrier and a sense of safety to them (Adams et al., 2019).

Like inconsistent condom use, low levels of engagement in STI screening and testing were also evident among Asian MSM in multiple studies (Adams et al., 2020; Lachowsky et al., 2020; Neville & Adams, 2016). Neville and Adams (2016) explored the reasons behind low levels of testing among Chinese and South Asian MSM. Some participants did not get tested because they were in monogamous, long-term relationships and were "clean" from the virus and infections. The lack of awareness of needing regular sexual health screening was echoed in Adams et al.'s (2020) study on Filipino MSM. The authors found that giving priority to regular health screenings—for general and sexual health—was not a Filipino cultural norm or common practice. Adams et al. (2020) further explored other reasons behind the low levels of engagement with sexual health screening, including lack of education, unfamiliarity with accessibility to relevant sexual health services and resources structure of the healthcare system, and overtly sexualised HIV health promotion in Aotearoa.

Discussion

This narrative review included eight studies published between 2000 and 2021, focusing primarily on sexual health among Asian MSM in Aotearoa New Zealand. It is clear from the literature that there is an emerging concern for the sexual health and wellbeing of Asian men and MSM. The often-overlooked aspect presents challenges to improving individuals' sexual citizenship, which is integral to a person's holistic health and wellbeing. The social work profession plays a crucial role in mediating harm reduction, supporting access to social and health services, and advocating and protecting people's rights, particularly in response to HIV globally and sexual injustices that continue to occur (Henrickson et al., 2017; Lacombe-Duncan et al., 2021; Sen et al., 2017).

One crucial issue identified in this narrative review was the lack of social work perspectives and contributions to the response to sexual health and HIV in Aotearoa, particularly among Asian and MSM communities. During the search, the authors identified previous social work and sociology studies in Aotearoa New Zealand on sexual health among new Black African settlers living with HIV (Henrickson et al., 2013; Poindexter et al., 2013), Samoan youth (Veukiso-Ulugia, 2016), older sexual and gender minorities (Betts, 2020; Pack & Brown, 2017), and Chinese women (Yeung & English, 2016). As mentioned earlier, although social workers are well positioned to provide sexual health and HIV services, no professional stances in such field of practice are found in Aotearoa New Zealand. This narrative review can provide social workers in Aotearoa with insights into enhancing sexual citizenship through practice with service users with layered identities—in this article, Asian MSM—whose sexual citizenship is challenged by conduct, identity, and relationship-based rights claims (Richardson, 2000).

The findings of this narrative review suggest that stigma, discrimination, and prejudice toward sexuality and sexual health have contributed to the lack of awareness of sexual citizenship across Asian cultures. For migrant Asian MSM in Aotearoa, their immigration status and double minority identity have created barriers to fully exercising their identity-based sexual rights. Furthermore, the intersections of culture, race, ethnicity, sexuality and class have impacted Asian MSM sexual health and conduct and relationship-based sexual rights, including misconceptions of and challenges to negotiating safer sex practices and limited knowledge of means to prevent HIV and other STIs, which impacts the access and utilisation of relevant services. Systemic and cultural exposure to stigma and discrimination has partly been attributed to severe health disparities experienced by the LGBTQ community, together with inequalities in housing, education, and employment (Kia et al., 2021). Given the considerable influences of socioecological factors, such as intersectionality and social determinants of health, on people's sexual health outcomes and sexual citizenship, more attention is needed on the interpersonal, societal, and cultural levels, in addition to direct practice at the micro and individual levels (Gray et al., 2021). It is imperative for practitioners to develop a strong understanding of how environmental, situational, and other contextual factors impact Asian MSM's healthcare access, engagement, and outcomes (Natale & Moxley, 2009; Sen et al., 2017). The studies reviewed strongly call for the need for culturally responsive practice in response to Asian MSM's sexual health (Adams & Neville, 2020; Adams et al., 2019; Adams et al., 2020). Therefore, it is crucial to actively engage with Asian MSM to understand better what culturally responsive practice looks like from their perspectives instead of making assumptions (Han, 2009).

Where Richardson (2000) outlined three sub-streams of sexual rights to be considered under the umbrella of sexual citizenship, the authors argue for an expansion of this framing to include social worker advocacy and services that support different aspects of sexual citizenship in the public space. Henrickson (2015) proposed that social workers should utilise anti-oppressive practice (Dominelli, 2002) in response to issues related to sexuality and challenges of power inequalities faced by sexual and gender minorities. The social work profession's emphasis on cultural sensitivity and responsiveness in different contexts and settings can contribute to positive changes in Asian MSM's awareness of sexual citizenship and sexual health outcomes, such as decision-making agency on PrEP (Lacombe-Duncan et al., 2021), service engagement (Natale & Moxley, 2009), and uptake of HIV testing and HIV-related stigma (Sen et al., 2017).

By utilising anti-oppressive practices (Dominelli, 2002), social workers can take action to fight stigma and improve Asian MSM's sexual citizenship. Firstly, at the individual level, social workers should challenge heteronormativity and not make assumptions about the sexual identity or behaviour of any Asian male client they encounter (Henrickson, 2015). Furthermore, social work practice can focus on providing Asian MSM with accurate sexual health information and relevant resources to increase their knowledge and awareness. Later, at the cultural level, social workers can work alongside and with members of Asian MSM communities to challenge the stigma, oppression, and discrimination based on particular sexuality, race, and immigration identities (Natale & Moxley, 2009; Sen et al., 2017). Challenging the cultural norms of sexual citizenship can help improve access to, and utilise, sexual health services among Asian MSM. Finally, social workers can promote rights within social and public institutions. Developing social worker responses to structural oppression by deconstructing privilege and power that underpin stigma and discrimination toward sexual health will help validate sexual citizenship among Asian MSM. In addition, encouraging Asian MSM to undergo a self-defining process concerning sexual citizenship (e.g., individual sexual identities, sexual agency, etc.) and engaging them in research that informs best practices of navigating such processes can lead to greater capacity for action and influence policy and decision-making (Pack & Brown, 2017; Peiris-John et al., 2016).

Conclusion

As an integral part of an individual's health and wellbeing, sexual health is often overlooked and stigmatised by many, particularly among Asian MSM in Aotearoa New Zealand. Sexual stigma and discrimination have contributed to the lack of awareness of sexual citizenship among Asian MSM. Additionally, their layered identities are associated with challenges in fulfilling their sexual health needs. Social workers are perfectly positioned to engage in sexual health promotion and address stigma and health disparities among Asian MSM. For example, social workers can play a significant role in breaking these barriers by promoting quality sex education and sexual health information, providing responsive practices that meet the cultural needs of Asian MSM, and fighting against sex-related stigma and discrimination. However, this review found that there is a lack of scholarly social work perspectives and contributions to the response to sexual health and HIV in Aotearoa New Zealand. Further social work research is needed on Asian MSM, who can share their understanding and experiences of sexual health and sexual citizenship. The findings of potentially invaluable insights could contribute to developing increased culturally responsive support that meets Asian MSM's sexual health needs in Aotearoa New Zealand.

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ORIGINAL ARTICLE
QUALITATIVE RESEARCH

The rationale of non-smoking adolescents' use of electronic cigarettes (vaping): A scoping review

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ABSTRACT

INTRODUCTION: Although electronic cigarettes are primarily advertised as smoking cessation tools, recent studies found a significant increase of adolescents who are non-smokers initiating the use of electronic cigarettes, and the understanding of the rationale behind those non-smoking adolescents' use of electronic cigarettes is not yet well-established. Guided by the question "What factors increase the likelihood of non-smoking adolescents' use of electronic cigarettes?", this scoping review identifies the current landscape of scholarly explorations on this topic. It aims to provide heuristic implications on shaping the future research agenda that could enlighten social work interventions towards adolescents' use of electronic cigarettes.

METHODS*:* Nine electronic databases were searched and primary research articles exploring the reasons why adolescents (13–18 years of age) initiated their use of electronic cigarettes were screened. A PRISMA-ScR was used to record the results from the search strategy.

FINDINGS: Of the five studies retrieved from the database search, three were qualitative studies, and two were quantitative, with all five articles being from the United States. Thematic analysis was used and identified four key themes for the factors influencing the use of electronic cigarettes in this population of interest: personal relationships, social context, ease of access, and production features.

CONCLUSION: There is a significant gap in the literature around the reasons why adolescent non-smokers use electronic cigarettes. Conducting further research into this will expand the knowledge of social work practitioners and inform future, evidence-informed interventions and electronic cigarette cessation programmes to reduce the harm electronic cigarettes may have.

Keywords: Adolescents; youth; electronic cigarettes; vaping; influencing factors; social work

Amid a global pandemic, the youth of Aotearoa New Zealand also face another challenge, referred to in a local newspaper as the "vaping epidemic" (Russell, 2022). Electronic cigarettes (also known as vapes, the two terms are used interchangeably in this paper) were developed in 2003 to reduce the use of conventional cigarettes (Choucair, 2022) and their use has increased exponentially in recent years (Jerzyński et al., 2021). However, the number of youths who have taken up the habit without a prior history of smoking conventional cigarettes is significant, and with recent changes in legislation introducing restrictions around the use and selling of vapes and vape

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products (Smokefree Environments and Regulated Products (Vaping) Amendment Act, 2020), these teens are now experiencing some negative consequences as schools take a punitive approach to addressing this “vaping epidemic” (Russell, 2022).

To date, there has been little research on what motivates young people to start vaping. The findings from this study, on the one hand, have the potential to provide evidence to support significant changes to the way vaping is advertised and perceived in our society; on the other hand, these could provide social work practitioners with additional knowledge and understanding to more effectively support young people who are using, or at risk of using, electronic cigarettes. Particularly for social workers in schools, this study could support them in developing better interventions and resources to meet the needs as well as enhance the well-being of the young people impacted by vaping issues, in line with the expectations in the Aotearoa New Zealand social work Code of Ethics (Aotearoa New Zealand Association of Social Workers, 2019).

The aim of this research is to investigate the rationales behind why non-smoking adolescents start vaping. By understanding these motives, the hope is that targeted and specific measures can be created and put in place across society to address the rising numbers of young New Zealanders who are vaping. This includes not only addressing the challenges around vaping advertising and commercial regulations, as well as putting out the call for conducting further research under the chosen topic; but also, eventually the development of evidence-informed vaping cessation programmes that specifically address the unique cultural and societal contexts within this country. Internationally vaping cessation programmes have been developed based around existing tobacco reduction and control programmes, so they may not effectively take into account the differences in distinct societal and cultural settings where vaping behaviours are diversely developed (O’Connor et al., 2019). This carries vital implications for social work practitioners who are actively engaged in designing, implementing, and evaluating vaping interventions in Aotearoa New Zealand.

Background

The use of electronic cigarettes has increased exponentially in recent years, with high numbers of adolescents taking up the habit (Bandi et al., 2021; Food and Drug Administration, 2020). The statistics for Aotearoa New Zealand youth are incredibly high, with 38% of 13–18 years old in 2019 reporting having tried an electronic cigarette in the past and 66% of this population who have tried vaping had never smoked a conventional cigarette (Fleming et al., 2020). Internationally, Aotearoa New Zealand was identified as having one of the highest rates of non-smokers engaging in the use of electronic cigarettes among the countries surveyed (Yoong et al., 2018). This is incredibly concerning and begs the question: why are our non-smoking youth using electronic cigarettes?

In response to the growing concerns, many schools have adopted those well-intended legislations and regulations introduced by New Zealand Government, for instance, the aforementioned 2020 Smokefree Environments and Regulated Products (Vaping) Amendment Act, into a “zero-tolerance” approach which is seeing that students who are impacted by vaping issues at schools face immediate suspensions (Wiggins, 2021). Social workers work hard in the schools to ensure that the needs of students and their well-being are met and a part of this includes advocating for the students around policy change, in particular when the attendance of students at schools is largely impacted (Gherardi & Whittlesey-Jerome, 2018). Evidence indicated that, while this tough approach fails to provide constructively educational and supportive environments to address vaping issues among young people, it also unsurprisingly puts forward direct negative impacts on students who are associated with vaping issues/behaviours at schools (Wiggins, 2021). This situation could further leave the students open to exclusion and isolation, let alone the detrimental consequences, including health issues, if they are not encouraged to change their patterns of vape use.

Method

A scoping review was conducted to address the research question "what factors increase the likelihood of non-smoking adolescents' use of electronic cigarettes?".

The key search terms identified for this scoping review were "factors" or "influences" or "reasons" and "adolescents" or "adolescence" or "teenagers" or "youth" and "use" or "initiation" and "vaping" or "electronic cigarettes" or "e-cigarette". Excluded search terms were "smoking cessation" or "smoking cessation interventions" or "quit smoking".

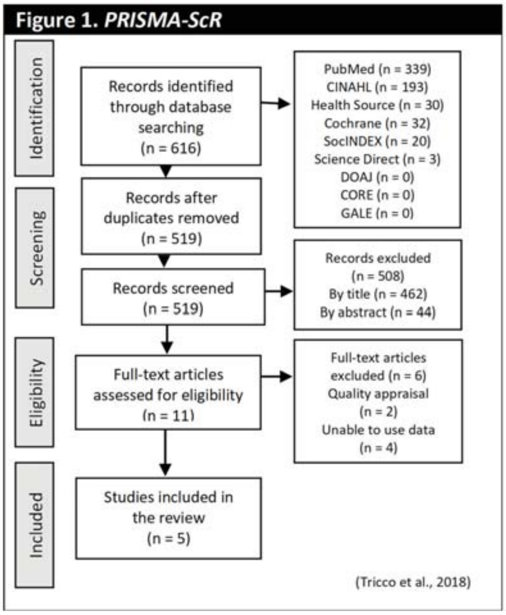
Table 1. ***Database search terms***

Terms used for database search - PubMed
("factors" or "influences" or "reasons") AND ("adolescents" or "adolescence" or "teenagers" or "youth") AND ("use" or "initiation") AND ("vaping" or "electronic cigarettes" or "e-cigarette") NOT ("smoking cessation" or "smoking cessation interventions" or "quit smoking") FILTERS: in the last 10 years, English text, Age 13-18
Terms used for database search – CINAHL, SocINDEX, Health Source: Nursing/Academic Edition, Science Direct, DOAJ, Cochrane, & CORE
("factors" or "influences" or "reasons") AND ("adolescents" or "adolescence" or "teenagers" or "youth") AND ("use" or "initiation") AND ("vaping" or "electronic cigarettes" or "e-cigarette") NOT ("smoking cessation" or "smoking cessation interventions" or "quit smoking") FILTERS: in the last 10 years, English text
Terms used for database search - GALE
"factors influencing" AND "adolescents" AND "use" AND "electronic cigarette" NOT "smoking cessation interventions"

Nine databases were searched (PubMed, CINAHL, SocINDEX, Health Source: Nursing/Academic Edition, Science Direct, Cochrane, CORE, DOAJ, and GALE) and the search terms used for each database can be seen in Table 1. The articles retrieved were then screened using the inclusion and exclusion criteria, first by title, and then by abstract. The remaining articles were then assessed for their quality using the JBI critical appraisal tools. At the completion of this process the results from the search strategy were recorded in a PRISMA-ScR table as seen in Figure 1.

This scoping review identified five relevant articles after the screening process, all of which originated in the United States. Three of the studies were qualitative, with the other two utilising quantitative research methods. Thematic analysis was used and resulted in 10 codes being identified across the five articles analysed (see Table 2). These codes were then refined further into four key themes which explore the reasons why non-smoking youth might be influenced to experiment with electronic cigarettes. These key themes were their personal relationships, the social context they are influenced by, the ease of obtaining electronic cigarettes, and the appealing features of electronic cigarettes.

Figure 1. ***PRISMA-ScR***



(Tricco et al., 2018)

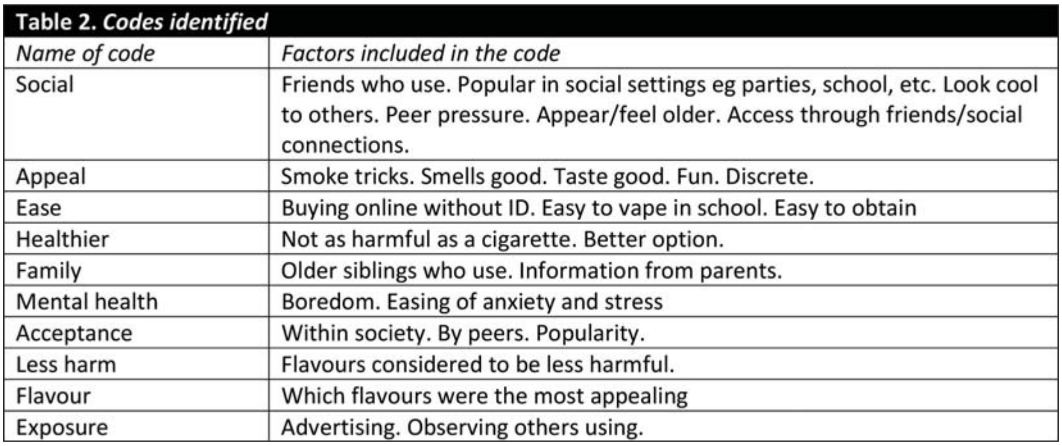


Table 2. *Codes identified*

Name of code	*Factors included in the code*
Social	Friends who use. Popular in social settings eg parties, school, etc. Look cool to others. Peer pressure. Appear/feel older. Access through friends/social connections.
Appeal	Smoke tricks. Smells good. Taste good. Fun. Discrete.
Ease	Buying online without ID. Easy to vape in school. Easy to obtain
Healthier	Not as harmful as a cigarette. Better option.
Family	Older siblings who use. Information from parents.
Mental health	Boredom. Easing of anxiety and stress
Acceptance	Within society. By peers. Popularity.
Less harm	Flavours considered to be less harmful.
Flavour	Which flavours were the most appealing
Exposure	Advertising. Observing others using.

Inclusion and exclusion criteria

The term *adolescents* was defined for this scoping review as those aged 13-18 years of age therefore, one of the key exclusions when completing the database search and the screening process for this scoping review was the ages of the participants of the studies. Any article that referenced the terms “young adults”, “college students” or “adult” in their title or abstract were removed from the results due to the participants being in the wrong age range for this specific review. Other reasons for exclusion were if the titles included the terms “dual users”, “tobacco use”, “substance use”, “initiation of cigarette use”, or referenced smoking cessation. When screening the abstracts, articles were excluded if they indicated that the articles were exploring the implications of youth vaping for health professionals or teachers, or if the article was based on intervention strategies. These articles were excluded as they did not match the criteria for the population of interest for this report.

Articles with the keywords “reasons”, “motivations”, “why”, “attitudes”, “appeal”, “curiosity” and “predictor” identified in their title were moved into the second stage of the screening process where the full-text articles were retrieved. Other inclusion criteria for this research report included primary studies of any methodological approach, articles from any geographical location in the world, studies completed within the last 10 years, studies that had gained ethical approval, and any studies that were written in English.

Findings

Personal relationships

One of the key themes that was prevalent in three of the five articles analysed was the impact that social relationships have on individuals and influencing their decision to use an electronic cigarette. Previous research has explored peer relationships in correlation to the use of tobacco products (Schaefer et al., 2013) and this scoping review found similarities in the importance of social empowerment for those who are vaping. The social relationships that influence non-smoking youth to start vaping not only includes their peer groups, but also the role-modelling they get from their families.

Peer relationships

Youth are influenced by the people within their peer group, therefore peer vaping behaviours could easily trigger other group members’ use of electronic cigarettes (Park et al., 2019). The teenage years are crucial in developing one’s personality and social standing, and this is a key age for navigating through peer relationships and networks (Hoffnung et al., 2016). Within society, vaping is seen as acceptable or healthier than smoking cigarettes, and because of this it holds a place within social circles (Park et al., 2019). An overwhelming majority of the quotes and data from this review show that peers play a large part in influencing young people to initiate their use of electronic cigarettes (Liu et al., 2021; Park et al., 2019; Wagoner et al., 2021).

Talking to friends and seeing peers vape is a major source of influence for both users and non-users, with many young people identifying that their main access to electronic cigarettes is through friends or other social connections (Liu et al., 2021; Park et al., 2019; Wagoner et al., 2021). In one study, every person who reported having tried a vape said that this was a result of a direct invitation from one of their friends who also vaped (Wagoner et al., 2021). However, this could also be linked to peer pressure, with a participant from the same study explaining that they only used electronic cigarettes due to the pressure of people telling them they should (Wagoner et al., 2021). Another study found that being pressured by friends is one of the common factors that leads to the use of vapes (Park et al., 2019). Vapes are often shared around and the desire for young people to fit in can influence them to experiment (Park et al., 2019). One young non-vaper from Park et al.'s study (2019) discussed how they would only try vaping to be able to hang out with the "cool people" and to appear cool. This perception of vaping being cool, or fun was common throughout this scoping review (Padon et al., 2018; Park et al., 2019; Wagoner et al., 2021).

Family influence

In this scoping review, families were found to play a part in whether the young person would experiment with vaping. Parents and other family members have a significant influence in shaping how their children view the world and their behaviours (Hoffnung et al., 2016). One study found that overall, those who had never used electronic cigarettes had heard negative information from their parents about vaping; however, those who had used in the past explained how their older siblings had influenced their views about vaping in a more positive light (Park et al., 2019). This, in part, is due to seeing others vape, including family members, being a major source of influence for both users and non-users (Park et al., 2019). For some of the participants, having an older sibling who uses electronic cigarettes resulted in these siblings being the ones who provided the vape products for use (Park et al., 2019). This highlighted the influence that family can have on a young person's decision to use electronic cigarettes.

Social context

The social setting where a tobacco product is introduced can have a strong influence on the decision to use that product for a young person (Schaefer et al., 2013). It is thought that vaping popularity has risen due to the acceptability of electronic cigarettes in society (Park et al., 2019). A participant from Park et al.'s (2019) study stated that the reason that vaping is so popular is because everyone is doing it, and people do not think twice when they see a teenager vaping. In another study, both those who vape, as well as those that do not, spoke about how their own social contexts played a part in their decisions to use (Liu et al., 2021). Vaping is common in most social settings and has been normalised within society (Liu et al., 2021; Park et al., 2019; Wagoner et al., 2021). Many teenagers vape during school time (Wagoner et al., 2021), although parties were also identified as a key location for the initiation of vaping as it can be seen as a more acceptable place to experiment (Liu et al., 2021). This scoping review found that the most common places that young people are vaping are at school, parties, athletic events, and around the shops in town (Liu et al., 2021; Park et al., 2019; Wagoner et al., 2021).

One of the studies analysed in this review specifically focused on the impacts of advertising and how this can influence young people to experiment with electronic cigarettes (Padon et al.,2018). At the end of the study, it found that 54% of youth who participated were susceptible to trying vaping within a year, and the more that they liked the advertisements they were exposed to, the more susceptible they became (Padon et al., 2018). Common reasons for liking advertisements were the actors used, the humour and visuals of the ad, as well as the ad quality and length of time (Padon et al., 2018). These findings highlight the significance of youth exposure to advertising and the importance of regulating how electronic cigarettes are marketed.

Ease of access

Two of the articles used in this scoping review identified that electronic cigarettes are easy to obtain, and this is part of their appeal in comparison to other products such as cigarettes and alcohol (Liu et al., 2021; Wagoner et al., 2021). Participants of one study discussed the lack of requirement for identification to buy vape products online compared to in-store purchasing and the ease of access via debit card (Liu et al., 2021). Other studies did not include specific quotes from their participants on their experiences of accessing vape products online, however they did acknowledge the ease in which their participants were able to access electronic cigarettes (Wagoner et al., 2021).

Product features

The features of electronic cigarettes also play a significant part in the appeal that it holds for young people. These devices smell and taste nice, are discrete, and there is a perception that they are not harmful to those who are using them.

The number one most appealing factor for vaping identified in this scoping review was the youth-friendly flavours and smells of the juice used in electronic cigarettes. This was identified by both vapers and non-vapers in the studies used, and there were many young people who stated that they would be unlikely to try electronic cigarettes if they did not have flavoured options (Liu et al., 2021; Wagoner et al., 2021). The flavours not only provide a nice taste for the person using the electronic cigarette, but also emit a sweet-smelling vapour, with both factors being linked with higher appeal to try vaping (Liu et al., 2021; Wagoner et al., 2021). In two of the studies, non-vapers spoke about the nice smells that flavoured vapes have (Liu et al., 2021; Wagoner et al., 2021), and other participants who vape also spoke about how electronic cigarettes are more accepted than conventional cigarettes as it provides a pleasant smell, meaning that they can use the vape in enclosed spaces, such as in cars, without others being offended (Park et al., 2019). One study questioned whether the perception of harm from vaping has been reduced due to flavours masking the harshness of the vapour, and if this is contributing to the interest in experimenting (Pepper et al., 2016). The participants in one study also believed that fruit-flavoured vapes were less harmful than tobacco-flavoured ones, and this may have contributed to the popularity of this flavour as identified in the last section (Pepper et al., 2016).

Two studies identified the discrete, visually appealing design as one appeal for using electronic cigarettes (Padon et al., 2018; Wagoner et al., 2021). Half the participants in one study agreed that vapes were considered to be high tech, and a third of the participants also thought that vapes were visually appealing (Padon et al., 2018). Both vapers and those who have never used reported that electronic cigarettes are discrete (Wagoner et al., 2021) and this may link into why vaping is so common in schools. If the devices are easy to hide then there is a lower chance of students being caught with vapes in school, and due to the normalisation of vaping the consequences if they get caught are likely to be lower than if they were to be caught smoking cigarettes (Wagoner et al., 2021).

One common theme that was found to be influencing young people's decisions to initiate their use was their perception that vaping was healthy, or just "not as bad" as smoking conventional cigarettes. In four of the five articles used for this scoping review, the perception of harm from electronic cigarettes was given as a reason why young people may be more likely to use (Liu et al., 2021; Padon et al., 2018; Park et al., 2019; Pepper et al., 2016). This could be for a variety of reasons, including how vaping is advertised and the presence of flavours changing how vaping is viewed. Currently, there is no understanding of the long-term effects that vaping may have on the user (World Health Organisation, 2020) and often electronic cigarettes are being advertised as a smoking cessation tool as they are a better alternative to smoking (World Health Organisation, 2021). However, this scoping review has found that, for young people, this message is being perceived as a reason to use electronic cigarettes. In one of the studies the participants stated that they considered vaping to be a better option than using either conventional cigarettes or smoking cannabis (Park et al., 2019).

Discussion

The relationships that young people form during their teenage years can have a significant impact on the way they view themselves and the world (Hoffnung et al., 2016). During adolescence, young people are going through the identity versus role confusion stage of Erikson's developmental stages (Hoffnung et al., 2016), and therefore, if they have poor relationships at home then their desire for connection with their peers may be even stronger (Hoffnung et al., 2016). As a result, the young person may be more likely to use electronic cigarettes when their peer group carries a vaping culture as a way to fit it, or even to meet new people as this develops a sense of community (Liu et al., 2021; Park et al., 2019; Wagoner et al., 2021). As this scoping review found, those who vape often do it with their friends, therefore initiating vaping can be an easy way to find and interact with new friends. As social workers, building connections with the young people who are accessing support can have a positive influence on those vaping, by providing support to build resilience skills against peer pressure (Wagoner et al., 2021). With the support of the social workers in schools, these connections and whanaungatanga can be built on and developed into a new culture, where the students are moving away from vaping and are able to connect with their peers over more positive habits.

This scoping review highlighted the lack of research available, not only in Aotearoa New Zealand, but internationally, around vaping. The perception that people hold around vaping is a key contributing factor to why youth are initiating their use, and therefore education is needed to address this. Ideally, young people in Aotearoa New Zealand would not begin their use of electronic cigarettes; however, with the high rates of those already using, a harm-reduction approach may benefit this population to reduce the harm of electronic cigarettes and also align with the New Zealand National Drug Policy which focuses on harm reduction (Inter-Agency Committee on Drugs, 2015). Having knowledge on the impacts of electronic cigarettes may also open the door for the young person to learn more about what they are doing and allow them to make more informed decisions. The flow-on effect from this is that entire friend groups may decide to reduce or stop their use of electronic cigarettes, which can demonstrate positive peer influence (Wagoner et al., 2021). As a social worker, ensuring that people are free to make their own decisions, based on informed consent, falls under the value of rangatiratanga in the *Code of Ethics* (Aotearoa New Zealand Association of Social Workers, 2019), and therefore it is of importance that social workers in schools are able to provide this to the students they work alongside. Not only this, but being able to assess the use of the students, and make external referrals for additional support if needed is a key part of the social worker role (Gherardi & Whittlesey-Jerome, 2018).

This scoping review also found that one of the primary places where young people are using electronic cigarettes is in schools (Liu et al., 2021; Park et al., 2019; Wagoner et al., 2021) and in Aotearoa New Zealand there was an aforementioned legislation passed in 2020 to address vaping: the Smokefree Environments and Regulated Products (Vaping) Amendment Act (2020) (hereinafter referred to as the Act). The Act targets several of the themes identified in this scoping review including vaping in schools and other social contexts. From November 11, 2020, the Act prohibits people from vaping in schools and other venues, and from November 28, 2021, vaping in motor vehicles in the presence of anyone under the age of 18 was also prohibited (Smokefree Environments and Regulated Products (Vaping) Amendment Act, 2020). While these restrictions are well-intended, the outcome is that many schools are now taking a punitive approach to students who are vaping, as opposed to a supportive one. The role that social workers can play in this is to advocate for the students and their right to education (Gherardi & Whittlesey-Jerome, 2018) and they can also challenge the policies and structures within the schools to enhance the wellbeing of students by reducing the suspensions, and increasing the supports put in place for the students who are vaping (Gherardi & Whittlesey-Jerome, 2018).

One of the studies used for this scoping review explored what flavours were the most attractive to young people, and the results from this found that fruit flavours were the most popular and were almost six times more likely to spark interest for young people than tobacco-flavoured electronic cigarettes (Pepper et al., 2016). Another way that the Act is targeting the younger population's vaping habits is by enforcing restrictions on the flavours that can be sold, and where they can be purchased from. In Aotearoa New Zealand it was prohibited to sell vape products to those under the age of 18 from November 11, 2020, and from August 11, 2021 only retailers who have applied and been accepted as specialist vape retailers are able to sell flavours other than menthol, tobacco, and mint (Smokefree Environments and Regulated Products (Vaping) Amendment Act, 2020). This does mean that dairies and convenience stores are no longer able to sell the youth-friendly flavours; however, young people are still able to access the flavoured vape juices online without the requirement to prove their age with identification (Taunton, 2021). This means underage users are still able to access the prohibited substance despite the legislation. More needs to be done to regulate and monitor these online vape stores to achieve the desired outcome of young people being unable to access electronic cigarettes and the associated products.

Conclusion

The findings of this scoping review support evidence found in a qualitative study conducted to explore the difference in smoking cessation and vaping cessation (Sanchez et al., 2021). While there are similarities in the reasons why people want to stop their use of conventional and electronic cigarettes, and barriers to them being able to achieve this, there are also differences that need to be taken into account. The primary differences that have been found between smoking conventional cigarettes and electronic cigarettes are the enjoyment that electronic cigarette users get from the flavours, the appeal of the discreteness and convenience of the device, the lack of trusted information to support them to be able to quit, and also the social acceptance that vaping has (Sanchez et al., 2021). This is why it is crucial that evidence-informed vaping cessation frameworks are created to address the specific needs of those wanting to quit, as opposed to basing vaping-cessation programmes off existing smoking-cessation frameworks.

Overall, this scoping review confirms that there is a significant lack of research that has been conducted into the reasons why non-smoking adolescents are using electronic cigarettes, as evidenced by only finding five relevant articles which addressed the research question. As this paper is written in Aotearoa New Zealand, the primary population of interest is the youth living in this country; however, all five studies included in this scoping review are from the United States. This means that the studies may not necessarily address the diverse cultural needs or aspects of electronic cigarette use in this country. However, within the five articles found there were four key themes which were prevalent in exploring why non-smoking adolescents are choosing to initiate the use of electronic cigarettes. These themes included the influence of personal relationships, social contexts, the ease of obtaining electronic cigarettes for young people and the appeal of product features. While it is beneficial to begin to understand the motivations behind why young people are using electronic cigarettes, the lack of available research has limitations on the ability to inform policy and social practice.

This scoping review is relevant to social workers as they are the ones who can stand up and challenge the schools on taking the "easy approach" of standing students down, and instead encourage schools to invest in their pastoral care teams to educate those vaping and work towards better health and social outcomes. This can be done by providing support to those vaping rather than just punishing them without support put in place to address the behaviour. This would start with a harm-reduction approach rather than a punitive one to ensure that those who are vaping do not experience exclusion from school or other activities based on their decisions, and could go as far as challenging the legislation so that it is reviewed and reflects a harm-reduction approach to this widely experienced issue. Ultimately, policies need to adapt their approach to vaping for those under 18 years old considering the lack of action taken by the government to address advertising aimed towards the younger population when vaping was first introduced in Aotearoa New Zealand (Robertson & Hoek, 2022).

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Asian communities' well-being in Aotearoa during Covid-19: The mitigating role of sense of belonging in the relationship between racism and life satisfaction

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ABSTRACT

INTRODUCTION: Anti-Asian racism was a feature of the social response to the Covid-19 pandemic, and its impact on the well-being of Asian communities warrants closer examination. The current study aimed to gauge whether the sense of belonging mitigated the adverse effects of racism on life satisfaction for self-identified Asian New Zealanders.

METHODS: This analysis included 1341 responses to a cross-sectional online survey conducted in 2021. Descriptive analyses outline how components of a sense of belonging were distributed among participants and those who experienced racism during the Covid-19 pandemic. We used linear regression to examine the role of a sense of belonging as a potential pathway variable in the association between experiencing racism and life satisfaction.

FINDINGS: In this survey, four out of 10 participants reported experiencing racism in the first 18 months of the pandemic. Participants' life satisfaction decreased slightly since January 2020 ($p<0.001$). Experiencing racism was associated with decreased life satisfaction. All the components of sense of belonging reduced the magnitude of this negative association between racism experience and life satisfaction, in particular, expressing one's own ethnic identity and belonging in Aotearoa.

CONCLUSIONS: Given that anti-Asian racism is currently a feature of life and a significant stressor during the pandemic, this study provides empirical evidence of the protective role of a sense of belonging against anti-Asian racism. This study focused on Asian members in Aotearoa New Zealand, but its practical implications have the potential to support other minoritised ethnic communities who also experience racism during the pandemic and beyond.

Keywords: Racism; Sense of belonging; Life satisfaction; Covid-19; Asian communities in Aotearoa New Zealand; Migrant health and well-being

The spread of Covid-19 in Aotearoa New Zealand has been accompanied by an increase in discrimination, stigma, and racism toward individuals within the aggregated Asian ethnicity grouping (Nielsen, 2021). Chinese and other Asian groups have been blamed for Covid-19 in Aotearoa (Nguyen et al., 2021). The media reported incidents of Asian people being harassed after the spread of Covid-19 in Aotearoa (Te, 2020). The Human Rights Commission recorded historically large

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numbers of complaints in the early months of Covid-19 in 2020. Over 110 complaints and inquiries related to Covid-related discrimination, including experiences of racial harassment and verbal abuse in person and online, were reported to the Commission (Clent, 2020). Recent research on Asians' experiences of racism since the outbreak of the Covid-19 pandemic reveals that four out of 10 Asian respondents experienced some form of racism at the individual level in Aotearoa New Zealand since the start of the Covid-19 outbreak (Jaung et al., 2022).

Foundations of anti-Asian racism in Aotearoa

Racism is a structured system of power in which ethnic groups are classified and ranked based on ideologies of superiority and inferiority within specific historical contexts (Garner, 2017). Racism encompasses inequitable treatment against a targeted group at individual, institutional, and societal levels across multiple social domains (Humpage, 2001). Racism in Aotearoa New Zealand is inextricably linked to the history of colonisation and ongoing coloniality, and racism against other racialised groups should be discussed within this context (Reid et al., 2019). Research conducted in Aotearoa New Zealand before the Covid-19 pandemic reveals that the highest levels of racism are experienced by the aggregated Asian ethnic groups, along with Māori and Pacific peoples (Harris et al., 2012; Harris et al., 2018). Racism and white supremacy are perpetuated differently against different racialised people in Aotearoa, including various groups within the aggregated Asian ethnic grouping (Simon-Kumar et al., 2022). The construction of the Asian aggregate grouping and the way it homogenises the diverse groups contained within this category are an expression of how racial hierarchies operate in Aotearoa New Zealand.

Racism against Asian peoples in Aotearoa is informed by some ideas which are common to many western societies. The racist concept of *yellow peril* represents white people's belief that Asian immigration poses an existential threat to Western civilisation and its economic systems (Cho, 2021). This attitude is the basis of systemic and cultural anti-Asian racism, including anti-Asian legislation in Aotearoa. The poll tax, for instance, was exclusively applied to Chinese immigrants to Aotearoa New Zealand from 1881 until it was ultimately repealed in 1944, but several other regulations ensured that Aotearoa effectively maintained an anti-Chinese immigration policy throughout most of the 20th century (Ip, 2015).

Explicit preference for immigrants from the United Kingdom and other European countries was abolished in 1987 (Humpage, 2001). Since then, the population identifying with at least one Asian ethnicity group, including those born in Aotearoa New Zealand, increased more than 13 times, from 53,883 to 707,598 between 1986 and 2018 (Statistics New Zealand, 2018a). The aggregated Asian ethnic group is the third largest ethnic group (15.1%) in Aotearoa, after European (70.2 %) and Māori (16.5%), according to the 2018 census (Asia Media Centre, 2020). Nevertheless, the dominant cultural groups tend to regard them as outsiders or *perpetual foreigners* (Te, 2021), a societal position which has been associated with lower levels of social belonging and life satisfaction (Huynh et al., 2011).

Although less explicit than historical examples, institutional racism continues to harm Asian and other minoritised ethnic communities in Aotearoa New Zealand. Immigration policies continue to seek a specific type of *social cohesion*—favouring migrants with English proficiency but not other national languages: te reo Māori and New Zealand sign language (Kukutai & Rata, 2017), and the currently dominant neoliberal ideology driving policy-making favours migrants from high-income countries that share the culture of "mainstream New Zealand society"

(Simon-Kumar, 2015). Migrants are often framed in negative and racialised terms by politicians who present migrants as a threat to "Kiwi traditional values" (Chen, 2017; Ng, 2017; Simon-Kumar, 2015) and as a burden on Aotearoa New Zealand's resources, as in the case of Labour Party politician Phil Twyford's "Chinese sounding names" campaign (Hunt, 2015).

Racial microaggressions, such as persistently enquiring about the country of origin, are frequently used to maintain the stereotype of perceiving Asians as forever foreigners (Sue et al., 2007). The frequently asked question, "Where are you from?", reveals a verbal form of racial microaggression that reflects the exclusivity of *being Asian* and *being a New Zealander*. Although *casual*, *everyday*, *indirect* racism makes up the bulk of personally mediated racism that people of minoritised ethnic backgrounds experience, violent and racist hate crimes are also a feature of life in Aotearoa New Zealand (Human Rights Commission, 2019), including the 2019 Christchurch Mosque Terror Attack.

The impact of Covid-19 related anti-Asian racism

The prevalence of racist incidents in the Covid-19 period is significant because exposure to racism is a well-established social determinant of health and well-being among minoritised ethnic groups, including Asian members (R. Harris et al., 2006, 2012; R. B. Harris et al., 2018; Paine & Stanley, 2020; Talamaivao et al., 2020). In a survey conducted by Jaung and colleagues (2022) in Aotearoa New Zealand, data from 1452 Asian respondents revealed that 24% of individuals had seen a decrease in life satisfaction since the start of the pandemic, going from satisfied to indifferent or unsatisfied. However, Asians who were not subjected to racism during the Covid-19 pandemic had more than double the likelihood of having a higher prevalence of life satisfaction than those subjected to racism (Jaung et al., 2022).

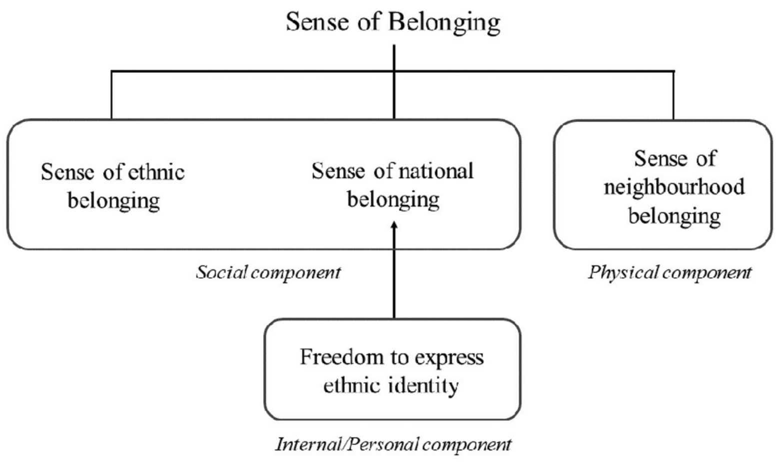
While Covid-19-related, anti-Asian racism is a pervasive social stressor for Asian people living in Aotearoa New Zealand and a barrier to achieving satisfaction in life, it can be moderated by other factors. Studies found that a sense of belonging is a protective factor that buffers against the adverse effects of racism on well-being (Choi et al., 2021; Cobb et al., 2019; Daley et al., 2018; Huang, 2020; Lewis et al., 2021; Straiton et al., 2019). Examining the potential pathway role of a sense of belonging during the pandemic is particularly important because the surge of Covid-19-related anti-Asian racism may have posed an existential threat to Asian members in Aotearoa New Zealand and made maintaining a sense of belonging more challenging. Therefore, the analysis presented in this article sought to provide empirical evidence to gauge the extent to which a sense of belonging potentially moderated the association between Covid-19-related racism and life satisfaction in Aotearoa New Zealand. While the focus of this study was the experiences of Asian New Zealanders, we acknowledge that other ethnic groups, including Māori, Pacific peoples and those in the Middle Eastern, Latin American, and African ethnic grouping also experienced racism during the pandemic. Understanding commonalities and differences in our experiences are essential for ensuring that future pandemic responses are equitable and fit for purpose for all communities in Aotearoa New Zealand.

Sense of belonging

Sense of belonging refers to the extent to which individuals feel involved in or that they are an integral part of the community (Hagerty et al., 1992). A community can be understood as *system* encompassing both relationships and organisations, or *environment* including the natural or cultural (Hagerty et al., 1992). Experiencing a sense of belonging thus can occur in different groups and at different levels, such as family, neighbourhood, region, a company or organisation, religion, an ethnic group, or a country as a whole. This study looks at three important arenas for ethnic minority groups' belonging in society: the local community (sense of neighbourhood belonging), the larger society (sense of national belonging and freedom to express ethnic identity), and one's ethnic group (sense of ethnic belonging). To conceptualize the components of the sense of belonging in this study, refer to Figure 1.

Local community or neighbourhood is a setting that can provide a sense of belonging or exclusion in relation to social interactions with other residents in the area where they settle (Young et al., 2004). According to a study on the sense of community in Aotearoa New Zealand neighbourhoods, the sense of neighbourhood belonging was lower among European New Zealanders and higher among Māori, Pacific, and Asian participants (Sengupta et al., 2013). A study on sense of neighbourhood belonging in Canada showed that discrimination experiences were a main impediment for recent immigrants developing a sense of neighbourhood belonging, along with employment status and English fluency (Salami et al., 2019). Nevertheless, compared to the non-migrant background residents, residents with immigration backgrounds were likely to place more value in knowing their neighbours on a first-name basis as an indicator of a fulfilling sense of belonging in the neighbourhood (Kitchen et al., 2015).

Figure 1: Sense of Belonging Components



A sense of belonging can occur through identification with broader society at a national level and within one's ethnic group (Zdrenka et al., 2015). Sense of national belonging refers to the feeling of being connected to society at large. By contrast, sense of ethnic belonging refers to the extent to which one relates to one's own ethnic group. Though social identity theory suggests that individuals tend to favourably differentiate their social groups from other groups (Tajfel & Turner, 1986), a sense of ethnic belonging does not necessarily require negative association with a sense of national belonging (Brewer, 1999).

Research has shown that feeling supported in identifying with one's ethnic group contributes to a greater sense of national belonging for immigrants (Moradi et al., 2019). Social identity theory explains the factors that influence one's identity expression. People express their identities by considering the salience of identity in a given social context and judging its appropriateness to express their identities (Reicher et al., 1995). This means that, in some situations, people may conceal an identity associated with a stigmatised group or understate an identity they believe the audience will not accept (Mok, 2019; Tajfel, 1981). In this sense, not expressing one's ethnic identity may protect one from rejection by others, but it comes at the expense of not having their identity recognised, respected, and accepted by members of the larger society. Thus, the ease with which one can express one's ethnic identity may increase one's sense of acceptance by the larger society and national belonging.

Social identity theory posits that group membership is an integral part of positive self-concept and identifying with national or ethnic groups increases one's subjective well-being (Tajfel & Turner, 1986). Other studies using data from a representative worldwide poll show that having a sense of national belonging positively predicts one's life satisfaction (Morrison et al., 2011). Similarly, a sense of ethnic belonging has been consistently linked to positive outcomes such as psychological and subjective well-being (Diaz & Bui, 2017). In an Aotearoa New Zealand context, maintaining both senses of national and ethnic belonging was linked to better well-being outcomes, including life satisfaction (Ward, 2009).

Sense of belonging and discrimination

Previous research on the relationship between discrimination and sense of belonging has been based on two primary models: the rejection–identification mode and the rejection–disidentification model. The former contends that racialised group members increase their identification within their ethnic group to protect their self-esteem and sense of well-being in the face of discrimination (Branscombe et al., 1999). Although perceived discrimination harms well-being, an increased sense of ethnic belonging plays a positive mediating role in this relationship according to this model. On the other hand, the latter suggests that perceived discrimination increases hostile attitudes towards the privileged larger-society members and hampers identification with the larger society (Jasinskaja-Lahti et al., 2009). These two models contribute to an understanding of discrimination by framing discrimination as potentially strengthening ethnic belonging while weakening national belonging. However, expressing one's ethnic identity may not always benefit the members of minoritised ethnic groups, as suggested by the rejection–identification model, particularly for some Asian groups, in mediating or moderating the effects of discrimination (Lee, 2003).

Research aim

Given the established protective role of a sense of belonging against the adverse effects of racism on individual well-being (Choi et al., 2021; Cobb et al., 2019; Daley et al., 2018; Huang, 2020; Lewis et al., 2021; Straiton et al., 2019), it is imperative to investigate whether this protective effect extends to Covid-19-related racism within the context of Aotearoa New Zealand. The primary objective of this study, therefore, is to examine the potential pathway effect of a sense of belonging on the association between Covid-19-related racism and life satisfaction in Aotearoa New Zealand with the aim of providing empirical evidence on the extent to which a sense of belonging can act as a buffer against the negative impact of racism on individual well-being during the pandemic. In this paper, we first examine the distribution of responses for the components of sense of belonging by the experience of racism in order to identify its association. Subsequently, we closely investigate the association between each component of sense of belonging and life satisfaction since the onset of Covid-19. Finally, we explore the potential moderating role of the components of sense of belonging in the association between racism and life satisfaction.

Methods

This research used a cross-sectional self-report online survey design to understand the patterns of racism, sense of belonging, and life satisfaction experienced by Asians in Aotearoa New Zealand in the Covid-19 context, while identifying the potential pathway roles of sense of belonging in the association between racism experiences and life satisfaction.

Positionality

This research was designed and implemented by a multidisciplinary research team (Health, Social Work, Asian Studies, Sociology) based at the University of Auckland and Goethe University Frankfurt. As a research team, we recognise our position and responsibilities as tangata Tiriti in relation to Māori, who are the Indigenous people of Aotearoa

New Zealand. Our study intersects with our responsibilities outlined in te Tiriti o Waitangi in the goal of ōritetanga (Article 3), as racism is a barrier to equity for both Māori and Asian communities, and anti-racist actions contribute to equity for all racialised peoples. Our work is informed by the work of Māori scholars on racism in Aotearoa New Zealand, including the Whakatika survey (Smith et al., 2021) and the body of works exploring how racism operates as a determinant of health (summarised in part by Talamaivao et al., 2020). We aim to bring an explicitly anti-racist position to this study but understand that racism materialises in diverse ways and intersects with other forms of discrimination. We also acknowledge that although we are a part of diverse Asian communities in Aotearoa New Zealand, racism is experienced in specific and contextualised ways, and there are inequities in our capacity to mitigate the harms of racism (Simon-Kumar et al., 2022). We do not claim to represent them entirely, nor do we aim to describe a universal *Asian experience*.

Procedure

Ethical approval was granted by the University of Auckland Human Participants Ethics Committee (Reference no. 22517). The participant criteria included being 16 years or older and self-identifying as an Asian living in Aotearoa New Zealand at the time of survey. Before launching the online survey using Qualtrics software, the research team adapted the survey based on the feedback from 10 pilot study participants. To expand the reach of the survey to the Asian population who do not have English as their first language, the research team made the decision to translate the survey into Asian languages. However, in order to ensure the survey was distributed in a timely manner, the team decided to limit the translation to Mandarin, Korean, and Japanese only. Professional translators translated the revised survey into the three languages. Afterward, nine bilingual reviewers rated the functional equivalence of the translation, and three versions of the translated survey were adapted accordingly.

Between August and September of 2021, when the delta variant of the Coronavirus was dominant worldwide, participant recruitment was conducted for six weeks. In order to recruit the targeted population, we employed non-probabilistic purposive and snowball sampling techniques (Goodman, 2011; Teddlie & Yu, 2007). In addition, we used both community networks and online channels to advertise the survey. The survey was disseminated among Asian groups through various social networks (e.g., health workforce, universities, Asian community-related groups, Asian ethnic media and local media). To reach a wider targeted population across Aotearoa New Zealand, we also used social media (e.g., Facebook and Instagram) to advertise the survey. A participant information sheet was presented at the beginning stage of survey participation to inform participants of the aims and design of this research. Participants were able to select their preferred survey language.

Measures

The research team measured racism experiences by modifying the General Social Survey (Statistics New Zealand, 2018b). Participants were asked whether they had experienced direct or indirect discrimination due to their ethnicity in Aotearoa New Zealand since the start of the Covid-19 pandemic (i.e., from January 2020 until now), with three response options, “yes,” “no,” and “prefer not to answer.” We measured the impact of experiences of racism on the respondents’ lives before and since Covid-19 on a five-point scale (1 = a lot, 2 = quite a lot, 3 = moderately, 4 = a little bit, 5 = not at all).

Next, by modifying the Human Rights Commission’s questionnaire (Nielsen, 2021) and Social Report (Ministry of Social Development, 2016), the sense of belonging was measured in the following components on a five-point scale

(1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, 5 = strongly agree); 1) Sense of neighbourhood belonging: "I feel a sense of belonging to my local area or neighbourhood"; 2) Sense of ethnic belonging: "I feel a sense of belonging to my ethnic community"; 3) Sense of national belonging: "I feel a sense of belonging to New Zealand"; and 4) Freedom to express ethnic identity: "I feel that I can fully express my ethnicity in New Zealand."

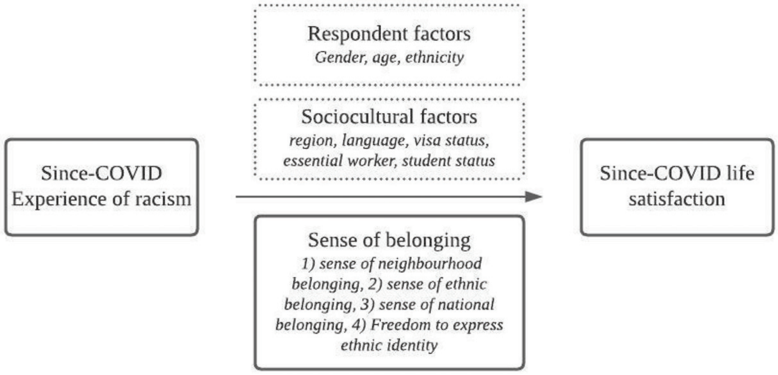
Levels of life satisfaction were measured by modifying a question from the Covid-19 Health and Well-being Survey (Ministry of Health, 2021). Participants were asked to rate how satisfied they were/are with their life in New Zealand before and since Covid on a five-point scale: (1 = very dissatisfied; 2 = dissatisfied; 3 = neutral; 4 = satisfied; 5 = very satisfied). Lastly, socio-demographic information was collected from the questions about gender, age group, ethnicity, first language, visa status, educational status, essential worker status, and residential area.

Data analysis

Figure 2 depicts the conceptual model used in this study. The exposure variable was since-Covid experience of racism, the outcome variable was since-Covid life satisfaction and the components of sense of belonging were treated as potential pathway variables. Responses with missing racism experience (did not answer or answered "Prefer not to respond" to racism question), sense of belonging component (did not answer), and outcome variables (did not answer life satisfaction questions) were excluded from the analysis.

Data analysis was performed using Stata/IC (version 16, StataCorp, College Station, TX). Descriptive summaries and prevalence of experiences of racism were analysed by: gender (female, male, another gender), age group (16-29, 30-59, ≥60), total response ethnicity for prioritised ethnic group (Chinese, Indian, Korean, Southeast Asian, Other Asian), English as first language, visa status (temporary/permanent), student status, essential worker status, and region (Auckland/other, urban area[i]/other). Continuous data were described using mean and standard deviation and tested for associations using two sample *t*-tests or ANOVA. Categorical data were described using count and proportion, and group difference was analysed using chi-square tests.

Figure 2: Proposed Association Between Since-Covid Experiences of Racism and Life Satisfaction in Aotearoa New Zealand with the Potential Modifying Role of Sense of Belonging



The role of the components of sense of belonging, potential pathway variables and confounding variables in the relationship between any experiences of racism (binary) and since-Covid life satisfaction (5-point scale) was then examined by building consecutive linear regression models where covariates were added sequentially:

1. Baseline model (M0)
2. Add confounding respondent characteristics (gender, age group, ethnicity) to M0 (M1)
3. Add sociocultural factors (language, residency status, student status, essential worker status, region) to M1 (M2)
4. Add sense of belonging components, separately, to M2 (M3a-d)
   - Sense of neighbourhood belonging (M3a)
   - Sense of ethnic belonging (M3b)
   - Sense of national belonging (M3c)
   - Freedom to express ethnic identity (M3d)

Results

Of the 2204 initial responses, we removed cases in which only the socio-demographic questions were answered (742 responses). Next, 10 cases which did not meet the recruitment criteria were deleted. From the remaining 1452 responses, 111 cases had incomplete data, including 34 cases who responded "prefer not to answer" to the racism question. A total of 1341 participants were included in the final analysis. The socio-demographic profile of the 1341 included and 111 excluded cases are outlined in Table 1. The overall proportion of participants who experienced racism in the study was 39.9%. A total of 535 participants responded that they had experienced direct or indirect racial racism since the Covid-19 pandemic. The experiences of racism by sub-group is in a previous publication (Jaung et al., 2022).

Sense of belonging

The distribution of responses for the components of sense of belonging is outlined in Table 2. Most participants had neutral or positive responses for all of the components. More than 40% of respondents agreed that they feel a sense of neighbourhood and ethnic belonging, while almost 60% agreed that they have a sense of national belonging and the freedom to express their ethnic identity.

Racism and sense of belonging

Table 3 displays the distribution of the component of sense of belonging by experience of racism. Not experiencing racism was associated with higher mean responses to all four components of sense of belonging. The strongest association was found in the sense of national belonging and freedom to express one's ethnic identity.

Sense of belonging and life satisfaction

Overall, respondents' life satisfaction dropped from $m = 3.88$ ($sd = 0.80$, 95% CI 3.84-3.91) before-Covid to $m = 3.62$ ($sd = 1.05$, 95% CI 3.56-3.68) since-Covid ($p<0.001$). A similar decrease was observed across all the demographic and social categories in this study. Table 4 displays the association between each component of sense of belonging and since-Covid life satisfaction. Although there was a statistically significant association between positive responses to each component and higher life satisfaction, the strength of association was greatest for expressing one's ethnic identity and sense of national belonging.

Sense of belonging as a potential pathway factor

Table 5 summarises the findings from the sequential linear regression models used to explore the association between racism and since-Covid life satisfaction (M0) and whether it is impacted by potential pathway variables: demographic factors (M1), sociocultural factors (M2) and the sense of belonging components (M3a-d).

At baseline (M0), experiencing racism was associated with a 0.49 unit decrease in since-Covid life satisfaction. This association was attenuated after adjusting for demographic (-0.48) and sociocultural (-0.45) (M1 and M2). All the components of sense of belonging reduced the magnitude of the associated further, in particular, expressing one's own ethnic identity (-0.30) and a sense of national belonging (-0.25).

The components of sense of belonging were all associated with increased since-Covid life satisfaction. Sense of national belonging had the largest magnitude of effect with a 0.40 unit increase in since-Covid life satisfaction. Sense of ethnic belonging had the smallest effect on since-Covid life satisfaction (0.18) and on the association between racism and life satisfaction (-0.40).

Discussion

This study provides local insights into the surge of anti-Asian racism during the first

Table 1. Sociodemographic Profiles of Included and Excluded Eligible Participants

Socio-demographic profile	Eligible participants		Significance of difference
	Included(%) (*n* = 1,341)	Excluded for incomplete responses (%) (*n* = 111)	Chi-square (*df*)
Gender			
Female (974)	907 (67.6)	67 (60.4)	ns
Male (459)	417 (31.0)	42 (37.8)	
Another Gender (19)	17 (1.3)	2 (1.8)	
Age groups			
Youth/young adults (468)	440 (32.2)	28 (25.2)	ns
Adult (887)	809 (60.3)	78 (70.3)	
Older Adult (97)	92 (6.7)	5 (4.5)	
Prioritised ethnicity			
Chinese (406)	375 (28.0)	31 (27.9)	ns
Indian (149)	133 (9.9)	16 (14.4)	
Korean (506)	474 (35.4)	32 (28.8)	
Southeast Asian (247)	229 (17.1)	18 (16.2)	
Other Asian (144)	130 (9.7)	14 (12.6)	
First language			
English (401)	370 (27.6)	31 (27.9)	ns
Other (1051)	971 (72.4)	80 (72.1)	
Visa status			
Permanent (1,170)	1090 (81.3)	80 (72.1)	5.6 (1)*
Temporary (282)	251 (18.7)	31 (27.9)	
Student status			
High School (40)	35 (2.6)	5 (4.5)	ns
Tertiary/ other (329)	310 (23.1)	19 (17.1)	
Not a student (1,083)	996 (74.6)	87 (78.4)	
Essential worker			
Essential (504)	465 (34.7)	39 (35.1)	ns
Non-Essential (948)	876 (65.3)	72 (64.9)	
Regional group 1			
Auckland (1,094)	1010 (75.3)	84 (75.7)	ns
Other (358)	331 (24.7)	27 (24.3)	
Regional group 2			
Urban (1,348)	1240 (92.5)	108 (97.3)	ns
Rural (104)	103 (7.5)	3 (2.7)	

Note: $n = 1{,}452$; $^{*}\,p < .05$; ns = not significant.

18 months of the Covid-19 pandemic. It also provides a snapshot of life satisfaction and four components of sense of belonging during the tumultuous time. As with other analyses of the association between racism and well-being, we found that experiencing racism was associated with reduced life satisfaction among our participants. Our analysis also highlighted the positive association between a sense of belonging and life satisfaction. Furthermore, we explored the potential role of the components of sense of belonging in mitigating the association between racism and life satisfaction, particularly the sense of national belonging and freedom to express ethnic identity. Overall, our analyses indicate that participants' life satisfaction decreased since the start of the pandemic and alongside experiencing racism, and their sense of belonging is significantly associated with their life satisfaction. Below, we will highlight each of the significant findings in the context of the current literature and then discuss the implications of this study.

This study provides evidence that racism is prevalent in Aotearoa New Zealand. Since

Table 2. Overall Distribution of Sense of Belonging

Components of sense of belonging	Number of participants (%)	Mean value (SD)
Sense of neighbourhood belonging		
Strongly disagree	74 (5.5)	3.3 (1.1)
Disagree	223 (16.6)	
Neither agree nor disagree	497 (37.1)	
Agree	460 (34.3)	
Strongly agree	87 (6.5)	
Sense of ethnic belonging		
Strongly disagree	89 (6.6)	3.2 (1.0)
Disagree	205 (15.3)	
Neither agree nor disagree	424 (31.6)	
Agree	478 (35.7)	
Strongly agree	145 (10.8)	
Sense of national belonging		
Strongly disagree	68 (5.1)	3.5 (1.0)
Disagree	144 (10.7)	
Neither agree nor disagree	344 (25.7)	
Agree	595 (44.4)	
Strongly agree	190 (14.2)	
Freedom to express ethnic identity		
Strongly disagree	45 (3.4)	3.5 (1.0)
Disagree	196 (14.6)	
Neither agree nor disagree	323 (24.1)	
Agree	540 (40.3)	
Strongly agree	237 (17.7)	

Note: $n = 1341$

Table 3. Distribution of Sense of Belonging by Racism Experience

	Racism experience (%)		Significance of difference		
	Yes (*n* = 535, 39.9%)	No (*n* = 806, 60.1%)	Chi-square	T test	
				Significance	Effect Size (95% CI)
Sense of neighbourhood belonging			***	***	0.5 (0.4 - 0.6)
Strongly disagree	52 (58.4)	37 (41.6)			
Disagree	93 (45.4)	112 (54.6)			
Neither agree nor disagree	170 (40.1)	254 (59.9)			
Agree	168 (35.2)	310 (64.9)			
Strongly agree	52 (35.9)	93 (64.9)			
Mean value (SD)	3.1 (1.1)	3.4 (1.0)			
Sense of ethnic belonging			***	***	0.2 (0.1-0.4)
Strongly disagree	49 (66.2)	25 (33.8)			
Disagree	112 (50.2)	111 (49.8)			
Neither agree nor disagree	187 (37.6)	310 (62.4)			
Agree	162 (35.2)	298 (64.8)			
Strongly agree	25 (28.7)	62 (71.3)			
Mean value (SD)	3.0 (1.0)	3.3 (0.9)			
Sense of national belonging			***	***	0.3 (0.2-0.4)
Strongly disagree	51 (75.0)	17 (25.0)			
Disagree	88 (61.1)	56 (38.9)			
Neither agree nor disagree	149 (43.3)	195 (56.7)			
Agree	198 (33.3)	397 (66.7)			
Strongly agree	49 (25.8)	141 (74.2)			
Mean value (SD)	3.2 (1.1)	3.7 (0.9)			
Freedom to express ethnic identity			***	***	0.5 (0.4-0.6)
Strongly disagree	35 (77.8)	10 (22.2)			
Disagree	112 (57.1)	84 (42.9)			
Neither agree nor disagree	143 (44.3)	180 (55.7)			
Agree	187 (34.6)	353 (65.4)			
Strongly agree	58 (24.5)	179 (75.5)			
Mean value (SD)	3.2 (1.1)	3.8 (1.0)			

Note: $n = 1341$; *** $p < .001$; ns = not significant.

Table 4. Distribution of Sense of Belonging by Since-Covid Life Satisfaction

Component of sense of belonging	Since-COVID life satisfaction (Number of respondents, %)					Significance of difference	Cronbach's α (1 item)
	Very dissatisfied	Dis-satisfied	Neutral	Satisfied	Very satisfied	Chi-square (*df*)	
Sense of neighbourhood belonging						190.6 (16) ***	0.3
Strongly disagree	13 (17.6)	14 (18.9)	22 (29.7)	21 (28.4)	4 (5.4)		
Disagree	20 (9.0)	44 (19.7)	60 (26.9)	79 (35.4)	20 (9.0)		
Neither agree nor disagree	11 (2.2)	46 (9.3)	132 (26.6)	226 (45.5)	82 (16.5)		
Agree	6 (1.3)	42 (9.1)	87 (18.9)	206 (44.8)	119 (25.9)		
Strongly agree	5 (5.8)	5 (5.8)	9 (10.3)	22 (25.3)	46 (52.9)		
Sense of ethnic belonging						117.4 (16) ***	0.5
Strongly disagree	11 (12.4)	12 (13.5)	29 (32.6)	20 (22.5)	17 (19.1)		
Disagree	17 (8.3)	30 (14.6)	39 (19.0)	91 (44.4)	28 (13.7)		
Neither agree nor disagree	12 (2.8)	58 (13.7)	117 (27.6)	183 (43.2)	54 (12.7)		
Agree	8 (1.7)	39 (8.2)	109 (22.8)	208 (43.5)	114 (23.9)		
Strongly agree	7 (4.8)	12 (8.3)	16 (11.0)	52 (35.9)	58 (40.0)		
Sense of national belonging						411.8 (16) ***	0.6
Strongly disagree	19 (27.9)	20 (29.4)	14 (20.6)	10 (14.7)	5 (7.4)		
Disagree	15 (10.4)	36 (25.0)	43 (29.9)	45 (31.3)	5 (3.5)		
Neither agree nor disagree	10 (2.9)	38 (11.1)	122 (35.5)	149 (43.3)	25 (7.3)		
Agree	8 (1.3)	49 (8.2)	113 (19.0)	290 (48.7)	135 (22.7)		
Strongly agree	3 (1.6)	8 (4.2)	18 (9.5)	60 (31.6)	101 (53.2)		
Freedom to express ethnic identity						233.9 (16) ***	0.5
Strongly disagree	11 (24.4)	11 (24.4)	10 (22.2)	8 (17.8)	5 (11.1)		
Disagree	11 (5.6)	41 (20.9)	60 (30.6)	63 (32.1)	21 (10.7)		
Neither agree nor disagree	15 (4.6)	41 (12.7)	102 (31.6)	128 (39.6)	37 (11.5)		
Agree	9 (1.7)	42 (7.8)	117 (21.7)	268 (49.6)	104 (19.3)		
Strongly agree	9 (3.8)	16 (6.8)	21 (8.9)	87 (36.7)	104 (43.9)		

Note: $n = 1341$; *** $p < .001$; ns = not significant.

the beginning of the pandemic, 39.9% of respondents have experienced direct or indirect discrimination due to their ethnicity. In line with previous literature (e.g., Talamaivao et al., 2020), this study confirms once again that racism negatively affects well-being, specifically life satisfaction. Overall, the current study indicates that experiencing racism in the midst of pandemic had a detrimental effect on the psychological well-being among Asian communities in Aotearoa New Zealand. Although the findings are limited to the Asian communities, this study contributes to the growing body of evidence regarding the harm that racism causes for all minoritised ethnic communities. Furthermore, it emphasises the significance of identifying protective factors that mitigate the detrimental effects of racism on well-being, alongside the ongoing need for anti-racist actions.

This study has also uncovered important insights into the relationships between experiencing racism and a diminished sense of belonging across multiple components. Although levels of all four components of sense of belonging were generally high, experiencing racism significantly decreased all four components. The greatest decrease occurred in expressing ethnic identity and having a sense of national belonging. The most prevalent reasons for restraining ethnic identity expression are worries about acceptance and what others would think when ethnicity is expressed (Reicher et al., 1995). One of the possible explanations for the greatest decline in ethnic identity expression is that Asian respondents may choose not to express their ethnicity as a means of avoiding or protecting themselves from racism. These findings are consistent with the rejection–disidentification model (Jasinskaja-Lahti et al., 2009), which posits that experiencing racism leads to national disidentification, or a diminished sense of national belonging, among the minority population. However, contrary to the rejection–identification model (Branscombe et al., 1999), which posits increasing identification with their ethnic group or a growing sense of ethnic belonging in the face of discrimination based on their ethnicity, this study indicated that experiencing racism also decreased their sense of ethnic belonging. Those who did not experience racism were statistically significantly more likely to experience a higher sense of belonging in all four components.

This study identified a significant correlation between a sense of belonging and life satisfaction among Asian members in Aotearoa New Zealand. Statistically significant associations were found between positive responses to each component of belonging and greater life satisfaction. This finding is also consistent with previous research, which discovered a positive relationship between sense of belonging and life satisfaction (Diaz & Bui, 2017; Morrison et al., 2011). Having a sense of national belonging and expressing one's ethnic identity were found to have the strongest association with life satisfaction, although all components of sense of belonging were associated with life satisfaction to a significant degree. One possible explanation is that feeling like a part of a nation and freely expressing one's ethnic identity are significant indicators of acceptance for Asian members, who are frequently marginalised and racialised in Aotearoa New Zealand (Harris et al., 2018). Indeed, acceptance contributes to the satisfaction of basic social needs such as belonging (Baumeister & Leary, 1995), which have been linked to an individual's subjective well-being (Tajfel & Turner, 1986).

A major strength of this study is the examination of the potential moderating role of a sense of belonging against the negative effects of racism on life satisfaction. We discovered that each of the four components of sense of belonging were not only associated with life satisfaction, but also interacted with

Table 5. Linear Regression: Association Between Experiences of Racism and Since-Covid Life Satisfaction and the Role of Sense of Belonging

Any experience of racism	Regression coefficient	Standard error	t	P-value	95% CI	Cronbach's α
Model 0 (Baseline)						
Racism coefficient	-0.49	0.06	-8.65	***	-0.61 ~ -0.38	0.3
Model 1 (demographic factors)						
Racism coefficient	-0.48	0.06	-8.25	***	-0.59 ~ -0.36	0.2
Model 2 (sociocultural factors)						
Racism coefficient	-0.45	0.06	-7.84	***	-0.56 ~ -0.34	0.3
Model 3a (sense of ethnic belonging)						
Racism coefficient	-0.40	0.06	-7.21	***	-0.51 ~ -0.30	0.4
Belonging coefficient	0.18	0.03	6.88	***	0.13 ~ 0.23	
Model 3b (sense of neighbourhood belonging)						
Racism coefficient	-0.37	0.06	-6.69	***	-0.48 ~ -0.26	0.4
Belonging coefficient	0.27	0.03	9.65	***	0.21 ~ 0.32	
Model 3c (sense of national belonging)						
Racism coefficient	-0.25	0.05	-4.58	***	-0.36 ~ -0.14	0.4
Belonging coefficient	0.40	0.03	15.14	***	0.35 ~ 0.46	
Model 3d (freedom to express ethnic identity)						
Racism coefficient	-0.30	0.06	-5.42	***	-0.42 ~ -0.19	0.4
Belonging coefficient	0.28	0.03	10.78	***	0.23 ~ 0.33	

Note: The dependent variable of this analysis is life satisfaction since-Covid.
**** $p < .001$; ns = not significant.*

the association between racism and life satisfaction. Consistent with previous research (e.g., Choi et al., 2021), our study reaffirms that sense of belonging is a strong protective factor that buffers against the negative association between racism and life satisfaction. Moreover, all four components of sense of belonging serve as mitigating factors. Given that anti-Asian racism is currently a feature of life in Aotearoa New Zealand and a significant social stressor to achieving life satisfaction during the challenging Covid-19 pandemic period, this study provides empirical evidence of the protective role of a sense of belonging against anti-Asian racism.

Future directions

Research that aims to describe the harm of racism run the risk of simplifying the complex and contextual impact of racism and restating rather than proposing solutions to the problems of racism and white supremacy. Furthermore, the scope of racism described and anti-racism actions proposed are often limited to reactive, one-off interventions with a focus on interpersonal racism and individual education. However, the multi-faceted manifestations of racism during the Covid-19 pandemic and increased awareness of racism following the *anti-racism summer* of 2020 which was ignited by the murder of George Floyd by police in May 2020 (Chavez, 2020), have led to a widespread understanding that transformative change is required. Many leading health institutions subsequently named racism as a public health emergency (Evans et al., 2020; Karan & Katz, 2020).

Highlighting the interplay between how racism is felt by Asian communities and the sociocultural context of Aotearoa New Zealand, this research suggests that national-level policies and sustained cultural shifts that help foster a sense of national belonging and a social environment where people feel free to express their own ethnic identity will improve quality of life for racialised groups. Early research into what these approaches may look like in a pandemic context includes: using organisational change management processes to embed anti-racism within institutions (Watt et al., 2021); using government policy as a tool to monitor the socioeconomic impacts of racism and directly address economic inequities related to racism (Siddiqi et al., 2021); a shift from multiculturalism to anti-racism (Lei & Guo, 2022); and understanding the interrelated nature of racism and nationalism to counter the hateful narratives that drive these systems and beliefs (Elias et al., 2021; Lee & Johnstone, 2021).

Specifically, within the field of social work there has been a call for a stronger conceptual framework for understanding anti-Asian racism within one's society and the role that social workers can play in improving social justice (Zhao et al., 2022), taking an intersectional approach to supporting specific Asian communities (Wang et al., 2021) and committing to an explicitly anti-racist social work praxis (Brock-Petroshius et al., 2022; Hudson et al., 2022). Examining how these solutions are best implemented and the difference they make for communities harmed by racism should be the focus of research, health and social sector praxis, and policy-making if we hope to address racism in our and similar societies.

Limitations

The findings of this study must be understood alongside some limitations. First, a cross-sectional research design does not allow us to draw causal conclusions. Future research would benefit from using longitudinal or experimental research designs that generate observations with a temporal component. Next, this study sample was not representative of the Asian population in Aotearoa New Zealand because of the use of non-probabilistic purposive and snowball sampling techniques. Compared with New Zealand Census data, there were relatively low representations of the first three largest Asian ethnic groups (Chinese, Indian, and Filipino) and an over-representation of the Korean ethnic group. These characteristics of our study population may limit the generalisabililty of the research to a wider Asian population. Finally, due to the use of a self-report survey design, there is a potential that participants might respond in a socially desirable way to a questionnaire (van de Mortel, 2008). However, this self-report survey design might not pose a serious threat to the validity of the findings because a large number of survey responses would certify the robustness of the data. In addition, considering that participants voluntarily responded to this anonymised online survey, they are less likely to feel pressured to report their experience in a socially desirable direction.

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Endnotes

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Social work in the age of disconnection: Narrative case studies

Michael Jarrette-Kenny and Miriam Jaffe (Eds.)
Routledge, New York and Abingdon, 2022
ISBN: 978-1-032-21829-8, pp.211, paperback, NZD75.99

I was very excited to read this book as, having been involved in research about the use of digital technologies in social work (Cooner et al., 2020), I was keen to hear more about how social workers can engage with it ethically. I was especially interested in learning more about how the move to online services necessitated by the ongoing Covid-19 pandemic had created opportunities in social work practice given my experiences in rapidly pivoting to teaching social work, particularly interpersonal skills, online. However, what I found—which perhaps I should have anticipated with the title(!)—with this collection of case studies was more an exploration of how digital technologies can create disconnection. While I felt this was a missed opportunity and perhaps reflects a bias against digital technology *and* a response to being forced to use technology (versus a wanted, planned, and / or slower integration), there is still much to be gained from this text.

Each chapter features a practitioner detailing the effects of technology on their relationship with their clients—technology that ranges from a regular group phone call to social media and Zoom calls. For example, the first chapter, by Lauren Busfield, sets out to explore how Gen Z engages in activism online and how that intersects with their emotional intelligence. The practitioner here notes that young people, especially those marginalised, can now connect more easily with like-minded people because of access to digital technology. Such access can be positive and affirming, as noted in an example of a client who was gender non-conforming—however, it can also be the opposite. For example, the same client, who was Black, felt less safe online after George Floyd was killed, as comments online left them feeling angry and frustrated. While noting the challenges and limitations of online activism—especially in countering systemic issues such as racism—Busfield also notes the need for online activists to pause and take regular time out.

Finding connection online is also a key theme explored by Russell Healy in his chapter exploring how technology helps create a sense of identity. Healy achieves this by considering how medical technology has worked and, more importantly, *not* worked for the transgender community. Healy summarises the history of transgender healthcare and notes that now information technology, in the form of the internet, is helping young people connect with others and make realisations about their own experiences and dreams in ways that simply were not possible for previous generations of transgender youth. Using a client case study, Healy shows how a young client forms and re-forms their identity by exploring a range of identities online.

I was particularly affected by the chapter by Lauren Snedeker about facilitating a group phone call for caregivers of people with dementia. I admit it was a little surprising to see a book about digital technology featuring something as (deceptively) simple as a group telephone call; however, the simplicity of this intervention was what made it so appealing. Here I was reminded

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of my time spent phone counselling, honing and refining my listening skills. On the phone, you have no other sense to rely on, so, as a practitioner, you must deepen those listening skills. Indeed, Snedeker noted that the beauty of the group phone call was that participants could reveal and disclose things "without *seeing* other people's judgment" (p. 44). In a seemingly relentless drive to newer technology, reflections like this remind us that not all clients can, or indeed, *want* to use things like Zoom and that we as practitioners need to have many different communication tools in our kete. Snedeker reminds us that we need to do what works for our clients.

Two of the chapters, those by Wendy Winograd and Michael Jarrette-Kenny, dealt with issues of attachment and digital technology. Both worried about the impact that technology has on our brains and, thus, our neurobiology, suggesting that we risk damaging ourselves biologically. Both also ask interesting and necessary questions about how we attach to other people via technology; however, some readers (like myself) might find the references to neurobiology unnecessary given that brains are plastic and respond and change in response to *any* stimuli and brain science claims are often overstated (Wastell & White, 2017). Indeed, change is not always negative—changes could be neutral, or even advantageous.

Winograd's chapter was most interesting when she detailed the challenges social workers can experience with digital technology while working online and in person with clients—many of which I am sure other practitioners can relate to. Winograd notices that clients are often distracted by their phones during sessions, disrupting precious time. She notes there is rarely an easy answer to this challenge and wonders about *over-connection* and attachment to our devices. Winograd also wonders if human connection, attachment, is possible without being physically in the same space with someone and explores this conundrum through client case studies. She explains that her relationship with a younger client *deepened* after they were forced online due to Covid-19 and wonders whether a *less* embodied space gave more autonomy. Winograd concludes that the answer to the aforementioned questions is perhaps yes *and* no: there is a tension in wanting connection and autonomy that possibly digital technology can assist with.

Another noteworthy chapter was that of Zakia Clay, exploring how a community-based outreach programme had to pivot to more *remote* technologies during the pandemic and the challenges and opportunities it brought for clients and practitioners alike. There are stories in this chapter that practitioners who worked through these times will be able to relate to: worries about risk to self and clients, burning out, figuring out who had to be seen in person and who could be contacted via tools like Zoom. However, Clay notes that, while using tools like Zoom was helpful and necessary, there are significant and unresolved questions about the digital divide beyond who has the technology and who does not (for example, who can afford upgrades, access and who has the knowledge to use it). Like the Snedeker chapter, Clay reminds us that we can only use technology insofar as it helps clients, and the imposition of technology on all clients means that some may be alienated. Again, we must ensure that, while we embrace the new, we do not completely discard the old.

Overall, the book asks some essential questions about the use of technology in clinical social work settings and will be especially useful to those who work closely with clients (in group or individual settings). The questions they ask are those that many (if not all) practitioners working during Covid-19 will have wondered about as they and their clients wrestled (and continue to wrestle) with technology and the frustration of switched-off cameras and microphones.

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The strength-based clinical supervision workbook: A complete guide for mental health trainees and supervisors

Christopher L. Heffner and Jessica A. Cowan
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Literature associated with supervision has grown considerably in the last ten years.This book has a particular focus around clinical training of mental health practitioners and their learning journey. The book provides a good resource to supervisors and students who are undertaking this internship experience together. An interprofessional frame is acknowledged throughout the book that includes psychology, family therapy, counselling and social work in mental health services. From the book's title, the focus is specific to mental health trainees and supervisors where a strength-based approach is utilised for clinical supervision. The book is written with a North American focus suggested by the terminology used and the key literature represented throughout. The term *clinical supervision* is used, which has a specific definition, whereas other modes of supervision are universally used elsewhere in literature. Although the text is useful to students and their supervisors, it may be more difficult to developmentally apply some concepts discussed with experienced practitioners and supervisors.

The book is presented in A4 paperback as a workbook for both the supervisor and trainee. The content in the workbook is an easy read and structured into three sections: foundation and framework for strength-based supervision; the first supervision session; and moving forward with the supervision session. At the commencement of each chapter are "chapter goals" outlining the purpose to "inform" and "engage" the reader. Throughout the chapters are helpful boxes on each page summarising either the content, a quote or a main reflection. Theory is connected to practice with scenarios and helpful worksheets that can be used by both trainee and supervisor. At the conclusion of each chapter are key readings, "takeaway" comments and helpful learning questions for the reader to consider for their own practice. Relevant texts are also included for future reference.

Several forewords have been written by contributors in the area of clinical supervision within the United States. The author's preface introduces the text as a workbook to assist the supervisor and trainee to work collaboratively and use a strength-based approach throughout their journey together. The authors also acknowledge that the workbook has been written from their direct and relevant experiences. One author, on an "internship" while writing this book, gives a sense that the workbook has been written "first hand". Whilst the workbook has a sequential process associated with the supervision of mental health trainees, readers are also encouraged to explore specific aspects of the supervision process.

The first three chapters provide the foundation for strength-based approaches and their significance to clinical supervision. Defining clinical supervision at this point needed further clarification and its centrality to the workbook. A strong focus has been given to psychotherapy's influence to

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clinical supervision. Different models and approaches of supervision were raised and their importance described. However, this discussion would benefit with mention of other key contributors and influences to supervision. Chapter Two raised that effective supervision has an evidence base—but a large body of literature is not mentioned due to a strong focus on North American literature. Strength-based approaches are given an excellent overview in Chapter Three, alongside positive psychology and explanations of flow and grit; character strengths; well-being; happiness and psychological capital. A helpful exercise is given to supervisors around how to conceptualise their own strength-based model.

Chapters Four to Seven explore the initial session in clinical supervision. The reader is reminded that using a strength-based approach allows us to look for "best hopes" for the supervisor and trainee relationship. Learning styles are identified as essential when starting the process. A checklist for the first supervision session and script for supervisor and trainee are provided—this presents to the reader as very prescriptive and does not allow for a range of relational or cultural ways of building rapport and commencing a working relationship. Multi-cultural supervision is addressed "out there" in Chapter Five, and could be critiqued as not embracing the culture existing *within* the relationship. Hays's (2008) ADDRESSING (Age, Disability developmental, Disability acquired, Religion, Ethnicity, Socioeconomic status, Sexual orientation, Indigenous heritage, National origin, Gender) model provides a useful template to explore intersectional points of difference in supervision between supervisor, trainee and service user. There is little discussion of how strength-based supervision may be applied in relation to social justice, particularly in relation to oppression and privilege—and is often a critique of such an approach. Chapters Six and Seven provide a good overview of practical skills that both supervisors and trainees can use to promote the relationship. The ROPES (Resources, Options, Possibilities, Exceptions, Solutions) model by Graybeal (2001) to facilitate solutions and future solutions and appreciative inquiry are identified in shaping goals with good examples provided.

Chapters Eight to Twelve discuss the ongoing supervisory relationship until the end of the internship. An adapted supervision learning cycle is used in Chapter Eight but does not utilise experiential learning and other important literature specific to supervision. Chapter Nine raises the importance of direct observation in supervision. There are some very useful worksheets for the supervisor and trainee—as well as a client monitoring sheet. Chapter Ten notes the value of feedback and amplifying strengths to address deficits. Some good examples for the supervisor and trainee of how to use feedback effectively are provided. Chapter Eleven discusses the four intervention questions to identify where the trainee is now and how they will move to where they need to be for remediation. These interventions are used in case scenarios. The text alludes to immediate and ongoing "additional" work needed in the scenarios and at the different levels of intervention suggested. These actual conversations are not described but are necessary for behaviour to stop immediately (and this is the challenge even for experienced supervisors). Some of the text throughout this section makes further assumptions. One aspect is the power of the supervisor (who can pass or fail the trainee) and the importance of measuring *fitness to practise.* Another is the support from the relevant training institute to ensure student goals are met and their role in remediation. Chapter Twelve talks about "ending well", providing summative feedback and using appreciative inquiry to create deliberate practice. The book ends with some important final thoughts about the supervisory relationship being central, trainee observation as key and attending to strengths within relational work.

This workbook is a useful aid for new supervisors and students who work in mental health. Although there is a particular clinical and contextual focus, the workbook provides a solid reminder of the value of strength-based approach to changing practice in supervision and has many practical gems for how this can be applied for beginning supervisors and practitioners in other practice areas.

Reviewed by **Matt Rankine**, University of Auckland, New Zealand.

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The challenge of right-wing populism—
A human rights approach

Edited by Carolyn Noble and Goetz Ottmann (Eds.)
Routledge 2021
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This is a very timely and important edited book and makes an important contribution to contemporary social work literature. A wide sweep of topics is traversed in its 16 chapters which address both the causes and impacts of populism across Australia, Europe, Scandinavia and North America.

Like many social workers, I have felt deeply distressed by the growth of right-wing extremism visible in the vicious campaigns against abortion rights in the US and elsewhere (Lavalette et al., 2022), the attacks against rights for transgender and non-binary people (Kant & Boskey, 2022; Miles, 2018), and the extremist opposition to public health measures everywhere over the last two years of the Covid-19 pandemic (Beddoe, 2022). This book contributes to a greater sense of understanding of how the dynamics of populism work and intensifies my belief that social work must make a very strong stand against these threats to human rights. This is not a time for weak responses.

In the first chapter, the editors, Carolyn Noble and Goetz Ottmann, introduce the focus and aims of the collection and provide some helpful definitions. Populism, they assert, is linked to charismatic leadership, encompasses a broad spectrum of groups and actors, sometimes bringing together previously disparate—even antagonistic—groups in a common cause, often with a single target for their violent actions e.g., refugees, welfare claimants, ethnic groups and religions and, as we've seen in Aotearoa over the last 18 months, the groupings of politicians, scientists and academics at the heart of the Covid-19 response. Leaders of populist movements spin webs of dis/misinformation and highlight cultural targets that they believe to threaten the structures of power (particularly patriarchy and white supremacy), often claiming that the only way to respond to the threat posed by one or other groups is 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). The editors note that women, and ethnic, cultural and religious and other minorities are framed as scapegoats for many social discontents. Emotive language is employed, along with blatant misinformation to build a base in groups where the conversation becomes increasingly virulent. The racist and misogynist tropes build into full-blown hate speech and threats of violence and destruction.

Noble and Goetz set up the main premise of this book by arguing that social work must see the rise of populism for what it is—a very dangerous attack on hard-won human rights as social and political protections are framed as threatening the way of life of dominant groups and the structures of power that maintain their dominance.

It is impossible to fully describe all of the contributions in this collection, so this review will focus on several chapters that are particularly useful for students, educators and researchers.

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In Chapter 2, Jim Ife reworks his earlier article (Ife, 2018) to encompass events over the last few years and deepen his analysis of the relationship between neoliberalism and right-wing populism. This is an excellent chapter and will be very helpful for students in teasing out the threads of ideology. Ife argues that social workers must accept that productive dialogue with the fundamentalist right wing is not feasible as social workers are likely seen as part of the elite professional class and supporters of the other groups seen as parasites—immigrants, refugees, Indigenous people, welfare claimants and so forth. Right-wingers see dialogue and mediatory efforts as signs of weakness, to be exploited.

Right-wing populism, building on social discontent festering in neoliberal austerity regimes, threatens progressive policies, services and workplaces. The combination of white fragility, populism, xenophobia, and late neoliberalism form the focus of Chapter 3 by Donna Baines and Virginia Mapedzahama. Drawing on DiAngelo's 2018 work, Baines and Mapedzahama argue for work to be done to create safe social work classrooms and social work services where attention is paid to recognising and addressing the way whiteness dominates with unquestioned cultural norms. Using two workplace vignettes, the authors show how white fragility leads to resistance to positive change and the marginalisation of nonwhite voices.

Peter Westoby addresses the potential for building on the radical tradition of community development in social work as a means of countering right-wing movements. Westoby advocates three main strategies: re-emphasising the importance of social connections for good, providing educational support for political change and progressive community building, and finally building a "countervailing organisational force" (p. 51).

Gender is central in analysis of right-wing populism. In "The rise of angry white men", Bob Pease explores the gendered nature of contemporary right-wing populism with a focus on the strong links to hyper-masculine leadership and the targeting of women and hard-won feminist gains. Pease explores the sense of male entitlement that leads privileged men to feel that their power is being diminished when women's voices are heard. Such men feel that they are victims of feminism. The propensity of the right to strike back at feminism and make claims about a crisis of masculinity creates dangerous conditions for women, especially women of colour, as these ideas influence lawmakers. Abortion and contraception bans and barriers, reduced health care for pregnancy and increasing surveillance of pregnant people threaten really fundamental rights. Populist men (and women) will support contraception and abortion bans even though they will have benefited themselves from reproductive health care. Pease's chapter provides some useful ideas about how to prepare students for encountering misogynistic populist ideologies.

Continuing with the exploration of gender in populism, in Chapter 6 Carolyn Noble applies a feminist lens to the problem of right-wing populism. Noble explores the ways in which populism performs gender in very conservative, traditionalist ways , reifying "family values" in order to push back challenges to sexist stereotypes, sexual harassment, rigid roles and opportunities for women. The rise of political leaders who personify hyper-masculinity and aggressive, even violent tendencies has characterised so much of politics over the last few years.

Chapters 10, 11 and 12 examine the impact of right-wing populism on welfare regimes in two contexts: Finland and Australia. Katie Turtiainen and Tuomo Kokkonen in Finland explore welfare from a social citizenship perspective. Goetz Ottmann examines welfare authoritarianism in Australia while Edwards, Mendes and Flynn explore welfare chauvinism in right-wing politicians' attitudes towards Muslim refugees and Indigenous Australians.

This is an excellent book and will be of great interest to critical social workers and educators. The final words in this edited collection are those of Marcus Woolombi Waters, a Kamilaroi journalist and academic. Waters provides a strong finale to this important collection of essays and I will finish this review with this powerful quote:

> What we are witnessing is the rise of a dark, at times, overwhelming, challenge to our humanity, reflective of a cruel in a different world. The neofascist politics and right wing populist nationalism movement is a powerful indictment of neoliberalism and gangster capitalism, a totalitarian culture that casts a giant shadow over western governance, which has moved from welfare to warfare against those most vulnerable. … A mean-spirited heart contained within a rapacious nature of those most privileged that derails any notion of empathy and compassion…. In short what we are witnessing is the emergence of an unprecedented survival of the fittest benefiting those most privileged at the cost of our environment, and those most vulnerable and sacrificing, what is left of our humanity (p. 225).

Reviewed by **Liz Beddoe**, University of Auckland

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