THE VALUE OF RAPPORT IN RANGATAHI MĀORI MENTAL HEALTH: A MĀORI SOCIAL WORK PERSPECTIVE

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Abstract

This thesis examines the rapport building that occurs between rangatahi Māori whaiora (adolescent Māori who use mental health services) and Māori social workers in the field of community mental health. Six Māori social workers were interviewed to explore how they view and practice rapport building with rangatahi Māori whaiora. The Māori social workers were able to provide valuable perspectives based on years of personal and professional experience.

The research was conducted using a social constructionist perspective, informed and guided by Māori-centred research principles. A qualitative research method was used and both Massey University and Māori ethical considerations thoroughly explored. Face to face interviews guided by an integrated practice framework, enabled the voices of the Māori social workers to be heard, eliciting in detail where their views have come from.

The findings from the research showed that Māori social workers view rapport as essential in their practice and therefore they practice in a way that facilitates this with rangatahi. The social workers utilise their values and beliefs in their practice, according to their worldview; how they were raised; what they have experienced, and what they have learned. Specifically, Māori social workers identified the importance of practicing with a Māori worldview, therefore enabling physical connection, spiritual connection, and cultural connection with the rangatahi. These all contributed towards rapport building with the rangatahi and also their whānau.

The importance of action reflection processes were also highlighted. This is due to the balance required from Māori social workers to fulfil the needs of the rangatahi as aligned with their values and beliefs, while meeting the requirements of the organisation, profession and wider community. This thesis explores these key findings.

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Ka nui te aroha ki a koutou.

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Chapter One: Introduction

> *Ka pū te ruha, ka hao te rangatahi.*
> *When the net is worn out and discarded a new one takes its place.*
> (Best, 1899, cited in Mead & Grove, 2001, p. 181).

This whakataukī was chosen because it highlights that rangatahi are the future and therefore it is important that we consider the issues that affect rangatahi Māori whaiora. Māori social workers are one group of people who work with rangatahi Māori whaiora and this research explores this practice domain. This chapter introduces the research parameters, rationale for the research, and provides an outline of the chapters that follow.

> *With some justification it can be claimed that the health of young Māori is better now than it has ever been. At the same time, however, there is reason to raise serious concerns about the mental health of Māori children and adolescents* (Durie, 2000; p.2).

Research aims

The research aimed to explore the perspectives of Māori social workers who work within the area of mental health, specifically exploring the interface between the Māori social worker and rangatahi Māori whaiora. The value of rapport that occurs within this relationship is the primary focus. The research investigated how Māori social workers, working in the mental health field in the community, view and practice rapport building with rangatahi Māori whaiora.

The research asked whether rapport building in social work practice with rangatahi whaiora was of low or high importance and the rationale for this view. Māori social workers were then asked to reflect on where their views come from, and how that view affected their practice and the treatment outcomes for the rangatahi whaiora. In the analysis of the data a number of themes were identified, generating key discussion points.

The methodological framework adopted for this research was social constructionist, qualitative and Māori-centred. The adoption of qualitative processes meant that subjective thought was able to be explored through face to face and semi-structured interviews. This corresponded well with the social constructionist theoretical framework that provided a lense for the thematic analysis that occurred and was used as a framework for the interview questions. The Māori-centred framework ensured that a Māori-centred philosophy was

adopted and culturally safe research processes were employed, therefore ensuring safety of the researcher and the participants.

The overall purpose of the research was to assist those who work in the areas of social work, Māori social work, mental health and other helping professions by providing them with insights and recommendations about the value of rapport in work with rangatahi Māori whaiora. The hope is that this will lead to better outcomes for rangatahi Māori whaiora by improving the standard of social work and other professional interventions.

Clarification of terms used

For the purpose of this research Māori social workers are defined as social work practitioners who have a diploma or degree in social work. They are social workers who self identify as Māori (tangata whenua/indigenous peoples of Aotearoa/New Zealand). Rangatahi Māori whaiora[1] are Māori youth/adolescents (aged approximately 13-19 years old) who are clients/consumers of mental health services. Child and Adolescent Mental Health Specialist Services in New Zealand range from 0 – 19 years of age. This research has focussed on clinicians who work with the youth/adolescent age group, approximately 13 years to 19 years of age.

The term rapport can be explained in various ways, and definitions are explored in more detail in the literature review. As a broad definition of the term, the Concise Oxford Dictionary defines rapport as, "a close and harmonious relationship in which there is a common understanding" (Pearsall, 1999, p. 1187). The decision to use a word of Latin and French origin was purposeful as there was an assumption that participants would have a pre-existing understanding of what rapport meant. It is a common term in social work (and other helping professions) and more descriptive than the word 'relationship' on its own. The Māori social work participants were encouraged to define the concept for themselves as part of the research, therefore providing opportunity for the term to be explored from a Māori worldview. A glossary of Māori terms is provided for further reference after the concluding chapter.

In the literature review the parameters of the term rapport were widened to include various concepts that have the same or similar meaning. These are: the therapeutic relationship, the therapeutic alliance, the working alliance, the helping relationship, engagement, bond, and collaboration. Other terms were also used broadly, examples being: client, patient and consumer, or therapist, clinician, professional, worker, practitioner and

[1] The age and definition of rangatahi varies. This definition has been chosen for this research based on the popularity of the term rangatahi to describe youth/adolescence, and based on the age group targeted in mental health services for this age group.

social worker. All intend to portray the helper and the service user scenario. For the most part the definitions used by the researchers/authors have been maintained. They chose the terms for a reason, and this has been respected. This also highlights the variation in the language used in this research area.

Justification for the research

Rangatahi Māori

Prior to choosing a research topic it is important to consider the significance of the research and whether the research is beneficial to those it involves. Rangatahi research and rangatahi Māori research is important because the health and well being of our youth is said to play a large part in determining the health and well being of our society.

> *Until recently, New Zealand youth have been overlooked in terms of national policy, age-specific health services and nationally representative databases. This is despite New Zealand's current generation of youth having rates of unintended pregnancy, suicide and self-harm that are among the highest in the Western World* (Watson, 2003, p. 1).

Much of New Zealand's preventable morbidity and mortality in adulthood can be attributed to behaviours that occur during adolescence (Watson, 2003). Therefore it is essential that we seriously consider the issue of youth health in research.

There is a high correlation between youth suicide and mental illness (Ministry of Youth Development, 2002). Research suggests that many young people who experience suicidal thinking come from backgrounds with social, economic and educational disadvantage (Ministry of Youth Affairs, Ministry of Health, Te Puni Kōkiri,[2] 1998). Walsh-Tapiata, Metuamate, Rikihana, Webster, Warren and Kiriona (2006) identified that Māori youth in particular face significant issues, compounded by an over-representation in these areas of disadvantage.

Mental wellbeing in adolescence can be defined by,

> *…the achievement of expected developmental, cognitive, social and emotional milestones and by secure attachments, satisfying social relationships, and effective coping skills…healthy adolescents enjoy a positive quality of life; function well at home, in school, and in their communities; and are free of disabling symptoms of psychopathology* (Hoagwood et al., 1996, cited in Satcher, 1999, p. 1).

[2] Ministry of Māori Development

However, adolescence can be a period of considerable pressure. There are pressures to succeed, pressures to conform, and pressures to rebel. Adolescence is a time when antisocial, risk-taking and rebellious behaviours may be expressed, and problems arise when these behaviours are disturbing and destructive (McCutcheon, Chanen, Fraser, Drew & Brewer, 2007). For example a result of pressures to conform to alcohol and other drug use can cause "…severe psychological, physical and neurological damage if used inappropriately" (Marris, 1996, p. 221). It can also cause or contribute to psychosis in adolescence.

The Māori mental health needs profile found that there is a high prevalence of mental health needs for young Māori (16-24 years of age) (Baxter, 2008). This profile emphasises the need for more Māori interventions and services to target this age group particularly because in 2006 over half the Māori population was below the age of 23. Baxter (2008) also points out that there continue to be mental health disparities in comparison to non-Māori and there has been no decrease in hospitalisation (psychiatric).

It is said that no matter what level of cultural understanding the rangatahi has, the practice of cultural processes still contributes to a solid sense of distinctiveness and cultural identity (Walsh-Tapiata et al., 2006). For rangatahi Māori, a strong self identity and whakapapa is essential, "Whakapapa contains an extensive narration of birth, of life and of death, ensuring that each individual finds a place to exist, to grow and to stand (Biasiny-Tule, 2006, p. 171). A positive cultural identity is integral to achieving wellbeing for Māori (Durie, 2000; Huriwai, Robertson, Armstrong, Kingi & Huata, 2001; Kingi, 2005). Many rangatahi have been disconnected from knowledge of their whakapapa, and it is critical that these be repaired in order to build strong rangatahi for our future generations.

The literature highlights that rapport building is an important aspect in working towards positive outcomes for consumers of mental health services (Durie, 2001a; Cram, Smith & Johnstone, 2003; Howgego, Yellowlees, Owen, Meldrum & Dark, 2003; Norfolk, Birdi & Walsh, 2007). There is considerably less research exploring the value of rapport in the area of youth mental health, particularly with rangatahi Māori; however what has been done complements the adult research. This research will not only add to the research completed in regards to youth, but it is unique in that it is Māori-centred research involving Māori social workers in a specific field of practice. This research paves the way for further research to be conducted where rangatahi Māori perspectives are explored and comparative work can be done.

Māori social work

The Aotearoa New Zealand Association of Social Workers (ANZASW) as aligned with the International Federation of Social Workers defines social work as a profession that, "promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance wellbeing". They do this by, "[u]tilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work" (ANZASW, 2008, p.6).

Specific to the Aotearoa New Zealand context is the Treaty of Waitangi. The 1840 Treaty of partnership between Māori and the Crown gave the Crown rights of kawanatanga (governorship) and Māori were to retain tino rangatiratanga (sovereignty). The Treaty was not upheld and translation difficulties and disregard for the Treaty set the scene for assimilationist attitudes, policies and practices. In more recent years there have been attempts to rectify and honour the Treaty. It is essential that social workers in New Zealand know about the Treaty of Waitangi in our history and understand how it is relevant in contemporary New Zealand, and therefore in their practice with Tangata Whenua. There is an increasing number of Māori who are training to become social workers, their cultural identity is who they are and is inherent in their practice (Walsh-Tapiata, 2004).

Effective and ethical practice is essential to social work practice (ANZASW, 2008). Many social workers have minimum standards of practice as outlined in the Social Work Registration Board (SWRB) code of conduct, in the ANZASW code of ethics/bicultural code of practice and in competency standards. The completion of these competency frameworks allows for reflective practice. Reflective practice is a key part of being a social worker. Parker and Bradley (2003) emphasise that it is important to reflect before practice as well as afterwards. This ensures that the approach is well thought through, "Reflection is central to good social work practice, but only if action results from that reflection" (Parker & Bradley, 2003, p. xi).

Māori social workers can offer a particular perspective within the social work profession and to other helping professionals. For Māori in general there is a strong focus on the importance of whānau relationships and relationship building between individuals is also very important. There are culturally specific rapport building processes identified in the literature, such as the sharing of whakapapa, and the importance of time. Walsh-Tapiata (2004, p. 34) highlights that Māori develop and utilise models of practice that "recognise traditional practices based on whanaungatanga (relationship building or connectedness)". Because the aim of the current research is for Māori social workers to highlight their own

views of rapport, it is an opportunity to share some of these practices that they utilise as part of getting to know and work with rangatahi Māori whaiora. These practices should be identified and celebrated, especially because these are the practices that promote accessibility and appropriate treatment for Māori. It is hoped that this research will offer a positive contribution to social work research and Māori social work research.

Mental health

Social work as a profession in the mental health field was established in the late 19th century (Woodward, 2001). Mental health social workers traditionally come from a psychosocial theoretical perspective where both the person and their social environment are taken into account (Ramon, 2006). This has been maintained and therefore social workers endorse a holistic approach to mental health, inclusive of the medical model. Modern mental health approaches, such as the Recovery approach, already existed in social work literature and social work practice, therefore the move from institutional mental health to community treatment aligned with social work philosophies.

In the field of mental health clinical expectations, time management and risk management can dominate and reduce the ability of clinicians to work on developing rapport. Therefore the practice environment may not be ideal for rapport building to occur. This research will highlight factors that influence the practice of rapport building and maintenance and explores how clinicians are equipped to meet the needs of the young person in the workplace environment.

Clinicians have a responsibility for the mental wellbeing of tangata whaiora. Rapport building is significant in this process, "we must fully inform people of their options and support them in their choices – only through relationships which are founded on respect and partnership can this be possible" (Bigwood, 2001, in Mental Health Commission, 2001, p. 7). Tangata whaiora can be sensitive, vulnerable, and trusting of their workers, sometimes completely. Social workers are thus in positions of power and if the relationship is damaged in any way, the mental wellbeing of tangata whaiora may be adversely affected. This may impact on other relationships they form in the future.

Personal rationale

My interest in relationships has existed from a young age and has developed further with life experience, education and work experience. I am the eldest in my immediate family and have always had a feeling of needing to care for and protect them. I have always had a

desire to be liked by other people and have found a lot of satisfaction in being able to help them out. My middle name, Aroha, may have predestined me towards this.

I felt homesick after completing my first year of university away from home so decided to come back to Massey University to do the Bachelor of Social Work degree. I did not know much about social work at the time, but there is strong social work representation in my family and what I did know about social work interested me. I quickly realised that I had made the right move. I wanted to work with people at 'grass roots' level, in a context where the power relationship between the professional and the client was more equal, and where there was ample opportunity for rapport to be developed with the people I worked with.

The interest in mental health came in my third year of study, 2003. My step brother Nathan, who was only 19, took his own life. Reflecting back I can identify many of the warning signs. I know that my family tried to help, but I still wonder if there was more we could have done. I thought that he would get through it, or that his behaviour was just for attention, not that he would end up dead. I could not turn back time and bring him back, and I could not stop myself and my family from hurting. I felt quite scared that other members of my family would contemplate suicide as an option. I reflected on the high youth suicide rate and the pressures of being a rangatahi. If mental health professionals had become involved, what would have happened? It is through this personal experience that I developed a passion for working in mental health and with rangatahi. I could no longer help him, but I hoped to help others.

I completed two mental health placements; one at an iwi based mental health team, and one at a mainstream child and adolescent mental health service. When I finished my degree I began to work for a Māori mental health service. I identified with Māori models of practice and have felt at home working within Māori mental health. I have also seen the benefit of the medical model. My job title is Psychiatric Social Worker and I currently work in the child and adolescent component of this service. These services are secondary, and cater for people who have a suspected or diagnosed moderate to severe mental disorder.

In my practice I work consciously to achieve rapport, and then to build and maintain rapport with rangatahi Māori whaiora and their whānau. I have had to specifically reflect on the way I do this as I meet each individual rangatahi, some of which, for many reasons, have established walls of emotional protection. The balance between individual and family work can also be difficult when it comes to rapport with both. It can be difficult to put safety plans into place when there is a lack of relationship as any plan lacks trust without rapport. It is in this practice setting that my interest in rapport between clinician and tangata whaiora has

continued to develop. This has been through reflection of my own practice but also through the professional observation of colleagues.

I have often reflected on how a clinician's worldview - factors like gender, age, religious orientation, and experience, impacted on one's ability to build a rapport with rangatahi Māori whaiora. Some colleagues have taken the view of getting right alongside the young person, getting to know them, talking their lingo, and sharing the same interests. Others have worked predominantly with the parents, seeming to prefer a parenting approach. I wondered if different practice approaches impacted on the development of rapport and whether a higher level of rapport assisted with alleviating risk factors. These are some of the questions that led me to the research question for this master's thesis.

Chapter outline

The first chapter has set the scene for this research by introducing the research aims and the purpose of the research. There was a clarification of terms presented and a thorough justification for the research, including a personal point of view.

Chapter two presents the literature review examining relevant research relating to this broad topic area. Research is sourced from a range of areas and key themes identified. This provides a platform and direction that is the foundation of the research.

Chapter three is the methodology and research design. Social construction theory and the integrated practice framework are discussed and explanation is provided as to how this framework outlines what informs the participants in their practice. A rationale for using qualitative research as a methodological framework and the selection of semi-structured interviews is presented. Māori research is also explored and a Māori-centred approach is discussed. The results and consideration of careful ethical analysis is presented both from a Māori perspective and from a university ethics perspective. The participant recruitment criteria and journey is highlighted. Thematic analysis is introduced as the analysis tool.

The interview results are presented in chapter four, however a profile of the participants is provided first. Following this the key themes are highlighted, as a result of the thematic analysis. Participant quotes are provided to support the themes.

Chapter five, discussion and analysis, explores the themes in further detail. There is comparison and contrast made with the current literature in this field. Social construction theory provides the framework for this chapter.

The final chapter, chapter six provides a full summary of the research. This includes key points made, reflections of the research journey, limitations of the research and recommendations for future research.

Conclusion

The purpose of this chapter was to introduce the research aims, parameters, methodology and structure to the format of this thesis. How do Māori social workers, working in the field of mental health in the community, view and practice rapport building with rangatahi Māori whaiora? This included the clarification of specific terms used throughout the report. Background information was provided in the areas of rangatahi Māori, Māori social work, and mental health. A personal rationale was also presented. The integration of these points was the rationale for this research and provided a foundation to the research.

Chapter Two: Literature review

Nāu te rourou, nāku te rourou, ka ora manuhiri; nāu te rakau, nāku te rakau, ka mate te hoariri.
By your food basket and mine, the guests will be satisfied; by your weapon and mine the enemy will be destroyed.
(Brougham, 1975, cited in Mead & Grove, 2001, p. 319).

The literature review highlights the large body of research that continues to contribute towards social work practices of rapport building. It is in reviewing this research that a better understanding of this topic can be developed. The current research will add to the body of knowledge in this area. The whakataukī is therefore appropriate because it acknowledges the contribution of other researchers that have gone before, and also the addition of new research. This all comes together for the purpose of new knowledge and better practice in order to benefit others.

Introduction

Exactly how do Māori social workers, working in the field of community mental health, view and practice rapport building with rangatahi Māori whaiora? This chapter looks at historical and current literature for definitions of rapport and the importance of rapport. Following this, the key themes of rapport building as sourced from the literature is presented.

An increasing body of literature explores Māori perspectives, where Māori values and beliefs constitute a Māori world view. Cram (2001, p. 38) notes that Māori have an "indigenous body of knowledge that seeks to define the origins of the universe and the place of humans within it". This knowledge provides a foundation for regulations and practices that are evident in Māori communities. Relationship theories and philosophies exist in stories of the atua (gods) for example, in the story of the separation of Ranginui and Papatuanuku[3] (Ruwhiu, 1995). Knowledge was, and is still deemed "highly valued, specialised and hierarchical" (Jahnke & Taiapa, 1999, p. 42). Therefore, Māori had an existing body of knowledge that preceded colonisation.

Western concepts of rapport building were primarily born out of the field of psychotherapy. There is a significant body of research that explores the working alliance, the therapeutic alliance or therapeutic relationship between psychotherapist and client. The commencement of research into the importance of the therapeutic relationship has been

[3] Ranginui, the sky father and Papatuanuku, the earth mother were separated by some of their children.

attributed to Freud's psychoanalytic work from 1913 (McCabe & Priebe, 2004; Hawley & Weisz, 2005).

The majority of research on rapport and relationship building has been with the adult population. It was initially assumed that adolescents would fit into this research; however youth-specific research in this area has been growing in order to establish whether this is the case. A difficulty highlighted by DiGiuseppe, Linscott and Jilton (1996) is that adolescents are often referred to services by others, such as family, and therefore may not have the insight into why they are in need of treatment. This factor alone can have implications for the development of rapport. The age parameters in this literature review differ at times to the research definition of rangatahi Māori whaiora (13-19 years). For example the age of a young person is 12 – 24 according to the Youth Development Strategy Aotearoa (Ministry of Youth Development, 2003). A rangatahi is 15-24 years of age according to Te Puni Kokiri (2006). None-the-less a general understanding can still be developed.

What is rapport?

Jorgenson (1992, p. 148) describes the term rapport as being one of few expressions that mean "truly relational". A rapport is about how two people relate to one another, rather than how one can 'get to know' another person in order to gather information. It is important to concentrate on the process of developing the relationship, as opposed to the tasks involved. Ruwhiu believes that wairua is the key to rapport, and an avenue for strengthening the client/worker relationship, because it is when, "soul speaks to soul and then real sharing occurs" (Ruwhiu & Ruwhiu, 2005, p. 6). This highlights that rapport is from a deeper level and that it is generated from a spiritual domain beyond face value.

Whakawhanaungatanga is a process of family-like relationship building and essential in the provision of mental health services for Māori (Semmons, 2006). Semmons explores what this looks like in a practice context, and highlights the need for a balance between the welfare of the whānau and the welfare of the individual, because the individual's wellbeing contributes to whānau wellbeing. The Ministry of Health (MOH) best practice evidence-based guidelines for the assessment and management of children and adolescents (2003) acknowledge the need for specialist Māori input for Māori clients. There is a strong sense of the need for whānau involvement and the need to establish relationships with whānau and extended whānau. This concept and other Māori concepts that are intrinsic to relationship building are discussed in more detail further into the literature review.

Carl Rogers (1957) had a client-centred, humanistic approach that identified a need for the therapeutic relationship to be genuine. He argued that the counsellor needed to have an unconditional positive regard for their client and needed to empathise with their client's worldview (Rogers, 1957, cited in Rogers & Gendlin, 1967). Jorgenson (1992) argues that empathy alone is only a part of the rapport process because it is one way - the clinician empathises with the client, whereas rapport is reciprocal and more about the value of the relationship itself. This highlights a shift towards the value of subjective experience and a challenge to the medical model.

Bordin (1979) established a model of the therapeutic alliance in psychotherapy. This model included three areas, 1) goal agreement, 2) task agreement, and 3) bond development. The therapeutic alliance with adolescents can be defined as;

> *A contractual, accepting, respectful, and warm relationship between a child/adolescent and a therapist for the mutual exploration of, or agreement on, ways that the child/adolescent may change his or her social, emotional or behavioral functioning for the better, and the mutual exploration of, or agreement on procedures and tasks that can accomplish such changes* (DiGiuseppe, Linscott and Jilton, 1996, p. 87).

A helping relationship is coined by Reid and Fielding (2007) as a collaborative relationship that assists the young person to reach their goals and helps them to strengthen their ability to deal with problems. It is characterised by the clinician being able to identify and cater to the young persons' individual needs. Bordin's model remains relevant, and many definitions include the areas of agreed goals and tasks alongside an established rapport.

The importance of rapport

The presence of rapport results in improved patient satisfaction and better health outcomes (Howgego et al., 2003; Norfolk, Birdi & Walsh, 2007). Hawley and Weisz (2005) found that a strong relationship with a young person can lead to significant symptom improvement and more satisfaction with the service. Garcia and Weisz (2002) report, that without rapport the adolescent is likely to end treatment and experience dissatisfaction in the service. It is, however, important to consider other factors for early drop out, for example it may indicate that the client has the resources to deal with the issues on their own in their own way (Meier, Donmall, McElduff, Barrowclough & Heller, 2006). If rapport fails, whether the treatment continues or not, it can increase treatment resistance (Bickman, Vidas de Andrade, Lambert, Doucette, Sapyta, Boyd, 2004). The relationship, according to

participants in O'Brien's (2001) research, also meant fewer hospital admissions. While the research does not propose that rapport causes these indicators of a better service, it does show that a strong correlation does exist.

Antoniou and Blom (2006) argue that the type of therapy is irrelevant, because it is purely the quality of the relationship that will decide how effective the therapy is. Vasquez (2007) insists that it is through the therapist's ability to apply specific techniques that rapport is achieved, and this is what impacts the treatment outcome, rather than the rapport alone. However Duncan, Miller and Sparks (2004) promote a client-directed practice approach. They say that successful treatment is the result of a positive therapeutic alliance and tailoring the treatment approach to what the client believes the problem to be. They support the use of client self report measures on the state of the alliance from their perspective so that the therapist can make ongoing changes. They point towards the work of Asay and Lambert (1999) who reported on four areas of change and the percentage for each. The client is the main factor with 40 % and the relationship accounts for 30% (Asay & Lambert, 1999, cited in Duncan, Miller & Sparks, 2004, p. 33). Thomas (2007) believes that the therapeutic relationship does not get enough credit in how it benefits clients. This is because it is not easily measured and therefore difficult to promote as evidence based.

Rapport is an important factor when considering the issue of risk for rangatahi Māori whaiora. The alliance is one of the "key factors that helps patients develop alternative methods of coping" (Nafisi & Stanley, 2007, p. 1069). Nafisi and Stanley emphasise the importance of strengthening the bond between patient and therapist if the patient is self harming. This is specifically related to how much the patient trusts the therapist, and has a belief that the therapist has their best interests at heart. The therapist should be non-judgmental, and provide encouragement and support. Steele and Doey (2007) affirm that a factor to consider when admitting a young person to hospital is whether they have built a rapport with the clinician during assessment. They argue that with the absence of rapport, a no-suicide contract is not a reliable safety strategy and should not be used. Similarly, therapy modalities that require a sense of commitment to cease self-harming rely on the therapeutic relationship to provide motivation for this commitment (Linehan, 1993).

Communication and an informal approach were found to be highly valued by the consumer. O'Brien (2001) warns of a risk of becoming too case management focused. The danger of the clinician role becoming too medicalised is also highlighted by Wortans, Happell and Johnstone (2006) because the essence of what the consumers find most helpful and supportive can be lost. They provide specific examples of how the relationship benefited, "It was more convenient coming around to the house. It was…more comfortable to have a cup

of tea whilst talking", "…a bit more down to earth", "I would say in a way it saved my life…" (Wortans, Happell and Johnstone, 2006, p. 82). This reinforces Rogers' (1957) approach, where genuineness is received favourably by clients. In O'Brien's (2001) work the consequences were serious, consumers reported that having someone to look out for them meant they were able to survive with a mental illness. Without that they had considered suicide as an option. The argument that rapport alleviates or allows risk to be managed more effectively is strengthened.

In a study that reflected consumer perspectives on their educational social worker (similar to a truancy officer), it was found the relationship was of central importance and was highly appreciated by the young people (Pritchard, Cotton, Bowen & Williams, 1998). The relationship led the way for practical help and support to be provided to the young person "Helped me sort out my problems. Showed me how to deal with various situations. Gave me hope for the future" (Pritchard et al., 1998, p. 927). Again the danger of a purely case management focus is emphasised.

Thinking outside the square can be helpful when looking for ways to build rapport with a young person. While it is identified that rapport is important to work towards, it may not be easy to achieve. Roy and Gillett (2008, p. 95) explored alternative methods of engagement, and trialled email as "a new technique for forming a therapeutic alliance with high-risk young people failing to engage with mental health services". This was successful in a number of ways: distance was not an issue, a power shift occurred, more information was disclosed, and information was able to be processed in the client's own time. However, this may not work for all rangatahi as the internet may not be easily accessed. What it does emphasise is that there are other ways to engage young people who would not otherwise receive treatment.

How rapport can be facilitated

Understanding of own worldview

It is important that social workers have knowledge of their own worldview before attempting to assist other people. The social worker needs to know what may trigger positive or negative feelings in themselves and thereafter understand how these feelings may impact on the therapeutic relationship and development of rapport. It can be argued that a strong wairua is the main indicator of wellbeing for Māori. In social work practice "peace within self needs to be acquired before peace is recognised in one's practice" (Ruwhiu & Ruwhiu, 2005, p. 5).

Māori clinicians in particular should have knowledge of their own whakapapa (ancestral links). Jonson, Su'a and Crichton (1997) highlight that when Māori are working with Māori, clinicians need to be in tune with their intuition and have an acute awareness of the working environment and body language. This intuition will guide whether whakapapa is shared. Sharing whakapapa can help the person to feel more comfortable and settled and is the beginning of whakawhanaungatanga, establishing and actively developing relationships (Ruwhiu, 2001). Early connections can be made between families and barriers to rapport can be considerably reduced.

Whakapapa is also a key element in identity and connection for rangatahi Māori. "Whakapapa is about family, but it is also an all-embracing cultural concept that allows us as Māori to access the past, to acknowledge our deep roots, to select exemplars of affinity and to take pride of place in the moving swirls of time" (Biasiny-Tule, 2006, pp. 171-172). Many rangatahi have been disconnected from knowledge of their whakapapa. The perception of self is enhanced by Māori values, through whānau, hapū and iwi (Huriwai et al., 2001).

Berry, Shah, Cook, Geater, Barrowclough and Wearden (2008) looked at psychiatric staff attachment styles, and their ability to form positive relationships with patients who have psychosis. They found that if staff had avoidant or anxious attachment experiences then it would have a negative impact on the therapeutic relationship with the patient. The sample itself was small, however they believed it was enough to argue that staff need to be more aware and in tune with their own attachment styles and how it may impact on their ability to form relationships.

It is important for a mental health clinician to know one's self, know one's own limits, and have pride in the kind of work they are doing. Mental health clinicians need to be resilient in their own emotional stability (Rydon, 2005). Vasquez (2007) describes how clinicians will unintentionally hinder the working alliance with those who are a different culture to themselves. It is therefore essential that clinicians are able to reflect on their own worldviews, their own biases and discriminations. Clinicians' also need to know their place, irrespective of qualification (Jonson, Su'a & Crichton-Hill, 1997). Often wisdom is pertained through age and a university degree does not compare.

In understanding oneself, and in order to form an attachment with the client, the clinician should share their story with the client, "the power to hurt and to heal must be shared" (Sterlin, 2006, p. 172). Cahill, Barkham, Hardy, Gilbody, Richards and Bower (2008) provide a warning about self-disclosure, they believe there is no proof that it improves therapeutic outcomes, and therefore argue that it should be used sparingly. Bogo (2006)

discusses the intention or purpose of the personal disclosure, that it is okay if the content is ethical and the intention is to share similarities and/or develop the relationship. However, it is important that a great degree of reflection occurs to ensure the intention is ethical. A common social work process is to reflect on actions in practice, and subsequently adapt practice to the situation or person. This process is called action reflection and is discussed further in the methodology chapter.

Personal attributes

Research has shown that clinicians can demonstrate personal attributes which foster more successful relationships with clients. Consumers/clients report a preference for down-to-earth, genuine encounters, but with these there is a risk of crossing professional boundaries. An example of this is when touch occurs or when the clinician shares something personal. It may be difficult for clinicians and clients alike to find a middle road between natural interaction and professional expectations.

Maidment (2006) highlights qualities that consumers' want; the use of touch, compassion, love, reciprocity, being able to tell their story and spiritual engagement. Ware, Tugenberg and Dickey (2004) conducted research involving what consumer's want in the therapeutic relationship and found: meaningful interaction – to share a joke, to share a hot drink, to share something of yourself, to share similarities, to talk freely, to be spoken to with respect, to be treated like an individual, to be valued, to be known, to express empathy, to be available and to be flexible. All of these things work to build and maintain rapport. Service users identified attributes and qualities they appreciated from their social worker in research conducted by Beresford, Croft and Adshead (2008). Attributes such as being kind, warm, non-judgmental, responsive, accessible, being respectful and knowledgeable were highlighted. This research was in the area of palliative care social work in Britain.

The relationship between Community Psychiatric Nurse and client with mental illness was explored via the clients themselves in O'Brien's (2001) research. The themes developed were that clients wanted someone looking out for them, they wanted to be worked with in a collaborative manner, and they wanted to be understood. The same was explored by Rydon (2005), specific attitudes were recognised including; being professional, conveying hope, respecting and knowing the person, connection and working alongside that person.

Shattell, Starr and Thomas (2007) also completed a study with mental health consumers, asking them about how they viewed the therapeutic relationship with their mental health clinician. They argue that it is only through an understanding of what consumers want

that a rapport can be achieved. Consumers want to be validated, to be supported emotionally, to be provided with the correct information and have an honest, trusting, positive clinician.

Clinicians need to be able to relate to consumers through their own personal attributes – being non-judgmental, patient, genuine and calm, through reciprocal investment, communication techniques, and through sharing of self (Ware, Tugenberg & Dickey, 2004; Sterlin, 2006; Shattel, Starr & Thomas, 2007). They want to feel as though they are special to the clinician, even though they know that you treat all clients the same way. They appreciate touch, a hug or a hand on the shoulder, to feel like things are "going to be okay" (Shattell, Starr & Thomas, 2007, p. 279).

Mental health nurses as research participants identified similar attributes. An interaction with the client is seemingly casual and informal but has purpose and meaning. The task is secondary to relationship however, and people are seen where they are most comfortable – for example, in their own home. From this involvement was an ongoing commitment to the client over what is sometimes a long period of time. An unobtrusive approach was identified as important as well as being aware of the stigma of mental health in the community during visits (O'Brien, 1999). In research on the therapeutic relationship with adolescents, McLean (2007) found that the nursing participants all felt that the engagement of the adolescent was significant. This was achieved through personal attributes such as honesty, humour, and empathy, making common connections, avoiding judgment, providing an individual approach, and sharing interests.

Knowledge of the Māori world

It is important to be aware of political, economic and social issues but not be prejudiced. This is about understanding the client's world view (Hirini, 1999). It is important to understand the impact of colonisation on whānau, and the dynamics of whānau today, including religious affiliation (Ruwhiu & Ruwhiu, 2005). Diverse Māori realities need be taken into account, for both the social worker and the rangatahi Māori whaiora. Durie (1999) writes that there is no single cultural reality for Māori, and this identifies a need to think broadly when working with Māori as a diverse culture. There should not be an expectation that all Māori will respond the same. It is important that Māori do not feel alienated from their own culture (Durie, 1996). Therefore Māori terms need to be utilised within a Māori context, at the client's comfort level, because this can help to break down barriers (Jonson, 1997). Likewise, Huriwai and associates (2001) acknowledge that Māori clinicians will not all have

the same level of knowledge or ability in their work with Māori. Therefore, views and practices of rapport will vary between clinicians.

When working with Māori, clinicians need to have Māori thought and knowledge central in their practice, and knowledge of Te Reo Māori (Māori language) is the avenue to this. Durie (2001b) emphasises that the best way to access a culture is through language. Ruwhiu believes that it is essential to become competent in the use of Māori tools of engagement such as te reo Māori, karakia, whakapapa, pūkōrero, and moemoeā, because these are the vehicles to a cultural and spiritual practice framework, that in turn allows for deeper relationships to form between client and worker (Ruwhiu & Ruwhiu, 2005).

It is important to include tikanga or Māori values and principles in practice. Karakia provides the space to connect to the spiritual realm, acknowledging that the space is tapu or sacred and protected. It is essential that both the clinician and client's mana be upheld. Whakamanawa and manaakitanga are described as encouragement of the client (Durie, 1985). This encouragement and genuine caring can sometimes be overlooked because the focus is on the task and not the person or process. There are basic ways of facilitating this in practice, for example, making sure the person is comfortable and offering them a hot drink. These values are further explained by Mead (2003) where tikanga practices promote relationships. Whanaungatanga, aroha and manaakitanga are about "nurturing relationships", "looking after people" and about "being very careful about how others are treated" (Mead, 2003, p. 29). Ruwhiu (1995, p. 24), identified that a common characteristic he has found with Māori social and community workers is that they demonstrate "he ngākau Māori", a Māori heart.

The importance of time and space

Hirini (1997) asserts that a clinician should not ask or expect a Māori client to share personal information without firstly taking time to establish and develop trust and rapport. Introductions (including the sharing of whakapapa) are the foundation to starting the rapport building process. It is important to take time to establish a rapport, and to talk around issues, rather than being direct straight away because going too fast can be offensive. Most medical environments are concerned how much time they have to give, rather than how much time the client requires. Māori clients will avoid sharing their concerns because they require time to complete the story (Durie, 2001b). Whakamaa will decrease as a relationship is built and a relationship takes time (Cram, Smith & Johnstone, 2003).

Organisational restraints should not get in the way of the rapport building process, for example, time filling in forms, or note taking (Reid & Feilding, 2007). To know someone as a person is important. In mental health there is a risk that people can be compartmentalised as a diagnosis, a patient, and a statistic. It is important that clinicians ask clients more personal questions about who they are as a person, rather than just about their symptoms or medication side-effects. A part of this is working to understand the person, to take time, to listen to them and to develop personal knowledge of them, through "time, understanding and skill" (Shattell, Starr & Thomas, 2007, p. 280).

An outcome of research conducted by Cram, Smith and Johnstone (2003) was that rapport is vital in the relationship between doctor and Māori patient. In this research, rapport was related to the ability to communicate, provide clear information and have a friendly manner. Rapport was also about the doctor taking time for the patient, and having a genuine interest in them.

Pohatu (2004) describes the cultural framework, Āta. Āta is about relationships, about boundaries, a safe space, about communication and the behaviours involved in the relationship. Other key elements of Āta are the value of space and time, the importance of effort, respectfulness and reciprocity. It can be applied to processes, for example; Āta noho is "giving quality time to be with people and their issues" (Pohatu, 2004, p. 2). The space between people can identify whether an encounter is safe or not (Durie, 2001b).

Florsheim, Shotorbani, Guest-Warnick, Barratt and Hwang (2000) explored the nature of the working alliance with delinquent boys. They found that if an alliance was formed too early then this led to poor progress or dropout. If it was formed later (after 3 months), then more positive changes were observed to occur. This suggests that rapport takes time and energy and that those who develop rapport too early may find it difficult to maintain. This may, however, relate to the research context, because other studies have indicated that if a rapport is developed early then this is a reliable predictor for the maintenance of the alliance from the clients' perspective (Hilsenroth, Peters & Ackerman, 2004). This is important to recognise, because what works for a young person with anxiety, may not work with a young person who has conduct problems.

Knowledge of the rangatahi world

Knowledge of adolescent cognitive development and psychosocial factors is essential, according to McLean (2007) and Zack, Castonguay and Boswell (2007). Adolescence is a time where independent and dependent needs can be confusing; the

adolescent strives for more independent from their parents, yet are still dependent on them (O'Malley, 1990). Clinicians need to be aware of this developmental issue in their relationship with rangatahi Māori whaiora. McCutcheon, Chanen, Fraser, Drew, and Brewer (2007, p. 65) recommend that to engage with a young person, a "non-blaming" approach needs to be taken. They argue that it is important to keep an open mind about why they are seeing you, and to avoid being controlling. They provide some tips and strategies to build rapport with a young person, some examples being; be yourself, be clear, open and honest, and to use metaphor and humour.

Bembry and Ericson (1999) completed a study on the impact of loss on the younger adolescent who has experienced multiple losses in their lives. They explored the impact of how the young person would adjust to the added loss of therapist when it came time for ending the relationship. They argued that the therapeutic relationship is related to attachment, therefore the "undeniable ending" needs to be built in from the beginning (Bembry & Ericson, 1999, p. 177). Rapport building is also very important if there is a history of abuse (Florsheim et al., 2000). To the social worker the relationship may be based on a job, but to the young person who has experienced attachment and/or abuse issues, the relationship may be so much more.

Walsh-Tapiata and associates (2006) conducted participatory action research involving Māori youth as researchers and participants. They accentuated the need for a relationship of trust between adults and youth. They also identified that no matter what level of cultural understanding the young person has, the practice of cultural processes still contributed to a solid sense of distinctiveness and cultural identity. This could relate to whether a Māori social worker facilitates cultural processes in their interactions with rangatahi Māori whaiora. If the practice of cultural processes contributes to cultural identity, this could facilitate the pathway to a stronger relationship.

It is important to have knowledge of how one-to-one work with young people can be beneficial and effective and work towards forming a helping relationship (Reid & Fielding, 2007). Reid and Fielding (2007, p.64) highlight that what works for one, may not work for others, that the process is not linear and needs to "recognise that each person has unique experiences, emotions, skills, expectations, resources, behaviours, relationships, and tolerances: these ask for understanding and require the professional helper to make as few assumptions as possible". Even in crisis situations there is opportunity to build rapport and a trusting relationship, for example, by providing a comfortable setting, by working towards collaboration, and by being clear and transparent (Reid & Feilding, 2007).

The issue of risk for youth in mental health services is a priority, in particular, the safety of the adolescent whaiora, if they are at risk of harm to themselves or others. The focus is on clear and precise assessment, identification and subsequent management of risk. Within the Ministry of Health (MOH) best practice evidence-based guidelines for the assessment and management of children and adolescents (2003), the first recommendation is that the assessment should be completed by a clinician who is skilled with working with this age group and that the clinician should access information from other sources, the young person, the teacher, and parents. While there is no specific mention of the need for rapport, a key point is that the clinicians need to have skilled knowledge when working with adolescents. Coulshed and Orme (1998) also argue that to work with adolescents you need to have specialised knowledge and skills.

Non-verbal behaviour

Body language and non-verbal behaviour are factors that one must take into account in the rapport building process. Proximity, posture, expression, eye contact, gesture and touch, are all non-verbal behaviours that can convey a "powerful message" (Reid & Feilding, 2007, p. 70). Maidment (2006) determines that avoiding touch and non-verbal communication can reduce the risk of misinterpretation or misunderstanding – however this can affect the value of the relationship, with the possibility of stiff encounters and unnatural, awkward interaction. In turn, this would affect the treatment outcome negatively.

Non-verbal behaviour can be socially constructed, learned through family and culture (Bogo, 2006). Cultures have their own non-verbal ways of communicating with each other. It is often at an intuitive level. Cultural competence is therefore about acquiring the skills to work with a specific culture and their belief system (Durie, 2001b). Durie (2001b) also argues that unspoken signals can convey messages without the need for words, such as eye movement and expressions of emotion. A non-verbal rapport building practice of Māori is Awhi. Awhi can be to hug and according to Durie, "touching people, rubbing them, massaging them, within a cultural context" (Durie, 1985, p. 9). Outside of this cultural context awhi may be misinterpreted as inappropriate and unsafe.

Communication theory, as outlined by Payne (1997), highlights the importance of communication as the basis for establishing and maintaining rapport. Payne emphasises that workers need to have an awareness of the meaning of client responses both verbal and non-verbal. This is particularly important at the initial interview stage and involves workers attending and listening avidly. Non-verbal communication can offer insight into the client's emotional state, which can in turn assist with the development of the therapist – client

relationship (Cahill et al., 2008). Duggan and Parrott (2001) also examined non-verbal rapport building, identifying that this area can often be undervalued. They also support that rapport is vital in developing effective communication.

Solution focused

Essential to the rapport building process is helping to solve the problem. Without this the therapeutic relationship could be compromised because the work needs to be productive. Shattell, Starr and Thomas (2007, p. 281) found that consumers want three key things from clinicians; for the clinician to relate to them, to know them personally and to assist in reaching a solution, "not to just talk about it…that's not necessarily going to solve it". To do this, the clinician also needs to be straight-up and transparent throughout the process.

The negotiation and agreement of goals is seen as key, and contributes towards the therapeutic relationship (Cahill et al., 2008). It is argued that actively helping to problem solve through goals is a crucial part of the rapport building process because it provides the foundation and boundaries of the relationship, and takes into account the adolescent's wishes, particularly in the case of adolescents who have internalised disorders (DiGiuseppe, Linscott & Jilton, 1996). According to Reid and Fielding (2007), simply being there for the client is not enough. They describe further that the boundaries of the relationship need to be clearly defined because the aim of the relationship is to have a purpose, and to get to a point where the young person no longer requires professional help.

Boundaries

Boundaries need to be explored when considering rapport or therapeutic relationships in the mental health setting. There is undoubtedly a power differential between clients and clinicians, and clients are vulnerable to their trust being abused whether or not this is done purposively. For adolescents who are consumers, there is also another level of vulnerability because of their developmental stage. This can be difficult to manage when trying to develop rapport, for example, when research may indicate the importance of sharing yourself, being friendly and going beyond the call of duty for someone. The boundaries will play a big part in whether a relationship is therapeutic or not (McLean, 2007). Therefore it is important that the boundaries of a relationship are discussed openly and defined (O'Brien, 1999; O'Brien, 2001).

The use of touch and non-verbal communication may be intended to build rapport, however boundaries still need to be considered. "Ordinary gestures such as giving a hug,

being presented with a small gift, or receiving an invitation to a party can result in an immediate response of internalized prohibitions. Yet these small but powerful interactions are part of what makes up an authentic meaningful relationship" (Maidment, 2006, p. 116). It can provide for a difficult practice terrain when ethical concerns clash with what may be intended as natural gestures.

Milton (2008) explores concerns that nurses may become too close to clients, therefore creating dependence, rather than a therapeutic relationship. To counteract this, some mental health services are moving into a more clinical, biomedical direction. Consumers, however, still argue that they want to have a genuine relationship with their nurse, and this is supported by Milton.

Research into boundaries in the therapeutic relationship was also carried out by Okamoto (2003). Okamoto studied the boundaries between male practitioners and female youth clients. The research concluded that boundaries can in fact provide good modelling, in this case, of male and female relationships. It can allow for deeper healing to occur. Therefore the relationship need not be avoided or damaged in any way. However in these more sensitive cases extra care needs to go into the practitioners' knowledge of self, the language they use, of their proximity to the client and the use of redirection strategies (for example, away from inappropriate discussion content). The differences between clinician and client can often be seen as a barrier to rapport, however this article highlights that this is not always the case, and that there are advantages and disadvantages to any relationship.

Conclusion

The literature shows that rapport building of any description and at any level can be beneficial however there are different arguments as to what the best approach is and differing degrees of how it is valued at either practitioner level or client level. The more clinicians understand about their clients and their clients' worldviews, the more likely they are to succeed in building a rapport with them (Vasquez, 2007). One perspective alone can be distorted by that person's own perception, but with both perspectives (Māori social worker and rangatahi Māori whaiora) and with a developed rapport, cooperation can be attained, with the result being better treatment outcomes (Durie, 2001a). Overall there appears to be agreement that the area of rapport can be a difficult practice terrain because it involves the achievement of a certain level of understanding between two people, a journey to get there, and how this may then be concluded, if concluded at all. There also needs to be an understanding that certain rules may need to be followed, for example organisational policies and professional ethics. What this review provides is a foundation of understanding of the

literature, the research and therefore knowledge of how the practice of rapport is socially constructed. This flows on to the development of the methodology for this research project.

Chapter Three: Methodology and research design

Nāu i whatu te kākahu, he tāniko tāku.
You wove the cloak, I made the boarder.
(Brougham, 1975, cited in Mead & Grove, 2001, p.319).

The theory, framework, research methodology and methods have been previously utilised in other research. This is the cloak. The specific combination, outlined below, has been chosen for this research because of its alignment to the researcher and the research topic. This is the boarder.

Introduction

The following chapter outlines the research design and the rationale for utilising this particular framework. Ultimately, in considering the intention of the research, to investigate how Māori social workers, working in the field of community mental health, view and practice rapport building with rangatahi Māori whaiora, the qualitative and Māori-centred methods engaged provide a solid fit, for the research, the researcher and the participants.

Social construction theory

This theoretical orientation fits within a post-modern framework where subjective experiences are valued. Theory itself is viewed as socially constructed, rather than there being a single truth defined through scientific method (Nash, O'Donoghue & Munford, 2005, p. 21). Reality is also viewed as socially constructed; therefore we can all have different perspectives which are shared and organised through social interaction and activity. This results in shared social understandings and behaviours (Berger & Luckmann, 1971). The shared ideas can become taken-for-granted, for example what may be deemed as right and wrong in society. This allows for day to day activity to proceed without the need for constant decision making. The process is circular; the individual contributes to social convention through the provision of their worldview, and social conventions and expectations inform and guide the individual (Berger & Luckmann, 1971).

Payne (1997) argues that in accepting this view of the world, we accept that social construction exists in social work practice and in social work theory. Three elements exist in social work practice; the social worker, the client and the social context. Social work theories are therefore socially constructed depending on societal views, which can then impact on the practice, the social worker and the client relationship. An example of this is that historically

power sat with the professional and not with the client. However in contemporary social work, power roles have shifted with the advent of client-centred models of practice, such as the strength and recovery models. Social construction influences whether the social worker values rapport with their client and the level at which the social worker values the relationship. It may also be evident in the expectations that the client has of the relationship. Rapport therefore, is seen as a socially constructed practice.

The Integrated practice framework

The integrated practice framework provided a lens to the research and a reflective tool that was integrated into the interview schedule. Nash, O'Donoghue and Munford (2005, p. 24) explain that the integrated practice framework, "aims to promote informed and intentional social work practice and is a means through which the practitioner can describe...evaluate and justify their assessment of and intervention with clients". It encourages a process of action-reflection to occur where social workers reflect on their practice, effectiveness is evaluated, and changes made as a result (Nash, O'Donoghue & Munford, 2005). Again, it recognises that there is no one right way to practice social work and no one right theory, but that it is important that social workers are able to identify specifically what informs their practice.

Keen (2005) highlights that the mental health field in particular, is an environment strong in clinical accountability, evidence based practice and consumer rights. Therefore it is an environment where social work clinicians need to be very clear about what informs their decision making, for example, the method of intervention they use. Social workers should not practice solely with their own perception of common sense, because there are different ideas of what common sense is, formed by the construction of social values (Maidment & Egan, 2004).

A simplified version of the integrated practice framework is illustrated below;

- Practitioner as person
- Practitioner as theorist
- Practitioner in practice

} Ongoing process of action-reflection

Practitioner as person relates to what the person brings to their social work role; their world views, values, beliefs, ideals and dreams. It is heavily influenced by how the social worker was raised, and their experiences in life, including their prejudices, "I am looking at who I am, what matters to me, where my values come from and how my values are influencing me as a person and a practitioner" (Keen, 2005, p. 83). It is essential that social

workers are able to identify these views in themselves and to respond to them accordingly. If a social worker has not dealt with their own personal issues or is not able to understand how their values may influence their practice, then this can have an adverse impact of the client.

Practitioner as theorist is about how the social worker views the world from a theoretical standpoint, in general and as a social work practitioner. Mental health social workers are also influenced by theories from other professions, such as psychiatry and nursing. Social work practitioners as theorists should also show how this then affects their practice and rapport with clients.

Practitioner in practice is how both practitioner as person and practitioner as theorist combine at a practice level at the interface between social worker and client. This is the action part that is needed in order to utilise the process of action-reflection. The process of action reflection is where the social worker consistently reflects on his or her actions, the thoughts and feelings connected to the actions, and what has informed these actions. This is where personal and theoretical views are explored in relation to how they might affect practice decisions and interactions. Critically reflective practice can be defined as,

> *a specific technique and process which workers can use to examine their own professional and personal responses in relation to situations encountered in the field...that fosters an integration of self, theory and practice in a way that is dynamic, sharpening our view and understanding of factors that influence the way we think and behave towards others* (Maidment & Egan, 2005, p. 14).

Qualitative research

Qualitative research seeks to explore and make sense of a person's life and lived experience such as their emotions, behaviours, thought processes and feelings, and can also explore systems at a wider level, such as cultural and social phenomena (Strauss & Corbin, 1998). It investigates social settings, the individuals within these settings, and how the individual makes sense of the social setting (Berg, 2007). The aim of qualitative exploration is to answer questions about social processes, understandings and belief systems (Barbour, 2008). Qualitative research acknowledges that values exist within research and that reality is socially constructed. This is a way of exploring the constructions and worldviews of each participant and also the views of the researcher.

For qualitative research the emphasis is on quality, process and meaning that cannot be solely measured through amount, intensity and frequency (Denzin & Lincoln, 2008). The data is therefore analysed thematically, different to quantitative research where data is

analysed statistically (O'Leary, 2004). Because the aim of this form of research is to achieve quality insights into the area being explored (Patton, 2002), the sample size is smaller with the aim being that the outcome can be generalised to a broader population (O'Leary, 2004). A smaller, targeted and richer data gathering exercise became most appropriate for this research.

The decision to choose a qualitative research approach occurred early on in the development of this thesis. I was drawn towards the qualitative research approach due to my own values and perspective as a Māori social worker. I wanted to do research that explored subjective experience in detail in a way that a survey or a questionnaire could not. This led progressively to interviews as the form of data gathering.

Semi-structured interviews

Interviews were chosen as the qualitative method of inquiry, because the process of questioning reveals things that cannot always be directly observed, for example, how we think and how we feel (Patton, 2002). Interviews are possibly the most common qualitative methods in use (Barbour, 2008). There is a definite supposition that what the participant has to share is meaningful and important and that the resulting data will be rich (O'Leary, 2004, p. 113).

The interviews were semi-structured and the questions were predetermined and were followed, although there was freedom to deviate from these during the interview. The reason for a semi-structured interview was to create an environment of flexibility in the interview itself, while also allowing the interview to remain focused on the topic area. Questions could be adjusted in order to elicit further information (Berg, 2007).

General information was also retrieved from the participants. This included their age range, whether they were male or female, the nature of their qualification, and the amount of experience in each area, social work, mental health and rangatahi mental health. This provided a picture of each participant without identifying who they were.

The quality of information can depend on how well the interview is carried out. Interview skills and technique are important, and it is essential that the interviewer has a genuine interest in what the participant has to share (Patton, 2002). The researcher is also reliant on the participant providing open and honest answers, rather than what they think the researcher wants to hear (O'Leary, 2004). There is a general understanding that the content of the interview is an authentic reflection of the person's thoughts on the subject

(Denscombe, 1998). The interview sought to access information with case study examples to support the participants' perspectives. This was to secure evidence from the social worker, to encourage deeper reflection and also to ensure that the researcher did not interpret the answer to the question incorrectly.

Interviews were chosen so that individual practices and perspectives were identified more easily. The space, therefore, was a more intimate in-depth exchange, and focused on what the individual had to offer. This method fits with a Māori-centred philosophy where subjective, qualitative and descriptive methods are employed, particularly allowing the practice of whanaungatanga processes (Bevan-Brown, 1998). It also fits with the research topic, where the nature of the one-to-one interaction and rapport building is being explored.

Rangahau Māori – Māori research

The pursuit of new knowledge in research that involves Māori as participants is sensitive and generates a lot of discussion and debate. Much of this is the result of past research that was applied and interpreted through western perspectives and therefore provided outcomes that were not always valid and were often deficit-based. This had lasting repercussions because it painted a history based on this interpretation, influenced policy direction, and therefore impacted significantly on the trust and confidence of Māori participants. Theories of what is normal were based "on a model of the middle-class, Caucasian male of European descent" (Robinson, 2002, p. 85). With the growth of Māori research as a reclaimed practice and legitimate research in its own right, a whole field of research is opened up for researchers to celebrate its use and ensure it occurs with care and accuracy.

There are many interpretations and debates about what legitimises Māori research. Bevan-Brown's research (1998) highlights 10 of the top elements necessary when conducting Māori research;

1) An underlying assumption in Māori research is that Māori research must be conducted within a Maori cultural framework, and stem from a Maori world view. "A worldview of the Māori is encapsulated in whakapapa….embodied in the sequence of *cosmological narratives*, traditions and tribal histories" (Jahnke & Taiapa, 1999, p. 41). This includes incorporating Māori values and tikanga into research paradigms (Bevan-Brown, 1998).
2) Māori research must be conducted by people with the necessary cultural and research expertise and personal qualities. This includes a commitment to things Māori and the trust of those being researched.

3) Māori research should be relevant and important to Māori people.
4) Outcomes should benefit Māori in some way.
5) Māori research should include those being researched as active participants, depending on the nature of the research.
6) The research should be empowering to those who are participants.
7) It should be controlled by Māori.
8) The researcher should be accountable to those being researched and to the Māori community.
9) The research should be of a high standard.
10) Māori methodologies and methods should be utilised.

There are a number of different kinds of Māori research. Cunningham (1998) provides the characteristics of three kinds of Māori research. He describes research involving Māori, where Māori are involved as partial participants, have minimal input as researchers, and western methods and models of analysis are used. Ruwhiu (1995) challenges the use of Western-Eurocentric theories in research involving Māori as he argues they are further examples of colonisation and assimilation. Therefore an approach that merely involves Māori as research participants is challenged.

Māori-centred research is presented by Cunningham (1998) and is where Māori are significant participants and have a significant research role. Māori models and methods are employed, however, alongside western models. This is the approach chosen for this research and is discussed in further detail.

The third approach is Kaupapa Māori Research, where research involves a majority of Māori as participants, and as researchers with a high level of Māori participation at all stages (Cunningham, 1998). This research approach emerged in the 1980s during a time of revitalisation and legitimisation of Māori values and challenged assimilatory and western informed research approaches (Powick, 2003; Bishop, 2008, cited in Denzin & Lincoln, 2008). Tuhiwai-Smith (1999, p. 184) presents the argument that Kaupapa Māori Research can be interpreted to be for "Māori exclusively" because of the philosophy that drives it. Māori tikanga, philosophy, aspirations and principles are at the fore. Self determination and collectivism are key components, where power and control of the research not only sits with the Māori researcher, but with the Māori participants and with the wider Māori community (Bishop, 2008 cited in Denzin & Lincoln, 2008).

Māori-centred research

This research is Māori-centred which means that Māori are the significant participants; Māori are the researcher/s. Māori models and methods have been employed but western models are also taken into account (Cunningham, 1998). Differences between Kaupapa Māori and Māori-centred approaches “tend to be around 'philosophical emphases', yet both support the notion of Māori being active in all phases of research…as Māori. In other words, thinking, feeling and behaving as Māori.” (Ruwhiu, 1999, pp. 80-81). Takino (1998) supports that central to both of these research paradigms is the move away from oppression, however Kaupapa Māori research would challenge this more so.

As an extension of Māori-centred research Arohia Durie's (2001) Ngākau Māori research includes the qualities and traits of the researcher and the nature of the research. “Māori often refer to a person as having a 'Māori heart' a Ngākau Māori, if there is a capacity to connect in a way that makes sense to Māori and which includes the intuitive nuances of communication” (Durie, 2001, p. 170). Also highlighted by Ruwhiu (1995), elements of the Ngākau Māori research approach corresponds well with the attributes of this research. This also reinforced the suitability of the decision to engage with participants face to face using semi-structured interviews, with a strong focus on rapport and relationship.

A Māori-centred approach was chosen to inform this research for a number of reasons. While Māori-centred research asserts a Māori philosophy and worldview, it also has a level of acceptance for western approaches. Durie (2001b) has also indicated that it caters for contemporary realities, which is important given that many Māori whānau have had to adapt to the consequences of urban-drift and intermarriage. These “adapted whānau” often have “assimiliationist thinking” (Bradley, 1995, p. 28). Rangatahi Māori are a key group who are commonly raised in this lived experience;

> *In contemporary Aotearoa New Zealand, rangatahi are now able to celebrate the emerging of these two genealogies, with many bringing together European and Māori traditions, which in turn have the ability to stimulate innovative new thoughts, opinions and ideas* (Biasiny-Tule, 2006, p. 171).

The Māori-centred approach also aligns with the nature of this research being health focused. There is an acknowledgement that there are a variety of different treatment and healing approaches, however there is emphasis on Māori control and Māori ways of doing things first and foremost (Durie, 2001b). Durie (2001b) highlights that even where culturally specific issues have been identified; a clinical diagnosis is not always ruled out and may

even co-exist. Māori social workers will also practice how they have been formally trained, some of whom will have been trained in western or mainstream establishments.

Having worked in the area of Māori mental health for a number of years I find that this approach is aligned with my own worldview given that I am a person from an adapted whānau. In many ways I have been influenced by my education and Pākehā up-bringing, but my Māori up-bringing has also allowed me to work and learn in the area of Māori mental health and to be influenced by Māori people and practices, such that I now feel that I have a dual accountability as a researcher, to the university and to the Māori communities and families that I work with. Although this research project was taken up as part of my own individual professional development, the aim is that the outcomes will be beneficial for Māori; Māori social workers and Māori requiring support services, mostly rangatahi Māori.

Māori research - ethical considerations

The Māori-centred approach provides guidance to the research through the practice of Māori protocols and expectations throughout the research process (Ruwhiu, 1999). Mead (1996, p. 221) identifies seven ethical principles for consideration when doing Māori research which were applied in this research process.

Aroha ki te tangata (a respect for people):

Cram (2001) states that this is when the researcher and participant define their own sense of space and meet on their own terms. It is important that the participant is aware of their rights throughout the process and that the researcher is approachable and respectful. Just as the value of rapport is being explored in the research, rapport needed to be facilitated between researcher and participant. For example this involved making more in depth introductions by making whakapapa connections. (Walsh-Tapiata, 1998; Ruwhiu, 1999). In some ways this personalises things beyond the researcher and participant roles, and often identifies similarities or shared experiences.

Kanohi kitea (presenting yourself face to face):

It is important in Māori relationships to do things kanohi ki te kanohi (face to face), especially when discussing key issues (Bosmann-Watene, 2009). This was a key factor in choosing to do interviews as it provided key communication advantages throughout the interview process like responding to body language and being able to share kai. It also modeled the nature of the research question itself, around the rapport between two individuals.

Titiro, whakarongo...korero (look, listen...speak):

Cram (2001, p. 44) highlights that this is about, “looking and listening so that you develop understandings and find a place from which to speak”. It was important that time did not dictate the interview process, but that I was respectful of the time that the participant was putting into the interview away from their personal time and whānau. Participants were informed of the general time needed, so that they were able to schedule in a time that was convenient to them. A rushed interview was avoided by, “…understand[ing] that patience is a virtue – be prepared to wait” (Ruwhiu, 1999, p. 53). The use of a dictaphone, rather than written notes allowed the researcher to concentrate fully on the interview and the interview content, although some distractions were unavoidable. This was also helpful in fostering a trusting relationship (Cram, 2001).

Manaaki ki te tangata (share and host people, be generous):

It is important to provide food and beverages to the participant (Ruwhiu, 1999). This is not as a payment for being interviewed, but is part of manaakitanga, the sharing of time and expertise. The simplest form of reciprocity was to provide them with sustenance for their efforts. The sharing of food therefore followed after the interview and allowed a more neutral, relaxed, conversational process to occur after the formal interview process.

Kia tupato (be cautious):

Walsh-Tapiata (1998) highlights that it is important to be careful and aware of confidentiality between both the researcher and participant and that this may mean different things in Māori communities as opposed to research communities. It is important to ensure that mechanisms are adopted to keep all concerned safe throughout the interview process. The interviews were opened and closed with karakia to create a safe space, to recognise the importance of their information, and to acknowledge the formalised realm. This is also about considering your insider/outsider status (Cram, 2001). As a Māori and as a social worker I have a high degree of insider status in this research. This had its advantages in that I was able to identify with the participants, with the topic area and thereafter with the data.

Kaua e takahia te mana o te tangata (do not trample over the mana of people):

This is about respecting the mana of the person and ensuring that a mana-enhancing framework is adopted (Walsh-Tapiata, 1998). It is a reminder to the researcher that the participants are giving of their time, energy and expertise to the research and therefore the researcher needs to completely respect that.

Kaua e mahaki (don't flaunt your knowledge):

It is important to know the difference between achievements in the academic world and how knowledge is valued in the Māori world (Walsh-Tapiata, 1998). Each interview should be approached humbly for a number of reasons: out of respect to the person for taking the time to share their perspective, because there is a high possibility that the social workers interviewed will have more experience in social work, in the community and in mental health than I have, and because each of the social workers have their own area of academic expertise and expertise in their whānau, hapū and iwi.

Further ethical considerations

The Massey University human ethics process

In completing the Massey University human ethics application, a rigorous ethical analysis occurred. A range of ethical issues were identified and examined in depth. This process was very important because it provided the foundation for the entire research process, and therefore needed to be given thorough consideration.

Once this process was complete, the research parameters became very clear, from the aims, to the participants, to the ethical considerations. As a result the research was considered to be a low risk notification (see Appendix 1). This was peer reviewed and a statement accompanied all public documentation outlining this information to participants, and providing a Massey University contact if any person had any concerns with the research. The potential for harm to participants was reduced significantly by ensuring that these ethical processes, including Māori ethical processes were adhered to, that participants were informed of the nature of the research and of their rights throughout the research process.

Informed and voluntary consent

It is important that consent is received from participants based on the participant being fully informed about the study and about their rights. “Increasingly, the ethical norms of voluntary participation and no harm to participants have become formalized in the concept of informed consent” (Babbie, 2001). Participation in the study should be voluntary and free from any obligation or feeling of coercion. It is important to consider whether the participant has the following; a) information in order to make a decision, b) understanding of this information, c) the competence to make a decision and give formal consent, and d) the absence of pressure or coercion (Massey University, 2006, p. 9).

Participants were informed that questions/queries were welcome at any time. Information sheets were provided to Māori social workers who showed interest in being a part of the research. The information sheet outlined the research in detail and the rights of participants (see Appendix 2). The social workers could then decide whether they would like to be involved. An email address and cell phone number was provided for those who had any further query about the research. Throughout the process, participants were encouraged to question and reflect on the research process.

Participants signed an informed consent form once they agreed to be a part of the study. These outlined the terms in regard to their rights throughout the process (as were also included on the information sheet) (see Appendix 3). A second consent form was signed once the edited transcript was accepted by the participant (see Appendix 4). These consent forms will be held in locked storage for 5 years, and will be separate to the interview transcripts. The tape was to be returned if this was requested, otherwise the tape was wiped after the transcript was typed.

Respect for privacy and confidentiality

Following the interviews, transcripts were titled with pseudonyms, as chosen by the participant. This ensured confidentiality of the participants. Any interview content that could identify the participants' specific workplace or area of residence was also removed to ensure identifying factors were avoided. If the participants chose to remove any other information, the opportunity to do so was provided when they were given their transcripts for review. When completing the results section it was found that the pseudonyms were not required.

It was intended that interviews be held in private, quiet areas so that the participants' involvement remained confidential and the content was confidential to others (for example, could not be overheard). In practice this did not always occur, due to extenuating circumstances, however both researcher and participant still needed to be comfortable before the interview proceeded. In these cases the environment was more distracting, for example due to background noise, but this did not seem to adversely affect either the quality of the interview or the confidentiality of the person.

Conflict of interest

Direct work colleagues were excluded from being a part of the study, so they did not feel obliged to participate and the researcher's role was not compromised. There was also a

possibility that I had met the participants before, for example, at a national or regional social work conference, however it was not anticipated that this would be an issue to the research. It was clear that my role was that of researcher first and foremost, rather than social worker. The insider status – a Māori social worker working in community mental health with rangatahi Māori whaiora, worked more as a strength in the research, rather than as a barrier.

The recruitment of participants

It was anticipated that the research would include six to eight Māori social workers, accessed through various means of advertising. The initial plan was to advertise through two newsletters the first being the Te Rau Puawai newsletter (Nga moemoea)[4] which recipients receive quarterly. There are a significant number of social work students, who work and study, on this bursary programme.

Eventually an advertisement was sent out by email to all bursars instead with a disclaimer distinguishing it from Te Rau Puawai as an organisation and informing the students that they did not have to participate as part of their Te Rau Puawai programme obligations. Students could also forward the email on within their email networks to therefore capture a larger audience.

The other newsletter approached (see Appendix 5) was the Aotearoa New Zealand Association of Social Workers (ANZASW) noticeboard[5] and is sent out to all members on a monthly basis. Advertising was placed in the noticeboard in December 2008 and in January 2009. It was anticipated that Māori social workers would respond voluntarily to the request for research participants.

The initial criteria for the research participants were that;

a) Social work participants must self identify as Māori.
b) They must have a social work diploma or social work degree.
c) They must be currently working in the mental health field in the community.
d) They need to be employed as a social worker.
e) They need to be working with rangatahi Māori whaiora.
f) It is preferred that participants reside or work in the lower North Island.

[4] Te Rau Puawai is a Ministry of Health bursary programme for Māori students who wish to study a Massey University qualification that will, in turn, contribute to the development of the Māori mental health workforce.

[5] The ANZASW is the predominant social work professional body in New Zealand.

g) The aim was for at least two participants to be male. Social work is predominately female, and therefore it is important that the male perspective is heard too (see Appendix 6).

This sampling technique was non-random volunteer sampling (O'Leary, 2004). The aim was to minimise bias because the first six to eight contacts received were to be selected (taking into account that two males were to be prioritised and that the criteria was met). This is the most appropriate form of sampling for this research because the criteria are specific and relating to a specific field of practice.

Equipment

A dictaphone and tapes were used to audio record the interview. Participants were offered their tapes back once the information was transcribed, however this was declined by all of them in the consent form. Initially the intention was to have the interviews transcribed by a professional Māori transcriber, this was because transcribing is very time-consuming, "For every hour of talk on a tape it will take several more to transcribe it" (Denscombe, 1998, p. 130). However I decided to transcribe the interviews myself, the advantages outweighed the time it would take. I gained access to a transcribing machine and completed the transcriptions over a period of time. This meant I was able to edit as I went, and come closer to the data by reliving the interview experience (Denscombe, 1998).

The pilot interview

It was decided that it would be beneficial to the research and researcher to trial the interview process and interview schedule. A pilot interview was completed with a professional colleague who had volunteered to participate in the research. The advantages of completing a pilot interview were that I was able to check the interview questions, how they were understood and how they were answered. The process itself could be reviewed, whether the time taken was too short or too long, and whether the process flowed, "[Piloting] helps ensure both that questions elicit the sort of data required and that the order is likely to facilitate a progression that is comfortable and that works for both interviewee and interviewer" (Barbour, 2008, p. 120).

The pilot interview allowed for a trial of the equipment being used, particularly under pressure, for example, continuing to be attentive, whilst ensuring that the equipment was still recording the information. It highlighted whether the use of such equipment was a distraction in the interview, because of the need to check to ensure the tape had not run out. The pilot interview was also a good base for reflection on the role change from social worker to

researcher. The role change itself did require an ongoing internal reviewing of my positioning during the interview and therefore was quite challenging, but able to be done.

After the pilot interview and in consultation with the participant, it was agreed that the interview schedule remain unchanged (see Appendix 7). Although no changes were suggested from the participant in the pilot interview, the process provided an opportunity to consider a number of different factors in the process. Most notably, the audio taping evoked anxiety for me. I was trying to attend to the interview, but was anxious that the information would not be recorded on the tape, or that I would accidentally override the previous gathered information when I turned the tape over.

The pilot interview also provided an opportunity for me to do the transcribing and this became a beneficial reflection process. This informed the decision to complete the transcribing myself, instead of accessing a professional transcriber for the task.

The recruitment journey

From the outset it became clear that only a small number of people would fit the specific criteria required of participants. There were minimal responses and the time period was quickly becoming drawn out – difficult when there is a research time line to be maintained. It quickly became apparent that the regional area of the lower north island was too restrictive for the research and participant population. A number of people had shown interest but were cautious about these criteria because they were outside of the regional area. A decision was made to widen the parameters to include Māori social workers from outside of the region.

The first participant contacted in response to receiving an emailed advertisement from Te Rau Puawai. They resided and worked outside of the region, but the interview was completed when they attended a Te Rau Puawai conference in Palmerston North. To avoid disruption to the conference the interview was arranged for after hours, however this was postponed by the participant. Fortunately another mutually suitable time was arranged and the interview went ahead uninterrupted.

Due to the responses by email being more successful than newsletter advertising the Te Rau Puawai email was circulated a second time, with the removal of the lower North Island as criteria. I decided to capitalise on the email snowballing and began to think of other email network avenues. I was able to access a key person through Te Rau Matatini[6] and

[6] Aotearoa Māori Mental Health Workforce Development

they sent the advertisement through to their email networks nationwide. From here there was further success as the second participant responded from an email they received via Te Rau Matatini networks. The interview took place over a weekend at a time and place that suited the participant. Around this time one other person of interest emailed requesting more information about the research, and the information sheet was sent out to them, however no further contact resulted. This was an uncertain time because I was unsure about how to access more participants and through what avenue.

In attending another conference organised by Te Rau Matatini, discussions arose around my research topic over dinner. A number of people commented that they had seen my research advertised through the ANZASW noticeboard but did not know who I was and therefore had not responded. They wondered if I should have advertised the research during the mihimihi (introductions) in an effort to recruit from those who were attending the conference, however at the time I had thought it inappropriate and self-fulfilling. Instead the response from those at the conference was one of overwhelming support and acknowledgment of the value of Māori research. As a result I obtained another participant and was able to complete the interview at this time. I received feedback from this participant, that the questions were good because it provided them with the opportunity for deeper reflection about what informed their practices in the area of rapport building.

I left the conference with three work/business cards, one person was going to pass the information on to colleagues, and two people were Māori social workers interested in hearing more about the research. The information sheet was emailed to all three, and a response was received from one of them. This person expressed interest in being a participant and also shared the information amongst their work colleagues. A weekend time and place was arranged that was convenient to the participant.

At the completion of four interviews there were no further potential participants. The participant base was relatively small and it was likely that if people were interested in participating, they would have volunteered within the time-frame, as a result of prior advertising through the different avenues. During a Massey University contact course, and in discussions with a fellow student, I was asked if I needed any more participants in my research. They had seen the research advertisement through Te Rau Puawai but had not responded because they did not realise who I was by name because they knew me only by face. This person met the criteria and was also interested in the topic area, they gave me their contact details and I posted them the information sheet. From here, we arranged a tentative interview time, however this did not eventuate as attempts to arrange a mutually appropriate time were not successful.

At this stage it was decided that recruitment would finish with the four interviews rather than the intended six to eight. However that very week I was re-contacted by a social worker who had previously shown interest. We arranged to meet that same week and completed the fifth interview. The interviews began in February of 2009 and were completed at the end of April 2009.

After reviewing the information, and taking into account the qualitative agenda of producing quality data and quality insights, it was decided that the pilot interview would also be utilised as part of the research data towards finding themes. Consent had been previously accessed from the interviewee. This also assisted in the provision of male input into the research and enabled me to reach six interviews.

Reflections on the recruitment journey

A reflection of the recruitment journey enabled fresh insight to be developed into what may work better next time. I would recommend an element of caution as to how specific the criteria are when there is already a small population base with the research topic. If very specific criteria are necessary then different recruitment avenues may need to be considered such as a more targeted approach.

Many participants were interested in the topic, however only wanted to participate and commit to the research after they had met me face to face. This may be related to the Māori worldview that face to face is more culturally appropriate and because rapport building processes occur this way. They may have felt more of a connection to me as a person, as a social work professional, and as Māori. Again this reflection leads me to consider that recruitment would have been more successful had it been approached differently, for example, I could present to potential participants in a forum where they could hear about the research and identify or connect with me as the researcher.

Finally I found that email advertising was more successful than through newsletter. Emails can be forwarded on through email networks, and seemed more likely to be read than an advertisement in a newsletter. Potential participants may have felt more comfortable with the research due to who they received the email from, and they may have felt more inclined to respond straight away by email as they would be in front of the computer.

Supervision

Throughout the research I received formal supervision from Massey University staff. Both supervisors were qualified in research and cultural realms. We met regularly to discuss progress, recruitment issues and any other ethical and research issues that arose. The supervisors provided advice, guidance and knowledge that enabled me to stay focussed and clear in the research goals.

Another form of supervision received was via Te Rau Puawai. As part of receiving the study bursary was also study support. I utilised access to key individuals employed by and/or associated with Te Rau Puawai as a programme. Again those accessed had specific academic/university knowledge as well as knowledge of tikanga Māori and Māori research.

Thematic analysis

A common form of the analysis of research interviews involves summarising themes that are common in the transcripts and providing quotations to support the argument (Abell & Myers, 2008). It is argued that thematic analysis is a foundational method of analysis for qualitative research (Braun & Clarke, 2006). It is a method of identifying and reporting patterns or themes out of the interview data. Themes are drawn from both the literature and the research. When a theme is identified across the interviews it can then be said that the idea is shared across a wider group, rather than just at individual level, and therefore can be put forward with more assurance (Denscombe, 1998).

Themes are formed using both inductive and deductive approaches. Predetermined categories (deductive) will not be in place because there can be a temptation to fit all of the themes within them (O'Leary, 2004). However themes will be compared to those already established in the literature review. The aim of the process of theme generation is to move from raw data to data that is more meaningful (Denscombe, 1998; O'Leary, 2004). Social construction theory will be utilised in the analysis of the results.

Conclusion

In conclusion, the purpose of this chapter was to outline and provide discussion of the methodology and methods used in this research. Four key considerations are emphasised here; the use of social construction theory, a qualitative approach, informed by Maori-centred philosophy and the deliberation of ethical standards. These were able to be utilised in conjunction and in a complementary manner. The process of participant criteria and

recruitment was also presented, with minor changes to the original research proposal highlighted. Following from this are the results of the semi-structured interviews.

Chapter Four: Results

Aroha mai, Aroha atu.
Love toward us; love going out from us.
(Brougham, 1975, cited in Mead & Grove, 2001, p. 19).

This whakataukī gives an indication of what the following results confirm. Rapport is about a reciprocal relationship, what is given out will be reciprocated.

Introduction

This chapter presents the results from the six interviews with experienced professional social workers from the field of mental health. First the participants are introduced outlining their professional experience, age and academic qualifications. Following from this the participants' definition of rapport is examined. Each participant was asked to explore the concept of rapport and how this is then translated into their mental health social work practice with rangatahi Māori whaiora. The interview questions were based on the literature review and the integrated practice framework and the results of the interviews have been presented thematically in five key themes. The views and voices of the participants are presented in italics. Pseudonyms have not been included because participants are not individually identified. The presentation of these key thematic outcomes provide clear understanding of how Māori social workers view and practice rapport building with rangatahi Māori whaiora.

Participants' profiles

One interviewee was male and five were female. Four of the six worked within the lower North Island region. Two of the participants were 30 – 40 years of age, and the other four were in the age range 40 – 50 years. Five out of the six worked for District Health Boards (DHB) in their respective areas. Two participants worked in mainstream Child and Adolescent DHB services, one worked in a kaupapa Māori service, one as an Alcohol and Drug social worker in a Non-Government Organisation (NGO) and the other two in other specialist teams (intensive outreach/early intervention). All participants have either a diploma or bachelor's degree in social work/social sciences. The experiences in the different professional areas varied widely, for social work, from 18 months to 12 years; for mental health, from 18 months to 15 years and in work with rangatahi Māori whaiora, from 18 months to 10 years. The impact of the participants' profiles on the research outcomes will be discussed in detail in the analysis chapter.

The definition of rapport

Each participant was asked to explain and define rapport. There was an assumption that participants would have an idea of what the term rapport would mean generically, however it was important to determine how they defined rapport as something meaningful from their view of people, view of practice, and overall view of the world. These concepts were discussed in the opening section of the interviews and not only served to provide a baseline of an understanding of rapport but served to build the relationship between interviewer and interviewee. This is not dissimilar to the relationship building that occurs between the social worker and the tangata whaiora. The following responses demonstrate definitions provided:

> *...how well you get on with someone, how well you build a relationship with the person.*
>
> *…warming to them as individuals, as people…and building it from that.*
>
> *…I'd describe it as a Māori concept…whanaungatanga to me is going through a process of there being distance and then coming closer together…connecting as Māori…So it's about my tupuna, their tupuna…It's about feeling the other person's wairua, their mauri, their energy…it's about being formal [and] informal…*
>
> *I immediately think of whakakotahitanga…it's not just about engaging with somebody it's actually about having…or finding some commonalities…a respectful relationship.*

Key words expressed by the interviewees were relationship/respectful relationship, communication, whanaungatanga, wairua, mauri, whakapapa, whakakotahitanga, commonalities, connection, process and engagement. There was no single definition that emerged because each individual social worker explained their views based on how they construct their view of the world.

Key themes

Five key themes were identified as a result of the interviews and these are divided into sub-themes. The first theme explores the importance of rapport and the second explores the use of reflective practice. The remaining three themes have an over-riding focus on the Māori social workers' worldview and how this in turn impacts on their views and practices of rapport. These are the factors identified that help to facilitate rapport with rangatahi Māori whaiora:

Theme one explores how participants rated the importance of rapport, suggesting that without rapport access to treatment can be compromised.

Theme two is about reflective practice, how the social workers manage boundaries and rapport, how their organisation is a potential barrier to rapport and the utilisation of action reflection in their practice.

Theme three talks about the worldview of the social worker in general, things they identified that influence them in their social work practice. Three specific values utilised in practice that came through strongly will be presented; the use of self, to treat others as you would like to be treated and that being clear and transparent in practice helps to facilitate rapport.

Theme four was the largest and is about the social worker having a Māori worldview. The social workers' identified that being Māori and the practice of tikanga Māori is an integral part of their practice and rapport building. Other sub-themes are the use of Māori models of practice, the importance of time and process, working with whānau, and reciprocity.

Theme five is about having contemporary and developmental knowledge of rangatahi and valuing them and their input in society. Participants talked about working with rangatahi flexibly by changing their work environment.

Theme one: The importance of rapport

Participants described rapport as an element in their practice that is very important. Without it the work is either very difficult or unable to proceed because the rangatahi may not engage with the social worker or the service without it. Crisis work did tend to take priority from a life or death perspective; however this did not exclude how valuable rapport is to that process. Trust was identified as a key feature in how it helps practice. Participants described the importance of rapport as key, essential, very important, hugely important, as something they practice first and foremost and as number one.

…you're not gonna have a practice without a relationship...

…building rapport builds in trust…without rapport or without engagement you can't actually do the rest of the work…

...rapport helps, if they trust you and they feel safe with you then they know whatever it is they are revealing will be dealt with, with them in mind.

...they're not gonna open up, they're not gonna trust you, and they basically won't come back to you either…

The views expressed by the Māori social workers demonstrate the significance given to the rapport relationship. Implications of a lack of rapport are already being identified as the next sub-theme explains.

Without rapport access to treatment can be compromised

One of the reasons participants' reported that rapport was significant in their practice is because if rapport is not able to be started or maintained then the rangatahi is less likely to have access to the service and to treatment. The rangatahi may disengage completely at that time and also base any future contact with services on their previous experiences.

It's those first meetings that are make or break times…if you don't begin building a good rapport...chances are you won't see them again.

If they don't like you they don't come back after the first visit.

We lose those clients if we're not there to support them with that cultural side of things…

…one breach of [confidentiality]…could actually damage any relationship for the rest of their lives that they're gonna have with a counsellor or service…

What is expressed here is the importance of the beginnings of the relationship and first impressions. The interviewees emphasised how rapport can be developed based on the views and comfort level of the client, and therefore it is essential that they take this understanding on board at the initial meetings and beyond. The purpose of the service will otherwise be compromised and the rangatahi extremely disadvantaged.

...the young person doesn't get treatment or they end up coming back to the service in a worse state...

Access to services also includes other services the rangatahi is connected to because rapport can facilitate a trusting advocacy relationship.

…because I have a good rapport with that client, that can shorten the gap with the other services... If I go along they'll get what needs to be done, done.

Participants therefore connected rapport with more positive treatment outcomes.

> *Generally [the presence of rapport] creates positive outcomes, pretty much all of the time.*

> *...the quicker you get the desired outcome, simply because it's an easier process in every aspect.*

It can be established that from the participants' perspectives rapport is an essential and integral practice for them and this is based on their professional experience of working as social work practitioners, working within the field of mental health and working with rangatahi Māori whaiora as a specific client group. Connected to the importance of rapport is how it is managed within professional practice where there may be barriers, ethical dilemmas and boundary issues.

Theme two: Reflective practice

Participants were asked whether they are reflective in their practice. Overwhelmingly all maintained that this is a vital part of their practice in regards to keeping themselves, their organisation and their tangata whaiora safe. They explained that although rapport is very important, there are times when difficulties can arise. Boundary and ethical issues were commonly identified. The following three sub-themes explore these issues for the social work participants in further detail: action reflection, boundaries and rapport and the organisation as a possible barrier to rapport.

Action reflection

All interviewees highlighted the importance of good supervision and alongside this, the practice of internal reflective processes at work. It was described as a given, that it occurs constantly and that it is part of being a social worker. Many highlighted the importance of a variety of supervision options, for example having both clinical supervision and cultural supervision.[7] The main issue here was related to the social worker having an awareness of self in the relationship with rangatahi.

> *I have three supervisors, one cultural and clinical, my manager also has weekly supervision sessions with me, and I also have one for my own therapeutic development that my work will pay for.*

[7] The social worker accesses one or more supervisors with the relevant expertise to discuss clinical/cultural issues that arise within their practice.

…you have to be reflective…constantly trying to seek more knowledge about improving your awareness of what you're doing…

…is this the best way to work with the family, going back to the family is this working for you?

…you have to be aware of where this level of rapport is going to and how it's affecting things…

It's always thinking about how your words will land on people…how much is appropriate to give and how much is damaging to give...

This includes awareness of roles and whether the social worker is the right person to work with the rangatahi.

What's my role? What have I brought to this? It occurs constantly 'cause you're always questioning why you do things…

...I'm not the best person to work with them…there's this young man who thinks he's a rock star and is the son of a famous musician…he doesn't need 'Aunty' he'd be good with one of our clinicians who's…in a band himself, so we all bring what we bring.

The reports on importance of self awareness and use of action reflection identifies that Māori social workers believe in this knowledge and practice. This highlights that they learn by doing and learn from past mistakes made by them and/or their colleagues. This process was presented in the integrated practice framework where social workers are informed by their theories, their practice, and by the process of action reflection.

Boundaries and rapport

The participants highlighted the importance of boundaries and the need for these to be very clear from the outset when working with rangatahi whaiora and their whānau. Boundaries may include the physical, for example the use of touch, or the personal, for example how much the clinician is willing to do for the client outside of their job specifications. Difficulties can arise if clarification does not occur or if boundaries are not reflected on and re-established as time goes by. Participants commented that rapport can

be adversely affected when these are not clear. In particular the participants commented that they need to all know their role and that it is not as friend but as a social worker.

> *…it's not about friends, it's not about like/dislike…you've gotta job to do at the end of the day.*

> *It's not just a texting game or just ringing me up for a chat…*

> *Whanaungatanga as a process was identified as a way to set boundaries.*

> *...to show role, purpose, boundary. It just naturally comes into play and people feel more secure…you should always when you're working with complex families come back to your role and purpose all the time, and talk about that, because that keeps you safe.*

Personal boundaries were brought up as an issue and it was agreed that with use of self and self disclosure of any kind there needs to be a good reason behind what is being disclosed.

> *…if you're just doing things because you want to be a good guy, maybe that's not a good reason to do something.*

> *...we found out that my Aunty was one of the teachers at the kura so that was a really good thing, and that straight away it felt easier…it's why we disclose...and either they will want to work with me or they won't.*

The issue of dependence was also raised, particularly when clients began requesting the social worker exclusively.

> *...after hours family members have rung the mental health line for help but they say "no we want to talk to [the social worker]"...that's because of the trust that we've been building and working with...*

> *…there's always that risk of dependency, so for me it's like gradually backing out and being clear about, 'well I'm gonna do less, and you're going to do more'…*

Lastly, contact outside of hours was also an issue that was difficult to manage at times.

You're not meant to take clients in your private car, but after work hours if I see my client with a whole lot of shopping walking home and we're both going that way…we are much more likely to see people outside of hours and interact with them…

…I've worked with rangatahi who live in the same area as me, and I've made it really clear 'I don't expect you to turn up on the doorstep'…I had a situation where a young person…turned up on my doorstep at night, and so I just said 'well we need to ring your mum'.

Many of the participants found boundary issues to be a constant battle, often conflicting with their values, beliefs and sometimes their other role/s in the community. Tikanga, whanaungatanga, and always going back to the kaupapa helped to keep the focus of the relationship. Personal boundaries can be complicated and so can the organisational attitudes, policies and boundaries.

The organisation as a possible barrier to rapport

Participants reported that the organisation can be a barrier and challenging to developing rapport with rangatahi Māori whaiora. Strict or narrow rules and regulations, attitudes and resourcing issues were raised as problems at times. The organisation's responsiveness to youth plays a role in how youth feel in attending the service. This is a particular issue for all-age services.

...a lot of places aren't youth friendly...there was a lot of stereotyping and it was the total opposite, the youth had the complete respect for the place.

…smoking's a big thing, now if your organisation has rules around that and the young person's a smoker they're just gonna sit in a room with you just agitated the whole time 'cause they wanna bloody smoke.

Sometimes practicing in a Māori way means having to provide more rationale to the organisation especially if resources are needed.

…as Māori we have to justify certain ways we work…

…we actually have been told we spend too much on our clients and we shouldn't be doing that every time we go out.

…I just try to incorporate tikanga practices, which is often difficult in this sort of service but gets there.

…they're trying to incorporate more of a medical focus…

Although a number of organisational issues were highlighted by the social work participants, they utilised supervision formally and informally to work through these. They often walked a fine line between being able to practice according to their values as Māori social workers and keeping with the compliance expectations of the organisation.

Theme three: Worldview of the social worker

For many people, the reason they value rapport is because experience tells them it is of value. The participants identified specific influences within their upbringing that play a role in how they value rapport, in particular being able to feel empathetic to the situation of the client. Participants' utilised aspects of themselves to connect with the rangatahi. Often they talked about the different roles they take on board – not purely as social worker – but as Mother or Aunty. This enabled them to connect with the rangatahi as whānau and connect at a wairua level.

Use of self

Part of developing rapport with rangatahi is really knowing who you are and being 'comfortable in your own skin'. A general consensus among the participants is that it is important to be yourself whilst still maintaining professional practice. This includes use of their experiences from their own upbringing and their personal attributes. In order to practice in this way Māori social workers need to have a strong sense of themselves and where they come from.

...being a Christian has been useful when I've gone into homes where other people have identified as being Christian…

...being a female and being a mother, and having empathy and being nurturing...I notice the women my mother's age and Māori women, just the way they talk to others and…make the process very smooth for themselves in building relationships with people, that is just a natural thing that goes on.

…I've always sort of had this aunty way about me and I remember when I was younger it wasn't the parents you went to it was the aunties or the uncles…

I just kind of bring a mother or an Aunty thing, so if my client's unwell, I'll just treat them as if they're my child…I have so far found you can always make contact…

A number of participants acknowledged that having both Māori and Pākehā whakapapa enabled them to work 'in two worlds' and understand rangatahi Māori whaiora who have the same background.

[With my] mother Māori and father Pākehā…[I am] able to move between two worlds quite easily…

I get to walk in two worlds or more...a lot of our tangata whaiora are in the same boat...

This theme involves the social worker utilising his or her qualities and traits in order to make a connection with the people they are working with. The use of self in practice can create boundary issues; however this is not done without a purpose and the use of careful reflective practice.

Treat others as you would like to be treated

It is an old saying but one that rang true for the participants: Treat others as you would like to be treated. Some identified that this realisation came to them because of specific experiences they had. These experiences continue to influence how they view those that they work with. This also influenced the participants when trying to navigate their practice values alongside the organisational requirements.

…with having my own family that have been through the mental health system…teaches you to have more than awareness, more empathy...I saw that's not the way to do it...don't treat people like that, treat them the way you'd like to be treated…

…I used to live 20 years ago in a messy house with nothing nice in the house and kids running around and our house was overcrowded. I'm not that far removed from that…I'd hate to see what agencies have written up about my family or the eyes that were rolled talking about my family…

...people can tell…when you're being honest and you're genuine and you truly can empathise with their situation…

The practice of treating others as you would like to be treated can be done without personal experiences of services. However what the addition of personal experience does provide is a different level of empathy that promotes more of a connection between the social worker and the rangatahi, whether spoken or unspoken. Again, this ties into the issue of boundaries and use of self where there needs to be a good reason if experiences are shared.

Being clear and straight up facilitates rapport

Participants identified that being clear and straight up in practice helps to facilitate rapport building with rangatahi whaiora and their whānau. While at times this may appear contradictory with the importance of time and space, the participants were adamant that these two practices co-exist and both work to facilitate rapport.

> *I've actually had to…tell them hard truths and things that they haven't wanted to hear...then later [they] will say to you, well actually I needed to hear that…it actually helps in the long run.*

> *One thing that is really demeaning for young people is when they get bullshitted…sometimes you do have to be a little slower with the directness...delicately being direct.*

> *I think being straight up to Māori whānau is the best thing that you can be…and it's not in a hurtful, shameful, tear down type of a way but it's…praise and acknowledgement but room for improvement.*

> *…you've got to be really clear what you are prepared to offer and stick to it.*

> *It's about being transparent…*

> *The way I work is very direct, very open, very straight-up...*

This practice was acknowledged as particularly important when working with rangatahi. Being straight up means the rangatahi knows that you are being genuine, open and honest without a hidden agenda. It seems that rangatahi appreciate this approach, even if there is some resistance at the beginning.

Theme four: A Māori worldview

Participants identified that being Māori, growing up Māori and knowledge and practice of tikanga Māori is fundamental to their practice with rangatahi. The process of rapport is therefore natural and unforced. This may not align with the issues discussed in boundaries and rapport (I'm the social worker, I'm not your new best friend) but it highlights the difficulties some Māori social workers may have, where their Māori values and professional ethics seem to contradict. Tikanga is utilised to establish role, process and relationship.

> *With the Māori families it's a given that you go and shake their hand and you either hongi or you kiss them…talking about your whakapapa it's essential to do that with their whānau…*

> *...if you know whakapapa you can…talk about their marae and talk about their whānau…and that's why whanaungatanga is so brilliant in its concept…you're doing karakia, mihimihi, you're talking about the issues just like on the marae…*

> *...when you see a client…I always see who's behind them…their tipuna, who they really are...and I always keep in mind, this person is not just their illness…*

Participants identified that being Māori meant improved access to services.

> *…with our Māori clients…being Māori really does open a door that I think some of my non-Māori colleagues may struggle with in some situations…*

Touch, song, the environment and korero in a Māori context meant that the social workers are able to connect with the rangatahi on a different level and provide a calming.

> *…I was rubbing her arm and I just started singing a waiata and it was really good, it de-escalated the situation...*

> *…we'll go to the local marae, or we would go along the beach and talk about Tangaroa*[8] *and the relationship to how that person's feeling.*

Many of the participants reported that their role included aspects of teaching and working with the cultural identity and the cultural journey of the rangatahi.

> *…a lot of the kids today are actually quite confused about our history and their culture and being able to actually share some of your knowledge in that area actually assists them big time…Some of them will come to me just for those little sessions…and that*

[8] God of the sea

is a really big part of the rapport…it really helps in where they're going, in their journeys…

…using te reo, kia ora[9]*, even if they never say kia ora to you or even if they're so urbanised, removed, disenfranchised, colonised…[I] still use it. There's an inherent thing in us as people, resounds within us and our wairua knows and hears it and responds to it. So I always say kia ora and I always say ka kite and use basic words, but not in a way to make them feel stink, but in a way that honours them being Māori.*

Working from a Māori worldview meant that knowledge and practice was informed by Māori theory and philosophy. Sometimes this was an active practice decision and other times the practice came naturally. There were different levels of this practice occurring; being Māori on its own helped build rapport to a certain point, however the Māori social worker still needs to have (or be working towards) a solid knowledge base of tikanga Māori. This includes knowledge of Aotearoa New Zealand history and current implications. These all contributed to the development of rapport with rangatahi Māori whaiora.

Māori models of practice

All of the social workers interviewed reported following practice frameworks that originate from Māori philosophy and theory. They are practice frameworks utilised in the health domain with rangatahi Māori and their whānau. Most common was Te Whare Tapa Wha and the Powhiri Poutama process, but the idea driving the use was that the models are evidenced by a Māori worldview.

...it's to encompass all those things…in Te Wheke[10] *and Te Whare Tapa Wha*[11] *about your spirituality, your wairua, your hinengaro, your tinana, and your whānau, the community and everything as a whole society...you've got to think of all aspects of that individual and person…*

It's evolved from when I first came out from my social work practice where…you could say I was more kind of rigid in my thinking...from being taught mainstream as well, I kind of kept a blank face, not showing emotion, don't touch, stuff like that. But as you learn and you deal with more Māori clients...that all goes out the door. It's like some may think you're not allowed to touch a client but when it comes to Māori it's a completely different thing...

[9] Kia ora is a greeting, like hello.
[10] Te Wheke, the Octopus is a Māori model of health developed by Dr. Rangimarie Turuki Rose Pere.
[11] Te Whare Tapa Wha is a Māori model of health developed by Professor Mason Durie.

…but what I've found the most helpful...hasn't been western ideas of what rapport or whanaungatanga is, it's definitely been Māori philosophies and going to wānanga and going to things that aren't NZQA but they're about focussing on healing…

The use of Māori models of practice reinforces that Māori social workers look to practice social work from a Māori worldview. These emphasise spirituality, healing and holistic practice. At times this learning has come from their upbringing, through training establishments, and through other culturally informed forums of learning. This appears to be an important aspect to remember for Māori social workers because it shows what informs their practice decisions, including rapport building practices.

The importance of time and process

The participants shared how important time and process was to establishing and building rapport with the rangatahi and also with their whānau. This included being humble, being respectful, being flexible, allowing process to occur and knowing and understanding your role in the facilitation of all of this.

A Māori worldview is do more hui hui then you'll need to do less doey doey and that's why we spend so much time with whanaungatanga.

…it's okay if we're a little bit late or a little bit early, or go over time, I don't stress about time...sometimes an hour doesn't do it…

…you can't just walk in and say 'I'm blah blah blah' and you don't say where you're from or scoot around the topic…

...people can't be rushed especially rangatahi, 'cause they're always rushed, this is the world of being rushed…fast food, everything. And I think it's about the fact that rangatahi need a lot more time to know that they can trust you.

Time can however be resource dependent and the social worker may choose to go beyond their role and responsibilities as related to their job description when working with rangatahi and their whanau.

...I think one thing that Māori don't like and I don't care how pulled away they are from our culture, they don't like people just getting into it and that's a lot what happens in mental health 'cause we're time poor and stressed out…

…She didn't get into hospital until 9.30 at night. The family had seen me sit with them all afternoon actually and they were really, really grateful...

…if they want to listen to music every time that's okay, because eventually they get sick and tired of doing it, and well I find, they decide 'well I might as well talk to you then'…

The provision of time shows the rangatahi that they are important, that the social worker wants to listen to them, and that the social worker is accessible and available. It reinforces a genuine practice and a trust relationship. It acknowledges them as individual people with unique experiences and therefore helps to facilitate rapport building.

Working with whānau

Participants identified that one way to build rapport with the rangatahi is to demonstrate a connection with their whānau members. This occurs by connecting to special people in their life, it shows the rangatahi that the family are there as part of their treatment, it demonstrates that you are working to facilitate their involvement and it assists with the whānau taking on more responsibility.

…I always endeavour to get a rapport established with the parents first...it definitely facilitates getting a better rapport with the rangatahi…

…because then this young person sees that I am really okay with the family, well she is also really okay with me.

You bring in whānau…and they can see that the whānau are there to support them.

…letting the whānau lead and be parent…for that young person, 'cause they're there 24/7, not us, we're just there for a small chunk.

One young person I did very little work with her but I always went to go and see [her] Nan. Well the Nan ended up dying…and [the young girl] came back to the service asking for me. I think it might have been that connection I made with her Nan that made her see me as an alliance.

A strong relationship between the family and the social worker can be helpful, however should still be balanced with the relationship with the rangatahi. If the rangatahi relies on a relationship of trust, they may be suspicious of the encounters with their family

particularly if the relationship with their family is strained. However, the whānau involvement appears to be a critical part of the work that occurs with the rangatahi whaiora and therefore rapport is more than just with the young person; it is also with their significant others.

Reciprocity

The idea of reciprocity is when someone does something for you and you do something for them in return. This could obviously take a number of different forms from the tangible to the intangible. Mostly it was an unspoken occurrence or subtle shift in behaviour that changed the relationship; it could even be spiritual or practical in nature.

> *…if you respect somebody and you have that tika, pono and aroha and you really respect and manaaki people, you only get good things back in return…*

> *…I went an extra mile and now they will go an extra mile, so when I ring them they will get back because they feel obligated.*

> *…there's a lot more give from the person that you're engaging with and it doesn't have to be always something that you can actually see…but it's the willingness…*

> *You'll turn up and oh, suddenly they'll make you a coffee and they've baked you a cake or whatever.*

> *…things like turning up…being at home when they say they're going to be there when you're visiting.*

> *...they will bring their siblings with them, or their friends who also have issues. And so they trust me with their friends and their family.*

Rangatahi and their whānau become more proactive and engage from their end and may start to give back to the social worker. Participants did not force this on their clients but could identify when it was happening, and believed this really showed when rapport had been achieved.

Theme five: Knowledge of and valuing rangatahi

One participant described rangatahi as taonga and all the participants stated that they tried to understand the world from a rangatahi point of view while working with them. This meant remembering what it was like to be a teenager and how that might have changed

today with the different pressures, as well as having knowledge of adolescent developmental traits and needs. Participants felt that this understanding made it easier for them to relate to and work with rangatahi and it also meant a level of flexibility required in their practice.

> *…I've learnt a lot from them...they actually keep people of my age in their generation as in knowing what's happening today. They'll tell you how it is…It's one way they build rapport…that whānau concept of I wouldn't have the knowledge without them, they wouldn't have the knowledge without me.*

> *…they're resilient…they have to combat so many things and they bounce back so quickly from it.*

> *I think rangatahi are all very strong, I think the fact that they carry around…traits of their tupuna…*

> *...they're taonga...and they are the future and we either want a future of people who are depressed and have no ability to guide our world or we want people who are strong in their whakapapa…*

> *I think a lot of our rangatahi have respect...They have a generosity of self…they really want to be good and to be liked, and I guess we all want that and to feel valued...*

> *…a lot of workers are offended by clothing, they're offended by language, they're offended by stature…I don't have a problem with that, that's part of them. I do ask that they don't swear at me, but if they're expressing themselves and they're using inappropriate language to do that well so be it.*

This highlights that Māori social workers have respect for rangatahi and acknowledge their importance and contribution to society. This view of rangatahi plays a role in rapport development, because without it the social worker may have difficulty relating to the rangatahi and therefore responding appropriately to their needs.

Changing the environment

An important factor when building relationships with rangatahi is to consider the work environment. The participants spoke about spending more social time with the rangatahi, providing kai, going for walks and using metaphor, music and visual aids. Māori social workers see the need for flexibility in practice when working with rangatahi.

…like a kid that's coming in to see you after school, what's the first thing a kid does when they get home after school? Straight to the fridge, so if they're having to come to your office, you show them the fridge.

They like the fact that they have something to eat and drink or the fact that they can go out and have a smoke…that you just let them talk sometimes and you can sort of drop in your crisis management or your assessment…

…I'm lucky enough to be able to just cruise down the road with them to the hoops and take a ball down and throw hoops.

...I like to have candles, scents, atmosphere, position the room right, have things that are Māori there in the room, they all help.

…I like a laugh, so I often use humour. Often use music, and for those that refuse to talk, I often use art and the whiteboard, and lots of metaphors.

This sub-theme presents the importance of flexible practice and thinking outside of the square. Knowledge of rangatahi Māori needs provide the rationale for these practices, especially if the social worker is being challenged by their organisation, for example use of resources and time.

Conclusion

The purpose of this chapter was to present the results of the six interviews that took place with Māori social workers about their views and practices of rapport with rangatahi Māori whaiora. The results were presented in five different themes that included sub-themes. The Māori social work interviewees highlighted the most important factors that come into play in their practice of rapport with rangatahi Māori whaiora. They identified that based on their experiences rapport is an important aspect of their practice. Their reflections of their practice, including boundary issues and the organisation, constantly inform their views and practices of rapport. They recognise that their worldview, particularly their Māori worldview plays a key role in how they view and practice rapport, inclusive of their upbringing, gender and life experience. The concluding theme identified how the social workers knowledge and understanding of rangatahi also contributes to their practices of rapport. Overall the aim was to thematically present the outcomes of the interviews. The next chapter draws together the results with the literature.

Chapter Five: Discussion and analysis

Ahakoa iti, he pounamu.
Although small, it is greenstone.
(Kāretu, 1974, cited in Mead & Grove, 2001, p. 13).

Small acts of kindness, support and respect are valuable in relationships. A genuine person and a quality practice are far greater than a person and practice that are about numbers and quantity. This whakataukī highlights that the seemingly little things do count and work towards the development of rapport.

Introduction

This chapter presents an analysis of the themes identified from the interviews with Māori social work practitioners. These themes are explored within the body of literature available. Key findings are drawn out and highlighted as important research outcomes. The aim of this research was to explore the views and practices of Māori social workers working with rangatahi Māori whaiora in the mental health field. Again the views and voices of the participants are presented in italics. The same themes are covered, however further issues arise out of the discussion. Throughout this chapter social construction theory is applied as the theoretical framework of analysis. An integrated practice framework is evident: the social workers are informed by who they are as people, by who they are as theorists and practitioners, further evidenced in practice and constantly reviewed by a process of action reflection.

Rapport as defined by the Māori social work participants

It could be argued that rapport as a practice concept can be defined in a number of ways; the therapeutic relationship, the therapeutic alliance, the helping relationship, engagement and collaboration are some examples. What these all exhibit is that rapport is about a relationship between people and it describes the nature of the relationship. There are different understandings about how rapport is defined as it seems to be very value based. Jorgenson (1992, p. 48) believes that rapport is about being “truly relational” and that it is reciprocal. Ruwhiu and Ruwhiu (2005) go a step further and identify the spiritual realm (wairua) as being the key to rapport. Unconditional positive regard and empathy are also highlighted as concepts that facilitate rapport development (Roger, 1957, cited in Rogers & Gendlin, 1967).

Māori social work participants described rapport as a process of *warming, connecting,* and *coming closer together* and about *feeling the other person's wairua…mauri…energy.* They also used concepts such as respect, building relationships and engagement. A number of participants redefined the term rapport into a Māori concept such as whanaungatanga or whakakotahitanga. Whakakotahitanga was described as a *respectful relationship*, which could include the social worker and the rangatahi working in a united manner. These Māori social workers also viewed the rapport relationship as reciprocal and shared, rather than just one way, supporting Jorgenson's (1992) work.

One social work participant explained that they believe each person's tupuna (ancestors) are making a connection at a spiritual level as the worker and client come together in the therapeutic environment. This spiritual connection supports the work of Ruwhiu and Ruwhiu (2005, p. 6) who encourage this connection in order to strengthen rapport, believing that this is when "…real sharing occurs". This endorses the claim that these Māori social workers are informed by a Māori worldview in their views and practices of rapport building. All of the participants explained and theorised about rapport from their construction of the world, their own worldview, belief system, whānau background and social work experience.

The definition of rapport can be viewed as socially constructed by the Māori social workers. There was no single definition of what rapport was because each individual social worker defined it according to their worldview. However, the definitions provided had similar themes and understanding. Although there were variations, rapport continued to be used as the defining term, due to the similarities.

The value of rapport for the Māori social work participants

Rapport is an essential requirement in the social worker – client relationship. This is identified in the literature for a number of reasons. The presence of rapport correlates with improved patient satisfaction and better health outcomes (Howgego et al., 2003; Hawley and Weisz, 2005; Norfolk, Birdi & Walsh, 2007). Without an established rapport there is a risk that the adolescent will end treatment and be dissatisfied with their experience of the service, therefore increasing the likelihood of treatment resistance (Garcia and Weisz, 2002; Bickman et al., 2004). The focus is mainly on early rapport development due to the risk of drop out without it.

Rapport is also seen as valuable in the management of risk. Part of rapport is a trusting relationship and is required in order to facilitate a level of genuine commitment from

the young person to not self harm or suicide and to utilise safety plans (Linehan, 1993; O'Brien, 2001; Steele & Doey, 2007; Nafisi & Stanley, 2007).

The Māori social workers, whose knowledge and experience were gathered for this research, concur with the previous research. Rapport was rated very highly and reported to be an essential component, needed *first and foremost*. They supported that rapport needed to occur early in the relationship if not during the first couple of sessions, *it's those first meetings that are make or break times*, recognising that a failure to do so can create problems for the rangatahi later on, either with future relationships or with access to treatment. Without rapport access to treatment, or the appropriate treatment, can be severely compromised. The social workers said that practice was either very difficult or not able to occur at all without rapport, even in the management of risk due to the lack of trust. This is different to what Florsheim and associates (2000) discovered in their research with delinquent boys. They found that if an alliance was formed too early then this led to poor progress or dropout. Again this could be related to the different client group, delinquent boys, as this was not reported by these Māori social workers.

Access to treatment and early intervention are important particularly for Māori because access to services can occur when they are more unwell (involuntarily and through hospitalisation); *they end up coming back to the service in a worse state.* There is a high prevalence of mental health needs for Māori youth (Baxter, 2008) and a relationship with an established rapport correlates to fewer hospital admissions (O'Brien, 2001). This correlation would suggest that it is critically important to have a work environment that promotes rapport building practices in the mental health field. Organisations need to be responsive to the suggestion that rapport is beneficial in numerous ways. If organisations allowed for rapport building values and practices then in turn there could be a more efficient and satisfactory service, even from the financial and business sense.

First or early impressions count in the establishment of rapport and therefore the social worker must consider how to do this well for each of the rangatahi Māori whaiora and their whānau that they have contact with. This may mean working in a different way with these rangatahi in order to truly engage with them and to facilitate and maintain rapport. Workers may then need to think outside the square of the four walls of their office and consider other means of engagement. This was highlighted as an important part of practice for these Māori social workers.

In addition to the discussions of the importance of rapport, the social workers also talked about the need for role definition and kaupapa to guide the rapport. The kaupapa, or

purpose for being there, was seen as essential as something to maintain and to come back to…*without the kaupapa, the rapport is meaningless.* This corresponds with the solution focussed argument of Reid and Fielding (2007), that simply being there for the client is not enough and that the relationship needs to have a purpose. This is also similar to Bordin's (1979) model of 1) goal agreement, 2) task agreement, and 3) bond development. Bond development might come first in the case of these Māori social workers because they believe that process precedes task, *to be asking someone to look at behaviour changes, or to look at doing specific tasks, it's very difficult if you don't have that rapport.* A Māori client is not likely to share personal information without time to establish and develop trust and rapport (Hirini, 1997).

Where these view come from

Worldview of the social worker

Social construction theory and the integrated practice framework define that social workers are informed and guided by who they are as individuals and socially constructed people (Berger & Luckmann, 1971). In turn this affects and influences their views and practices of rapport building. It is therefore essential that social workers know and understand themselves and where they come from before, and during, their work with the client (Keen, 2005).

Mental health consumers reported that they appreciated the sharing of self as part of a genuine and meaningful interaction (Ware, Tugenberg and Dickey, 2004; Sterlin, 2006; McLean, 2007; Shattel, Starr & Thomas, 2007), however this is not always supported ethically and motives for sharing need to be explored (Bogo, 2006). For Māori the sharing of self starts at the very beginning when whakapapa is shared and connections are made (Jonson, Su'a & Crichton, 1997; Walsh-Tapiata, 1998; Ruwhiu, 1999; Ruwhiu, 2001; Biasiny-Tule, 2006; Ruwhiu & Ruwhiu, 2005).

The Māori social work participants all identified that their views of the world played a role in how they valued and practiced rapport building with rangatahi Māori whaiora. Their worldviews came from their personal identity factors, such as age, gender, ethnicity, upbringing, life experiences and their academic learning. Having a Māori worldview was also key and this is discussed separately as another theme. The sharing of whakapapa was a common practice, and the sharing of self was also utilised in other ways as a method of making connections and therefore building rapport. All agreed that there needed to be a real purpose to the sharing and careful consideration of what the consequence might be. This created the occasional ethical dilemma for the social workers because the social workers'

use of self appeared to conflict with their professional obligations and their organisation's expectations.

Difficulties arise when the social worker is working in an organisation that utilises a different worldview in regards to the sharing of self. This is particularly evident in medical settings where western frameworks are dominant. Self disclosure can create blurred practice lines for the social worker and therefore they need to regularly reflect on their practice and utilise supervision. This highlights that a balance needs to occur between professional ethics and boundaries with whānau/community roles and responsibilities and what can be argued as cultural methods of rapport building.

The use of self also related to how these Māori social workers defined their role with the rangatahi. The Māori social workers defined their role as that of a social work professional, but they also utilised familial roles, such as mother or aunty, within their practice because they believed that it facilitated the rapport relationship with rangatahi whaiora. Again, playing the role of a whānau member might be appropriate to a Māori social worker in their practice, but from a profession and organisation standpoint this may not be seen as ethical or safe. In saying this, these Māori social workers worked hard to define and stick to their roles to ensure that professional boundaries were still maintained, for example so that the rangatahi did not confuse the social worker as being their best friend or completely embrace them as a member of their own family.

As part of the rapport building process it is important to be empathetic to the client's needs and to treat them as you would like to be treated. This was identified by Rogers (1957), where he recommends a genuine, client-centred, humanistic approach of unconditional positive regard and empathy with the client (Rogers, 1957, cited in Rogers & Gendlin, 1967). This was also identified by clients/consumers in a number of studies, where attributes that endorsed meaningful and natural interaction were what was wanted in a practitioner (Ware, Tugenberg and Dickey, 2004; Maidment, 2006; Wortans, Happell and Johnstone, 2006; Sterlin, 2006; Shattel, Starr & Thomas, 2007; Beresford, Croft and Adshead, 2008). This approach includes work with youth (McLean, 2007). There was concern that clinician – client practice was becoming too case management focussed and medicalised (Pritchard, Cotton, Bowen & Williams, 1998; O'Brien, 2001; Wortans, Happell and Johnstone, 2006).

The Māori social workers adopted a non-judgemental approach of treating others as they would like to be treated. This was identified as having been derived from a genuine respect for others and from their own experiences of working with services as service users

themselves, because they have experienced what not to do. This practice is about respecting the mana of the individual, not viewing them as just another client/statistic of the service. They believe that rangatahi Māori whaiora have the ability to identify whether a social worker is being genuine and authentic in their practice and they will respond accordingly, therefore the social worker needs to have an acute awareness of this in their practice. Again, work environments need to cater to this and limit case management expectations of the social worker.

Being clear, open and honest were identified as important factors when working with adolescents (McCutcheon et al., 2007). Reid & Feilding (2007) also note that being clear and transparent is needed particularly in crisis situations in order to build rapport with youth. Being clear and straight up with rangatahi also emerged as key to establishing rapport for the Māori social workers, as well as other concepts like whanaungatanga, not worrying about time, and ensuring that certain processes are maintained. One possible explanation of this could be that while it is important to have time and to maintain process, the information should always be clear and the roles defined and transparent (no hidden agenda). The Māori social workers reported that rangatahi Māori whaiora in particular liked and appreciated this approach, it either worked to bring them back down to earth, or to engage them in treatment so that decisions were not being made for them, to them, or about them. However this approach was also utilised with the whānau.

Māori social workers utilise their view of the world constantly when working to build rapport with rangatahi Māori whaiora. Because of this they are continually balancing their roles and defining boundaries. These can easily clash and cause problems and this is why reflective practice is vital for them. There are expectations of the social workers (either actual or perceived) to walk or work in dual or even multiple worlds (social work/clinical and cultural) but they do not always combine well. However, these social workers clearly integrate their worldviews into their practice and they do not leave who they are as Māori and as people at the door.

A Māori worldview

Having knowledge of the Māori world, and having a practice reflective of that knowledge is identified as contributing towards rapport building when working with rangatahi Māori whaiora. The concept of whakawhanaungatanga, the process of family-like relationship building is seen as essential in the provision of mental health services for Māori (Semmons, 2006). Understanding of and connection with one's own wairua and the wairua of others, the spiritual realm, is seen as the main rapport building factor (Ruwhiu & Ruwhiu,

2005). The sharing of whakapapa is a process where connections are also made, which in turn contributes towards rapport building. The sharing of whakapapa assists with the identity of the rangatahi (Biasiny-Tule, 2006). Part of this knowledge of things Māori is the awareness of political, economic and social issues, including the impact of colonisation on whānau, whānau dynamics and religious affiliation (Hirini, 1999; Ruwhiu & Ruwhiu, 2005).

The social work practitioners also identified the need to understand Aotearoa New Zealand history and then in turn to educate and assist rangatahi in their own cultural journeys. One social worker actually said that sometimes this role superseded their other roles due to the need arising and the outcomes being of benefit (including that it helped to build rapport). While diverse Māori realities were acknowledged, the social workers insisted on using Te Reo Māori and other Māori practices…*I always say kia ora and I always say ka kite and use basic words, but not in a way to make them feel stink, but in a way that honours them being Māori.* The best way to access a culture is through language (Durie, 2001b). The social workers did not change how they practiced or make any apologies for practicing in a Māori way and they did not believe that this was a barrier to rapport with either the rangatahi or the whānau.

The Māori social work participants solidly supported and worked from a Māori worldview, with a number of them actually redefining the term rapport into a Māori term, such as whanaungatanga or whakakotahitanga. The social workers reported that this was not necessarily promoted by their organisations, but came from within themselves as individual social work practitioners and as an inherent part of who they are and therefore how they practice. This knowledge may have preceded their social work training, but they all acknowledged the benefits of this being integrated into their mental health social work practice with rangatahi Māori and their whānau.

The social workers were more comfortable practicing in ways that endorsed and embraced Māori worldviews, for example through the use of Māori models of practice. These are inclusive of valuing time and process as important relationship building elements and also when working with whānau. Mental health services promote a whānau ora (family wellbeing) approach and as one participant pointed out…*they're there 24/7, not us, we're just there for a small chunk.* The Ministry of Health (MOH) best practice evidence-based guideline for the assessment and management of children and adolescents acknowledges the need for whānau involvement and the need to establish relationships with whānau and extended whānau (MOH, 2003).

A good relationship with parents could be seen as detrimental to rapport with the rangatahi for a number of reasons. As highlighted by DiGiuseppe, Linscott and Jilton (1996), adolescents are often referred by members of their family and may not have the same vested interest of accessing treatment that their family have. The rangatahi may question the trust relationship, for example how much they can say confidentially. Semmons (1996) highlighted that there needs to be a balance between the welfare of the whānau and the welfare of the individual, because the individual's wellbeing contributes to whānau wellbeing. The Māori social workers in this research reported that not only is it safer and more practical to have family involvement, establishing relationships with the family can actually work to build rapport with rangatahi in most cases. It is a connection to the special people in their life and a respect for them individually by respecting who they are connected to. Again, the social workers highlighted that a balance needs to occur to ensure that the rangatahi needs are being met.

The Māori social workers utilised tikanga and whanaungatanga to guide the rapport building interaction in a safe manner. Tikanga assists with boundaries but it also enhances and promotes relationships (Mead, 2003). Examples of rapport building provided by these Māori social workers indicate that they are led by what Ruwhiu (1995) and Arohia Durie (2001) term a ngākau Māori. The Māori social workers' use of touch, awhi, music, waiata, spiritual connection, the genuine nurturing and the resulting difficulties experienced with work/professional boundaries, highlights this.

Time and attention to process is essential is order to establish and develop trust and rapport with Māori (Hirini, 1997). This was also evidenced with these Māori social workers. While it is important to make a good first impression the work does not end there. A relationship takes time and energy and organisational restraints were identified as making this difficult for the Māori social workers at times. Reid and Feilding (2007) warn that it is important that organisational restraints, even as simple as note taking or documentation, do not get in the way of the rapport building process. The social work participants gave examples of how time and attention to process helped build rapport with both the individual and the family. This included a humble approach, being respectful and non-judgmental to the rangatahi and their whānau, and having a flexible practice, allowing process to occur even if it extends beyond the social workers paid hours of employment.

Key elements of Pohatu's (2004) framework Āta is that space and time is of value and that effort, respectfulness and reciprocity are important. The concept of reciprocity as an element of rapport building was identified by these Māori social workers. When the rangatahi Māori whaiora and the family know that the social worker is genuine and/or has made

allowances above and beyond then they will reciprocate their role in the rapport relationship. Some of the social workers found the reciprocity concept difficult to explain and used words like owe or obligation in a hesitant manner. They spoke about how they might demonstrate a willingness to go, what is seen as, the extra mile in their practice, but that really this is about meeting the rangatahi and whānau where they're at, rather than what suits the social worker or the organisation. The rangatahi and their whānau tend to respond in a way that is more proactive, accessible, do more for themselves and have more respect for the social worker's role in the process.

If reciprocity occurred then the social work participants branded this as a time where rapport is really evidenced in practice and the social workers' all reported satisfaction in this being achieved. They also believed that the rangatahi and families were happier with the relationship and more in the decision making of their own treatment. Even the small moments of giving back from the rangatahi provides a sense of satisfaction for the social worker. These social workers are also role modelling the behaviour of a genuine relationship and the rangatahi may thereafter learn to develop more positive relationships with adults. Therefore the social worker can play a role in the social construction of relationships for the rangatahi and their whānau. This is a significant responsibility and therefore it is essential that the role is not taken lightly.

From the perspectives of these Māori social workers, being Māori and working from a Māori worldview helps to facilitate rapport building with rangatahi Māori whaiora. Dual competency is a critically important notion. This is where social work practitioners are expected to fulfil a high standard of competency in clinical social work practice and cultural practice. The social work practitioners identified that these become intrinsic in their practice; many come from the way they were brought up and the values learned within whānau, hapū and iwi. Other competencies are learned through studies. Ongoing learning and development were identified as important in both areas. This also shows that the work with rangatahi Māori whaiora and their whānau is specialised.

Knowledge of and valuing rangatahi

When working with adolescents it is important to have specialised knowledge of adolescent cognitive development and psychosocial factors (McLean, 2007; Zack, Castonguay and Boswell, 2007) and utilise specialised skills (Coulshed & Orme, 1998). Youth have different needs than the adult population that need to be taken into consideration, particularly when social workers are working to build rapport with them. Walsh-Tapiata and associates (2006) identified the need for a relationship of trust between

adults and youth. The idea that the practitioner should value the adolescent is less obvious in the research, but is implied if the practitioner works in a way that is respectful and caters to the young person's needs.

The Māori social workers also identified that work with rangatahi Māori whaiora is a specialty practice. The social workers described specific needs that youth present with that is different to other age groups. This needs to be taken into account when developing rapport. The start to this is having understanding and empathy for rangatahi from a developmental perspective and understanding and empathy for the contemporary issues that rangatahi face. They all had passion for and a genuine respect for rangatahi and viewed them as valued members of society. Consequently the Māori social work participants identified that they are able to work with rangatahi in ways that develop rapport with more ease because they empathise with the client worldview in this way. They understand what contributes to the construction of their clients' reality. The social workers were able to see beyond aspects of youth culture, such as bravado, to the person in front of them and to the tupuna who went before them and who still walk with them. Some were more accepting of others around what they would put up with in regards to aspects of the American culture or language such as swearing.

The Māori social workers did not all use the same techniques or strategies to build rapport with rangatahi, although some themes did emerge. A holistic practice framework informed these social workers. They considered the needs of the rangatahi to be wider than purely mental health. An example of this is through the provision of kai, or access to kai. To practice manaakitanga can be as simple as offering the person a hot drink (Durie, 1985). From a developmental point of view the rangatahi years are growth years and kai is very important especially after school or if the rangatahi cannot afford much food. It also takes away some of the formality of meeting with the rangatahi and this can make for a more relaxed interaction, engagement and of course facilitate rapport. Allowing the rangatahi time to have a cigarette, or leaving the office to engage in a form of physical activity with the rangatahi were other examples provided. These needs interact with mental health needs. To attend to the tinana means that the rangatahi will be better at engaging their hinengaro and wairua.

The themes identified in the literature are reinforced by these Māori social workers. To work with youth and to work with rangatahi Māori whaiora requires a specialised role and is a specialist area of practice. The Māori social workers not only need to be competent in their clinical, social work and cultural practice, but they also need to have specific knowledge of and a strong value of rangatahi. This includes flexibility in practice, creativity, vision and

the use of the Māori social worker's worldview. These all contribute to rapport building with rangatahi Māori whaiora. Organisations may consider having Māori social workers at least as co-workers if the rangatahi is Māori, even if they have not specifically chosen a kaupapa Māori service.

Further practice implications

The ethical issues involving boundaries and rapport emerged as a theme from all participants. Boundaries are identified as playing a key part in whether a relationship is therapeutic or not (McLean, 2007). Therefore it is important that the boundaries of a relationship are discussed openly and defined (O'Brien, 1999; O'Brien, 2001). Okamoto's (2003) research suggested that ethical dilemmas can be of benefit, they can create valuable learning for the social worker and the rangatahi that otherwise may not occur. The social workers spoke about tikanga and whanaungatanga principles driving this boundary setting right from the outset and that this left little room for misunderstandings to occur. However, all of the Māori social workers had some difficulty with boundaries in their rapport building practices and even with the practice of action reflection they were often reoccurring. Sometimes this had to do with the boundaries of the organisation not matching with the ethics of the individual practitioner's decision. An example of this was one of the social workers spoke about seeing the rangatahi after hours carrying groceries in the rain and stopping to pick them up. They knew that this would not be okay with their organisation, but other values spoke to them and they acted on them.

There is an element of personal sacrifice that occurs when going the extra mile for rangatahi Māori whaiora and their whānau. Working longer hours or blurring the boundary lines may increase rapport but can create other issues. This may take the social worker away from their own family responsibilities and it can make it difficult for the rangatahi and their whānau to engage other clinicians. This becomes detrimental to the treatment process because often in mental health a team approach is needed, for example access to after hours teams and access to other clinicians when leave is taken. Concerns with dependence means that organisations and practitioners may head towards the case management, clinical, medical approach, however this is likely to work against rapport building (Milton, 2008). The practice of action reflection, the defining and redefining of boundaries and role, and clear, straight up practice assists in avoiding this.

The Māori social work participants practice action reflection in a variety of ways. All described the internal process of action reflection within one's own thought processes. This involves questioning and reflecting on whether a verbal or non-verbal action was beneficial or

appropriate and whether this would act to facilitate rapport or be detrimental to rapport. They all access supervision, whether this is in the form of peer supervision, cultural supervision or clinical supervision; all forms work to stimulate reflection of practice.

A reflective practice occurred among all of the Māori social workers involved in this research and more often than not, constantly. Because the social workers are socially constructed individuals it is important that they review what their actions are informed by and where their ideas come from. This provides a personal check and balance for the social worker to ensure that their practice is safe, but also effective. Because the ultimate aim is to achieve better and more positive treatment outcomes for the rangatahi Māori whaiora, each social worker worked towards improving their responsiveness to the needs of the rangatahi. Overtime, the social workers have refined and redefined their practices in order to practice in a way that facilitates rapport with more ease (based on practice experience). They have also had to be responsive to the ethical dilemmas that arise along the way. These ethical issues were discussed in regards to boundaries at an individual level and at an organisational level.

All of the participants spoke about their employing organisations. Some reported that their organisation supported them to be flexible in their practice, for example working differently with youth. Others reported that they are either constantly challenged by their management or by their non-Māori colleagues who question the value or resourcing required for certain practices, particularly when requiring time and money. One participant spoke about having money to take their rangatahi out for coffee, but instead buying them fish and chips. From this social worker's perspective it was almost an insult to the rangatahi to purchase them a latté, when the rangatahi was hungry and would get more value out of a meal. This social worker was not devaluing her colleagues for purchasing coffee, but from her perspective it was about being responsive to the needs of the rangatahi and the rangatahi Māori whaiora they work with who often live in poverty. Case management, clinical and medical approaches do not allow for rapport building practices and processes to occur.

The Māori social worker needs to work in a balanced and holistic way. They have to balance the needs of the rangatahi, the community, their own needs (personal values) and their means of building rapport, with their organisation, professional ethics and with the ongoing risk of dependence or building up a false expectation with the rangatahi.

Conclusion

What is gained from this research is insight into how these Māori social workers view and practice rapport building with rangatahi Māori whaiora. The wisdom and knowledge

shared by these social workers is based on their years of practice as well as their life experiences. This information may be helpful for new Māori social work practitioners starting out in this field. It may also give fresh insight to non-Māori social workers working alongside as colleagues and also to those who work with rangatahi Māori whaiora. This research may provide knowledge of Māori practices and the purpose of these to service managers who assert the organisational boundaries. Overall this research provides awareness and understanding into what informs and drives the practice of Māori social workers who work with rangatahi Māori whaiora.

Chapter Six: Conclusion

Iti te kōpara, kai tākirikiri ana i runga it e kahikatea.
Although the bellbird is small, it is able to pluck at the kahikatea tree.
(Williams 1908, cited in Mead & Grove, 2001, p. 150).

Although this research is small, it complements and adds to other research completed in this area. A small piece of research is still able to provide significant contribution to the field of practice.

Introduction

Rangatahi research and rangatahi Māori research is important because the health and well being of our youth plays a large part in determining the health and well being of our society. At significant risk are those who come from areas of social, economic and educational disadvantage and rangatahi Māori are over-represented in these areas (Ministry of Youth Affairs, Ministry of Health, Te Puni Kōkiri, 1998; Walsh-Tapiata et al., 2006). The mental health of rangatahi Māori whaiora is one such area that can be explored further. There is a need for more Māori interventions and services to target this age group (Baxter, 2008). Māori social workers were chosen for this research, and the rapport relationship with rangatahi Māori whaiora investigated.

Summary of research aims

The research aimed to explore the perspectives of Māori social workers who work within the area of mental health in the community. Specifically the research explored the interface between the Māori social worker and rangatahi Māori whaiora and investigated the value of rapport that occurs within this relationship. It investigated how Māori social workers, working in the field of community mental health, view and practice rapport building with rangatahi Māori whaiora.

This study explored how Māori social workers specifically defined rapport building in their practice. The research aimed to highlight the importance of rapport building in social work practice with rangatahi Māori whaiora. From this, Māori social workers were asked to reflect on where their views come from, and how their view affects their practice and the treatment outcomes for the rangatahi Māori whaiora. Barriers to rapport and the practice of action reflection were also explored.

The methodological framework adopted for this research was social constructionist, qualitative and Māori-centred. The Māori-centred framework ensured that a Māori-centred philosophy was adopted and culturally safe research processes were employed, therefore ensuring safety of the researcher and the participants. Six Māori social workers were interviewed and the results were put into themes by process of thematic analysis.

The overall purpose of the research was to assist those who work in the areas of social work, Māori social work, mental health and other helping professions by providing them with insights and recommendations about the value of rapport in work with rangatahi Māori whaiora. The hope is that this will lead to better outcomes for rangatahi Māori whaiora by improving the standard of social work/mental health intervention/s.

Key findings

The Maori social workers view rapport building as essential when working with rangatahi Māori whaiora. It promotes access to services and there is a high correlation with positive treatment outcomes. They recognise the importance of their professional positions as providing opportunities and contexts to role model specific behaviour such as how to create a genuine relationship. With this in mind, first and early impressions are important when considering the rapport relationship; otherwise the moment to make the connection may be missed. Whānau involvement can be invaluable. This can promote and facilitate rapport with rangatahi Māori whaiora.

The Māori social workers views and rapport building practices are socially constructed. Māori social workers bring their personal values and beliefs to the social work profession and these are integrated into their models of practice, including how they practice rapport building with rangatahi Māori whaiora and their whānau. Being Māori, having a Māori philosophical base and working in a Māori way helps to facilitate rapport with rangatahi Māori whaiora.

The Māori social workers inherent value of rangatahi drives the way they work with them. They view rangatahi as taonga and this is reflected in the way they value the relationships developed with them. This involves practicing creatively and being flexible in practice. What works for one person may not work for another.

Being genuine and being yourself is seen as more important than trying to be something or someone you are not in order to impress (gain rapport) with the rangatahi. This includes being clear and transparent in practice. You cannot be yourself if you do not know

yourself; therefore it is essential that the social worker explores this in detail prior to working with rangatahi Māori whaiora. It is beneficial to utilise strengths and weaknesses as a person, not just as a practitioner.

It is important to have a balanced practice, specifically a balance between the personal and professional/organisational. This is not always easy to achieve, however the social worker needs to reflect on practice, learn from practice and as a result be prepared to develop and adapt practice skills. Boundary issues do occur. It is important to learn from them and reflect on them. It is also important to explore whether the issue is actually one of boundaries, or whether it is an appropriate practice from a cultural perspective and whether the needs of the rangatahi are being met as a result.

Research reflections, limitations and future considerations

At the completion of research, reflection on the research question and journey is a critical and worthwhile process. This identifies the experiences of the researcher, enables the limitations of the research to be considered and following from this, future research prospects are highlighted. This follows the same process recommended and practiced by the Maori social workers in this research, that action reflection/reflective practice serves to create learning and opportunities for positive change to occur.

The research process was a journey, filled with highs and lows; however my commitment to and interest in the topic never waned. This research has provided me with an exciting insight into the views and values of experienced, professional Māori social workers who are working with rangatahi Māori whaiora. It is now that I hope others are able to benefit from the outcomes of the research.

What the research has given me in terms of learning is priceless. The importance of language is an example of this. Others may challenge the use of the term rapport instead of whanaungatanga or the decision to use rangatahi instead of taiohi.[12] Initially the importance of this was to be consistent and committed to specific terms and definitions; however this did make for interesting reflection, particularly when some of the Māori social workers themselves felt that the language chosen was not consisted with their understandings and views. The main focus was to avoid assumptions and leave these terms open to discussion from the social workers. Most notable were the social workers who redefined rapport to whanaungatanga and whakakotahitanga.

[12] Another definition of Māori youth.

Another key learning was being privy to the balancing act that these social workers had to perform each day. Instead of breaking themselves into different pieces, the social workers balanced being human, being Māori and being a social work professional, with their values and beliefs, with their organisational expectations, with their whānau, hapū, iwi and community expectations and with a youth work approach where the relationship with the rangatahi is important. This integrated approach means that boundary and ethical issues surface and sometimes the social worker can become overwhelmed. The Māori social workers are not willing to risk losing their passion and the integrity of their practice by becoming something they are not and therefore ongoing learning and action reflection processes are utilised regularly to assist with maintaining the balance as best as they can.

The work place environment was identified as a potential barrier to rapport building practices for the Māori social workers. What is suggested from the literature and the outcomes of this research is that organisations need to be more aware of how valuable a rapport relationship can be and the resources, time and space required in order to achieve this. While this can be difficult as there may be a lack of resources and time and space may be seen as a luxury where there are tasks required, for example asking questions and completing paperwork for high risk assessments. These are enhanced with rapport, therefore even small ideas and strategies can be useful, particularly from those who have had experience and know the client group well.

The potential to expand this research to include participants from a wider representative age and gender group remains. If a younger age group of social workers had been involved in the research, they may have identified different rapport building strategies, for example they may have related more to the rangatahi as rangatahi rather than from an aunty or mother perspective. More male representation may have also impacted on the results. Future research opportunities exist to access a larger sample and encourage wider representation.

Another future research opportunity would be to widen the research to include non-Māori social workers views of how they view and practice rapport with youth in mental health. The research could explore whether Māori social workers are unique in their practices or whether non-Māori social workers view and practice in similar ways. It would be interesting to see if non-Māori social workers are able to utilise similar cultural and spiritual connections with the youth and whether they view these as necessary.

Further research that accesses and promotes the voices of the rangatahi Māori whaiora would be beneficial as an extension of this research. This would provide a

comparison between the views of the social worker and the views of the rangatahi. What is possible is that these views could differ, as rangatahi may view rapport building differently to the social workers. This also promotes a more client-directed philosophy, such as that supported by Duncan, Miller and Sparks (2004). They recommend treatment should be tailored to what the client believes the problem to be and that the therapist should be making changes to their practice based on the client feedback of the state of the alliance/rapport (Duncan, Millar & Sparks, 2004).

Conclusion

This research builds on literature in the area of rapport building with rangatahi. The findings reinforce that rapport should be valued highly and that it is an essential part of practice for Māori social workers. It would therefore support the warnings that case management, medical and clinical approaches are not user-friendly for rangatahi or the social workers who are delivering the service. These Māori social workers in particular have identified that they bring their social work profession to their roles, however they also bring who they are as people and as Māori. They do not separate these and leave who they are at the door. Māori social workers report that rapport building with rangatahi Maori whaiora is of significant value and their practices are reflective of this.

Glossary

Aotearoa	New Zealand
Aroha	Love, compassion, affection, sympathy, empathy
Āta	Slowly, carefully, clearly
Atua	God/s
Awhi	Embrace, assist
Hapū	Sub-tribe
Hinengaro	Mind, thoughts, intellect
Iwi	Tribe
Kai	Food
Karakia	Prayer
Kaupapa	Topic, theme
Kōrero	Speak, dialogue
Mana	Integrity, prestige
Manaaki, Manaakitanga	Hospitality
Marae	A Māori communal facility
Mauri	Life force
Mihimihi	Greetings, introductions
Moemoeā	Dream

Ngākau	Heart, sentiment
Pākehā	Non-Māori New Zealander
Pono	Truth, principle
Pūkōrero	Orator
Rangatahi	Youth
Tangata whaiora	Person seeking wellbeing
Tangata whenua	People of the land (local), indigenous people
Taonga	Treasure
Tapu	Restricted, sacred
Te reo Māori	The Māori language
Tika	Right, correct
Tikanga	Custom
Tinana	Physical body
Tipuna/Tupuna	Ancestors
Waiata	Song, sing
Wairua	Spirit, spirituality
Wānanga	Learning, discussions
Whakakotahitanga	Unify, integrate
Whakamaa	Shy, embarassed

Whakamanawa	Inspire, give confidence
Whakapapa	Genealogy, family tree
Whakataukī	Māori proverb
Whakawhanaungatanga	Establishing and maintaining family-like relationships
Whānau	Family
Whanaungatanga	Relationship

Appendices

Massey University

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3 September 2008

Hannah Walsh-Mooney
754 Tremaine Avenue
PALMERSTON NORTH

Dear Hannah

Re: The Value of Rapport in Rangatahi Māori Mental Health: A Māori Social Work Perspective

Thank you for your Low Risk Notification which was received on 2 September 2008.

Your project has been recorded on the Low Risk Database which is reported in the Annual Report of the Massey University Human Ethics Committees.

The low risk notification for this project is valid for a maximum of three years.

Please notify me if situations subsequently occur which cause you to reconsider your initial ethical analysis that it is safe to proceed without approval by one of the University's Human Ethics Committees.

Please note that travel undertaken by students must be approved by the supervisor and the relevant Pro Vice-Chancellor and be in accordance with the Policy and Procedures for Course-Related Student Travel Overseas. In addition, the supervisor must advise the University's Insurance Officer.

A reminder to include the following statement on all public documents:

> *"This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named above are responsible for the ethical conduct of this research.*
>
> *If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Professor Sylvia Rumball, Assistant to the Vice-Chancellor (Research Ethics), telephone 06 350 5249, e-mail humanethics@massey.ac.nz".*

Please note that if a sponsoring organisation, funding authority or a journal in which you wish to publish requires evidence of committee approval (with an approval number), you will have to provide a full application to one of the University's Human Ethics Committees. You should also note that such an approval can only be provided prior to the commencement of the research.

Yours sincerely

Sylvia Rumball

Sylvia V Rumball (Professor)
Chair, Human Ethics Chairs' Committee and
Assistant to the Vice-Chancellor (Research Ethics)

cc Ms Rachael Selby
School of Health and Social Services
PN371

Prof Carol McVeigh, HoS
School of Health and Social Services
Wellington

Dr Bronwyn Campbell
School of Māori Studies
PN601

Prof Robert Jahnke, HoS
School of Māori Studies
PN601

THE VALUE OF RAPPORT IN RANGATAHI MĀORI MENTAL HEALTH: A MĀORI SOCIAL WORK PERSPECTIVE

PARTICIPANT INFORMATION SHEET

Introduction: Ko wai au

Ko Ngaa Rauru,
Ko Te Āti-Haunui a Pāpārangi,
Ko Ngāti Raukawa ki te Tonga hoki ōku iwi.

Ko Hannah Aroha Walsh-Mooney ahau.

Tena koe,

My name is Hannah, and I live in Palmerston North with my husband Nathan and our dog, Nos. Most of our family lives nearby. From my Father's side I identify as Māori and English, and from my mother's side, I identify as Pākehā, with a family history from Sweden and Scotland. I graduated with my Bachelor of Social Work degree from Massey University in 2005. I have worked predominately in the area of Māori Mental Health with tamariki, rangatahi, and their whānau. In partial fulfillment of the Masters in Social Work I am required to complete a research project (thesis). I am a social worker by profession; however for the purposes of this research, I am in the role of researcher.

Supervisors:

I am being supervised by Ms. Rachael Selby, from the School of Health and Social Services and Dr. Bronwyn Campbell, from Te Pūtahi-a-Toi, the School of Māori studies. Both are based at Massey University, Palmerston North. Please feel free to contact either of my supervisors if you have any questions or concerns regarding the research.

Rachael Selby
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Massey University
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Palmerston North
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Te Pūtahi-a-Toi
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What is the research about?

The aim of this research is to hear from Māori social workers that currently work with rangatahi Māori whaiora in the area of community mental health. I would like to explore how Māori social workers view and practice rapport building with rangatahi Māori. In particular, I believe that Māori social workers have culturally specific tools, strategies and inherent practices that contribute towards rapport. An over-riding aim is to highlight the value of rapport in this field of practice.

Participant recruitment

You would have responded to the advertisement either through the Aotearoa New Zealand Association of Social Workers (ANZASW) or Te Rau Puawai newsletters. Because you have shown interest and met the criteria in the advertisement, you have been sent this information sheet. If you agree to participate in the research, you will be asked to sign a consent form and we will discuss a time and venue for the interview to take place. In the interview you will be asked questions about the value of rapport in your practice.

The criteria for eligibility to participate in this research is that you are a social worker, and have a diploma or a degree in social work. You will identify as Māori, and will be working with rangatahi Māori whaiora in the community mental health field. I aim to include at least 2 Male participants if possible. Finally, you need to reside/work in the Lower North Island, to enable me to contact you easily.

The project will have 6 – 8 participants who meet the above criteria. It is important that the views and practices identified, enable an examination of themes to take place. The interviews will be audio-taped by the researcher, and the content of the interview will be transcribed by a professional transcriber. This person will sign a confidentiality agreement.

The interview will be organised in a culturally appropriate manner. A karakia will open and close the interview, and refreshments will be provided at the end of the interview.

No discomfort is anticipated for you as the participant; however should any discomfort be experienced then the interview will be stopped. You will be offered the opportunity for time out, and/or to seek support from your supervisor or other support service.

Project procedures

You will be sent the edited transcribed interview data, which will give you the opportunity to revisit what was discussed in the interview and make any changes needed. You will be asked to send back the interview with the changes, along with a 'release of transcript' form, indicating that you have made the changes required, and that you give permission for your views to be used in the research.

When the thesis has been examined, you will be sent the tape and/or a copy of your edited interview transcript back, if you want these. If this is declined, the tapes will be wiped, but consent forms and transcriptions will be retained for 5 years in separate locked storage. Any information held on the computer will be locked by a password only known by me. The only other people to view this information will be my two supervisors.

Your identity can be confidential, and you may select a pseudonym. A summary of the findings will be sent to you.

Participant involvement

It will take approximately 10-15 minutes to read the information provided, information sheet and consent form. Up to 2 hours will be set aside for the interview, so that the interview is not a rushed process. A further hour will be required to read through the edited transcript, to make additions or deletions.

Your rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question
- ask any questions about the study at any time during participation
- provide information on the understanding that your name will not be used unless you give permission to the researcher
- ask for the audiotape to be turned off at any time during the interview
- withdraw from the study up until you approve your edited transcript
- be given access to a summary of the project findings
- review the edited transcriptions and provide any changes/alterations
- have your tape and/or a copy of your transcribed interview returned following thesis examination

If this research is something that you may be interested in taking part in, please contact me:

Cell: 0276884980

Email: nathanandhannah@slingshot.co.nz

Nāku iti nei, na

Hannah Walsh-Mooney

He Wakataukī. Ahakoa, he iti, he pounamu. It may be small, but it is precious.

This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named above are responsible for the ethical conduct of this research.

If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Professor Sylvia Rumball, Assistant to the Vice-Chancellor (Research Ethics), telephone 06 350 5249, email humanethics@massey.ac.nz.

THE VALUE OF RAPPORT IN RANGATAHI MĀORI MENTAL HEALTH: A MĀORI SOCIAL WORK PERSPECTIVE

PARTICIPANT CONSENT FORM

This consent form will be held for a period of five (5) years

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to the interview being audio taped.

I wish/do not wish to have my tape returned to me

I wish/do not wish to have a copy of my final edited transcript

I agree to participate in this study under the conditions set out in the Information Sheet:

I have the right to;

- decline to answer any particular question
- ask any questions about the study at any time during participation
- provide information on the understanding that my name will not be used unless I give permission to the researcher
- ask for the audiotape to be turned off at any time during the interview
- withdraw from the study up until I approve my edited transcript
- be sent a summary of the project findings
- review the edited transcriptions and provide any changes/alterations
- have my tape and/or a copy of my transcribed interview returned following thesis examination

Signature: ..... **Date:** .....

Full Name-printed .....

THE VALUE OF RAPPORT IN RANGATAHI MĀORI MENTAL HEALTH: A MĀORI SOCIAL WORK PERSPECTIVE

AUTHORITY FOR THE RELEASE OF TRANSCRIPTS

This form will be held for a period of five (5) years

I confirm that I have had the opportunity to read and amend the transcript of the interview/s conducted with me.

I agree that the edited transcript and extracts from this may be used by the researcher, Hannah Walsh-Mooney, in reports and publications arising from the research.

Signature: ..... **Date:** .....

Full Name - printed .....

ANZASW
PO Box 14-230
Christchurch
8544

5th November 2008

Tena koe,

My name is Hannah Walsh-Mooney and I am currently preparing to carry out research towards the completion of a Masters in Social Work at Massey University. The research is title is; The value of rapport in rangatahi Māori Mental Health: A Māori social work perspective. The aim is to conduct 6-8 interviews with Māori social workers who reside and work in the Lower North Island in this field of practice.

As part of the recruitment of Māori social workers I would like to post an advertisement in the ANZASW newsletter. I have attached a copy of this. I have also enclosed a copy of my information sheet for further information about the study.

I would appreciate if you could get back to me as soon as possible regarding the possibility of this being posted in your newsletter, or if you have any concerns/queries regarding the advertisement itself.

My contact details are: 0276884980

Email: hannah.mooney@midcentraldhb.govt.nz

Thank you for considering this request.

Naku iti nei, na

Hannah Walsh-Mooney

Calling for research participants

THE VALUE OF RAPPORT IN RANGATAHI MĀORI MENTAL HEALTH: A MĀORI SOCIAL WORK PERSPECTIVE

Are you a Māori social worker?

Are you currently working with rangatahi (young) Māori in a community mental health setting?

Do you have a Diploma or a Degree in Social Work?

If you answer yes to these 3 questions, I would really like to meet with you and interview you about how you view and practice rapport with rangatahi Māori Whaiora (young Māori mental health consumers).

If you are interested in participating in this study then please contact me and I will send you further information.

Please forward on to anyone that you think may be interested in taking part.
(It is preferable that participants are from the Lower North Island, however if you are outside this region and would like to participate please make contact).

Nāu te rourou, nāku te rourou, Ka ora ai te Iwi.

Researcher: Hannah Walsh-Mooney
School of Health and Social Services, Massey University
Contact: 0276884980 (texts are okay) or
Email: nathanandhannah@slinghot.co.nz
Supervisors:

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This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named below are responsible for the ethical conduct of this research.

If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Professor Sylvia Rumball, Assistant to the Vice-Chancellor (Research Ethics), telephone 06 350 5249, email humanethics@massey.ac.nz.

Interview schedule

Male/Female

What age range are you in?
20-30
30-40
40-50
50+
What is your social work qualification?
How many years experience do you have in social work?
How many years experience do you have in Mental Health?
How many years experience do you have in Rangatahi Mental Health?
What type of service do you work for? *e.g. NGO, DHB*
What is the nature of the work you do with rangatahi Māori whaiora? *e.g. key worker, crisis, moderate to severe*
How do you view yourself in relation to the Rangatahi? *e.g. family, support person, social work professional, friend, mentor*

1) How would you define or describe the concept of rapport?
-Is rapport alone, good enough?

2) How important is rapport building in your practice with rangatahi Māori Whaiora?
-In comparison with other expected tasks?

3) How do you know when rapport has been achieved?
-Can you give some specific feedback examples you have received from rangatahi Māori whaiora to indicate the value of the rapport you have with each other?

4) How has the presence or absence of rapport, in your experience, affected the treatment outcome?

5) Have there been times where rapport has helped your practice?
-in difficult or complicated situations?

6) Can you identify specific traits that you have that helps to facilitate rapport building/maintenance?

7) Can you identify specific traits that the rangatahi has that helps to facilitate rapport building/maintenance?

8) How does your social work training/philosophy inform your views/practices of rapport building?

9) How have your values, beliefs and life experience contributed towards your views/ practices of rapport building?

10) How does your culture e.g. age, gender, ethnicity inform your views/practices of rapport building?

11) What are the barriers to rapport building in your practice?

12) How do you facilitate the use of boundaries when building and maintaining rapport?

13) How do you facilitate rapport with rangatahi Māori Whaiora who are resistant/complicated?

14) How do you overcome a damaged rapport?

15) Would you work differently with rangatahi Whaiora who are non-Māori?

16) Are you reflective in your practice? How does this occur and how does this help your work?

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