



# Academic Murals:

Social Work Research Exemplars

*2015 MASW Research Reports*



## Editors

Blake Gardiner  
Shirley Jülich  
Kathryn Hay

Copyright © 2016 School of Social Work, Massey University  
ISBN 978-0-473-35790-0 (Epub)  
School of Social Work, Massey University  
Dairy Flat Highway  
Private Bag 102904  
North Shore  
Auckland, 0745  
New Zealand  
Website: [www.massey.ac.nz](http://www.massey.ac.nz)

## Foreword

This monograph has come about due to our reflections that the research undertaken by many of the Master of Applied Social Work (MASW) students is excellent and perhaps of considerable interest to others. Therefore, we decided to collate some of the best research reports from 2015 into a monograph which would enhance accessibility for those interested in the topics and future students seeking inspiration. A Low Risk Ethics Notification was accepted by the Massey University Human Ethics Committee prior to work beginning on the Monograph.

Our criteria for the selection of the reports for this collection were based on students achieving excellence in some of the following criteria:

- Critical analysis of the literature in the area
- Identification of the research problem and theoretical issues
- Justification of the methodology
- Resolution of ethical issues
- Use of appropriate methods for the collection and analysis of data
- Development of clear reasonable and sustainable conclusions from the data
- Presentation of a report using academic language, style and referencing.

It is amazing to see our students' work collated into one document that highlights the diversity of the research undertaken by our students. We would like to thank these students for their willingness to share their reports, and completing additional edits as the documents were prepared for publication. We recognise the many hours of work that each individual student puts into completing individual research projects.

We would also like to thank Blake Gardiner for being an excellent summer scholar, who has gone over and above the brief to produce a professional document. Thank you, you have done us proud.

Dr Shirley Jülich  
Dr Kathryn Hay  
Senior Lecturers  
School of Social Work  
Massey University

# Introduction

In the historical setting of social work, the profession has been characterised by charitable organisations, self-sacrificing individuals, and a strong concern for social justice. The image which springs to mind is of the social worker in the midst of crisis and change, individual or communal, enabling the opportunity for resilience and growth.

I would like to challenge this image. In the following reports, the reader will undoubtedly find not only arduous research and fresh insights, but also a sincere concern for those unheard voices in society. As the authors in this monograph will share in their own words, each report has emerged from a place of personal devotion. What has become apparent is not that these reports are detached from the issues they explore, but display a deep immersion into the issues challenging the ever-changing society we perceive in Aotearoa New Zealand. This is only too relevant in the face of current policy changes as the role of social workers in society and the nature of the social work profession is challenged and adapted.

In keeping with the social work focus of this monograph, the reports have been divided into four sections based on Bronfenbrenner's ecological systems theory, beginning with research focused on the microsystems of our society which deeply influence our close relationships and identity, and finishes with reports addressing the macrosystems influencing our ideologies and beliefs.

My hope is that those who find themselves reading this monograph, either for research purposes or out of sheer curiosity, will not only understand the value of what these authors have shared, but come to realise the practical implications for our practice as social workers.

I would also like to give my gratitude to Massey University and the Research Office for the role of project manager in this venture and for the summer scholarship under the guidance of Shirley Jülich which made this project possible.

In good faith,  
Blake Gardiner  
Project Manager

## *The Microsystem*

### **MOTHERING IN THE CONTEXT OF DOMESTIC VIOLENCE**

LEIGH CATT 7

### **EXPLORING YOUNG WOMEN'S PERSPECTIVES ON POSITIVE BODY IMAGE AND OVERALL WELLBEING**

JILL LUDLOW 46

### **"LEARNING HOW TO LIE BEFORE LEARNING HOW TO LOVE": EXPERIENCES OF CHINESE MIGRANT GAY MEN IN AUCKLAND**

LI-CHIEH LO 94

## *The Mesosystem*

### **REFUGEE RESETTLEMENT EXPERIENCES OF SOUTH SUDANESE WOMEN IN NEW ZEALAND**

SARAH ALFORD 138

### **EXPLORING THE FORMER KIMBERLEY CENTRE PROFESSIONALS' VIEW OF HOW COMMUNITY LIVING HAS CHANGED THE LIVES OF FORMER KIMBERLY CENTRE RESIDENTS**

JOANNE ROBERTSON 201

### **EXPLORING SWIS AND PRINCIPAL PERSPECTIVES: WHAT ARE THE KEY FACTORS THAT INFLUENCE SWIS' ABILITY TO PRACTICE SUCCESSFULLY WITHIN THEIR RESPECTIVE SCHOOLS?**

STEVE THOMAS 248

### **FACILITATING INCREDIBLE YEARS PARENTING PROGRAMMES: THE BARRIERS AND CONTRIBUTORS TO ACHIEVING SUCCESSFUL OUTCOMES**

ABBY TUCK 301

## *The Exosystem*

### **RETURNING TO PŪAO TE ĀTA TŪ: PĀKEHĀ SOCIAL WORKERS: FULFILLING OUR SIDE OF THE AGREEMENT**

BRONWYN ROBYN KERR 370

### **EMPOWERING AND ENABLING FAMILIES? SOCIAL WORKERS' EXPERIENCES OF THE FGC PROCESS**

LUCY MOORE 426

**THE CHANGING NATURE OF SOCIAL WORK DURING THE 1980S: THE JOURNEY OF A MĀORI SOCIAL WORK PRACTITIONER**

SHARIANN RANGITAAWA

469

*The Macrosystem*

**APPLYING CULTURAL COMPETENCY WITH MUSLIMS: AN INSIDER-OUTSIDER PERSPECTIVE**

SAHAR ABBAS

511

**RESEARCH ON GOOD DEATH: SOCIAL WORKERS' EXPERIENCE WITH CHINESE IN PALLIATIVE CARE**

ANQI CHEN

554

**BINGE-DRINKING & SEXUAL CONSENT IN NEW ZEALAND: TERTIARY STUDENTS' PERSPECTIVES**

SARAH KITCHEN

600

*Appendix*

**APPENDIX ONE: MONOGRAPH INFORMATION SHEET**

646

## **Mothering in the Context of Domestic Violence**

A research report presented in partial fulfilment of the requirements of the

Degree of

Master of Applied Social Work

at Massey University, Albany

New Zealand

Leigh Catt

2015

## Abstract

Gaining an understanding of the difficulties that mothers encounter when forced to parent in the context of domestic violence is important, because women with dependents have a delineation of needs which is different from women without dependents. Women with children are more likely to suffer from domestic violence, find it harder to leave, and carry a heavier burden of guilt and shame.

This research project was prompted by a lack of literature that looks specifically at the difficulties mothers face when parenting in the context of domestic violence. It is a qualitative study that conducts three in-depth semi-structured interviews with social work practitioners to find out how social workers perceived and understood these difficulties, and how they felt that domestic violence might impact on the mothering role.

The findings of this research reveal that participants all strongly agreed that domestic violence does impact the mothering role, and that guilt is deeply imbedded in mothers who expose their children to domestic violence. Mothers were seen to suffer from multiple sources of abuse and were sometimes automatically equated with poor parenting practices because of their exposure to violence. However, mothers were also recognised for their strength, endurance, and ability to parent in times of extreme adversity.



## Acknowledgements

I would first like to acknowledge my dear husband who has given me the time and space to complete this report. He was always ready and willing to take our two girls out on exciting and elongated outings so that I could be left in the solitude of my room to stare out the window, formulate ideas, and rewrite phrases until they slotted in with my internal dialogues. I missed these outings with my children and found myself applying the binaries that I have written about to my own life: the 'good' mother was the more available form of myself, the cookie maker, playground companion, the well slept, and even-tempered mum. While the 'bad' mother seemed to be the mother entangled with study, poorly slept, and overburdened by the piles of washing and the piles of research. So I give thanks to my two lovely children for willingly closing the door, leaving me behind, and finding their own jumpers, shoes, pens, felt tips, and imaginary games.

I would also like to thank my mother who perhaps inspired me to undertake my masters in the first place; she set the bench mark by completing her masters while raising two children, and all without the presence of the supportive husband that I was so fortunate to have. She guided me through my rough school years and supported me through my battle with dyslexia (thought I mention this in case any readers spot any shocking grammar/spelling mistakes). Without her example, I don't think undertaking education outside of secondary school would have been a consideration.

Outside of my family I would like to give sincere thanks to my supervisor, Dr Shirley Jülich, who was always incredibly quick to return my emails and calmly reassured me through this process.

Last but not least, I would also like to thank my study participants for freely and generously giving of their own time and experience. I am amazed at the work they do on a daily basis and recognise that this research report wouldn't have been possible without their contributions.

All my aroha, Leigh

## Chapter One: Introduction

“Begin at the beginning”, the King said gravely, “and then go on till you come to the end: then stop.”  
(*Alice in Wonderland*)

A research project is like a story, it has to hang together, so it needs to have a beginning, middle and, an end (Thomas, 2013). This is the beginning...

There is a lot of authorship around domestic violence, the damage that it causes to families, the impact it has on children, explorations into possible causalities, associated theories, and routes towards interventions. In New Zealand, discussions focus around the damage that domestic violence does to individuals, specific cultural populations, communities, and society (Hann & Trewartha, 2015; Herbert & Mackenzie, 2014; Ministry for Women, 2015; Te Rito, 2002). While mothers fit into these categories, the lack of literature that looks specifically at the difficulties mothers face when parenting in the context of domestic violence prompted questions around what these difficulties were, how social workers perceived and understood these difficulties, and how they felt that domestic violence might impact on the mothering role. This research project seeks answers to these questions.

Gaining an understanding of the difficulties that mothers encounter when forced to parent in a context of violence is important because women with children are three times more likely to experience domestic violence than are childless women according to Mirless-Black, 1999 (as cited in Radford & Hester, 2006), and domestic violence can make it difficult to accept that there is an integrity in mother-child relationships. In addition, It is easy to denigrate mothers who have suffered from violence and to measure them harshly against the social expectations of motherhood (Radford & Hester, 2006; Springgay & Freedman, 2012).

While I recognise that there is much debate in the literature around the terminology used to describe domestic violence, and that none of the expressions are entirely satisfactory due to the fact that certain populations are always going to be left out, I have chosen to settle for the term domestic violence in this research report as it is a term primarily used to reflect the domestic context within which violence against women occurs.

This research project aims to tell a story, which means that often sections are fused together. The methodology and methods chapter weaves the limitations of the research throughout the entirety of chapter. The findings and analysis have also been put together because it was hard to cleanly separate the two from each other. This is also done to acknowledge that “data gathering, in some way or another is always linked to the researcher and that applied social research is often complex messy, and often involves a knotty intertwining of ideas, facts and person” (Thomas, 2013, p. 272).

This research report starts with a literature review that looks at research undertaken around the topic of domestic violence and mothering. Following on from this is the methodology and methods chapter which looks at the objectives of the research, the theoretical framework used, data collection and analysis, and procedures and ethical considerations. The findings and analysis are discussed in the context of the literature. Lastly, the conclusion and recommendations are given.

## Chapter Two: Literature Review

The aim of this literature review is to gain an understanding of the difficulties that women faced when mothering in the context of domestic violence. In searching for the literature, it is apparent that while there is a lot of authorship and research conducted around the topic of domestic violence, there is very little that looks more specifically at how mothers mother in a context surrounded by violence and the difficulties that they encounter.

The literature that was sourced for this literature review was found predominantly through the use of Massey University Library. The literature is mainly in the form of academic articles that were found using Discover, Scopus, and Index New Zealand. The New Zealand Family Violence Clearinghouse was also accessed for literature. The main search terms that were entered were: mothering and domestic violence, parenting and family violence, parenting ability during domestic violence, and difficulties associated with parenting in the context of domestic violence.

The literature can be divided into four main themes; these are:

- The difficulty of parenting in the context of violence
- Parenting ability after exposure to domestic violence (some say good, others say bad)
- The social construction of mothering.
- The concept of protection

Gaining an understanding of the difficulties that mothers encounter when forced to parent in a context of violence is important because domestic violence can make it difficult to accept that there is an integrity in mother-child relationships. It is easy to denigrate mothers who have suffered from violence, and to measure them harshly against the social expectations of motherhood (Radford & Hester, 2006; Springgay & Freedman, 2012). Mothers who expose their children to domestic violence break many social expectations and norms, and because of this they can get treated more harshly than the actual perpetrator of the violence, or at the very least tarred with the same brush.

We reduce motherhood to a single dimension and assign mothers as either 'the good mother' or the 'bad mother' (Featherstone, 1999), but motherhood and the ways that mothers cope with family

violence is much more complex than these simple labels would have us believe. Simplistic views can often attract simplistic answers and approaches to problems that require so much more than this (Featherstone, 1999). It is important that we don't work from a set of assumptions and practice from a deficit based approach; because by doing this we reinforce the damage that the perpetrator has already done (Radford & Hester, 2006). If we wish for a true and accurate picture of the experience of domestic violence, practitioners need to reserve judgement, focus on the areas of strength in survivors, and assist women and children affected by violence to regain a renewed sense of worth and value (Springgay & Freedman, 2012).

The majority of research that looks at the impact of domestic violence on the role of mothering is often guided by feminist frameworks and principals. According to Yllo (as cited in Loseke, Gelles, & Cavanaugh, 2006), It is not uncommon to see the Duluth Model which is a feminist based model that looks at the use of power and control as the main ideology behind male perpetrated violence (Featherstone, 1998; Pence & Paymar, 1993). Increasingly though, contemporary literature within this field of study is finding that second-wave feminist positions that see male privilege as the sole cause of domestic violence are outdated and one dimensional (Dutton & Bodnarchuk as cited in Loseke et al., 2005; George & Stith, 2014; Slabber, 2012). It is argued that a second-wave feminist position fails to recognize and explain violence amongst the same gender, female perpetrated violence, and non-violent men (Loseke, 2005).

Instead of discarding and dismissing feminist positions in this field, recognition should be given to the more recent advancements in feminism which allow for a more expansive and nuanced perspective on domestic violence (George & Stith, 2014). Third-wave intersectional feminism offers this through its willingness to seek out anti-oppressive, non-violent, and socially just positions. Third-wave intersectional feminism is more concerned with embracing a variety of explanations and treatments towards domestic violence; it does not seek to move the topic of domestic violence beyond feminism, but instead to expand our understanding of feminism (George & Stith, 2014; Gillis, Howie, & Munford, 2004).

The literature on domestic violence in New Zealand often takes its ideas from international best practice (Murphy, Paton, Gulliver, & Fanslow, 2013; Close & Peel, 2012), so it is perhaps not surprising to see many strands of commonality in the literature both inside and outside of New Zealand. We

share ideas around: emphasising the importance of taking a multiagency and collaborative response to domestic violence and place urgency in seeking out a common definition and shared understanding of domestic violence (Herbert & Mackenzie, 2014; Taylor & Connolly, 2013).

There is also agreement between international literature and New Zealand-based literature that a strong link is often found between domestic violence and child abuse and neglect, and that aligning with the battered mother is often in the best interests of both mother and child (Friend, 2000; Murphy et al., 2013; Te Rito New Zealand Family Violence Prevention Strategy, 2002). There is also currently much discussion around the systemic failures found within the New Zealand's justice system and how we might go about strengthening our New Zealand legislative responses to family violence (Ministry of Justice, 2015; The Glenn Inquiry, 2014).

Family court processes in New Zealand can make domestic violence invisible through being ignored, reframed, or rejected (Murphy et al., 2013). Many family law professionals prioritise father contact regardless of a documented history of violence and coercive control. "Mothers who oppose this may be painted as obstructive, hostile or unfriendly parents" (Murphy et al., 2013, p.19). Foucault's conceptualisation of power, which sees power as something that is exercised across a range of services and has the effect of producing both privilege and penalty (Holt, 2013), is particularly applicable in the justice system in New Zealand where The Glenn Inquiry (2014) found the court process to be dysfunctional and broken. Victims of violence were frequently burdened by the process required from the justice system, disempowered by professional's judgemental attitudes, lack of respect for victim vulnerabilities, and a process that rested the burden of proof at the foot of the victim.

### *The difficulty of mothering in the context of domestic violence*

In the literature, intervention strategies by professionals often reflected the tension between respecting women's choices and the desire by workers to end the cycle of violence. "A cultural script to leave abusive partners was often prominent but risked rendering women's identities as mothers peripheral" (Krane & Davies, 2002, p. 173). The view taken was: battered women, battered mothers, what's the difference? (Krane & Davies, 2002). But there is a difference, and there are many practical issues that are of particular importance to mothers that make leaving their abuser harder than women without dependents, such as: economic dependence, finding a place to live, and fear of supporting the children alone (LaViolette & Barnett, 2014). Women felt that parenting became very difficult in

times of financial or work related stress and that dealing with the problems of their partner and the concerns, worries and behaviours of their children is incredibly hard and challenging (Murphy et al., 2013, p. 19).

Research into battered mothers often indicated that abusive partners frequently undermined the mother's authority with their children and that this made effective parenting practices incredibly challenging. Mothers also reported that often they changed parenting practices in order to reduce the abuser's irritability (Edleson & Williams, 2007). According to Edleson and Williams:

One of the most difficult areas to fully disengage from as a couple is around the common bond of children, the complications of shared parenting are often challenged by a history of domestic violence, the conflict, cooperation and triangulation of co-parenting can assume unhealthy and potentially dangerous for mothers who negotiate child contact and child support with men who have battered them (p. 22).

### *Parenting ability during episodes of domestic violence (some say good, others say bad)*

Historically this arena has been preoccupied with drawing attention towards the damaging effects that violence has on children; studies have emphasized that women in abusive relationships are more likely to experience elevated levels of stress, encounter behavioural issues with their children, and have a reduced amount of emotional energy left to invest in the parenting role (Graham-Bermann, 1998; Holden & Ritchie, 1991; Kitzmann, Gaylord, Holt, & Kenny, 2003; Wolfe, Crooks, Lee, & Jaffe, 2003). However, in more recent times the literature has focused on the strength and capabilities of women who parent through domestic violence (Casanueva, Martin, Runyan, Barth, & Bradley, 2008; Lapierre, 2010; Letourneau, Fedick, & Willms, 2007; Levendosky, Lynch, & Bermann, 2000; Rossman & Rea, 2005; Semaan, Jasinski, & McKenzie, 2013). These studies seek to question the often automatic assumptions that being a victim of domestic violence equates to poor parenting ability. Such research challenges the theoretical literature on the effects of domestic violence where the picture painted is often of a passive, non-protective, and largely ineffective mother. They offered many examples of mothers who, despite the challenging circumstances displayed high levels of determination, were committed to being attentive, affectionate and protective mothers.

Research conducted by Buchbinder & Eisikovits (2004) questions if these studies have offered up romanticised views of the mothering that actually takes place in violent contexts. Buchbinder & Eisikovits (2004) believe that not all decisions taken by mothers in the context of violence are child-centred and that there is often movement in whose needs and interests are put first. They continue in saying that women are often portrayed as villain or victim and that there is a need to achieve a balance between blaming abused women too much or too little for parenting practices. “If we blame them too much, we bring shame on them and marginalize the violence, and when we blame victims too little, we make them too small as individuals and reinforce a passivity and the experience of victimization” (Buchbinder & Eisikovits, 2004, p. 365). This research is important because it questions our sometimes automatic perceptions towards this demographic of women and it raises questions around how society measures and constructs mothers.

### *The social construction of mothering*

“Mothers are considered responsible for everything that happens to their children and, by extension, the evils of the world. Blaming mothers means obscuring the role of those who are really responsible, until they are absolved” (Romito, 2008, p. 58).

The literature makes it clear that women in abusive and violent relationships struggle with the challenges that arise from the interaction between the context of violence and the institutional expectations of motherhood (Casanueva et al., 2013; Krane & Davies, 2007; Lapierre, 2010; Semaan et al., 2013; Wendt, Buchanan, & Moulding, 2015). The themes that arise in this area are: that children are considered to be primarily women’s responsibility, that ‘good’ mothering is the framework against which mothering is measured regardless of the context in which it takes place, and that strategies used by violent men are usually met with success because they take place within the institution of motherhood which poses a particular set of expectations (Casanueva et al., 2008; Krane & Davies, 2007; Lapierre, 2010; Semaan et al, 2013; Wendt et al., 2015).

The literature also highlights that professionals often scrutinise and made poor judgements towards mothers’ abilities to mother and that mothers feel like they have to conform to a certain set of behaviours in order to get help. (Lapierre, 2010). Krane and Davies (2007) look at the construction of motherhood and observe the use of contradictory messages where practitioners use an



empowerment model by encouraging residents to place their own needs first, yet when the women did this they were ridiculed for it.

### *The concept of protection*

The concept of protection is a prevalent theme in the literature because mothers are judged by their ability to offer protection to their children during and after episodes of domestic violence. Wendt et al. (2015) constructs the concept of protection along a continuum with the prevention of physical harm at one end and emotional protection placed at the other. The women in this study perceive protection as a constant process that they engaged in to create an environment that is free from violence and provides stability and normality for children. The women in this study see protection as the act of trying to please the abusive partner in order to prevent violence. Protection is viewed as trying to keep the peace.

The literature around protection also explores the difficulties with the concept of failure to protect and grapples with the question: should witnessing domestic violence be considered a form of child maltreatment? (Johnson & Sullivan, 2008; Magen, 1999). In New Zealand, we should be cautious of the links we have made between domestic violence and child neglect as is reflected in the Domestic Violence Act, 1995 which states that: “causing or allowing a child to see or hear the abuse is considered psychological abuse of that child” (Murphy et al., 2013 p. 22). The down side of this heightened focus of the possible harm to children can be criticised for the role it plays in holding the victim accountable for the impact of the perpetrator’s violence (Friend, 2000; Murphy et al., 2013). It is important that the gendered nature of domestic violence is understood, and that the offender is held accountable, otherwise it becomes very easy to blame mothers and victims who stay, thus increasing our poor and unjust perceptions of mothers who fail to live up to the protecting role.

## Chapter Three: Research Methodology and Method

### *Objectives*

This research started with the aim of finding out the perceptions that social workers inside a refuge environment hold towards mothers and their ability to parent in the context of domestic violence. However, the research process, the sensitivity of the question, and the backgrounds of participants all impacted on the focus and direction taken in the research. At first reflection I felt disappointed in this as I watched conversations drift away from topics which were likely to yield answers to my research aim, however after reviewing the transcripts a new research aim emerged from the data. The aim of this research is to gain an understanding of the difficulties that social workers believe women encounter when parenting in the context of domestic violence.

The benefits of this research may be to assist practitioners who work in the field of domestic violence to reflect and give thought to the many complexities that are tied into the mothering role when parenting in a context of violence, and to shed light on the specific set of needs that mothers have. It is important that we don't work from a set of assumptions and practice from a deficit-based approach; because by doing this we reinforce the damage that the perpetrator has already done (Radford & Hester, 2006).

### *Theoretical framework*

The theoretical framework that underpins this thesis is postmodern feminism. Feminism was a clear choice, as this piece of research is primarily concerned with revealing what is going on in women's lives. This research also seeks to challenge the predominant assumptions that surround mothers who, through no fault of their own, are forced to mother in a context of domestic violence. Feminism has many waves and it is within these waves that we find a shift and variance in the goals, theories, and practices. This thesis rests on the third wave of feminism which is located in a postmodernist era. It is a time when "the concept 'women' seemed too fragile to bear the weight of all the contents and meanings ascribed to it" (Gillis, Howie, & Munford, 2004, p. 1).

The third wave of feminism undermines the fixed identities that the first two waves of feminism were based on. It is concerned with multiple perspectives and viewpoints and attempts to hear and validate

all voices. Where it fits well with this research is the fresh air and alternative considerations it is able to bring to the binaries that have often been tied to this research topic. Mothers are often depicted as the 'good' mother or the 'bad' mother with the later frequently being applied to mothers who have committed the 'ultimate parenting betrayal' by exposing their children to domestic violence.

While there are specifics that have separated the third wave of feminism from the first and the second, some of the broad principles remain the same. This research aims to adhere to these which means conducting research that considers the role that power, boundaries, relationships, and marginalisation play. What is important is not a consistency of a research method from start to finish, but continuity in the thoughtfulness of the research that is exhibited throughout the process (Ackerly & True, 2010).

The subjective involvement of the researcher will be acknowledged throughout the research process through reflexivity and being open and honest about what we do as researchers and how and why we do it. Feminist research recognises that all research is ideological because no one can separate themselves from the world, their values and opinions; feminist-based research not only acknowledges this but actively celebrates it (Letherby, 2003). It is important to clearly state my own background and worldview, realising that these will inevitably effect the research process in terms of the topic chosen, the approach used, the rapport established with participants, and the manner in which I interpret the data and prioritise the findings (Merriam, 2002).

I am a female middle-class, middle-aged heterosexual, Pākehā with no religious affiliations. Currently I am a social work student and a mother to two young daughters. Before my daughters arrived, I had practised as an artist and had a long standing career as a secondary school art teacher. While I have Māori ancestry, I have predominantly been raised with a Western-based worldview and set of assumptions. My political outlook is left-wing liberalism and I am aware that I mainly surround myself and interact with like-minded people. All three research participants are known to me from a former Massey University placement which took place over a year ago. During my time on placement, some of my personal ideologies were not in sync with the agencies and at times I struggled with these differences. I have spent a lot of time with all of the participants in this research, so I come to this research with a lot of formulated ideas about them as people which has probably played a role in my

interpretation of the data. I consider that our friendships played a role in enhancing my access to information, but also limited my ability to ask questions of a more sensitive nature.

Adopting a postmodernist perspective throughout the research process was challenging. Language used in this research often implied there was a correct, right, and singular way of doing things. Language such as: justify, correct, more effective, better outcome, and validated infiltrated the research process. This led to an acute awareness of how heavily conditioned we are to seek out the singular and correct way of doing things. This research was combed through in order to reduce or replace language which was unable to reflect a postmodernist view of the world which accepts multiple possibilities and perspectives. This research also endeavours to recognise that the views taken by the participants are contextual and constantly changing (Sprague, 2005).

### *Qualitative research*

Qualitative research was a good match for this research as it offers witness accounts of the social world. It is a process that encourages interviewees to reflect on their experiences and beliefs and offers researchers a chance to analyse and learn about participants' inner worlds. Qualitative approaches are concerned with emphasising interpretation and nuance and focus on analysing processes and/or meanings (Sprague, 2005). "Thick description" as described by Greetz, 1973 (as cited in Sprague, 2005, p. 119) is one of the aims of qualitative research.

The history of qualitative methodology is ripe with feminist contributions. The idea of decentralising and lowering the volume of the views of the researcher and increasing the pitch of the studied was a feminist idea, well before qualitative techniques became popular with postmodern methodologists (Sprague, 2005). This isn't to say that qualitative techniques have provided all the answers for feminist researchers; concerns have been raised around such issues as: the importance of ethnicity, gender and class in the research process, the objectification of research participants, and the influence that power plays in who becomes the researcher and the researched. It is important that this research is mindful of these dilemmas and allows room to cogitate these issues throughout the research process.

### *Data collection and analysis*

Data was collected through three in-depth semi-structured interviews, which each went for a duration of about 50 minutes. Two of the interviews were conducted at the researcher's house and one took

place at the participant's place of work. Like all approaches taken to research there are pros and cons and semi-structured interviews are no exception. The strengths of a semi-structured interview is that it allows for a guided focus, while also giving the opportunity for the participant to offer answers that don't always comply with the researchers known or unknown expectations (True & Ackerly, 2010). Semi-structured interviews have been selected for this research because while the research seeks the perceptions of participants, there is a particular set of questions that are sought to be answered. There is also a level of comfort offered in this process for the novice researcher, as is the case in this research project.

Reflection questions that participants were asked were perhaps too heavily influenced by the findings in the literature, and while the literature played an important role in the formation of intelligent and insightful questions, it was much easier for the research to tip from finding out what I didn't know to clarifying what I did. Conducting the literature review before research participants had been recruited also created a disjoint between the literature and the findings. This was due to the fact that the original literature reviewed for this research topic focused tightly around observations made by staff working inside a refuge context, which offered up many opportunities for staff to observe mother and child interactions. However, participants that were available for this research were somewhat shielded from the intimate observations that took place between mother and child due to the fact that they were located in an office which was at a distance from refuge life.

Because of this, the aim of my original research dropped away, participants were clearly more animated by conversations that stayed close to their area of expertise and were more enthusiastic about conversations that explored the difficulties that mothers encounter when parenting in the context of domestic violence. Because In-depth interviews require probing questions that are dynamic enough to sustain the participants interest (Guest, Namey, & Mitchell, 2013), questions that elicited enthusiasm were expanded on while others were dropped. Questions were compact and closed at the beginning of the interview process and broadened out into open-ended questions that were designed to elicit detailed and highly textured responses as the interviews progressed (Guest, et al., 2013).

The primary questions that this research wishes to answer are:

1. How do social workers perceive the mothering practices of abused women?

2. What difficulties do social workers believe mothers encounter when parenting takes place in the context of domestic violence?
3. How do social workers believe domestic violence impacts on women's ability to mother?

### *Thematic analysis*

The analysis that is used in this study is thematic analysis, which has been chosen because it is an accessible and flexible approach to analysing the data. With thematic analysis the researcher can focus on meaning that is found across the total data or intricately examine one particular phenomenon in detail (Braun & Clarke, 2012). Thematic analysis is able to be applied to a wide pitch of questions; it is suited to this research question because it is a question that is both experiential and exploratory in nature. Thematic analysis offers simplicity in comparison to other techniques and also opens up its research findings to a wider populace of readers, which is in keeping with the feminist approach taken in this research.

While this research places itself closer to the inductive end of the research continuum, it also recognises that it is impossible to be purely inductive or deductive towards data because we are always bringing parts of our own lives into the data. It would also be unusual to ignore semantic content in the data when attempting to work from a purely deductive position. (Braun & Clarke, 2012).

The data in this research was coded on the basis of the main themes that arose from the research. The researcher's analytic lens while not erasing the participants' stories has taken some liberties to highlight and render pertinent findings through a feminist theoretical and ideological framework. This research recognises that good thematic analysis goes further than just description and is concerned with making an argument that answers the research question (Braun & Clarke, 2012). This research did not automatically treat common themes as meaningful or important. The patterns of meaning needed to be important because they showed a relationship with the topic and offered answers to the questions that were being asked (Guest, et al., 2013).

### *Procedure and ethics*

Research participants were initially recruited through a series of 800 paid advertisements that were emailed out to ANZASW members. The adverts stipulated the aims of the research and the participant criteria; which was for registered or non-registered social workers with at least two years' experience

of working alongside women with dependents in a refuge context. From this only one respondent expressed an interest in participating in the research process but was later found to not fit the criteria. This poor response rate prompted a series of phone calls and emails to be sent to agencies that specifically worked with domestic violence. Disappointingly, this also yielded poor results. Of the 11 agencies targeted there were no respondents. It became apparent through this process that it was less about the volume of advertising and more about tapping into existing relationships in the field of study.

Due to a lack of interest, I returned to the agency I had done a previous Massey University placement at and this time all the participants were recruited through a sample of convenience. All three participants in this research are female and middle-aged. One participant is European while the other two participants are Indian. All of the participants come from the same place of work and have a wealth of experience working in the field of domestic violence. As a researcher, I had tried to avoid recruiting participants that were known to me because of the many associated difficulties such as: the role of conflict that can happen when researcher perceives or responds to data from a perspective other than researcher, an inability to separate roles, the blurring of boundaries, mistrust established from the pre-existing relationship, confidentiality, and the risk of reporting something that is known prior (Henry, James, Chapman, & Francis, 2009).

Creating a sharp dichotomy between the participants and the researcher was less of a concern for this research than the probability of an increased social desirability bias that can result when the researcher invests too much in the act of self-disclosure and rapport building. Navigating this was particularly problematic given that participants and researcher were already well known to each other. However, Henry et al. (2009) sees this as a strength and believes that data is rich in depth and breadth because time has not been wasted establishing a forum in which participants feel comfortable to open up.

I have reflected on this process and found that interviewing participants known to me impacted the research in a number of ways: the research questions became more tailor-made to fit what I knew of the person, the more difficult questions were reshaped into milder and more palatable versions. The interview process was perhaps shortened due to a large body of time being invested in social lubricants such as catch-ups, updates and general conversation, and there were difficulties in

navigating a change in roles and relationships. For example: moving from student to researcher and student supervisors to research participants.

It was hard to adjust to these differences and at times I returned to the familiar student role. The blended role I undertook of researcher and student might have played a positive part in equalling out the inherent power imbalances that can be associated between the researcher and the researched; as I was neither fully a researcher nor fully a student. There also seemed to be many similarities between the roles of the researcher from that of the student, such as: being the acquirer of information, learning from others, actively listening and asking questions. Though Henry et al. (2009) warns that analysing the data from any other perspective than that of a researcher risks causing role conflict and that careful consideration needs to be given to participants divulging too much information that they would go on to regret.

Some of the issues that the researcher needed to be mindful of are: that gender, race, and class shape the data and the access to it as outlined by Riessman (as cited in Sprague, 2005). Two of the participants in this research were from an Indian culture so being mindful of issues relating to cross-cultural research practices was paramount. While the researcher did not have the time frame to acquire an extensive knowledge of the social, familial, cultural, and historical background of the Indian culture, it is my opinion that research was conducted in a culturally sensitive manner by: being sensitive to the way in which my background may have shaped the data, adopting a flexibility to the phrasing and sequencing of questions to relay information clearly during the interview process, and by demonstrating a willingness to learn about the participants' worldviews and culture.

Participants were given an information sheet about the research which outlined their rights, the ethical considerations, project procedures, and the management of data prior to the interview process. Before interviews were conducted, all participants were given time to discuss the research and encouraged to ask any questions. It was emphasised that at any point they were able to opt out and that there would be no consequences because of this. Participants were informed of the nature of the study, their rights, and limits to confidentiality. When they were happy they were asked to sign a consent form which restated their rights. Participants were not interested in receiving a copy of the transcribed recordings but were interested in asking questions pertaining to confidentiality which



were answered to the best of my knowledge. All research documentation used pseudonyms to protect the participant's privacy and was securely stored at all times.

An application was made to the Massey University Ethics Committee (MUHEC) which was approved. All documents given to participants had both my supervisor's contact details and the contact details of the director of research ethics, located within Massey University. All documents of this research were submitted to MUHEC for scrutiny and feedback.

## Chapter Four: Findings and Analysis

In this section the findings and analysis will be interwoven together. This section synthesises the literature and its aims with the insights gained from the research participants and prepares a discussion around this. I have chosen to fuse the findings and analysis together because it was hard to cleanly separate the two from each other. This is also done to acknowledge that “data gathering, in some way or another is always linked to the researcher and that applied social research is often complex messy, and often involves a knotty intertwining of ideas, facts and person” (Thomas, 2013 p. 272).

Three interviews were conducted for this research; one interview was conducted at the participant’s place of work, while the other two participants were invited back to my place to be interviewed. All the participants were known to me and all three participants are women who work together. Of particular relevance is the fact that two of the participants (a) and (b) are Indian while participant (c) is European. This has important implications because the historical, social, and political issues that surround the Indian culture were likely to feed into the understandings and perspectives that these participants adopted. The presence of these participants in this research served to highlight the fact that the literature sourced lacked alternative cultural perspectives outside that of the Western culture.

All of the interviews started by asking the participants about the roles that they played within their place of work, followed by a more in-depth set of questions that were targeted towards the aims of this research; which was to find out the perceptions that social workers held towards women’s ability to parent when exposed to domestic violence. Closed questions unfolded out into more open questions as the interview gained momentum and everyone was more comfortable. The participants all stated that they worked closely with women and families affected by domestic violence.

Participants gave brief accounts of the daily duties they undertook. These involved: providing information, completing safety assessments, working with other agencies, explaining the legal system, and referring clients onto appropriate agencies. Participant (c) stated that most of her work came in the form of police reports and felt that a big part of her job was making contact with victims and evaluating what form of support was needed. The assessment of risk and discussions around safety

were seen as an important aspect of this participant's job. While participants (a) and (b) talked more about the role that they played in educating and explaining to victims how the justice system in New Zealand works. All three participants had a breadth of experience in this field of work.

The four themes that emerged from the interviews are:

1. The power of the idealised family
2. The difficulty of parenting in the context of domestic violence
3. The cycle of violence
4. Mothers are abused multiple times (once, twice, three times abused)

Many snippets of participants' perceptions exposed themselves like tiny and absently lost jewels in the transcribed conversations and it became clear that participants perceived mothers to be strong; they were amazed by their strength and their ability to protect their children. Participants were quick to praise mothers who were forced to parent under such tough conditions and so the 'bad' perceptions ascribed to motherhood in some of the literature dropped away and formed into discussions about the difficulties that these women traversed when parenting in such violent and difficult contexts. This is a look at these difficulties.

### *The power of the idealised family*

There was an acknowledgement by all three participants that often by the time they had made contact with the victims there was a sense that most victims had started to question their relationships and the place of violence in them. All the participants expressed that even though their clients were aware of the violence and how it was impacting them, there was an expressed reluctance to end it. The reasons that were raised centred on the children; the need for them to have a father, and the reluctance they had to move away from the ideals of the family, such as having a husband, being a wife, and having children.

*You have that family unit and that's the ideal and so she's gone into the relationship hoping that, well assuming that it's going to last, so that's a powerful magnet for women (participant c).*

Participant (a) felt that very few women wished to deny their partner access to the children and believed that it is very hard for women to move away from assigned roles that have been established inside the relationship and family.

In the literature it is made clear that women in violent and abusive relationships struggle with the challenges that arise from the institutional expectations of motherhood (Lapierre, 2010). Discussions centre around what it means to be a 'good' mother, how the mothering role can be full of guilt, and how poor judgements can be made against women who do not measure up to socially constructed standards of motherhood (Casanueva et al., 2008; Krane & Davies, 2007; Lapierre, 2010; Semaan et al., 2013; Wendt et al., 2015). Many women also choose to stay with violent partners because they are 'good' to their children, and often women feel that by doing this they are putting the needs of children before and above their own needs (Hattery, 2009). 'Essential father' theories might also play a role in women's reluctance to leave abusive partners. These theories highlight how boys need fathers to prevent antisocial behaviour and to develop masculine identities and girls need fathers to help deter promiscuity, prevent teenage pregnancy, and limit the probability of substance abuse (Cutas & Chan, 2012).

Discussions that took place with participants see the focus taken on motherhood in the literature broaden out to include the whole family. The difficulties and reluctance of women to abandon the ideals contained in the family are perceived by the participants as an important consideration that women often weigh up. The differences found between the literature and findings could be due to the presence of two research participants from an Indian culture. Within Indian cultures, roles tend to be more intertwined. "The relationship between women and communal identity and tradition is a relationship of power, where the community controls its women through a particular discourse about ideal womanhood" (Supriya, 2002, p. 97). Honour and shame also are seen to play an important role in the social control of women's behaviour and in the context of domestic violence leaving the home and speaking out about the abuse can be seen to directly threaten the good name of the husband, family, religion, and community (Supriya, 2002).

This idea is reinforced by a discussion where the two Indian participants expressed that outside of the Western culture, relationships and the expectations of them can be different. Views on raising children are not always the same. Examples are given of how cooking and cleaning for the husband

are considered to be normal inside the Indian culture, and it was felt that domestic violence was a relatively new concept to the Indian culture. They also commented on the pressures placed on women from family members to comply with expected roles. If a women was to express her views and voice concerns about the abuse she was experiencing she might be told,” So what, so what, that is what is being expected of you, you are the house wife, you need to do these things for him, he won’t know how” (participant a). Participant (b) added to this by saying that often men will shut off their role as the provider when women have made a complaint and she felt that women were aware of this. Lapierre’s (2010) article gives examples of men shutting off their roles as providers in the relationships through the withdrawing of financial resources; women were also left alone and isolated in the act of protecting and caring for the children.

### *Domestic violence and its impact on the mothering role*

Participant (c) felt that 99% of women that she saw were women with children. She justified this high figure by stating that: “violence and abuse often won’t start until the women are connected to and reliant on the perpetrator in some way”. While this extremely high figure is an estimation, it serves to highlight the fact that the true figure of how much domestic violence impacts mothers as a specific population goes unknown. This is because in New Zealand the statistics and data gathered on domestic violence tend to focus on all women or on specific ethnicities such as Māori and Pacific Island women (Ministry of Health, 2000; Ministry for Women, 2015; Te Rito, 2002). Participant (c)’s high estimation coupled with observations made in the literature that show that the mothering role is often rendered invisible (Krane & Davies, 2002), can be seen to validate the importance of this research. The many issues specific to mothers experiencing domestic violence such as: financial-related stress, dealing with the abuse and the impact of abuse on the children, the physical and psychological impact of caring for children, and being subjected to the social codes and expectations of motherhood are incredibly hard and challenging for this population of women (Murphy et al., 2013 p. 19).

Conversations conducted with participants showed a clear understanding of a delineation of needs between mothers and women without dependents. Mothers were seen by participants to be more hemmed in by the violence because they weren’t at liberty to leave like women without children were. All participants talked about the role that the legal system played in this and how shared custody of the children or parental orders allow the offender on-going access to the women’s lives. The literature also looks at how abusive partners may use the family court process as a new forum to continue their

coercive and controlling behaviour over women, and that hardships do not always diminish after women leave violent partners (Peled & Gil, 2011).

Discussions also took place around the burden of guilt that mothers who parent in the context of violence often carry alone. Participant (c) emphasised that during counselling sessions women never raised the topic of the children. Guilt is heavily embedded into these women and because of this, participant (c) warned that it was an area that had to be handled extremely sensitively. The topic of guilt is discussed by Holt (2013) where she states that parenthood is not equal for mothers and fathers, there is a visibility to motherhood through the birth process, and the mother is considered connected to the child. Holt (2013) describes how some feminist thinkers have tried to move mothering away from a single and individually ascribed role by creating new terminologies such as: the mothering continuum and childrearing. These terms are used in an attempt to highlight the fluidity of the parenting role and childcare work. However, despite the significant role that feminism has played Western perceptions of mothering are still heavily influenced by the motherhood myth that expects mothers to carry most of the responsibility for the wellbeing and care of children (Peled & Gil, 2011).

Guilt is often deeply built into the associations that surround motherhood because while motherhood holds multiple and contradictory meanings, these are often silenced and only the parts of motherhood that involve fulfilment, joy, and a sense of accomplishment are allowed to be seen. While inadequacy, resentment, and anger are hidden from view (Semaan et al., 2013).

When participants were asked: do you believe that domestic violence impedes on the mothering role? all participants responded with an unequivocal yes.

*Oh yeah, definitely. It definitely does. These women are amazing that under these circumstances, they can continue to be a mother to their children with the abuse that's going on, with the verbal abuse all the time. Physical abuse happens now and then, but the verbal, emotional, psychological.... that is the worst. It's an amazing thing they do. They carry on with the mothering role. God, it must be bloody hard. It's very, very hard for them to do, and I don't know how they function. But they must have amazing strength. You know they protect their kids as much as they possibly can in the circumstances (participant c).*

Participants were quick to praise women and recognised the strength required to carry out the mothering role under such difficult conditions. This question attributed neither of the 'villain' or 'victim' labels found in the literature. Participant (c) expressed that she couldn't think of a single instance when a mother had walked out and left her children to fend for themselves and was quick to point out examples of protective acts that mothers engaged in such as: removing children from a violent situation, physically intervening once the abuse was taking place and telling children to go away. Protection was also seen by this participant as pleasing the perpetrator in an attempt to prevent the violence from occurring in the first place. Similar acts are also discussed in the literature where the act of protection is seen to be placed along a continuum, with the prevention of physical harm at one end and emotional protection at the other.

### *The cycle of violence*

All of the participants felt that violence was a learned behaviour. Participant (c) in particular talked at length about intergenerational violence and the cycle of abuse.

*They look at the father and see how he treats the mother and they go, 'Okay, when I grow up, that's how you treat women.' And that's how it happens, and it keeps going; generation after generation after generation (participant c).*

Intergenerational violence is an offshoot of social learning theories which share the position that children who witness or experience violence will learn that violence is an appropriate form of conflict resolution (Franklin & Kercher, 2012). In many ways these theories have a close relationship with feminist discourses which believe that the history of household violence is often a history of childhood abuse and exposure to male role models who have projected hostile and violent attitudes towards women (Pence & Paymar, 1993).

Both participant (a) and (c) felt that violence became normalised after a while and hard to see. This sense of normalisation was expanded on by participant (c) who felt that this had an impact on parenting styles and that women who have grown up with domestic violence have not had the opportunity to learn parenting techniques outside of anger and punishment. Participant (c) saw parenting courses as a positive opportunity for mothers to learn some valuable parenting strategies because "parenting isn't a skill that you are born with."

Participant (c)'s comments reflect the literature where it shows that being a victim of domestic violence is often automatically equated with being an ineffective and authoritarian parent. However, this must be balanced by the large body of literature which refuted this and found that many battered mothers did not parent that much differently from non-battered mothers (Casanueva et al., 2008; Lapierre, 2010; Letourneau, Fedick, & Willms, 2007; Levendosky, Lynch, & Bermann, 2000; Rossman & Rea, 2005; Semaan et al., 2013)

Interestingly, participant (c)'s perspectives on parenting were in opposition to participant (a) and (b)'s views who felt that parenting courses were only relevant if they addressed issues around children witnessing violence and that teaching mothers how to parent can be seen as a condescending act. Holt (2013) might offer an explanation why participants (a) and (b) from inside an Indian culture might have reflected differently from participant (c) who has a European background:

Cultural and historical contexts shape the extent that notions of parenthood are considered individualized or collectivized. Within Euro-American cultures the child-parent bond is imbued with discourses of emotional investment. This has resulted in the child being valued exclusively in emotional terms. In contrast to this other cultures have attached a multitude of meanings that centre instead on the importance of the family such as: honor, ethnic or religious affiliation and or parental authority. In Euro-American cultures children's problems are packaged into a parent/child dyad that ignores the structural and interactional context of such problems allowing individual parents to be wholly and solely blamed, such shame is likely to be acutely felt within Western cultures where the notion of parenthood is both individualistic and infused with emotion (p. 81).

Participant (c) also felt that intergenerational violence impacted on women's ability to attract suitable and non-violent partners; that there was something particular in women who had been exposed to a lot of abuse because violent men are attracted to them. She reflected how often it was the same story over and over again, "There is just so much abuse, it's unreal. Honestly that one person can go through all that, there's probably not a time in their life without violence, so when they meet an abusive man."



Miller & Knudsen (2006) question this determinist position that sees violence beget violence and point out that most victims and perpetrators of intimate partner violence have not experienced childhood violence, neglect, or abuse. It is easy to see why participant (c) would formulate this view given what her experience and practice wisdom tell her. There is neither a right nor wrong position taken up here, but perhaps it is important to see intergenerational violence as an incomplete explanation and recognise the need to take into account the range of contextual factors that will influence the extent of the impact and the effects that violence has on people. This is a complex and multi-faceted area of study (Radford & Hester, 2006).

### *Mothers are abused multiple times*

All of the participants felt that mothers who expose their children to domestic violence were often treated more harshly than the actual perpetrator of the violence. Examples were given of agencies such as Child Youth & Families (CYFs) and the justice system expecting women to shoulder the responsibilities of seeking out help. Mothers were expected to: leave the abuser, find alternative accommodation, take out protection orders, and attend parenting courses; while the actual perpetrator seemed to get off the hook. It was felt by participants that these agencies often saw mothers as the problem and judged them poorly if they chose to stay in abusive relationships. All participants expressed that often outside agencies had a poor knowledge of the dynamics of abuse and felt that encouraging women to leave by simply walking out the door was an overly simplistic view of the complications that were tied into leaving.

The difficulties of leaving an abusive and violent relationship are well documented in the literature (Hattery, 2009; LaViolette & Barnett, 2014; Magen, 1999; Miller & Knudsen, 2006; Radford & Hester, 2006). The question so frequently asked, “Why didn’t she leave?” is problematic because it focuses in on the women’s behaviour and shifts away from an examination of the inherent wrong in the abuser’s actions. According to Mahoney, 1991 (as cited in Magen, 1999), it assumes that leaving is the women’s responsibility, that leaving will put an end to the abuse, and that leaving is appropriate and available to all women.

Participants talked about how a lot of mothers worried about CYFs removing their children and that often perpetrators would play on this fear by threatening to tell CYFs and other outside agencies what a bad mother she was. Women were often made out to be mentally unstable by their perpetrators.

Participant (c) also felt that the justice system worked against these women as it was his word against hers:

*The family court wasn't very good at acknowledging violence. You've got two people there; a mother and a father, and it's seen that they should be able to work out who has the children, which puts her in a vulnerable position because he's going to be manipulating the scene (participant c).*

The literature points out how many family law professionals prioritise father contact regardless of a documented history of violence and coercive control. "Mothers who oppose this may be painted as obstructive, hostile or unfriendly parents" (Murphy et al., 2013 p. 19). The Family Violence Death Review (2014) has raised questions around family violence and parenting arrangements, one of the suggestions put forward is that "courts could be given broader discretion to consider risk to the safety of the child and to the adult victim when deciding on parenting arrangements" (p. 50).

Lastly participants (a) and (b) expressed that women were often poorly treated by their own children. It was felt that children's exposure to violence often resulted in behavioural issues and that the child's anger and resentment was then directed back at the mother. Parent abuse is particularly hard for mothers to deal with because it is not widely talked about and there is disbelief that a child borne of the mother can assume the role of her abuser (Holt, 2013). Women feel a loss of trust and a sense of betrayal, blame, and shame (Holt, 2013). Because evidence suggests that parent abuse is linked to other forms of family abuse and can be attributed to witnessing violence between parents (Holt, 2013), it is an area that needs to be openly discussed and brought to the light.

## Chapter Five: Conclusion and Recommendations

This research started with the aim of finding out the perceptions that social workers inside a refuge environment hold towards mothers and their ability to parent in the context of domestic violence. However, the research process, the sensitivity of the question, and backgrounds of the participants all impacted on the focus and direction taken in the research. The interviews with participants led this research in a different direction and instead it became about an investigation into the difficulties that mothers face when parenting in the context of domestic violence, how social workers perceived and understood these difficulties, and how they felt domestic violence impacted on the mothering role.

My aim was to capture in-depth insights and perceptions that a few social workers held towards this topic. Because of this, qualitative research was the preferable choice. Semi-structured interviews were used and thematic analysis was utilised as a way of analysing the data. It was important to me that the theoretical framework was postmodern feminism because this is a topic that is primarily concerned with the lives of women, and taking a postmodernist approach offered the ability of embracing a variety of explanations and understandings of domestic violence while also challenging the binaries that are often tied into motherhood such as the 'good' mother or the 'bad' mother.

This project was restricted by the fact that all of the research participants were known to the researcher and all came from the same place of work, the small sample size, and the inexperience of the researcher. In hindsight I feel that this research would have benefitted from investing less time on participant recruitment, conducting a literature review around the entirety of the research process rather than condensing at the start, returning for a second round of interviews to expand on questions, being more fearless about the questions that I asked, and less structured with how they were asked.

The findings of this research reveal that participants all strongly agreed that domestic violence does impact the mothering role and that guilt is deeply imbedded in mothers who expose their children to domestic violence. Participants had a wealth of knowledge around the dynamics and effects of domestic violence and clearly believed that parenting would be extremely challenging under these circumstances. Participants were quick to recognise the amazing job that women did, clearly delineated the needs of women with children from those without, and agreed that many changes

needed to take place in the justice sector and other outside agencies such as CYFs in order that mothers felt less judged and more supported.

The interviews all yielded rich data and while it became clear that many of my findings mirrored those of the literature, there were also some points of departure. In the literature, the social construction of motherhood is seen to play a particularly potent role; women in abusive and violent relationships struggled with the challenges that arise from the interactions between the context of violence and the institutional expectations of motherhood. While this is supported by the findings, it expanded out to include the whole family. The position that women occupy in the family unit, family and societal expectations were seen by participants in this research to bind women to the violence.

In the literature there is a focus on how domestic violence effects parental ability and binaries occur between the 'good' parent and 'bad' parent. The literature points out that exposure to domestic violence is sometimes automatically equated to poor parenting practices. While overall the findings show a reluctance by practitioners to do this, discussions that took place around intergenerational violence reveal that one participant in particular felt strongly that authoritarian parenting practices, yelling and the use of anger, could be linked into the cycle of violence and that these were natural parenting responses by women who had grown up in environments that normalised violence. All participants referred to intergenerational violence to explain why domestic violence is so potent and why women find it so hard to leave. This is a departure from the literature where the Duluth Model and theories of power and control are the main ideologies.

The findings shed light on the many ways that women are abused systematically by the perpetrator and by their own children. The findings focused on how children's exposure to violence resulted in behavioural issues and anger and resentment which was often then targeted back at mothers. While the literature talked at length about partner-directed violence and touched on systematic violence, there was an absence of literature around the topic of child-to-mother directed violence, this is perhaps an area that needs to be addressed.

### *Recommendations*

- Practitioners who work in the field of domestic violence need to understand the delineation of needs between women with dependents to those without. Women with

children are more likely to suffer from domestic violence, find it harder to leave, and carry a heavier burden of guilt and shame.

- There needs to be an understanding that while domestic violence can impact the mothering role, it does not automatically equate to poor parenting practices. Women need to be supported and recognised for the amazing job that they do under often very hard circumstances.
- It is overly simplistic to expect women to leave their abusers. This assumes that leaving is the women's responsibility, that leaving will put an end to the abuse, and that leaving is appropriate and available to all women.
- While many changes could be made to the justice system, shared custody of children is an area that urgently needs to be addressed in order to offer better protection to victims of domestic violence.
- More consideration needs to be given to how mothers outside the Western culture are impacted by domestic violence, that issues, problems, and barriers towards seeking help are likely to be different and need to be understood in order to offer help that is meaningful.
- Practitioners need to be aware that often negative judgements are made because ideologies are influenced by socially constructed views of the world. Practitioners must be aware of binary thinking that sees things as right and wrong. Consideration of other ways of seeing things, reflexive thinking, and maintaining a curiosity about why and how we have come to our conclusions is important.
- Recognition needs to be given to the multiple ways that mothers are abused. Abuse can be systematic, directed from the perpetrator and child towards the mother. Women who are abused by their own children need to be able to talk about a topic that is extremely sensitive without feeling blamed and shamed.
- Research could be used to investigate the true number of mothers impacted by domestic violence in New Zealand and more could be written about this demographics' needs.
- Caution needs to be taken towards considering witnessing domestic violence as a form of child abuse. The downside of this is that the victim can be held accountable for the impact of the perpetrator's violence

- Theories that surround this field of study need to be approached in a reflexive manner by practitioners. While theories are useful, they should never blind practitioners from seeing the complexity, context, and individuality of clients lives.

And stop!

## References

- Ackerly, B., & True, J. (2010). *Doing Feminist research in political & social science*. Basingstoke, UK: Palgrave Macmillan.
- Braun, V., & Clarke, V. (2012). Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskoph, & K. J. Sher (Eds.), *APA handbook of research methods in psychology, vol 2: Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 75-71). Washington, DC: American Psychological Association.
- Buchbinder, E., & Eisikovits, Z. (2004). Reporting bad results: The ethical responsibility of presenting abused women's parenting practices in a negative light. *Child and Family Social Work* 9(4), 359-367.
- Budgeon, S. (2011). *Third wave feminism and the politics of gender in late modernity*. Basingstoke, UK: Palgrave Macmillan.
- Casanueva, C., Martin, S., Runyan, D., Barth, R., & Bradley, R. (2008). Quality of maternal parenting among intimate-partner violence victims involved with the child welfare system. *Journal of Family Violence*, 23(6), 413-427.
- Close, L., & Peel, K. (2012). *Incorporating the voice of experience, family violence- service user involvement guide*. Wellington, New Zealand: Ministry of Social Development.
- Cutas, D., & Chan, S. (2012). *Families beyond the nuclear ideal*. London, UK: Bloomsbury.
- Featherstone, B. (1999). Taking mothering seriously: The implications for child protection. *Child and Family Social Work*, 4(1), 43-53.
- Franklin, C., & Kercher, G. (2012). The intergenerational transmission of intimate partner violence: Differentiating correlates in a random community sample. *Journal of Family Violence*, 27(3), 187-199.
- Friend, C. (2000). Aligning with the battered women to protect both mother and child. *Journal of Aggression, Maltreatment & Trauma*, 3(1), 253-267.
- George, J., & Stith, S. (2014). An updated feminist view of intimate partner violence. *Family Process*, 53(2), 180-193.
- Gillis, S., Howie, G., & Munford, R. (2004). *Third Wave Feminism*. New York City, NY: Palgrave Macmillan.

- Graham-Bermann, S. A. (1998). The impact of women abuse on children's social development. In G. W. Holden, R. Geffner, & E. N. Jouriles (Eds.), *Children and marital violence: theory, research and intervention* (21-54). Ann Arbor, MI: University of Michigan.
- Guest, G., Namey, E., & Mitchell, M. (2013). *collecting qualitative data: A field manual for applied research*. Thousand Oaks, CA: Sage.
- Not in paper Hamby, S. (Ed.). (2014). *Battered Women's Protective Strategies*. United States of America: Oxford.
- Hann, S., & Trewartha, C. (2015). *Creating change: Mobilising New Zealand communities to prevent family violence*. Auckland, New Zealand: New Zealand Family Violence Clearinghouse, The University of Auckland.
- Hattery, A. J. (2009). *Intimate partner violence*. Lanham, MD: Rowman & Littlefield.
- Henry, T., James, A., Chapman, Y., & Francis, K. (2009). Researching with people you know: Issues in interviewing. *Contemporary Nurse*, 10(34), 2-9.
- Herbert, R., & Mackenzie, D. (2014). *The way forward: An integrated system for intimate partner violence child abuse and neglect in New Zealand*. Wellington, New Zealand: The Impact Collective.
- Holden, G. W., & Ritchie, K. L. (1991). Linking extreme marital discord, child rearing and child behaviour problems: Evidence from battered women. *Child Development*, 62(2), 311-327.
- Holt, A. (2013). *Adolescent To Parent Abuse*. Bristol, UK: The Policy Press.
- Johnson, S., & Sullivan, C. (2008). How child protection workers support or further victimize battered mothers. *Journal of Women and Social Work*, 23(3), 242-258.
- Ministry of Justice. (2014). *Strengthening New Zealand's legislative response to family violence*. Wellington, New Zealand: Author.
- Kitzmann, K., Gaylord, N., Holt, R., & Kenny, E. (2003). Child witnesses to domestic violence: A meta-analysis review. *Journal of Counselling and Clinical Psychology*, 71(2), 339-352.
- Krane, J., & Davies, L. (2002). Sisterhood is not enough: The invisibility of mothering in shelter practice with battered women. *Journal of Women and Social Work*, 17(2), 167-190.



- Krane, J., & Davies, L. (2007). Mothering under difficult circumstances. *Journal of Women and Social Work, 22*(1), 23-38.
- Lapierre, S. (2010). More responsibilities, less control: Understanding the challenges and difficulties involved in mothering in the context of domestic violence. *British Journal of Social Work 40*(5), 1434-1451.
- LaViolette, A., & Barnett, O. (2014). *It could happen to anyone: Why battered women stay*. Los Angeles, CA: Sage.
- Letourneau, N., Fedick, C., & Willms, J. (2007). Mothering and domestic violence: A longitudinal analysis. *Journal of Family Violence, 22*(8), 649-659.
- Levendosky, A., Bermann, S., & Lynch, S. (2000). Mothers' perceptions of the impact of women abuse on their parenting. *Violence Against Women, 6*(3), 247-271.
- Loseke, D. (2005). Through a sociological lens: The complexities of family violence. In D. Loseke, R. Gelles, & M. Cavanaugh (Eds.), *Current controversies on family violence* (2<sup>nd</sup> ed., pp. 35-49). Thousand Oaks, CA: Sage.
- Loseke, D., Gelles, R., & Cavanaugh, M. (2005). *Current Controversies on Family Violence* (2<sup>nd</sup> ed.). London: Sage.
- Magen, R. (1999). In the best interests of battered women: reconceptualizing allegations of failure to protect. *Sage, 4*(2), 127-135.
- Merriam, S. B. A. (Ed.). (2002). *Qualitative Research in practice: examples for discussion and analysis*. San Francisco: Jossey- Bass.
- Miller, J., & Knudsen, D. (2006). *Family abuse and violence: a social problems perspective*. Lanham, MD: AltaMira Press.
- Murphy, C., Paton, N., Gulliver, P., & Fanslow, J. (2013). *Policy and practice implications: Child maltreatment, intimate partner violence and parenting*. Auckland, New Zealand: New Zealand Family Violence Clearinghouse, The University of Auckland.
- Peled, E., & Dekel, R. (2010). Excusable deficiency: Staff perceptions of mothering at shelters for abused women. *Violence Against Women, 16*(11), 1224-1241.
- Pence, E., & Paymar, M. (1993). *Education groups for men who batter: The Duluth model*, New York City, NY: Springer Publishing.

- Radford, L., & Hester, M. (Eds.). (2006). *Mothering Through Domestic Violence*. London: Jessica Kingsley.
- Rossman, B., & Rea, J. (2005). The relation of parenting styles and inconsistencies to adaptive functioning for children in conflictual and violent families. *Journal of Family Violence*, 20(5), 261-277.
- Semaan, I., Jasinski, J., & McKenzie, A. (2013). Subjection, Subjectivity and Agency: The Power, Meaning and Practice of Mothering Among Women Experiencing Intimate Partner Abuse. *Violence Against Women*, 19(1), 69-88.
- Slabber, M. (2012). *Community based domestic violence interventions*. Wellington, New Zealand: Department of Corrections.
- Sprague, J. (2005). *Feminist methodologies for critical research*. Lanham, MD: Rowman & Littlefield.
- Springgay, S., & Freedman, D. (Eds.). (2012). *Mothering A Bodied Curriculum Emplacement, Desire, Affect*. London: University of Toronto Press.
- The Ministry of Social Development. (2002). *Te Rito: New Zealand family violence prevention strategy*. Wellington, New Zealand: Author.
- Supriya, K. (2002). *Shame and recovery mapping identity in an Asian women's shelter* New York City, NY: Peter Lang.
- Taylor, A., & Connolly, M. (Eds.). (2013). *Understanding Violence Context And Practice In The Human Services*. New Zealand: Canterbury University Press.
- Thomas, G. (2013). *How to do your research project: A guide for students in education and applied social sciences* (2<sup>nd</sup> ed.). London, UK: Sage.
- Wendt, S., Buchanan, F., & Moulding, N. (2015). Mothering and domestic violence: Situating maternal protectiveness in gender. *Journal of Women and Social Work*, 30(4), 1-13.
- Wolfe, D. A., Crooks, C. V., Lee, V., & Jaffe, P. G. (2003). The effects of children's exposure to domestic violence: A meta-analysis and critique. *Clinical Child and Family Psychology Review*, 6(3), 171-187.
- Ministry for Women. (2015). *Wahine Maori, Wahine Ora, Wahine Kaha*. Wellington, New Zealand: Author.

## Appendices

### Appendix One: Advertisement



MASSEY UNIVERSITY  
COLLEGE OF HEALTH  
TE KURA HAUORA TANGATA

#### Interview participants required

### **Mothering during Difficult Times: Mothering and Domestic Violence.**

Hi my name is Leigh Catt, and I am currently completing my Master of Applied Social Work. As part of our course requirements I am required to undertake a small research project.

For my research project I would like to find out how social workers perceive the practice of mothering by women who have experienced, or who are currently experiencing domestic violence. I also would like to understand the challenges associated with working with mothers in a refuge environment.

I invite you to participate in this research project and would appreciate your view points and knowledge around this topic. I am looking for:

- Participants who have experience working alongside women with dependents in a refuge context.
- Ideally you will be a registered social worker, with at least two or more years' experience, but I would still love to have your input if you are working in this field without registration.

I anticipate two separate interviews will be needed, but the structure of these interviews is flexible and I am happy to discuss this with you.

"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 Dr Brian Finch, Director, Research Ethics, telephone 06 356 9099 x 86015, email [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz)".

I look forward to hearing from you

Please feel free to contact me through e mail.  
[lmillward@yahoo.com](mailto:lmillward@yahoo.com)

Kind Regards  
Leigh Catt

## Appendix Two: Information Sheet



MASSEY UNIVERSITY  
COLLEGE OF HEALTH  
TE KURA HAUORA TANGATA

### Mothering during Difficult Times: Mothering and Domestic Violence.

#### INFORMATION SHEET

Hi my name is Leigh Catt, and I am currently completing my Master of Applied Social Work. As part of our course requirements I am required to undertake a small research project.

I want to find out how social workers perceive the practice of mothering by women who have experienced, or who are currently experiencing domestic violence. I also would like to understand the challenges associated with working with mothers in a refuge environment.

#### Participant Identification and Recruitment

I invite you to participate in this research project and would appreciate your view points and knowledge around this topic. You have been invited because you are working in a refuge. I am looking for:

- Participants who have experience working alongside women with dependents in a refuge context.
- Ideally you will be a registered social worker, with at least two or more years' experience

I do not anticipate any discomfort or risk eventuating from this research. Should any issues arise you will be able to stop the interview process at any given time.

#### Project Procedures

If you agree to participate in the research you will be asked to sign a consent form and we will make a time and place for the interview that is convenient to you.

The interview will be audio-recorded with your permission and the contents of the interview will be transcribed by me. You will have the opportunity to read the transcription and make any changes if you need to. The research report will be written in such a way that ensures your identity and place of work remains confidential. I will do this through the use of a pseudonym. You will have the right to terminate the interview at any point.

#### Data Management

Any electronic data will be kept on a password accessed computer. Data will only be seen by me or my supervisor. After the project has finished all research material will be handed to Massey University at Albany where it will be held securely for five years, at which time it will be destroyed. I will delete or destroy any copies held by me.

#### Participant's 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;
- withdraw from the study
- 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;
- Be given access to a summary of the project findings when it is concluded.
- Ask for the audio recorder to be turned off at any point in the interview

## Appendix Three: Low-Risk Approval



### MASSEY UNIVERSITY ALBANY

30 April 2015

Leigh Catt  
School of Social Work  
Albany Campus

Dear Leigh

**Re: Mothering during difficult times: Mothering and Domestic Violence**

Thank you for your Low Risk Notification which was received on 30 April 2015.

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

You are reminded that staff researchers and supervisors are fully responsible for ensuring that the information in the low risk notification has met the requirements and guidelines for submission of a low risk notification.

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 Dr Brian Finch, Director (Research Ethics), telephone 06 356 9099, extn 86015, e-mail [humanethics@massey.ac.nz](mailto: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

A handwritten signature in blue ink, appearing to read "B T Finch".

Brian T Finch (Dr)  
**Chair, Human Ethics Chairs' Committee and  
Director (Research Ethics)**

cc	Dr Shirley Julich School of Social Work Albany	Associate Professor Kieran O' Donoghue Head of School, School of Social Work Palmerston North
----	--	---

---

Massey University Human Ethics Committee  
Accredited by the Health Research Council

# **Exploring young women's perspectives on positive body image and overall wellbeing**

A research report presented in partial fulfilment of the requirements of the  
Degree of  
Master of Applied Social Work  
Massey University, Manawatu Campus, Palmerston  
New Zealand

Jill Ludlow  
2015

## Abstract

Positive body image is important to women's overall health because it affects physical, mental, social, emotional, and spiritual *well-being*. This qualitative research study examined young women's perspectives on positive body image and wellbeing, and the contributors and barriers to achieving this. Four women aged 18-27 participated in semi-structured individual interviews. This approach enabled a deeper understanding of differences in perception of positive body image and how it may be achieved. Thematic analysis produced several findings highlighting the results from similar former studies. Findings demonstrate that young women are vulnerable to body image dissatisfaction (BID) due to the importance placed on appearances during adolescence. Young women strive for acceptance from peers, and engage in upward social comparisons to evaluate their self-worth through their appearance. For females, comparison targets are similar to the thin ideal and are difficult to obtain, resulting in BID. Finally, environmental social systems contribute toward body image among young women through the promotion of the ideal thin. Social workers are identified as competent practitioners able to address some of the body image issues in order to promote better physical and mental wellbeing during lifespan development. Prevention and intervention of BID are discussed to offer recommendations to enhance positive body image.

## Acknowledgements

I would like to express my warmest gratitude to my supervisor, Dr Polly Yeung, for her excellent supervision for this research and continuous guidance and wisdom.

I would also like to thank my four participants that willingly and voluntarily took time out of their busy lives to participate in this research and make it possible.

Last but not least, I would like to thank my family for their support, encouragement and for always being there for me, especially Joel, Taylor, Courtney, Riley, Mum and Dad.



## Chapter One: Introduction

“HOW do you define a word without concrete meaning? To each his own, the saying goes, so  
 WHY push to attain an ideal state of being that no two random people will agree is  
 WHERE you want to be? Faultless. Finished. Incomparable. People can never be these, and anyway,  
 WHEN did creating a flawless facade become a more vital goal than learning to love the person  
 WHO lives inside your skin? The outside belongs to others. Only you should decide for you -  
 WHAT is perfect.”

— Ellen Hopkins, *Perfect*

### *Background of the study*

Positive body image is an important source of one’s quality of life and wellbeing (Tiggemann, 2015), although research has only started to address its construct within the last decade (Menzel & Levine, 2011; Tylka & Wood-Barcalow, 2015). This construct represents a shift from the primary focus on body image that is often pathology based (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999), creating a more holistic exploration of body image. Contemporary research on positive body image highlights the characteristics as: an appreciation of the uniqueness and functionality of the body (Frisen & Gattario, 2010; Menzel & Levine, 2011; Wood-Barcalow, Tylka, & Augustus-Horvath, 2010); rather than striving to resemble ideals (Gattario & Frisen, 2012); inner positivity, and highlighting body assets while minimising perceived imperfections (Wood-Barcalow, et al, 2010). A positive body image is more likely to develop in those who take care of their health and surround themselves with others who promote body acceptance (Wood-Barcalow et al., 2010). This contributes greatly toward increased self-esteem, healthier weight control practices, and engagement in social activities (Grogan, 2008; Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). Importantly positive body image does not simply imply that one has a perfect appearance, rather it involves minimising the negative aspects of the self and emphasising the positive (Gattario, Frisen, & Anderson-Fye, 2014).

In contrast, the construction of a negative body image has been the primary focus of body image research spanning almost a century ago (Tylka & Wood-Barcalow, 2015), and has been identified as a subjective negative self-evaluation about one's body (Kluck, 2010). The increasing importance society places on thinness has contributed to the pressures people feel to conform to the thin ideal within Western society (Sheldon, 2013). The unnatural and unrealistic ideal thin images presented in the media has been associated with BID

and disordered eating (Levine & Murnen, 2009). BID is the result of the inconsistency between how one perceives their body and how they would like their body to be (Maxwell & Cole, 2012), and is based on ideal thin internalisations (Jones, 2004). This is because the ideal thin is often internalised as a precedence of beauty and success (Choate, 2013). Hopkin addresses this issue beautifully (in her poem above) by illustrating the importance of loving one's body for its uniqueness, as societal expectations of appearance perfection are unrealistic and unobtainable.

Although BID affects both females and males, it is more prevalent among young women (Hardit & Hannum, 2012). Research conducted by Talwar et al. (2012) indicated that 75% of New Zealand European women desire to be thinner, conforming to body shapes and sizes consistent with the ideal. Moreover, an increasing amount of empirical evidence demonstrates there are multiple negative effects that media, family and peers (tripartite model) have on adolescent body image (Barth, 2014; Tatangelo & Ricciardelli, 2013). For instance, social media is a powerful influence on the social construction of thin ideals however, adolescents appear to utilise and relish them the most (Tiggemann & Miller, 2010). A recent study by Levine and Murnen (2009) confirm that media exposure predicts BID; however, it is other factors such as family and peer interaction, and genetic influences that complicate this relationship.

Currently mental health professionals working with women who experience BID and eating disorders utilise psychotherapy based interventions to improve body image. Cognitive behavioural therapy (CBT) and mindfulness have been effective in improving body image among females through an awareness of thoughts and feelings, learning how to accept them, and letting go of negative thoughts (Barth, 2014; Buchanan, 2015; Collin-Donnelly, 2014; Jarry & Berardi, 2004). Similarly, media literacy programmes have shown promise in the prevention of body dissatisfaction (Gattario, 2013) and within a school setting these intervention programmes have produced positive effects for body dissatisfaction, thin ideal internalisations, and appearance comparisons (Richardson & Paxton, 2010). At both post-intervention and a three month follow up, Richardson and Paxton's (2010) study revealed an improvement in self-esteem among preadolescent Australian girls. It is hoped that the present exploratory research on positive body image factors contribute toward the knowledge base of professionals working in mental health roles with children, adolescents and adults.

## *Aims*

The purpose of the current study is to explore young women's perspectives of positive body image and examine personal, cultural and structural factors that may influence body image and their impact on overall wellbeing. The aims include:

1. To explore how young women describe and reflect upon appearance ideals conveyed by society.
2. To investigate specific protective factors to positive body image.
3. To explore how these factors could be incorporated into prevention and intervention programmes, targeting young women at risk of developing body image dissatisfaction.

## *Study Design*

A qualitative exploratory design using semi-structured interviews with open ended questions was chosen for the present study. This is because body image is predominantly conceptualised as a subjective issue rather than an objective one (Gattario, Frisen, & Anderson-Fye, 2014; Kluck, 2010). Therefore, using a qualitative methodology to explore and interpret the personal and social experiences of young women and positive body image was deemed appropriate (Smith & Osborn, 2003).

## *Significance of the study*

The prevalence and magnitude of body image dissatisfaction and weight concerns among young women is worrying because it increases the risk for eating pathology (Arigo, Schumacher, & Martin 2014; Coate, 2013; Thompson, et al., 1999). While there is a wealth of research on a negative body image, positive body image has been less explored and less understood. Exploring the perspectives, barriers and contributors toward positive body image will contribute toward a broadening knowledge for social workers and other professionals working within this area. Tylka and Barcalow (2015) succinctly explain that the more clinicians know about positive body image, the more they are able to help their client's respect, appreciate, celebrate and honour their bodies. In this way, treatment gains are more effective and long lasting (Tylka & Barcalow, 2015).

## *Structure of the report*

This report is divided into six chapters (firstly introductory chapter inclusive). The second chapter is the literature review, outlining current emerging literature of young women's body image. The third chapter presents the methodology of the present research. Chapter four provides the analysis of the information obtained from the participants. Chapter five discusses in-depth the findings and their meanings. Finally, the

sixth chapter provides a conclusion and recommendations for future research in the area of positive body image and for social workers in this field of practice.

## Chapter Two: Literature Review

### *Introduction*

Positive body image is related to the overall health and wellbeing of an individual (Gattario, Frisen, & Anderson-Fye, 2014; Menzel & Levine, 2011) across age, gender, and culture (Tiggemann, 2015), and is described as expressing love for and comfort with one's body, inner positivity and appreciation, and is holistic, stable and malleable (Tylkaa & Wood-Barcalow, 2015). Conversely, body image dissatisfaction has emotional and physical implications on overall health and wellbeing. It is associated with low self-esteem and depression and is a predictor of eating disorders, depression, substance abuse and suicide ideation (Barth, 2014; Choate, 2013; Wertheim & Paxton 2012). This chapter will review past research on women's overall health in relation to body image. Factors that influence body image including personal, psychosocial and sociocultural will also be outlined, followed by exploring ways and strategies on how social workers and other professionals can support young women to develop and sustain a positive body image.

### *What is body image?*

Body image comprises of thoughts, feelings and perceptions relating to one's body and appearance (Gattario, Frisen, & Anderson-Fye, 2014). In body image research, there are three key elements that have been dominated in this area. Firstly, an ideal body image refers to the socio-cultural defined beauty standard of a thin female that is often associated with attractiveness, self-control, and success (Choate, 2013). Secondly, an ideal internalisation is the degree to which a woman believes she must live up to these standards (Jones, 2004). Lastly, BID describes the negative feelings and thoughts about one's body and appearance that one experiences (Maxwell & Cole, 2012). Research shows the way in which a women perceives her body is influenced by many factors that include her relationships, gender, culture and developmental age (Barth, 2014; Choate, 2013; Curtis & Loomans, 2014; Dohnt & Tiggemann 2006; Gattario et al., 2014; McCabe, Fuller-Tyszkiewicz, Mellor, Ricciardelli, Skouteris, & Mussap, 2011; Tatangelo & Ricciardelli, 2013; Vogel, 2015; Wertheim & Paxton, 2011). These factors may influence an individual to development either a positive or negative body image.

Research shows that within a Western culture, media frequently portrays cultural appearance ideals (Levine & Murnen, 2009), and consistently women are classified as pretty if they are thin (Sheldon, 2013). Not surprisingly, it is becoming more difficult to maintain a positive body image based on body appreciation and

acceptance within Western culture (Choate, 2013; Tylka & Wood-Barcalow, 2015) due to the increasing concern based on the fact that the size of the thin ideal is decreasing. In particular, literature suggests models in the media are often more than 20% underweight (Spitzer, Henderson, & Zivian, 1999), while a diagnostic criterion for Anorexia Nervosa is 15% underweight (APA, 2000). A growing concern is the gap between the actual appearance of a young women's body and the sociocultural ultra-thin figure for women, that has psychological effects depending on exposure to environmental risks, and how they are internalised by the individual (Myers & Crowther, 2007).

Many older studies demonstrate that increased exposure to images of the ideal body increase BID (Altabe & Thompson, 1996; Fallon, 1990; Fisher, Dunn, & Thompson, 2002; Heinberg & Thompson, 1995; Jones, 2001; Stice & Shaw, 1994). However, more contemporary studies show that BID is caused more by the internalisations of thin ideals (Dittmar, 2009; Tiggemann, 2015; Tiggemann & Miller, 2010). This demonstrates that not all young women who are exposed to thin ideals experience BID. Rather, frequent social comparisons may in fact mediate the relationship between the pressures to conform to the ideal thin, the ideal thin internalisation and other external factors. For instance, Levine and Murnen (2009) questioned the causal nature of the relationship between BID and media exposure, suggesting that this relationship is complicated by many other factors such as a predisposition to BID.

Discussing contemporary research further, evidence suggests that positive body image is the result of a variety of factors including: an acceptance and appreciation of self; non-conforming to thin ideals; increased self-esteem; inner positivity; resistance to the internalisation of ideals; viewing the body as functional rather than focusing on its appearance; highlighting body assets while minimising perceived imperfections, and through receiving unconditional acceptance from significant others (Frisen & Gattario, 2010; Gattario & Frisen, 2012; Gattario, Frisen, & Anderson-Fye, 2014; Grogan, 2008; Menzel & Levine, 2011; Wood-Barcalow, Tylka, & Augustus-Horvath, 2010; Wood-Barcalow, et al., 2010). Researchers conclude that positive body image is important as it contributes toward overall health and wellbeing through consequent engagement in social activities and healthier weight control practices (Grogan, 2008; Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999).

### *How body image has been understood?*

Studies on body image have been derived from both social constructionism and feminist perspectives. Feminist theories have provided interesting perspectives on the development and maintenance of body image among women. For instance, radical feminism based on the influence of patriarchy on structuring gender relations of male dominance, female submission and sexist oppression, are perpetuated by social constructs (Murnen & Seabrook, 2012). This feminist perspective affirms that dismantling patriarchy is necessary to ending women's oppression. One feminist theory, Objectification Theory, views that ubiquitous sexual objectification of women leads to self-internalisations, and views that female bodies are socially constructed as objects of others desire to be watched and evaluated. In this way, women are taught to view their bodies as commodities and to receive validation of their self-worth from others, and this begins at a young age (Orbach, 2010; Sheldon, 2013). For instance, 'Barbie' informs how one should look and be idealised by others, although the probability for actually having a body shaped like Barbie is less than 1 in 100,000 individuals (Norton, Olds, Olive, & Dank, 1996). Dohnt and Tiggemann's (2006) research confirms that girls as young as five years of age are influenced through both peer and media body image and dieting awareness.

Unfortunately, self-internalisations of thin ideals perpetuate the rate at which women utilise surgical intervention to obtain the ideal thin. For instance, in 2010, 179,207 women in the United States of America had liposuction, while 296,203 women in America had breast augmentation surgery to strive to attain the thin and sexy ideal (Murnen & Seabrook, 2012). Further, self-objectification may put women at risk for body shame, and in turn, depression and eating disorders (Murnen & Seabrook, 2012). Conversely, feminist identities equip young women with a heightened ability to critique traditional female roles relating to unhealthy female body ideals and practices (Tiggemann, 2015), and not allowing society to victimise woman by controlling their body image (Grogan, 2008). Tiggemann (2015) concludes that it may be possible to develop a feminist identity that can resist the pressures of cultural ideals; however, this may take considerable time and work to develop.

Similarly, the social comparison theory, originated by Festinger (1954) provides a foundation for understanding how women may develop BID. This theory explains the process whereby self-evaluation is achieved through appearance focused social comparison with others, and can be upward, downward or lateral. However, most individuals engage in upward comparisons in order to measure their success. Through this process women may feel as though they have failed to achieve the acceptable societal standards of attractiveness that are substantially unobtainable. Arigo, Schumacher and Martin's (2014) research confirm

that consequent self-evaluations of upward social comparisons contribute toward BID and disordered eating. Further, Dittmar and Howard (2004) found that social comparison was more of a predictor of BID in younger women as older women tend to engage in social comparisons less. Similarly, recent research suggests that women accept and love their bodies more readily as they age (Tiggemann, 2015). Looking at this evidence, it is likely that age is a factor in relation to body image.

Body image can also be understood in reference to human developmental stages, in particular the period of transition from childhood to adult, named adolescence. During adolescence, females are vulnerable to reward inducing stimuli such as peer acceptance and pressure, due to the different responses within the brain pathways compared to adults (Gluckman, Low & Franko, 2011). Increasing adolescent vulnerability further, they are often the target audience of social media advertising, namely the promotion of sexuality. Therefore, adolescents may be vulnerable for mimicking ideal image role models and celebrities, in order to gain peer acceptance. It is also important to note while adolescents are going through physical pubertal changes, they naturally gain approximately 50% of their adult body weight (Maxwell & Cole, 2012), moving them further away from the ideal appearance shape. During this time, adolescents become increasingly concerned about their appearance (Cash & Pruzinsky, 2002). New Zealand research confirms this widespread issue with three quarters of New Zealand European adolescent females experiencing BID and desire to be thinner (Talwar, Carter, & Gleaves, 2012).

Research also shows that gender is a factor in BID as females are more likely to be dissatisfied with their bodies than males. McCabe et al. (2011) who studied body satisfaction among adolescents in eight different countries, found that overall females were less satisfied with their body image than males were. This may be due to the fact that females as young as five years internalise sociocultural messages about appearances more than males do (Dohnt & Tiggemann, 2006). Similarly, Treasure (2007) found that females are ten times more likely to have anorexia or bulimia nervosa than males due to social comparisons.

Because of the importance society places on thinness, women feel pressure particularly from social media, peers and family to reduce their body to achieve the ideal. This Tripartite Model (media, peers and parents) provides an understanding of how these three primary core sources of influence contribute to BID (Tatangelo & Ricciardelli, 2013). Firstly, social media is rapidly changing with technology becoming more portable, interactive and pervasive, and increasingly becoming one of biggest influences of social comparisons today.



For instance, the majority of the adolescents in Tiggemann and Miller's (2010) study accessed the internet daily, and of those girls who spent time on social networking sites such as Facebook, had higher levels of drive for thinness, internalisation of thin ideals, and were more dissatisfied with their bodies than those who did not. Vogel (2015) confirms that elevated appearance exposure exacerbates BID by reading peer status updates, viewing photos and making judgements about how they compare.

Social interactions and affiliation with peers is of particular importance during adolescence. Sheldon's (2013) study of 283 college students showed support for social comparison and developmental theories that argue peer influence in adolescence is greater than parental influence. Likewise, Tatangelo and Ricciardelli (2013) found that adolescent females influence one another through peer conversations, and Jones (2001) concluded that adolescents were more likely to diet if they had friends who were dieting. Similarly, Curtis and Loomans' (2014) recent exploratory study using in-depth interviews, found that friends and family promote the thin ideal through negative comments, teasing and modelling of weight concerns. Direct comments about body and weight were found to be stronger sources of parental influence than parental modelling (Levine & Smolak, 2002). Further, several researchers have found that female adolescent relationships with their fathers were more strongly related to their self-esteem than the adolescents' relationship with their mother (Gecas & Schwalbe, 1986; Sheldon, 2013). Also of significance is Kluck's (2010) research found that family units that focus on appearances may cause their daughters to become self-conscious about their bodies.

### *Why is it important to understand positive body image?*

It is important to understand positive body image to improve overall wellbeing as BID may lead to ill health, and in the worst case scenario death. A 2006 New Zealand health survey illustrates negative health effects which are associated with BID including: females make up for approximately 90% of all eating disorders; the average age of onset is 17 years; and only 60% of these cases fully recover from their illness (EDANZ, n.d). Further Striegel-Moore and Bulik, (2007) report anorexia nervosa has the highest death rate when compared to all other mental illnesses. Experiencing BID may increase the risk for extreme body control behaviours including, dieting, forced vomiting, exercise compulsion, laxative abuse, taking pills, smoking and cosmetic surgery, all in an attempt to control weight and size (Grogan, 2008; Hardit & Hannum, 2012). Many of these behaviours may result in long term health complications, for example, laxative abuse may result in internal organ damage, and chronic laxative abuse may contribute to the risk of colon cancer (Grogan, 2008).

Given the emotional and physical health risks associated with BID, it is important for researchers to study body image and its effects, particularly among young women. Social workers employed in mental health services working with children and adolescents can continue to contribute toward the development of positive body image by: 1) educating people on feeling confident within their bodies despite the abundance of appearance norms in a Western society; 2) teaching media literacy skills so that individuals view ideal body images critically (Gattario, 2013); and 3) teaching mastery of the body as precedence over appearance. For instance, a positive self-esteem can be achieved by being good at sport, rather than focusing on the appearance of the body. Further, studies reveal that clinical social workers and other health professionals providing intervention to women with BID, show that psychotherapy based intervention using cognitive behavioural therapy (CBT) and mindfulness are effective in improving body image (Barth, 2014; Collin-Donnelly, 2014; Jarry & Berardi, 2004). Similarly, media literacy training has shown to be an effective protection factor against BID (Gattario, 2013; Richardson & Paxton, 2010).

### *Summary*

In summary, body image is a multi-faceted concept describing how young women perceive, feel, and think about their bodies. Studies show body image issues are common in Western societies where thin females are idealised. Feminist theories, Social Comparison theories, and the Tripartite model all help to understand positive body image and health among young women. A combination of personal, psycho-social, and socio-political factors contributes to the development of body image including media, age, gender, culture and relationships with others. It is important for social workers and other professionals working with women to have an understanding of positive body image so that BID issues can be targeted. Subsequently, positive body image learning can be incorporated into prevention and intervention programmes to improve overall health and well-being for women.

## Chapter Three: Methodology

### *Introduction*

The aim of the current study was to explore young women's perspectives on positive body image and overall wellbeing. A qualitative research design formed the foundation of this research, and semi-structured interviews were used to gather this information from four participants. This chapter explores the rationale of using a qualitative research approach to address the topic. The demographic descriptions of the sample, the methods used to gather and access data and the rationales for these are presented in this chapter, along with a discussion of ethical considerations.

### *Research Design*

A qualitative approach was selected because of the focus on description and the perceptions on positive body image and overall wellbeing as regarded by young women. Body image is conceptualised as a subjective issue rather than an objective one; hence the use of a qualitative approach which focuses on exploring, describing and interpreting the personal and social experiences of people (Smith & Osborn, 2003), through the use of semi-structured interviews is suggested to be appropriate and flexible. This technique of collecting data gives the participants the freedom to adjust their experiences to pre-planned response as opposed to questionnaires. Semi-structured interviews fit well with an inductive approach in which the researcher observes, seeks patterns and then generates tentative conclusions (Rubin & Babbie, 2013).

### *Study Participants*

For this study, a purposive sampling method was chosen. Qualitative sampling strategies are designed to provide information rich cases which will yield in-depth understanding about particular processes or contexts (Patton, 2002). Inclusion criteria to participate in this study consisted of women (1) aged between 18 and 25 years; (2) who had an interest in positive body image and wellbeing and (3) currently not receiving any treatment from eating disorders.

The recruitment process commenced after receiving the low risk notification (Appendix One) on April 9<sup>th</sup> 2015. An email was initially sent to two women's health clinics in the Wellington region asking for permission (Appendix Two) to have a recruitment flyer (Appendix Three) pinned to their wall or notice board. One clinic

did not respond at all, while the other asked for a full ethics approval. One local library was then approached and they agreed to display the recruitment flyer on their wall. After four weeks of recruitment, the first potential participant responded to the recruitment flyer. However, this participant reported to be 27 years of age. Given the slow response from the recruitment process and after consulting with the research supervisor, it was deemed the extended age was not an ethical issue, and therefore, the participant was invited to join the study. To widen the recruitment strategy, a Facebook discussion group for New Zealand women was approached to ask to circulate the research information. Interested participants were reminded that they need to contact the researcher directly if they wish to participate. Three more participants were consequently recruited and successfully completed the interviews. These four young women who participated in this study ranged between 18 and 27 years of age. Three participants identified as New Zealand Europeans and one as American who has been living in New Zealand for three years at the time of the interview.

### *Data Collection*

The interviews were conducted during May 2015. Each participant was emailed a participant information sheet (Appendix Four) to review before committing to participate in an interview. Once the participant agreed to an interview, the date and venue for interviewing was arranged according to the participant's preference and locality. On the day of the interview, the purpose of the research, the duration and the procedure of interview to participants were once again explained. They were reminded before the interview that they have the right to decline to answer any particular questions. The participant then signed the consent form before the interview was conducted to ensure they were fully informed about what they were consenting to.

A semi-structured interview schedule was used, allowing the researcher a guide for questioning that could be adapted as the interview progressed (Bell, 2010). An interview schedule, as shown in Appendix Five, was constructed based on the existing literature of body image studies. These questions were discussed with the research supervisor and subsequently reviewed by two other academic staff for face and content validity. Three interviews were conducted individually via face-to-face contact at a mutually agreed venue, while the fourth participant who was residing in Invercargill during the time of the interview, had her interview conducted via Skype. Each participant was interviewed only once, although they were given the opportunity to contact the researcher at any time should they have further questions about the research study after the interview had been conducted. The interviews lasted between 40 and 60 minutes, and were digitally recorded and later transcribed verbatim by the researcher. Once the interviews were transcribed, they were emailed

back to each participant for accuracy checking and were also asked to sign the authority to release transcript form.

### *Data Analysis*

The interviews were audio-recorded, transcribed verbatim, and then thematically analysed by the researcher according to Braun and Clarke's (2006) qualitative methods. The coding process began by reading the typed transcripts repetitively, line by line, page by page, in order to become familiar with the depth and breadth of the data (Corbin & Strauss, 2008). Codes were then highlighted and then numbered into potential themes. Throughout the process smaller themes were combined resulting in four main themes. The reasoning in the analysis was inductive as the researcher did not have any pre-existing theories to fit the data into (Davidson & Tolich, 1999). The flexible approach fit well with the topic when analysing data, as perceptions of body image are purely subjective (Grogan, 2008).

### *Ethical Considerations*

To ensure that this study was conducted within the ethical guidelines of the Massey University Human Ethics Committee, a full Human Ethics Application was submitted for staff and peer review before sending it for low risk approval. Informed consent to participate in the study was ensured through providing a participant information sheet (Appendix Four) and receiving written consent. All data was stored and locked in a cabinet within the researcher's home and on completion of the final mark, all data would be destroyed.

The purpose of this research was not intended to focus on participants' personal experiences and self-perceptions of their own body image, but to focus on the general issues and factors that contribute to positive body image and wellbeing in today's society among young women. Therefore, it was not anticipated to have any direct harm caused or discomfort to the participants. However, possible discomfort cannot be excluded so the researcher has taken precaution. The researcher ensured that there was informed consent, voluntary participation, confidentiality protection and the right to stop the interview or decline answering any questions prior to commencing or during the interview. Once the interview process ended, each participant also received a copy of a list of support services phone numbers (Appendix Six) in case there were any emotions arisen after the interview.

### *Summary*

This chapter presented the rationale of the study design, participant recruitment criteria, methods used to gather and analyse data as well as the ethical considerations. Young women's perspectives on positive body image were explored through using a qualitative approach. Following the Low Risk Notification being received from Massey University Ethics Committee, four participants between 18 and 27 were recruited and successfully completed the interviews. Four main themes emerged from the data and they will be discussed in the next chapter.

## Chapter Four: Research Findings

### *Introduction*

The focus on this research was about exploring young women's perspectives on positive body image and wellbeing. Semi-structured interview questions were used to collect raw data from four young women who participated in this study. Four main themes have been identified as a result of the thematic analysis. The first theme involved the participants' perceptions on body image ideals as conveyed by society. The second theme reflected the participants' critical comments on the ideal body image that seemed to be dominated by social media, advertisers and family influences. The third theme discussed the peer pressures placed on appearances during adolescent development. The fourth and final theme described how participants constructed a view of body acceptance, communication and education as a way to critically challenge appearance ideals. Pseudo names were used in this study.

### *Characteristics of the Participants*

The participants for this study were: Charlotte 27 years, American ethnicity and originally from California, United States of America, an Employment Consultant who currently resides in Wellington. Becky 19 years, NZ European ethnicity, gained NCEA, and is currently unemployed and residing in Invercargill. Megan 25 years, NZ European, a Master of Psychology Graduate, who was currently seeking work at the time of interview and residing in Wellington. Jo 18 years, NZ European ethnicity, a year 13 student with a part-time job in fashion retail and residing in Wellington.

### *Theme 1: Characteristics of the ideal image*

Based on the four interviews, there was a consistent pattern indicating that participants were all greatly aware of the ideal body images portrayed in society. All described the ideal body images in very similar terms, for example, skinny, feminine, and large breasts. Charlotte who was originally from California, United States of America, reflected the ideal body image that she was surrounded growing up revolved largely around being lean and beautiful.

*Particularly in California, they have lots of beaches and they have that beach body thing...it's more a culture of going to the gym and building muscle, for women it is very thin with little fat, clean eating,*

*restricted eating, working out really hard for hours a day. Lots of people back home have breast implants, nose jobs and Botox. A lot of people get breast implants to look very obvious... it's kind of the look you know? (Charlotte)*

Becky also described the European ideal image as very skinny, and highlighted the different cultural constructions on body image.

*It varies from culture to culture, a lot of Māori guys expect a somewhat bigger woman, and European guys want thin women with DD boobs who are like size 8 and really skinny. You can see their rib bones and shoulder bones...and you think...'have you eaten today...do you eat?' I think a lot of skinny models try to maintain that perfect body shape by starving themselves (Becky).*

Similarly, Megan and Jo described the ideal as petite and skinny:

*Petite, fine boned...bones are in... they have been since the 90s, clear skin, long hair, long legs, very little body fat...maybe big boobs but definitely small arse (Megan).*

*So like skinny and not real short, anything above average height, big boobs, it doesn't matter what length hair, fizzy hair is disgusting though. I think big hands and feet are weird, I think feminine, skinny, not small boobs, slim arms...big arms are yuck, not tree trunk legs (Jo).*

All of the participants in their own experiences struggled with how images represent an unhealthy, unnatural and unrealistic environment. Charlotte's narrative went beyond just stating how body images have been constructed by societal standard but added the alarming issue that the impact of how ideal images may have perceived to gain long term benefits to fit into what society has termed as successful.

*I have heard some people say that my dad made an investment and got me a nose job so that I could end up with someone who is wealthy - or that I was flat chested and now I have a chance of ending up with someone who wants a trophy wife and that sort of stuff... and that just really breaks my heart (Charlotte).*



## *Theme 2: Sources of ideal images*

When asked “*where do ideal body image messages come from*”? All four participants reported either from social media, advertisers or/and family members. They all agreed that ideal images impact on young women’s self-esteem and overall wellbeing. Becky expressed her disapproval to how television programmes such as, “The Bachelor, Shortland Street and The X-Factor” all normalise ideal body images as being thin. Becky also described that these messages somehow reinforce what perfect girlfriends may look like to men or others:

*These images are on TV and in magazines...there is a size 8 model in there and you think that’s what I’m supposed to look like...and guys think that’s what my girlfriend is supposed to look like...they are all perfect (Becky).*

Meanwhile, Megan expressed distaste in the content often displayed on billboards. She described how advertisers use thin, sexualised women to sell their products.

*There is one billboard in particular, it’s a milk ad near Dixon Street and it’s this young tanned attractive girl flipping her hair back with her collarbone showing, and she has a smouldering look in her eye and the ad is ‘must be milk’, so even billboards are propagating this ideal image its bizarre! I would love to go up to the main advertising person and say you should be ashamed of yourself as that is where the responsibility lies (Megan).*

While the impact of social media and advertisement on pushing the agenda of ideal body image was clearly reported by the participants, they also identified family as an influential factor to body image internalisation. Parental comments about one’s body produced a significant impact on how young women view themselves. Charlotte in particular appeared perplexed by the way her father had a strong influence on her body internalisation rather than her mother.

*I remember when I was younger...people would often affirm my shape and I over identified that and thought that was why I was good and why people liked me and what I should be like. My dad actually told me that my shape was what boys liked and this is such a terrible message to receive. It’s really hurtful because you feel you have to be that way... when someone tells you that when you are 13! I think my mum has a got a really great body image... it’s interesting that I have got those body messages from men (Charlotte).*

In telling her story, Charlotte felt her father's comments were quite hurtful because that has led to her excessive internalisations of the ideal thin. Charlotte also felt her father's comments lead her to focus on her external self, and increase her worry of retaining love through her achievements and appearances, rather than her intrinsic qualities. In addition, she described how her friend's body images were directly affected by their mother's behaviours:

*I know friends whose mums who struggle with their body image and their daughters are directly negatively affected by this (Charlotte).*

Like Charlotte, Becky and Megan felt that family had an important influence on role modelling and teaching body image. Becky viewed that family members should have a role in teaching females to be comfortable in their own skin.

*I think it is everyone's responsibility to promote positive body image. But I feel family play a big role in that, they need to teach their kids to accept themselves regardless of what they look like. Because if they don't, they won't accept themselves or have a positive outlook on life (Becky).*

Megan described that family need to promote positive body image, as family members are role models for children:

*It's about promoting positive body image... it's about siblings, parents and how you have conversations about it... you know... is mum dieting and telling her kids why she is dieting... or is she just letting them come to their own conclusions and not talking about underlying issues? (Megan)*

All participants agreed that social media and advertisers are common sources of promoting and transmitting ideal body images, and that family members, particularly parents are important roles models to promote the importance of positive body image. Participants viewed that parents have a strong influence on how their daughters view themselves and agreed it was important for parents to take the focus away from appearances and focus more on unconditional love and acceptance for their children.

### *Theme 3: Pressures to fit in during adolescence*

Pressures to conform and fit in during adolescence were consistently reported by the four young women during interviews. Jo described the negative effects of social media and how damaging social comparisons can be. She used an example of a comment that she had seen on Instagram to describe appearance peer pressures:

*I have read peoples comments on Instagram...people who have anorexia... they say I decided to be skinny because I can never be pretty... they write stuff like that. It's really big for people to get approval from others and they do this stuff online. People feel like they need to look a certain way to be able to get likes on their photos (Jo).*

Similar to Jo, Megan explained the pressures placed on adolescent girls to fit in and the difficulty to challenge the crowd:

*It's a teenage thing, it's the hormones and everyone's trying to fit in particularly in those years, basically clasp at any straw. They just want to fit in, they don't want to challenge it, no one wants to be crazy different when they are 15 years old (Megan).*

Becky described the image pressures that she felt from viewing television programmes as a child and as an adolescent:

*I have always been a bigger kid and everything... yet TV tells me I have to be skinny. I wouldn't want to go on one of those TV shows like the biggest loser... I don't want to end up getting screamed at by one of those trainers who say you have to be thin! (Becky)*

Pressure to fit in is not just about going on a diet and being skinny, Charlotte describes another appearance pressure faced by young women these days is the reliance on cosmetic surgery to enhance the so-called beauty. She talked about how readily girls were prepared to get breast implants in California in order to please their partners, and then disclosed that it was her partner that made her rethink getting breast implants. The impact of Charlotte's experience is important to highlight the significance of struggling with appearance pressures.

*I know myself personally...I could have very well ended up in that situation where I had breast implants because that's what I was told makes you pretty...and I ended up being with someone who has stated to me that they prefer natural... I feel differently about that now but I could have totally...if it had been with a different person I might have got breast implants (Charlotte).*

#### *Theme 4: Learning and internalising a positive body image*

All four participants reported that communication and education of positive body image should be taught at a young age by family members and professionals in schools. These four young women were passionate about prevention for body dissatisfaction and believed it should start with education in schools and communication within the home. They seemed to agree that young women these days are vulnerable for BID and low self-esteem. Megan felt that by educating parents about body image, children were more likely to be positively influenced. She then described how schools should implement critical thinking in terms of challenging ideals, in their curriculum.

*A good place to start is in the schools and in the home. From age eight in the school or even younger, you get five year olds dieting, the earlier the better. There's no time too early to learn about critical thinking in every facet but particularly this one... The issue is rooted in how we are educating our kids... when you see the prevalence of unhappiness with teenage girls and you think... there's a sex education class... just fit it (positive body image) in there (Megan).*

Charlotte discussed how body image was not talked about when she was growing up, and this has led her to believe that body image preferences were the same from person to person. For example, by viewing ideal images constantly perpetuated in media, Charlotte felt that everyone preferred bigger breasts.

*I didn't even know until I was 23 that some people are just into smaller boobs... it has to do with culture...no one talks about it". "For me it's about encouraging positive traits for people and personality aspects and just talking about it because it doesn't get talked about enough (Charlotte).*

Jo disclosed her recent lack of understanding of what positive body image was. She then spoke about how children should be informed about body image issues and their consequences in schools.

*Until recently, I didn't know what positive body image really was...I thought it meant that your body looked nice (laughs)". "Yeah, I think it needs to be talked about in schools and kids need to be warmed of the negative consequences (Jo).*

While Charlotte and Megan felt it was important to learn how to challenge ideal messages, Becky felt that younger women would benefit from images other than the norm shown on television. She describes how Amy from Pitch Perfect displays a positive body image whilst being different to the ideal image.

*Amy in Pitch Perfect says 'I'm fat Amy' [laughs]... I love Amy! She is someone we should be putting on TV more and more... we should receive messages about people being happy with who they are (Becky).*

All participants felt that body love and acceptance was consistent with positive body image and wellbeing. Charlotte and Megan clearly articulated their view on positive body image as learning to love and accept the body, focusing on its ability rather than its appearance. Becky and Jo also described the negative impact that ideals have on adolescent body image and wellbeing. However, all participants at some point during the interview acknowledged that they felt compelled to conform to the pressures of idealised images to a certain degree.

Charlotte illustrated her view on positive body image by placing value on characteristics other than physical appearance:

*Positive body image is that you value your body for other things than its appearance. More focus should be placed on resilience, kindness, and strengths and encourage people to embrace their positives and to appreciate people's differences (Charlotte).*

Similarly, Megan believed positive body image focused less of physical appearance and more on being comfortable in your own skin from within.

*Feeling comfortable in your own skin... and just loving yourself... and that's a hard thing to portray outwardly in terms of a physical thing... and that's because it is not a physical thing... body image starts from the inside (Megan).*

### *Summary*

Themes from all four participants' interviews were explored in this chapter. The four main themes described included, 1) characteristics of the ideal image, 2) the sources portraying these images, 3) peer pressures placed on adolescents to be liked, and 4) ways in which positive body image can be learnt. In the next chapter, these findings will be discussed in relation to relevant literature in the field of positive body image and well-being.

## Chapter Five: Discussion

### *Introduction*

This chapter analyses themes derived from the four participants' interviews and discusses how they relate to relevant literature on young women's perspectives on positive body image and wellbeing. This information is then used to help explain what the participants considered as barriers and contributors to positive body image.

### *Key findings*

This study examined the meanings and experiences illustrated by the participants' perceptions of body image and how they may relate to wellbeing. Several findings highlight the results which are consistent with previous studies including: the value placed on appearances and how socio-cultural and medical knowledge may cause individual internal conflict; the developmental age as increasing vulnerability to BID; and the influence of family, media, and peers as an influential factor to the internalisation of BID or positive body image. Each of the findings will be discussed in further detail.

### *Societal values on the ideal thin*

The findings from the present study demonstrated that young women are subject to high societal standards of body image perfection, consistent with other research (Arigo, Schumacher, & Martin 2014; Sheldon, 2013; Tiggemann, 2015). The experiences elicited from participants emphasised the difficulties young women endure to ignore these standards of beauty. Previous research has used social comparison theory to explain the phenomena on understanding of young women's body image perceptions (Arigo, Schumacher, & Martin, 2014). It highlights why women feel inadequate after viewing images of models and celebrities that have ideal bodies. The process enables young women to compare themselves with others to understand where and how they fit into the world (Fisher, Dunn, & Thompson, 2002), and precipitates low self-regard when they do not measure up to high societal standards. Indeed, several studies have linked frequent upward social comparisons with adolescent drive for thinness, and BID (Jones, 2001; Tiggemann & Miller, 2010). The implications on upward social comparison for young women are social withdrawal, decreased self-esteem, unhealthy weight control practices, feelings of worthlessness and eating pathology (Thompson, et al., 1999).

### *Push and pull effect*

The findings from the present study demonstrated that values placed on young women to conform to ideals, may contribute toward a push-pull effect. This effect is the consequence of congruent beliefs between perceiving the ideal as a symbol of beauty, happiness, and success, and the need to challenge unhealthy, unrealistic, and potentially dangerous beauty standards. This type of internal conflict causes tension between doing what young women feel they should do, and what they want to do. Gibson (2014) identifies two sources of knowledge that contribute toward body image: medical and socio-cultural. As a female and therapeutic social worker, Gibson (2014) describes her similar experience as: “the navigation of dominant discourse between how I ought to look based on cultural standards and the personal struggle to attain this standard” (p. 2).

Bronfenbrenner’s ecological systems theory may provide an explanation as to how social contexts influence this internal conflict (Gattario, 2013). As body image is influenced by systems including: the school, the media, parents, peers, health professionals and cultural attitudes, they simultaneously shape body image, and congruence becomes a result of conflicting and mixed ideas. For instance, Sobol and Darke (2014) propose that advertisers purposely exploit consumers’ insecurities by setting unrealistically high beauty standards that are unattainable by the typical consumer, in order to create an unattainable desire that drives their product consumption. On the other hand, health professionals oppose such advertisements in order to improve health and wellbeing. Therefore, it is essential that young women learn the appropriate skills to be able to challenge societal ideals.

### *Adolescence as a vulnerability to body image dissatisfaction*

Participants’ narratives in the present study indicated an awareness of adolescence vulnerability to BID. Previous research confirms adolescence is a challenging developmental stage, highlighting a vulnerability to reward inducing stimuli such as peer pressure and acceptance (Barth, 2014; Gluckman, Low, & Franko, 2011). Both body weight and appearances are targets of peer pressure and acceptance because they both contribute toward social status in adolescent girls (Sheldon, 2013). Further, Sheldon’s (2013) study showed that peer influence was the main predictor of BID. This may provide an explanation to why women worry about their weight and appearance image during adolescence.



Pubertal changes that adolescents go through naturally move young women further away from the thin ideal (Gattario, 2013), and provides an alternative explanation as to why adolescents become increasingly concerned about their appearance. Social comparisons are employed to serve the purpose of identifying whether they are similar to their peers or not. This process may lead young women to feel pressured to conform to peers and celebrities that they feel are better than them (Cash & Pruzinsky, 2002). This was evident in the participants' narratives around not wanting to be different to peers, and is consistent with research that social comparisons are made less as women get older (Dittmar & Howard, 2004). Research confirms that body image is a major issue during adolescence in New Zealand with the majority (75%) of New Zealand adolescents' desire to be thinner (Talwar et al., 2012). Given these high statistics, it is essential that social workers and other health professionals are equipped to work alongside young women to help build their self-confidence, self-esteem, and self-appreciation in order to strengthen their physical and mental wellbeing.

### *Tripartite model of influence on Body Image*

It is well documented that the preoccupation of thinness within a Western society influences young women to develop negative feelings about their bodies (Choate, 2013; Gibson, 2014; Vogel, 2015). Media plays a large role in reinforcing this body ideal, particularly for adolescents via: television, internet sites, magazines, billboards, movies, music videos and computer games, and is consistent with the present study (Tiggemann & Miller, 2010; Vogel, 2015). Media was found to be pivotal in adolescent's lives as a means for communication and leisure. From participants' perspectives, thinness was portrayed as ideal and a standard for young women to live up to. Participants articulated how media plays a role in setting ideal standards and were oppositional and critical of this, consistent with others findings (Gattario, 2013). A possible explanation for the critical response may be that society's standard of the ideal is becoming thinner. However, due to better nourishment and health in economically developed countries, women's body sizes have become naturally larger (Spitzer, Henderson, & Zivian, 1999). Therefore, adhering to this standard of beauty decreases the overall wellbeing of an individual, placing them below a healthy body weight, meeting diagnostic criteria for anorexia nervosa, due to pressures to correspond to societal ideals (Dittmar & Howard, 2004; Spitzer, Henderson, & Zivian, 1999).

Another fundamental social factor that surfaced in this study was the significance of parental attitudes and behaviours toward their daughter's appearances. These attitudes and behaviours impact on how girls learn what acceptable and unacceptable characteristics of body image is. Consistent with previous research, this study found that families who are overly focused on appearances may cause their daughters to become concerned about their own appearances (Kluck, 2010). Sheldon (2013) who developed an eating disorder as

an adolescent, and later on researched family communications on body image satisfaction found that families who restrict open communication, negatively influence their daughters' body image. She explains, "I lost 30 pounds in less than two months and my parents did not talk to me about my weight" (p. 217). Consistent with the present findings, parents and family members need to have open conversations with their girls around positive body image, rather than dismissing it. Further, Wood-Barcalow et al.'s (2010) study showed that positive body image stemmed from unconditional acceptance from a significant other, and may explain how one participant started her journey toward positive body image and resilience.

### *Working toward positive body image*

Findings from this study signal that there are many factors that influence how young women construct their body images and many of those factors, such as peer pressure and ideal thin internalisations, have been seen as detrimental. On the other hand, positive body image factors are an acceptance of self and non-confirming to thin ideals (Gattario and Frisen, 2012; Tylkaa & Wood-Barcalow, 2015), as well as holding values and attitudes based on feminism (Gattario, 2013; Grogan, 2008; Snyder & Hansbrouck, 1996). Grogan (2008) quoted that feminist attitudes increase positive body image as they place values on body abilities and accomplishments rather than appearances. Similarly, participants in the present study viewed that positive body image was an appreciation of the uniqueness one has, including an acceptance of any perceived flaws, and beauty that comes from within. Media literacy skills, open communication and adopting attitudes that are central to feminist critique on thinness (Grogan, 2008), were identified as measures to increase positive body image.

Media literacy has proved helpful when formulating preventative measures against BID (Gattario, 2013; Richardson & Paxton, 2010). This was found to encourage young women to be critical of ideals and refrain from linking self-worth with physical appearance. Similarly, CBT and mindfulness have shown an increase in positive body image that facilitates change in ones thinking patterns (Barth, 2014; Buchanan, 2015; Collin-Donnelly, 2014; Jarry & Berardi, 2004). Collin-Donnelly (2014) reports the problem is not how one looks, rather how one feels, thinks and acts that determines whether they adopt a positive or negative body image. Through mindfulness and CBT exercises, adolescents become aware of thoughts and feelings, learn how to accept them and let go of negative thoughts. However, these approaches have a limitation in that the positive effect on body image aspects has been short lived and do not focus on the wider social context (Collin-Donnelly, 2014). To focus on the wider society, young women need to learn that societal ideals are in fact unrealistic and unobtainable.

Gibson (2014) suggests that it is important to focus on the locus of change within an individual, by facilitating conversations that encourage resistance outside of therapy, rather than upholding dominant discourse. Her feminist and postmodern position aims to challenge therapeutic approaches, such as CBT that reinforce the individual as the problem, as opposed to being socially constructed. Similarly, the present findings suggest open conversation breaks down misconceptions about body image, including the unrealistic expectation that one body size really fits all. Social workers facilitating positive body image among children and adolescents can continue to enhance their physical and mental wellbeing through a further development in the positive body image literature.

### *Conclusion*

This chapter examined in greater depth the themes outlined in chapter four, including the values placed on appearances learnt within a Western context. Another theme is the push-pull effect associated with confusion and mixed messages between striving to achieve an ideal image and, being healthy, natural and accepting the appearance one has. The next theme highlighted is the heightened vulnerability of body image dissatisfaction among adolescent females. Also how social media, family and peers contribute toward body image, and measures identified to increase positive body image including media literacy skills, open communication and feminist attitudes. An interesting theme extracted from the interviews was how young women are torn between believing their self-worth is directly related to their appearance, and between achieving a positive body image that is built on acceptance, appreciation and beauty that comes from within. Importantly, social workers were identified as health professionals able to facilitate positive change in body image among young women.

## Chapter Six: Conclusion and Recommendations

### *Introduction*

This final chapter illustrates the main conclusion and recommendations drawn from the data analysis in the current research. The objective of the study was to explore the perspectives of positive body image from a small group of young women in order to understand the connections with wellbeing. To do so, four women (18-27 years) were recruited to participate in face to face interviews to discuss what their interpretations of body image meant to them, and explore how thin-ideal internalisations have affected women's body-image and wellbeing. This chapter begins with a brief overview of the key findings, and is followed by limitations and recommendations that arose from the study.

### *Key Findings*

Four key themes came out from the analyses of the four young women on positive body image and wellbeing. Firstly, central to the topic of body image is the high values society places on body image appearances. Media was identified as a key avenue to communicate and transmit social values and norms about appearance ideals. Media plays a significant role in BID as it emphasises the idealised female body that has been criticised as unrealistic, unnatural and unobtainable (Vogel, 2015). The impact of the ideal thin internalisation has been seen as directly fostering body dissatisfaction because this ideal is unattainable for most females (Tiggemann, 2015; Thompson et al., 1999). This has been evidenced with serious impact on body dissatisfaction which in turn increase the risk for eating pathology (Choate, 2013). BID results from upwards social comparison made against these ideals, enhancing young women to feel worse about their own bodies when they do not measure up (Tiggemann & Miller, 2010).

The second important finding from the present study was the push-full effect created from the tension of mixed messages from both the sociocultural and the medical model. This results in an internal conflict between perceiving the ideal as a symbol of beauty, happiness, and success, and the need to challenge unhealthy, unrealistic, and potentially dangerous beauty standards. Such phenomenon continues to align with research that concerns the role of internalisation of societal ideals of attractiveness (Dittmar, 2009; Dittmar & Howard, 2004; Thompson et al., 1999; Tiggemann & Miller, 2010).

The third important finding of the study was related to adolescents' vulnerability to BID due to biological and socio-cultural factors. The vulnerability is based on the desire to conform to ideals that are unnatural, in order to gain peer status, acceptance, and avoid peer rejection (Sheldon, 2013). Biological factors increase the adolescent vulnerability due to the natural increase in the weight gain during puberty. However, the increase in weight gain places young women further away from this ideal (Gattario, 2013; Maxwell & Cole, 2012). Weight gain may instigate young women to utilise unhealthy weight reduction techniques in order to conform to the ideal thin. This is concerning as unhealthy weight reduction techniques such as starvation and laxative abuse can result in long term health complications (Grogan, 2008).

The last important finding of the present study revealed that media, peers and family are crucial toward the development of a healthy and positive body image. These systems significantly impact on how girls learn what acceptable and unacceptable characteristics of body image are. Social reinforcement from media, family and peers reinforce the thin ideal for young women through comments or actions that serve to perpetuate the ideal, such as criticism or teasing regarding weight, pressure to diet and glorification of ultra-slender models. These sources communicate expectations regarding the benefits of thinness, such as increased social acceptance, and these expectations are likely to play a key role in propagation of this ideal. Identified primarily as a protective factor against BID was the addition of media literacy skills and open communication around challenging thin ideals. In this way, young women may develop values and attitudes that are consistent with feminist approaches, influencing positive body image (Grogan, 2008) and focusing on body abilities and accomplishments rather than appearances.

### *Limitations of this study*

The main limitation of the present study is that the four participants who voluntarily took part in the research cannot be viewed as a representative sample of all young women. Nevertheless, exploratory qualitative research was purposeful in gaining an in-depth understanding of young women's perceptions of positive body image and wellbeing. A further constraint of this study was that research exists that explores body image issues, and indicates that gender differences in body image are increasing as gender has been recognised as a salient factor in body image development (Dohnt & Tiggeman, 2006; McCabe et al., 2011; Treasure, 2007). However, the present study did not explore gender difference and it may be a topic of further interest to explore.

### *Implications of the Research on Social Work*

In the light of the present study's results, prevention measures used by social workers to target those at risk for developing BID may be based on media literacy skills, feminist approaches, open communication and the promotion of positive body image. Current literature reveals that some of the current identified protection factors against BID are effective and may increase a positive body image (Gattario & Frisen, 2012; Gattario, Frisen, & Anderson-Fye, 2014; Menzel and Levine, 2011; Tiggeman, 2015; Tylkaa & Wood-Barcalow, 2015). For instance, BID prevention based on feminist theory show this encourages alternative ways of thinking about beauty, attractiveness and ideals (Gattario & Frisen, 2012), and reduces self-objectification and the body evaluation process (Gattario et al., 2014).

Social work interventions aimed to curb media influence protect and enhance overall wellbeing for young women. Media literacy training increases critical awareness of ideal media models, minimise the internalisation of the ideal thin, and reduces unhealthy behaviours relating to the conformity of achieving this target (Gattario, 2013; Richardson & Paxton, 2010). Importantly social workers have the skills to engage with children and adolescents and therefore are able to enhance the process of learning media literacy as a protection factor against BID (Worrall, 2013).

Literature also shows that psychotherapy based interventions through CBT and mindfulness are effective in improving body image among females (Barth, 2014; Collin-Donnelly, 2014; Jarry & Berardi, 2004). Social workers may also play a role in facilitating open communication about healthy body images and alternative ways of thinking about societal ideals. This may help to develop skills in resisting conformity pressures to societal ideals. Moreover, it is important that social workers understand how family and peers influence one's body image in order to influence positive change. For example, social workers who work with adolescents and their families could discuss friendships, relationships and work collaboratively to strengthen these environmental systems in order to build resilience and protection against BID (Barth, 2014).

### *Recommendation*

Two recommendations for future directions of positive body image research have emerged from the present study and are proposed. Firstly, research needs to explore how the relationship between father and daughter impacts on female body image. Future research may include a life span development study on how the role of fathers may impact on daughters' body image and self-esteem. This is because literature suggests that this relationship may have an influential impact on how a female feels about herself (Sheldon, 2013). Secondly,

the researcher suggests that the perspectives of social workers working with body image issues should be further researched. Although prevention literature does not capture the perspective of social workers, they are identified as well positioned to have a role in BID prevention programmes (Worrall, 2013). Social workers are needed to empower people of either gender with the skills to resist and transcend cultural, interpersonal, and developmental forces that impair body image, and to promote positive mental and physical well-being through teaching body appreciation.

### *Conclusion*

This chapter has summarised the key findings and provided recommendations for future study. The four participants demonstrated that body dissatisfaction continues to be a key issue that affect how young women view their developmental journey, and may foster negative effect because appearance is a central evaluative dimension for women in our culture. Findings confirm that the context of body dissatisfaction is likely to be attributed by the effect of internalisation of appearance ideals. Family, peers and media are also thought to reinforce the thin-ideal body image for women through comments or actions that serve to support and perpetuate this ideal. The four young women agreed that open communication, media literacy skills, and values and attitudes based on feminism (Grogan, 2008) would influence positive body image among adolescent females, as well as focusing on body abilities and accomplishments rather than appearances.

## References

- Altabe, M. N., & Thompson, J. K. (1996). Body image: A cognitive self-schema construct?. *Cognitive Therapy and Research*, 20, 171-193.
- Arigo, D., Schumacher, L., & Martin, L. M. (2014). Upward appearance comparison and the development of eating pathology in college women. *International Journal of Eating Disorders*, 47, 1-4.
- American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders* (4th ed). Washington, DC: American Psychiatric Association.
- Barth, F. D. (2014). Eating problems. In A. Gitterman (Ed.), *Handbook of social work practice with vulnerable and resilient populations* (pp. 141-159). New York City, N.Y.: Columbia University Press.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.
- Cash, T. F., & Pruzinsky, T. (2002). *Body image: A handbook of theory, research, and clinical practice*. New York City, N.Y.: The Guilford Press.
- Choate, L. H. (2013). *Eating disorders and obesity: A counselors guide to prevention and treatment*. Alexandria, VA: The American Counseling Association.
- Collins-Donnell, K. (2014). *Banish your body image thief: A cognitive behavioural therapy workbook on building positive body image for young people*. London, UK: Jessica Kingsley Publishers.
- Corbin, J. M., & Strauss, A. L. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (3<sup>rd</sup> ed.). London, UK: Sage Publications.
- Curtis, C., & Loomans, C. (2014). Friends, family and their influence on body image dissatisfaction. *Women's Studies Journal*, 28(2), 39-56.
- Davidson, C., & Tolich, M. (1999). *Social science research in New Zealand: Many paths to understanding*. Auckland, New Zealand: Pearson Prentice Hall.
- Dittmar, H. (2009). How do body perfect ideals in the media have a negative impact on body image and behaviors? Factors and processes related to self and identity. *Journal of Social Clinical Psychology*, 28, 1-8.
- Dittmar, H., & Howard, S. (2004). Thin-ideal internalization and social comparison tendency as moderators of media models' impact on women's body-focused anxiety. *Journal of Social and Clinical Psychology*, 23, 768-791.



- Dohnt, H. K., & Tiggemann, M. (2006). The contribution of peer and media influences to the development of body satisfaction and self-esteem in young girls: A prospective study. *Developmental Psychology*, 42, 929-936.
- Eating Disorders Association of New Zealand. (n.d.). *Statistics*. Retrieved from <http://www.ed.org.nz/index.asp?pageID=2145862939>
- Fallon, A. (1990). Culture in the mirror: Sociocultural determinants of body image. In T. F. Cash & T. Pruzinsky (Eds.), *Body images: Development, deviance, and change*. New York City, NY: The Guilford Press.
- Ferguson, C. J. (2013). In the eye of the beholder: Thin-ideal media affects some, but not most, viewers in a meta-analytic review of body dissatisfaction in women and men. *Psychology of Popular Media Culture*, 2, 20-37.
- Festinger, L. (1954). A theory of social comparison processes. *Human relations*, 7(2), 117-140.
- Fisher, E., Dunn, M., & Thompson, J. K. (2002). Social comparison and body image: An investigation of body comparison processes using multidimensional scaling. *Journal of Social and Clinical Psychology*, 21(5), 566-579.
- Frisen, A., & Gattario, K. H. (2010). What characterises early adolescents with a positive body image? A qualitative investigation of Swedish girls and boys. *Body Image*, 7, 205-212.
- Gattario, K. H., & Frisen, A. (2012). I bet they aren't that perfect in reality: Appearance ideals viewed from the perspective of adolescents with a positive body image. *Journal of Elsevier*, 9, 388-395.
- Gattario, K. H. (2013). *Body image in adolescence: Through the lenses of culture, gender, and positive psychology*. (Doctoral dissertation, University of Gothenburg, Sweden). Retrieved September 16, 2015 from: [https://gupea.ub.gu.se/bitstream/2077/34266/1/gupea\\_2077\\_34266\\_1.pdf](https://gupea.ub.gu.se/bitstream/2077/34266/1/gupea_2077_34266_1.pdf)
- Gattario, K. H., Frisen, A., & Anderson-Fye, E. (2014). Body image and child well-being. In A. Ben-Arieh, F. Casas, & J. E. Korbin (2014), *Handbook of child well-being: Theories, methods, and policies in global perspective*. Retrieved from: [http://link.springer.com / referencework /10.1007%2F978-90-481-9063-8](http://link.springer.com/referencework/10.1007%2F978-90-481-9063-8)
- Gecas, V., & Schwalbe, M. L. (1986). Parental behaviour and adolescent self-esteem. *Journal of Marriage and the Family*, 48, 37-46.
- Gibson, M. (2014). Analysis of social work practice: Foucault and female body image in therapy. *Journal of Social Work Practice: Psychotherapeutic Approaches in Health, Welfare and the Community*, 29(3), 287-299.
- Gluckman, P., Low, F., & Franko, K. (2011). Improving the Transition Reducing Social and Psychological Morbidity During Adolescence: A report from the Prime Minister's Chief Science Advisor. Retrieved

June 1, 2015 from: <http://www.pmcsa.org.nz/wp-content/uploads/Improving-the-Transition-report.pdf>

- Grogan, S. (2008). *Body image: Understanding body dissatisfaction in men, women, and children* (2<sup>nd</sup> ed.). New York City, N.Y. : Routledge.
- Hardit, S. K., & Hannum, J. W. (2012). Attachment, the tripartite influence model, and the development of body dissatisfaction. *Journal of Body Image, 9*, 469-475.
- Heinberg, L. J., & Thompson, J. K. (1995). Body image and televised images of thinness and attractiveness: A controlled laboratory investigation. *Journal of Social and Clinical Psychology, 14*(4), 325-338.
- Jarry, J., & Berardi, K. (2004). Characteristics and effectiveness of stand-alone body image treatments: A review of the empirical literature. *Body Image, 1*(4), 319-333.
- Jones, D. C. (2001). Social comparison and body image: Attractiveness comparisons to models and peers among adolescent girls and boys. *Sex Roles, 45*, 9-10.
- Jones, D. C. (2004). Body image among adolescent girls and boys: A longitudinal study. *Developmental Psychology, 40*, 823-835.
- Kluck, A. S. (2010). Family influence on disordered eating: The role of body image dissatisfaction. *Body image, 7*, 8-14.
- Maxwell, M. A., & Cole, D. A. (2012). Development and initial validation of the adolescent responses to body dissatisfaction measures. *Psychological Assessment, 24*(3), 189-195.
- McCabe, M. P., Fuller-Tyszkiewicz, M., Mellor, D., Ricciardelli, L., Skouteris, H., & Mussap, A. (2011). Body satisfaction among adolescents in eight different countries. *Journal of Health Psychology, 17*(5), 693-701.
- Menzel, J. E., & Levine, M. P. (2011). Embodying experiences and the promotion of positive body image: The example of competitive athletics. In R. M. Calogero, S. Tantleff-Dunn, & J. K. Thompson (Eds.), *Self-objectification in women: Causes, consequences, and counteractions* (163-186). Washington, D.C.: American Psychological Association.
- Miller, E., & Halberstadt, J. (2005). Media consumption, body image and thin ideals in New Zealand men and women. *New Zealand Journal of Psychology, 34*(3), 189-195.
- Murnen, S. K., & Seabrook, R. (2012). Feminist perspectives on body image and physical appearance. *Encyclopaedia of Body Image and Human Appearance, 1*, 438-443.
- Myers, T. A., & Crowther, J. H. (2007). Sociocultural pressures, thin-ideal internalisation, self-objectification, and body dissatisfaction: Could feminist beliefs be a moderating factor?. *Body Image, 4*(3), 296-308.

- National Eating Disorder Association. (2013). *Laxative abuse: Some basic facts*. Retrieved from <https://www.nationaleatingdisorders.org/laxative-abuse-some-basic-facts>
- Norton, K. I., Olds, T. S., Olive, S., & Dank, S. (1996). Ken and Barbie at life size. *Sex Roles, 34*, 287-294.
- Orbach, S. (2010). *Bodies*. New York City, NY: Picador.
- Patton, M. (2002). *Qualitative research and evaluation methods*. Thousand Oaks, CA: Sage Publications.
- Richardson, S. M., & Paxton, S. J. (2010). An evaluation of a body image intervention based on risk factors for body dissatisfaction: A controlled study with adolescent girls. *International Journal of Eating Disorders, 43*, 112-122.
- Rubin, A., & Babbie, E. (2013). *Essential research methods for social work* (3<sup>rd</sup> ed.). Belmont, CA: Brooks/Cole.
- Sheldon, P. (2013). Testing parental and peer communication influence on young adults' body satisfaction. *Southern Communication Journal, 78*(3), 215-232.
- Smith, J. A., & Osborn, M. (2003). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 51–80). London, UK: Sage.
- Snyder, R., & Hasbrouck, L. (1996). Feminist identity, gender traits, and symptoms of disturbed eating among college women. *Psychology of Women's Quarterly, 20*(4), 593-598.
- Sorbol, K., & Darke, P. R. (2014). I'd like to be that attractive, but at least I'm smart: How exposure to ideal advertising models motivates improved decision making. *Journal of Consumer Psychology, 24*(4), 533-540.
- Spitzer, B. L., Henderson, K. A., & Zivian, M. T. (1999). Gender differences in population versus media body sizes: A comparison over four decades. *Sex Roles, 40*(7–8), 545–565.
- Steinberg, L. (1996). *Adolescence* (4<sup>th</sup> ed.). New York City, NY: McGraw-Hill.
- Stice, E., & Shaw, H. (1994). Adverse effects of the media portrayed thin-ideal on women and linkages to bulimic symptomatology. *Journal of Social and Clinical Psychology, 13*(3), 288-308.
- Striegel-Moore, R., & Bulik, C. (2007). Risk factors for eating disorders. *American Psychologist, 62*(3), 181-198.
- Talwar, R., Carter, J. D., & Gleaves, D. H. (2012). New Zealand female body image: What roles do ethnicity and body mass play?. *New Zealand Journal of Psychology, 41*(1), 69-77.
- Tatangelo, G. L., & Ricciardelli, L. A. (2013). A qualitative study of preadolescent boys' and girls' body image: Gendered ideals and sociocultural influences. *Body image, 10*, 591-598.
- Thompson, J. K., & Heinberg, L. J. (1999). The media's influence on body image disturbance and eating disorders: We've reviled them, now can we rehabilitate them?. *Journal of Social Issues, 55*(2), 339-353.

- Thompson, J. K., Heinberg, L. J., Altabe, M. N., & Tantleff-Dunn, S. (1999). *Exacting beauty: Theory, assessment and treatment of body image disturbance*. Washington, D.C.: American Psychological Association.
- Tiggemann, M. (2015). Considerations of positive body image across various social identities and special populations. *Body Image, 14*, 168-176.
- Tiggemann, M., & Miller, J. (2010). The internet and adolescent girl's weight satisfaction and drive for thinness. *Sex roles, 63*, 79-90.
- Treasure, J. (2007). *The female body in mind: The interface between the female body and mental health*. London, UK: Routledge.
- Vogel, A. (2015). Social media and body image: A complicated relationship. *Idea Fitness Journal, 13*(2), 39-44.
- Wertheim, E. H. & Praxton, S. J. (2012). Body image development: adolescent girls. In T. Cash, *Encyclopaedia of Body Image and Human Appearance* (187-193). Waltham, MA: Academic Press.
- Wood-Barcalow, N. L., Tylka, T. L., & Augustus-Horvath, C. L. (2010). But I like my body: Positive body image characteristics and a holistic model for young-adult women. *Body Image, 7*(2), 106-116.
- Worrall, S. M. (2013). Awareness of, degree of knowledge about, and attitudes toward the body image concerns and eating practices of middle-school aged girls: A survey of school social workers. (Doctoral dissertation, University of Pennsylvania). Retrieved September 18, 2015 from [http://repository.upenn.edu/cgi/viewcontent.cgi?article=1050&context=edissertations\\_sp2](http://repository.upenn.edu/cgi/viewcontent.cgi?article=1050&context=edissertations_sp2)

## Appendices

### *Appendix One: Low risk notification letter*

#### MASSEY UNIVERSITY

TE KUNENGA KI PUREHUROA

9 April 2015

Dear Jill

#### **Exploring Young Women's Perspectives on Positive Body Image and Overall Wellbeing**

Thank you for your Low Risk Notification which was received on 25 March 2015.

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

You are reminded that staff researchers and supervisors are fully responsible for ensuring that the information in the low risk notification has met the requirements and guidelines for submission of a low risk notification.

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 Dr Brian Finch, Director (Research Ethics), telephone 06 356 9099, extn 86015, e-mail [humanethics@massey.ac.nz](mailto: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

Brian T Finch (Dr)  
Chair, Human Ethics Chairs' Committee and  
Director (Research Ethics)

## *Appendix Two: Letter to organisations*

To whom it may concern,

My name is Jill Ludlow and I am studying towards a Master of Applied Social Work through Massey University. As part of my study, I wish to undertake research on the exploration of young women's perspectives on positive body image and overall wellbeing.

I am writing to request your assistance to circulate or display the attached flyer within your organisation to seek three potential participants who are (1) female, (2) aged 18-25 years, (3) residing in the Wellington region, (4) has an interest in positive body image and wellbeing, and (5) currently not receiving any treatment for eating disorders, to participate in a one-hour individual interview.

I would be grateful if you would consider displaying the attached flyer within your organisation.

If you have any questions, please contact me.

You can also contact my research supervisor:

Dr Polly Yeung

School of Social Work

Massey University

06-3569099 ext 83514

[P.Yeung@massey.ac.nz](mailto:P.Yeung@massey.ac.nz)

Thank you for your assistance.

Kind Regards,

Jill Ludlow

Student Researcher

*Appendix Three: Participant flyer*

# **Are you interested in positive body image and wellbeing?**

I am a Master of Applied Social Work student at Massey University undertaking a research project.

If you are female aged between 18 and 25 years, interested to share your perspectives on what constitute towards positive body image and how it impacts on wellbeing and are currently not receiving any treatment for eating disorders, you are invited to participate in a one hour individual interviews.

If you are interested in participating or would like further information, please contact: Jill Ludlow



## *Appendix Four: Information sheet*

### Exploring Young Women's Perspectives on Positive Body Image and Overall Wellbeing

#### INFORMATION SHEET

##### **Introduction**

Kia ora/hello, my name is Jill Ludlow and I am currently studying the Master of Applied Social Work (MASW) student at Massey University. As part of my studies, I am undertaking a research project.

##### **Purpose of the study**

Women are often receiving strict messages regarding how one should look, particularly in a Western society. As positive body image is linked to wellbeing, the subtle and constant exposure to ideal body type messages is having a negative impact on our younger generation. The purpose of the research is to explore young women's perspectives of what constitute towards positive body image and examines personal, cultural and structural factors that may influence body image and their impact on overall wellbeing.

##### **Invitation to the study**

I would like to invite three young women aged between 18 and 25 years, residing in the Wellington region, who have an interest in the general issues and factors that contribute to positive body image and wellbeing in today's society, and are currently not receiving any treatment from eating disorders to take part in a one hour individual interview. Priority will be given to the first three individuals who respond and meet the criteria for participation. If you agree to participate in the research, we will discuss a mutually agreed time and venue to conduct the interview. Before the start of the interview, you will be asked to sign a consent form. An interview guide will be given prior to the event via email, outlining topics of discussion. The interview will be digitally recorded and transcribed by me.

Any information will be kept confidential and only I will have access to the data. The recording of the interview will be offered back to you or be deleted upon research completion. Confidentiality is assured as name of individuals, locality and regions will be omitted from the report. On completion of the research, I will email or post you a summary of the findings.

##### **Participants Rights**

You are under no obligation to accept this invitation. If you choose to participate in this study, you will have the right to:

- ✓ Decline to answer any particular interview question
- ✓ Withdraw from this study up until the edited transcription is signed

- ✓ Ask any question relating to this study at any time prior and during participation
- ✓ Provide information in the understanding that your name will not be used for research purposes
- ✓ Be given access to a summary of the project findings once the project is finalised
- ✓ Ask for the recorder to be turned off at any stage in the interview

### Project Contacts

If you have further questions or feel that this research topic has caused you any discomfort, you can contact me, my research supervisor or paper coordinator at the below contact details.

Student Researcher	Research Supervisor	Paper Coordinator
Jill Ludlow	Dr. Polly Yeung School of Social Work Massey University Palmerston North 06 356 9099 xtn 83514 <a href="mailto:p.yeung@massey.ac.nz">p.yeung@massey.ac.nz</a>	Dr. Kathryn Hay School of Social Work Massey University Palmerston North 06 356 9099 xtn 83518 <a href="mailto:k.s.hay@massey.ac.nz">k.s.hay@massey.ac.nz</a>

*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 John O'Neill, Director, Research Ethics, telephone 06 350 5249, email [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz)*

## *Appendix Five: Interview questions*

### Exploring Young Women's Perspectives on Positive Body Image and Overall Wellbeing

#### Semi-structured interview questions:

1. Can you tell me a little bit about yourself? (How old are you? What do you do at the moment – students, working...etc.?)
2. When it comes to body image, what kinds of 'ideal body image' people particularly young women are being exposed to in today's society?
3. Where do you think these 'ideal body images' come from?
4. What effects do you think these 'ideal body images' have on young women these days?
5. Recent research on public health have had concerns over body image and mass media, how do you think advertisement and the media affect women's body image?
6. Does it matter to you if advertisement and medial (including social media) affects body image?
7. When you think of the phrase 'positive body image', what does this mean to you and how do you think this may link with overall wellbeing?
8. What factors or conditions do you think are important to influence positive body image? (For example, what are the positive forces or challenging aspects in promoting positive body image?)
9. Who do you think the responsibilities should lie with promoting positive body image and why? (Prompt: for example, family, friends, fashion industry, government, or advertisement?)

Finally, what are some of the alternative ways or strategies you think that can help adolescents, particularly young women/girls - to re-think about body image that may involve assumptions on beauty, body size and even eating behaviours?

## *Appendix Six: Support information*

Thank you for participating in the interview about exploring young women's perspectives on positive body image and wellbeing. If you think you may need some support or to talk to someone after the interview, I have included some support services here for your reference.

### **Central Regional Eating Disorders Services (CREDS)**

Based in Johnsonville and Lower Hutt, Wellington

Telephone: 04 4616528

Email: [creds@huttvalleydhb.org.nz](mailto:creds@huttvalleydhb.org.nz)

Website: [www.eatingdisorders.org.nz](http://www.eatingdisorders.org.nz)

### **Community Mental Health Services**

Crisis line available 24 hours

Telephone: 0800 800717

### **Samaritans**

Telephone support 24 hours a day

Telephone: 04 473 9739 or 0800 726 666

### **Youthline**

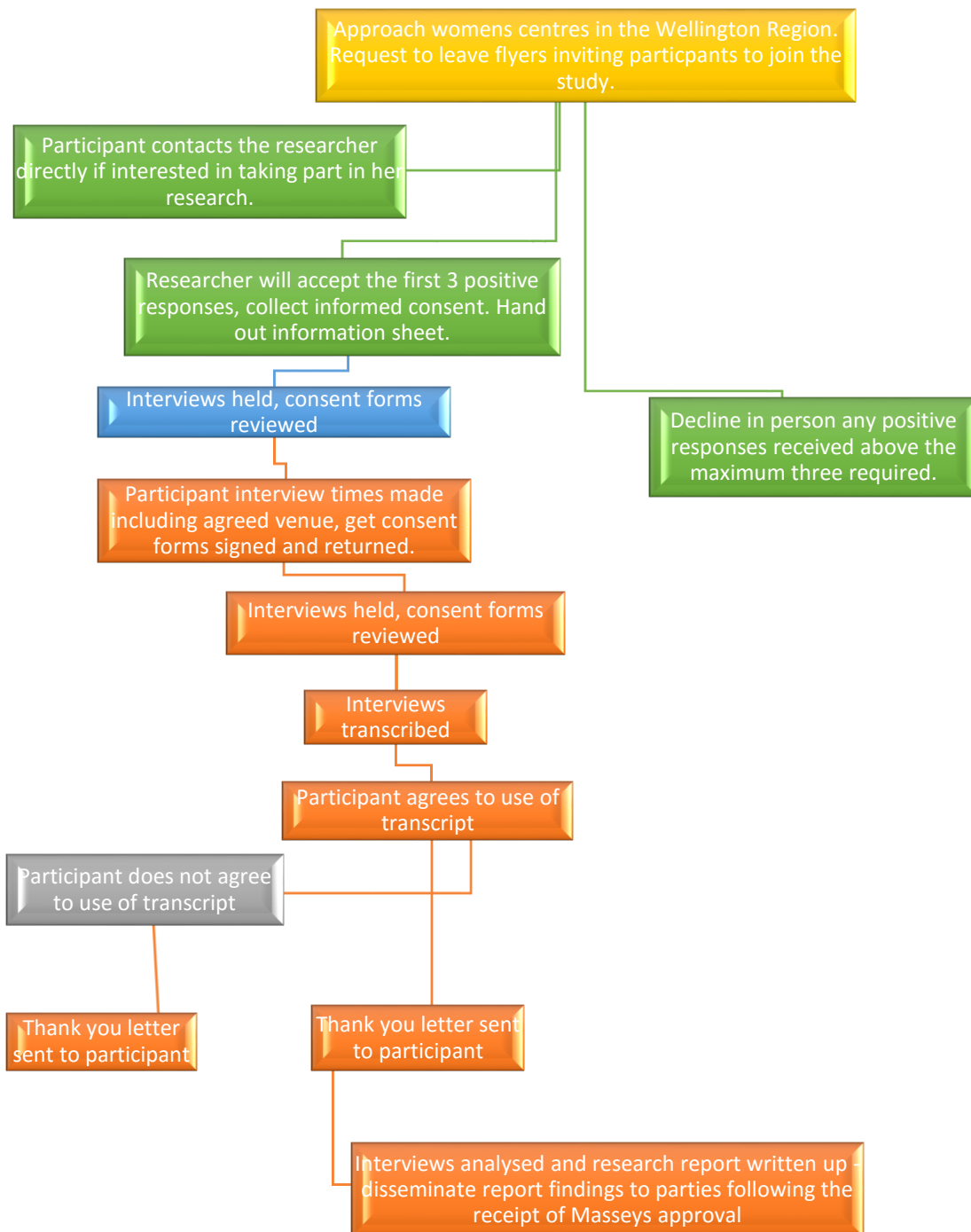
Telephone support for youth

Telephone: 0800 37 66 33

Free Text: 234

Email: [talk@youthline.co.nz](mailto:talk@youthline.co.nz)

## Appendix Seven: Research procedure flow diagram



# **“Learning how to lie before learning how to love”: Experiences of Chinese migrant gay men in Auckland**

A research report presented in partial fulfilment of the requirements of the  
Degree of  
Master of Applied Social Work  
at Massey University, Albany  
New Zealand

Li-Chieh LO

2015

## Abstract

The purpose of this paper is to understand how living in the Western context of Auckland has had an impact on Chinese gay men's' sexual identity. In-depth interviews were conducted with six Chinese men who self-identified as gay. They have been living in New Zealand between two to five years. This research was underpinned by life course theory to understand the process of sexual identity development, the relationship to the environment, and personal choices. The importance of traditional Confucian values and the influences of the collective society emerged in the interviews as central themes. These factors all have a significant impact on their sexual identity development and associated behaviours. Linked with identity development are mental health and possible risk taking behaviours. The findings from this work pointed to the value of further research for gay men who have migrated to Auckland. This research might include a larger sample size of new settler Chinese men, rural internal migrants to urban areas, both Maori and Pacific Islanders as minority groups with collective values, and refugees from overseas.

## Acknowledgement

Sincere thanks to my supervisor Mark Henrickson who encouraged me in my research and also my personal growth.



## Chapter One: Introduction

### *Background*

I grew up in a relatively small city and rather traditional society in Taiwan. It was a place where same sex behaviour was considered disgusting and constantly stigmatised on television. The first time I realized my difference with my peers, I was horrified and kept the secret to myself. One day, one of my relatives lost his mind and ended up in hospital with mental health issues. I came to understand that the reason for the incident was because his secret boyfriend was going to get married. After that I decided that Taiwan was not a place I would like to stay and I had to run away. I had watched a lot of gay movies over time in order to understand my differences. I discovered that a gay community existed in some parts of the western world. Years later, I moved to Auckland and was able to embrace my identity slowly.

Not long ago, some of my Chinese gay friends disclosed they were still in the closet even after living in Auckland for a long time. The status of being in an ethnic minority and in a sexual identity minority had actually led them to become socially isolated. I realized that simply moving to a relatively gay friendly society in a western context had not automatically been a solution for the development of their sexual identities.

This research attempts to understand how sexual identity is impacted after Chinese gay men have moved to Auckland. It is a qualitative piece of research. Six men were interviewed. This understanding may be useful for social workers and others who provide support to these men as they adapt to life in Auckland.

There has been a huge increase in the Asian population of New Zealand in the past decade from the total population of 6.6 percent in 2001 up to 11.8 percent in 2013. According to the New Zealand census in 2013, the report indicated that the Chinese population remained the largest Asian ethnic group reaching 36.3 percent. In the Auckland region, “1 in 4 people (23.1 percent or 307,233 people) was identified with one or more Asian ethnic groups” (Statistics New Zealand, 2014). Auckland has become one of the most popular destinations for the Chinese. It is reasonable to assume there has been an increase of gay Chinese men here based on the general population increase. (Gathering exact

data on this is not yet possible because Statistics NZ does not gather this data on the census or in the General Social Survey).

In the second chapter, the researcher will examine the available literature for this area. Main areas of literature included the importance of traditional Confucian values and some of the theories underlying the research. These included psychosexual identity development, essentialism, social constructivism, and life course theory.

In Chapter three, the research methods and theoretical frameworks will then be considered. Selection of the participants through snowballing approaches and a narrative discourse with six participants is described. The methodology is underpinned by life course theory as reviewed in the previous chapter.

Themes will be developed as they have emerged from the participants' stories in chapter four. The major themes range from awareness of identity and management of identity to integration into Auckland as gay men of Chinese origin.

A discussion of the findings then follows in chapter five. The importance of collectivism and the gay friendly environment and their impact on identity development is the focus of this chapter.

The research report then concludes with some recommendations for further research into the development of sexual identity for other sexual minority migrants.

## Chapter Two: Literature review

### *Introduction*

This chapter presents a review of the literature on the following topics: the first section examines the construction of gay identity, in particular the psychosocial aspects of identity development; the second section explores essentialism, social constructivism, and then life course theory. Chinese traditional values and the impact on sexual identity are then examined. Finally, the researcher considers the literature with regards to migrant experiences of their sexual identities.

### *The development of gay identity*

Various theories tend to provide a better understanding on how gay identity is developed. The main theories the researcher found relevant were the Cass identity development model, essentialism, social constructivism, and life course theory.

### *Cass identity development model*

While individuals are confused with the development of their sexual identity, Cass (1979, 1984) provides a model of positive gay identity development composed of six progressive stages to explain gay identity with a psychological perspective. The six-stage process is one of the well-known models that illustrate the development of gay identity. According to Cass (1996, p. 231), "Identity formation begins when someone first considers the possibility that the Western indigenous concept of homosexuality may be relevant to self". In the end, the private sexuality identity and the public social identity are integrated through the disclosure of gay identity (Cass, 1979).

Cass' model is underpinned by interpersonal congruency theory. It is based on "the assumption that stability and change in human behaviour are dependent on the congruency or incongruency [sic] ... that exists within an individual's interpersonal environment" (1979, p. 220). In the developmental process movement men's, women's, and transsexual's experiences are varied. So the feeling of incongruence may lead an individual to think thoroughly about his "feelings, thoughts and behaviours" (reference?).

Cass (1979) proposes the six stage model “that all individuals move through in order to acquire an identity of ‘homosexual’ fully integrated within the individual’s overall concept of self” (p. 220). Gay identity corresponds to how individuals would prefer to define themselves and not how others identify them. It is a self-concept with regards to their emotions, behaviours, and attraction towards others. A stronger self-concept is related to less sexual identity confusion, higher self-esteem, and a lower chance of depressive symptoms (Feinstein, Davila, & Yoneda, 2012; Fingerhut, Peplau, & Gable, 2010). The six stages proposed by Cass’ model are as follows:

- Pre-stage one: Before the concept of gay identity, individuals formed the understanding of themselves through the sociocultural setting they perceived. They considered their sexual orientation in relation to the heterosexual group to which they believed they belonged. Meanwhile, they understood homosexuality was stigmatized and unacceptable while heterosexuality was desirable and was viewed as the norm by the majority.
- Stage one: Identity confusion is the stage where an individual has the feeling of being different from the dominant heterosexual norm and it may be accompanied by a growing sense of personal alienation.
- Stage two: Identity comparison is a stage where “individuals [express] the first tentative shift towards a homosexual, lesbian, or gay account of themselves” (Cass, 1996, p. 236). However, there are two possible outcomes: some may accept the possible gay orientation (“I may be a gay male”) while others may completely deny it.
- Stage three: The stage of identity tolerance: “I probably am a lesbian/gay man” (Cass, 1996, p. 240). People at this stage are starting to feel positive about their sexual identity. They may acknowledge this gay male identity but merely tolerate rather than fully accept it. However, at this stage, individuals are more likely to interact with other people who are coming from gay communities.
- Stage four: The stage of identity acceptance. At this stage, the individual’s interactions with gay males continue and increase and he starts to form friendships within the gay community. The individual establishes a clear perception of self. “For many people this stage is characterized by a sense of peace and fulfilment” (Cass, 1996, p. 245). At this stage, individuals start to reveal their gay identity to those whom they believe are supportive.

- Stage five: Identity pride. The awareness of the incongruity between the increase of self-acceptance as a gay male and rejection of this concept in society both exist in the individual's mind. At this stage, the individual establishes a better connection with the gay community and expresses feelings of pride, loyalty and companionship toward gay male identity.
- Stage six: Identity synthesis. At this stage, the individual's personal and public gay identities are synthesized into one image and he is able to integrate his gay identity with other aspects of self. The idea of "them and us" (a positive view of homosexuals and a negative view of heterosexuals) is too rigid and inaccurate; however, the positive experiences from heterosexual attitude have eased the feeling of anger and pride. In the final stage, the inner psychological experiences of gay identity could be strengthened after interacting with others as openly gay. "There is a sense of belonging to the world at large and of being 'more than just a lesbian or gay man'" (Cass, 1996, p. 247).

Cass (1979) points out that sexual identity development is not linear, it can switch from one stage to another. She believes that to become a homosexual in complete congruence with the society is nearly impossible because society is full of messages about the normalcy of heterosexuality. However, she does believe that individuals can minimise this incongruence and make it become controllable.

### *Essentialism*

Essentialists' core belief is that sexual orientation is an unchanging internal quality of people. Yost and Hunter (2012) believe that gay identity is initiated internally within individuals. It is a person's nature based on the consideration of their sexual story. This story is the essential truth and a person "constructs oneself as an essential biographic object in social and historical context" (p. 245). That is why the essentialist believes that the essential aspect of self in sexual identity is the premise of individual's gay identity development (Yost & Hunter, 2012).

Viewing sexual orientation as a solely biological aspect proved problematic and too rigid for many researchers of sexual identity issues (source?). Subsequently, it emerged as an alternative approach.

### *Social constructivism*

Social construction believes that sexual orientation is affected by the cultural environment and the time periods in which people exist. The individual's identity may be influenced by the interaction with the environment they have encountered.

Hill and Thomas (2002, p. 4) suggest that "identity refers to social constructions that are self-definitions or labels from others appropriated by one-self. Identity includes both personal membership in groups and affiliations with groups". Individual would negotiate their sexual identity according to the environment, traditional values and beliefs (Ho & Tsang, 2012; Hu & Wang, 2013; Jaspal, 2014; Koo et al., 2014; Li, Holroyd, & Lau, 2010; Lin & Hudley, 2009; Smith, 2012).

There has emerged what appears to be an extension of the nature/nurture debate around the formation of sexual identity. Both theories have their strengths and deficits. As Hammack (2005, p. 274) states, "the polarizing dichotomy between essentialism and constructionism must be rejected". In order for a more complete and integrated approach, Hammack then developed life course theory.

### *Life course theory*

The new paradigm of life course theory seems to provide a better explanation to allow for the experiences of all men and all women.

There are three main concepts of the life course theory model noted (Hammack, 2005). Firstly, the biological foundation from which sexual desire emerges. Secondly, "social ecology ... creates the context in which internal and external spheres of experience collide to lay the foundation for personal identity" (p. 281). Thirdly, from the collation of an internal sense of self, the individual moves to choose their behaviours and associated identity. Hammack (2005, p. 282) refers to the role of personal agency or decision making independent of both biology and social context.

For the purpose of this research, all three factors named above seem relevant in seeking to understand the experiences of the Chinese gay male immigrants in a new social setting.

### *Chinese traditional values*

Through a thousand years of Chinese traditional culture, Confucian philosophy has influenced the cultures of China and other Asian countries such as Japan, Korea, Vietnam, and still has a major influence on a lot of Asians, including those who left their country of origin to establish themselves in countries of different traditions, such as western countries. In a Chinese culture based on Confucian philosophy (儒學 *ruxue*, the school of the scholars), the family is considered a basic unit, and for Confucius, society is more important than the individuals and the family comes before the person. Each person is conceived as being in a dependent relationship with others and society is based on hierarchical relationships. Chou (2001) explains how people's interactions are based on the concept of human relationships (人倫 *renlun*), that he presents as family-kin human relationship, to help them identify themselves in social networks. Family is emphasised as the basic unit in the society. Individuals are expected to obey their parents and respect their ancestors and follow their paths. As a result, a person's decision is sometimes not made on their own. An individual's needs are under the family's control and may sometimes be ignored.

The way an individual must behave is defined by five fundamental relationships (五倫 *wulun*). These relationships are those between father and son (parent-children), prince (ruler) and subjects, husband and wife, elder brother and younger brother, and friend and friend. They imply certain duties on each side of the relationship which correspond to certain virtues, the most important duties being those of a son toward his father corresponding to the virtue of filial piety (孝 *xiao*) from which all other virtues of Confucian morale derive. The Chinese proverb “百行孝為先”, which can be translated as “filial piety is one of the virtues to be held above all else”, illustrates how this philosophy has been transmitted for thousands of years to the present day in Chinese people's mind. Through the virtue of filial piety, the individual is tied to his parents and ancestors, particularly male individuals who are expected to pass on family traditions and carry on the bloodline through marriage and the production of offspring to ensure the family's survival. Thus Confucius said: “不孝有三 · 無後為大” (There are three forms of unfilial conduct, of which the worst is to have no descendants). This shows how, in Chinese traditional culture, getting married and having children to establish a family and pass on the bloodline is extremely important.

In traditional Chinese culture and belief, men are expected to act in a masculine way. Asian gay men have been well documented as being under a lot of pressure with regards to their sexual identity. The complex situation of traditional culture, familial values, and the social environment has an impact on Asian gay men's emotional and psychological well-being (Feinstein, Davila, & Yoneda, 2012; Han, 2010). Dong and Lee (2007) believe that the concept of face in Chinese society plays a role in the fact that men attach importance to masculinity. That is why people are often socialized in a way which is more recognized by the majority (Ho & Wong, 2006). Chinese people are growing up in a male-dominant culture and the genders' roles are well-defined (Goodwin & Tang, 1996). Men are expected to maintain the family harmony and carry on the family bloodline through marriage. Therefore, most Chinese gay men experience a conflict between their sexual identity and the norms of their society. In their survey of Chinese gay men in Guangzhou, Li, Holroyd, and Lau (2010, p. 401) observed that, "the factors found to inform sexual identity were: the cultural imperative of heterosexual marriage, normative family obligations, desired gender roles, emotional experiences and a need for social belonging".

Pressure from parents puts a lot of stress on Chinese gay men. Some decide to seek secret same sex activities to satisfy their sexual desire while maintaining family harmony by staying in the mainstream of Chinese heterosexual society (Koo et al., 2014; Li, Holroyd, & Lau, 2010). Others believe that living away from home can increase their autonomy and allow them to develop their own private space to explore their sexual identity (Smith, 2012). This can be illustrated by the phrase "天高皇帝遠" (The Emperor is as far away as the sky) which is one of the most common phrases Chinese people use to describe distance from authority and power. As mentioned above, filial piety is deeply rooted in most of the people who grew up with Chinese traditional values. This expectation that they must obey their parents encourages some of them to decide to live far away from home or their community and also away from these traditions. Chapman, Cai, Hillier, and Estcourt (2009) observed that Chinese men are going to Shenzhen – the city which is culturally in between the East and the West – to explore a life style different from the mainstream heterosexual society "including a substantial population of migrant men who regularly or occasionally have sex with other men" (p. 689). Yang, Derlega, and Luo (2007) indicate that behaviour changes may be caused by the absence of social control due to "migrant's detachment from family and home community" (p. 14). This is one of the reasons why most Chinese gay men are able to embrace their gay identity more easily even though they are still holding the traditional values when they live away from their family.



### *Migrant experiences and sexual identity*

The researcher understood the situation of being a gay man in the Chinese world. His experiences of the differences and looking for explanations to make sense of the experiences were similar to what have been described by the Cass sexual development model. However, when the researcher was looking for information, the movies “The Wedding Banquet” and “Maurice” helped him to realize that same-sex relationships could exist and did exist in the western context. Since then he has moved to, and enjoyed the freedom of being a gay man in the western context of New Zealand. This desire for Chinese gay men to move to western ‘freedom’ has been documented as the researcher named below.

The apparent liberal attitudes around sexuality in the U.S.A. attracted individuals to come to pursue their sexual identity there (Hahm & Adkins, 2009). A greater freedom of being a homosexual in the UK was also noticeable (Anderson et al., 2009). For some, the liberal environment helped Chinese men to be able to embrace their sexual identity. For others, acceptance of their identity in a new environment became more of a challenge (Quach, Todd, Willis Hepp, & Doneker Mancini, 2013). The researcher will expand on these challenges as named in the literature.

Acculturation and adjustment can occur if it is the intention of the new migrant. (McClure, 2007; McKeown, Nelson, Anderson, Low, & Elford, 2010). This is especially so in the development of sexual identity. While forming their sexual identity, ethnic minorities have to manage both their traditional values and norms as well as the culture to which they have immigrated (Hammack, 2005). The liberal atmosphere in the western culture and the traditional philosophy of the Chinese values may clash. The individuals who have a strong connection with the traditional values and beliefs derived from their country of origin (and still value the notion of creating a traditional family) may struggle to accept their sexual identity (Hahm & Adkins, 2009). “These psychosocial pressures and obstacles to identity development likely stem in part from traditions and generations of beliefs about homosexuality” (Barbosa, Torres, Silva, & Khan, 2010, p. 103).

The environment in which the individual was socialized plays a significant role in the development of sexual identity (McKeown, Nelson, Anderson, Low, & Elford, 2010; Quach, Todd, Willis Hepp, & Doneker Mancini, 2013). However, varied literature indicates that the combination of racial and sexual

differences makes it more complex in sexual development. While learning about the dominant host culture, an individual may encounter a predominantly white environment. The individual experiences being in a double minority (Chung & Szymanski, 2006; McKeown, Nelson, Anderson, Low, & Elford, 2010). In this situation, the experiences of discrimination as a minority ethnic group as well as sexual minority group may cause mental illness and hinder their sexual identity development.

There is little literature with regards to migrant Chinese gay men's sexual identity development in the context of New Zealand. This particular piece of research sought to contribute to filling the gap of needed understanding for the Chinese group and the development of their sexual identities. The next chapter will describe the methodology used to respond to this question

## Chapter Three: Methodology

### *Introduction: Context of the research*

The purpose of this research is to discover how living in the western environment of Auckland has an impact on new migrant Chinese gay men's sexual identities. In order to answer this question, the researcher chose life course theory to underpin this research.

Essentialism was considered as an underlying theory by the researcher. Its focus is that sexual orientation is an unchanging internal quality of people. The researcher rejected essentialism because this research was focused on the identity and the possible change around sexual identity.

The researcher was initially tempted to utilise social construction theory to underpin the research. However, more recent methodology suggests a more suitable paradigm for this research. The life course theory integrates both essential and social construction theories "A life course perspective ... assumes the possible validity of both perspectives" (Hammack, 2005, p. 274).

The valid component of essentialism in this research would relate to the fact that the participants have arrived in Auckland with a biological identity already established in China and there is no change to this fact. The valid component of social constructivism would relate to how the social context in China and Auckland might have impacted or made changes to sexual identity.

According to Hammack (2005, p. 269), "Life course theory ... acknowledges the dialectical process between internal and external, biology and culture, person and society." The researcher acknowledged his own experiences with regards to sexual orientation and sexual identity. His early recognition of same-sex orientation emerging acceptance over time and in different social contexts seemed to fit essentialist theory. Hammack (2005) refers to possible gender differences and how male and female experiences seem to fit essentialism and social constructionism differently. The researcher realised that in order to avoid bias from his own experiences, he would need to use a theory that could embrace both paradigms.

The researcher wanted to acknowledge sexual identity of the participants had been formed by both internal and external forces. That is the reason that life course theory became more appropriate for this research.

As a relatively recent settler in Auckland from Taiwan, the researcher was aware of his position in this research. His own experiences with identity did seem to be affected and vary when he relocated. Through his life history experiences, he sensed his gay identity and looked for the explanation of this identity. He was able to understand the meaning and accept the sense of self; however, the social context did not allow him to fully embrace this gay identity. When the researcher moved to Auckland, he experienced friendly gay environments and positive interaction with others. This enabled him to accept his gay identity. There was now consistency between his internal and external self.

The researcher explored the sense making of the participants through the data he collected. This was then discussed in order to develop a clearer understanding of the participants' experiences.

### *Recruitment of the participants*

Purposive sampling and snowball sampling strategies were used to select Chinese migrant gay male participants. The purposive sampling strategy intended to identify the individual who has a specific knowledge or experience in the interested phenomenon (Cresswell & Plano Clark, 2011). After that, a snowball strategy was applied to ask the participant to recommend someone they may know (Schutt, 2011). Apart from that, the advantage of the snowball strategy is that it is easier to reach or identify the participants who are normally hard to reach (Handcock & Gile, 2011). Participants had to fit the following categories: (1) be a migrant to New Zealand from countries of Chinese culture and language, such as China, Taiwan, or Singapore, and which have been influenced by traditional Confucian values, beliefs, and norms; (2) identify themselves as gay men; (3) have lived in New Zealand for at least more than two years and less than five. The rationale behind the selection of this duration was that they should not have stayed in New Zealand for such a long period that they could have discarded behaviours and ideas informed by traditional Confucian values of their society of origin. At the same time, they should have stayed in New Zealand and been separated from their family and society of origin long enough to start being influenced by the values of their host country.

A recruitment strategy was applied using the following methods: (1) the researcher contacted his personal network to inform them about the idea of the research. He then asked them to inquire about potential participants who would like to attend the interview. (2) The researcher asked people from gay community groups, such as gay sporting groups, if they would be able to transmit information about this study to their team members. (3) A non-probability snowball sampling strategy was also used to ask participants to recruit additional participants. Sadler, Lee, Lim, and Fullerton (2010) suggest that using snowball sampling may increase the opportunity to recruit a target group to talk with the researcher due to the “cultural competence and the inherent trust it engenders among potential participants” (p. 370).

In the end, six participants meeting the requirements detailed above contacted the researcher, expressed an interest in the project and eventually took part in the project. They were all from the People’s Republic of China.

### *Ethical considerations*

As gay men in a society where heterosexuality is the norm (heteronormative society) are a minority group, they may also be considered as a vulnerable group. Chinese gay men in a mainstream white gay culture may be considered as living as a minority of minorities, and possibly even more vulnerable. Therefore, ethical aspects of the research and its impact had to be taken into consideration. A human ethics application was submitted to and approved by the Massey University Human Ethics Committee before the project began. Particular attention was paid to the participants’ confidentiality as will be explored below.

The research questions raise two aspects to explore with regards to an individual’s sexual identity: (1) Traditional values which the participants have carried since they were brought up, and (2) the Western environment that participants have encountered and which may have influenced their sexual identity. Each of these aspects may cause ethical issues throughout the interviews. Several of these issues were considered. Discussing traditional values and family dynamics may trigger an unexpected dilemma. As mentioned in the literature review, the family is the basic unit within the traditional Chinese community, and parents traditionally make decisions for their children. Therefore, a minoritised and individualised sexual identity, one different from the parents’ or the community’s expectations may become a challenge for traditional parents. This exposure to the interviewer may make participants

who attended this study feel uncomfortable when answering questions or discussing some issues. Secondly, the Asian community is relatively small in Auckland; consequently, confidentiality for research participants is absolutely essential. To ensure this confidentiality, all the information was stored and password locked and used only for research purposes. The confidentiality of the participants was further guaranteed through the use of pseudonyms. Resources were available for participants who felt distressed by the interview; however, none of them felt the need to use them.

### *Participant selection and interviews*

An information sheet in Chinese was provided to potential participants in advance of the interview in order for them to fully understand the reasons for conducting the research. The confidentiality of the participants' identities could have involved a high level of concern. Because of this, a written consent form was provided to the participants before the interviews. Participants selected a pseudonym which has been used throughout the project.

A face to face interview was conducted and transcribed by the researcher in Mandarin Chinese, this language being the mother tongue of both the interviewees and the researcher. This allowed all the participants to fully express their ideas and feelings. The main reason for the use of interviewees' mother tongue was to avoid communication problems and improve expression of culturally bound concepts. As Filep (2009, p. 69) explains, "the words and phrases, jokes and proverbs that carry [the cultural meaning and/or the cultural or national concepts a specific language carries] often do not have an exact equivalent in another language." He adds, "Not only language competence, but also historical, cultural and societal knowledge about the context in focus can prevent 'communication problems' or even conflictual (interview) situations" (p. 69).

One of the criteria for the selection of participants was that they should have a certain level of English reading proficiency so that they could, in the end, review the transcription of their interview and give their consent. The researcher took the word of the participants about their language proficiency. All the participants selected declared that they had studied English in their country of origin and have either been studying or working in New Zealand for more than one year. In order to study in a New Zealand university, four of the participants had to provide evidence to their universities of proficiency in English, certified by an IELTS certificate at level six or above. One of the participants attended a school entrance English exam and has been studying for nearly two years in New Zealand. As for the

other participant who had not attended university in New Zealand, he had been working in an entirely English speaking environment for more than three years and obtained a TOEFL score of 110 out of 120. Both the information sheet and the consent form were provided in English and the researcher made sure that the participants clearly understood their content, which provided an indirect way of checking that their reading proficiency level met the research requirements.

The reason for the required English proficiency was that the interviews would be then translated into English for transcription and sent to the participants for confirmation of accuracy. There needed to be some assurance of their ability to understand fully the English transcripts. If participants requested a copy of the findings, a summary of the findings was provided to them by email. Two of the participants did make such a request.

### *Data collection*

The interviews took place at a mutually agreed public place, such as a public library or campus setting. In recognition of their time, a \$15 movie voucher was offered to participants following the completion of the interview, regardless of whether the participant allowed their interview to be included in the project or not. None of them withdrew from the project.

Interviews were recorded with each participant's permission. Because the purpose of the research was to explore participant's lived experiences in New Zealand, a narrative approach was employed, gathering a life history.

Life course theory is characterised as the combination of the individual's biological, social context, history, and experiences to describe the development of sexual identity (Hammack, 2005). In this research, the researcher explored the participants' experience of realising the differences compared to the environment in which they lived. There is further exploration of their perspectives around the value and beliefs in their upbringing. Finally, the researcher enquired about the influences of living in the western context of Auckland on their sexual identity. Data collection was based on life course theory in order to have a better understanding of their sexual identity development.

### *Data Analysis*

All interviews were recorded and transcribed for analysis. The researcher first transcribed the details of the narrative then sent it to participants for confirmation and agreement on the content. Thematic analysis was applied to the data collected in this qualitative research. As Braun and Clarke (2006, p. 6) explain, “thematic analysis is a method for identifying, analysing, and reporting patterns (themes) within data”. Thematic analysis is characterized by an exclusive focus on content: “All narrative inquiry is ... concerned with content— “what” is said, written, or visually shown—but in thematic analysis, content is the exclusive focus” (Riessman, 2007, p. 53). Thus, during the data analysis, the researcher focused on the stories told by participants, identifying and analysing the data presenting interesting aspects in relation to the research and bringing out the repeated patterns (themes). The following chapter will present and analyse this data, and explore the themes which emerged.



## Chapter Four: Findings

### *Introduction*

In this section, I present the results of interviews that were conducted with six men from the People's Republic of China who have currently been residing in Auckland for more than two years. These men identified themselves as gay. The interviews involved a guided narrative process which aimed to explore how the participants perceived themselves as Chinese gay men, and whether living in New Zealand had an impact on how they identified themselves. This chapter introduces the participants, and then explores key themes that emerged from the interviews.

The following issues were explored: firstly, the respondents' awareness of their identity, in which they were asked when they discovered they were not heterosexual and how they felt when they realized they were different from others. Secondly, how they managed their sexual identity. The interviewees were asked how they identified themselves here in terms of their sexual orientation. With regards to identifying themselves, this would be to all groups of friends and acknowledged that all families were back in China. The final issue aimed to discover their impression of their experience being a Chinese gay man in Auckland.

### *Participant Portraits*

Each of the six participants who took part in the interviews was the only child in their family due to the one child policy in China. They had all obtained at least an undergraduate degree, two participants were students, and four of them were currently working in Auckland. Participants all chose pseudonyms which are used throughout this report. Each participant is introduced briefly below.

Armstrong was born in the late 1980s in Yichang, in the Hubei province of China. He arrived in New Zealand three years ago. He is the only child in his family and has cousins around his age. When he was in China, he had already told some of his friends that he was gay. He did not feel strange when he realized that he liked boys instead of girls. Due to the fast growth of the Internet, he started checking information online and discovered that there were a lot of other people who identified themselves as gay men. He mentioned that the general perception of homosexuals in China is that they generally are effeminate. Therefore, he felt he had to be strong and behave in a masculine way.

Tom was born in the late 1980s in Beijing and has been living in New Zealand for more than three years. He said he comes from a well-educated family and mentioned most of his cousins are single, which is really uncommon in China where people usually get married at an early age. Tom's mother is really supportive, in his opinion; he believes that his mother already knows he is gay. "A mother knows everything about her child, one day my mother talked to me and said she did not care who I would like to be with in the future as long as I am happy." In China, he heard someone say gay people were disgusting but he did not dare to defend the gay cause because he was afraid people would see him as a different species. He mentioned he did not have anyone to talk with when he was a senior high school student and felt like he was the only gay in the school.

Jack was born in the Shandong province of China and now is 31 years old. He arrived in New Zealand in 2011. He said he used to hope that he was at least bisexual so that he could go out with both men and women. He says a normal man should date girls: "At least I have to behave normally in front of my parents, which means I need to date girls". His father always taught him how to be a man and to date girls. "Many times, I felt dating a woman was like completing a task. I know I have to do it, but I don't want to". Jack said he will just keep lying and live a double life in order to make people feel he is normal.

Thirty-two-year-old Mike was born in the Hunan province of China and has been living in New Zealand more than two years. Mike said he was always an independent child because his parents were always working, and therefore Mike needed to look after himself most of the time. When Mike turned 18 years old, he became open about his gay identity so most of his friends would tell him: "It's not good, you need to find a girl, you were just curious" to explain his homosexuality, or "what will you do in the future, how will you tell your parents? They will be sad". Mike explained his more open sexual identity occurred as a result of his being more independent from an earlier age. He said: "if a friend says bad things about gays, I will argue with him and try to let him know he's wrong. If he is not happy with that, he can stop being friends with me. It's ok if we no longer see each other afterwards".

Howard was born in Jiangxi province of China in the late 1980s. Howard reported that he had lived in Auckland for over three years. When Howard was a child, he said he was really introverted and not talkative. People would tell his parents that he did not behave like a boy but more like a girl than like

a man. He had a rather unpleasant experience at an early age. When he was a child, he grew up in a Military Community (眷村). His father was always not home, and he was surrounded by girls. The first time he had a chance to choose a gift (around six or seven), he chose a doll. This was because that was the toy he was familiar with when he was a child. Such were his behaviours that, he said, “some people would say I was disgusting or that I should be born as a girl”. Even so, Howard kept his secret and did not tell anyone that he liked men before leaving China. We did not explore issues of perceived masculinity or femininity in relationship to gay identity.

Kent was born in the early 1980s in Shanghai. He indicated that he had been in New Zealand for three and a half years. He was the only participant whose parents knew he was gay when he was in China. Although his parents knew Kent was gay, his parents still had a hope Kent would get married and become “normal”. He was always a top student in his class in China and said that he acquired all his knowledge through books or movies. When he realized he was different from others, Kent started to share his feeling with his classmates. Furthermore, Kent would bring his male partner with him to attend social events with friends. In Kent’s mind, most of his friends accepted them without any difficulties. Kent mentioned most of his friends or colleagues had studied abroad and had overseas experiences, which was one of the reasons that they did not consider being gay as a problem.

### *Themes of the research*

The main objective of this research was to discover how living in New Zealand has had an impact on Chinese gay men’s identity. The data related to this objective could be subdivided into four themes that have a strong influence on their sexual identity.

- Theme 1: Awareness of sexual identity;
- Theme 2: Responsibilities of a Chinese man
- Theme 3: Management of identity in New Zealand;
- Theme 4: Integration in Auckland as gay men of Chinese origin. In this last theme, it was important for participants to explore whether they felt more at home in New Zealand (Western) society, or in traditional society of People’s Republic of China. Did they now belong to New Zealand society or still belong more to Chinese society?

### *Theme 1: awareness of sexual identity*

Based on the six stages of (gay) identity development identified by Cass (1979), homosexuals at some point of their life start to have the awareness that they are different from the others. They might look at the environment they are living in to find out clues. Parents, friends, and communities provide information that might help understand their differences. They might question what the identity they are facing is and why it is different from others. They may then accept the identity they feel comfortable with. The interviewees shared their experiences about the moment when they became aware of these differences.

*When I was in the class surrounded by my classmates, I looked through the window and looked at the pedestrians on the road. I felt lonely and felt I belonged to a different species, I believed I was the only gay in the whole school (Tom).*

*I already knew there were gays out there in the world, so that I knew I was not the only one and I might be gay too (Armstrong).*

*I think that is different from what most people believe. I think it's normal but most people do not think it is. That is why I did not tell anyone at school and I never met gay people in the school (Jack).*

*I did not tell anyone I like boys before I left China and went abroad. I understand it is impossible to have a relationship with boys, it is different from normal. If I tell them, then they will think I am not normal (Howard).*

*I realised that some of the things that had happened in my life suddenly made sense because I liked boys (Kent).*

*I particularly like good looking boys. I realised that I had sexual desires towards boys and stopped liking girls. It was around 18 years old, I felt I was mature and became an adult (Mike).*

From these quotations, it is evident that each participant experienced and remembered an important, pivotal moment of understanding that they were not the same as their peers. Furthermore, they implicitly understood that their difference was stigmatised and not accepted by their friends and families as normal. Each has responded to this self-awareness slightly differently but each recalled the moment as important. Four of the participants kept the information to themselves because of the realisation this awareness was stigmatised, was not generally acceptable, while the other two shared with peers.

### *Theme 2: Responsibilities of a Chinese man*

Huang and Gove (2012) mention that one of the central concepts of Confucianism emphasises the importance of family hierarchy system and family harmony. Family is the centre of an individual's life. Every individual has a role clearly defined by Confucian philosophy. Yeh and Bedford (2003) consider that filial piety is the central concept in Confucianism and that the sons are expected to respect their parents, to obey parents' order and achieve parents' expectations.

*‘不孝有三，無後為大’-There are three forms of unfilial conduct, of which the worst is to have no descendants’. I have been expected to have a child to pass on the bloodline since I was really young, because I am the only boy in the family (Howard).*

*My mother is getting older, so I have the responsibility to comfort her or look after her in the future. Furthermore, we normally have the concept of looking after the next generation so they can take care of us when we get old. Most of my classmates did that. My mother hopes I will have children who can look after me when I get old (Tom).*

*My father always tells me, ‘You will have a child in the future and as a man, you need to take responsibilities for the family’ (Jack).*

*I do not need to look after my father in the future. I believe he might be able to take care of himself. However, if one day he gets sick, then it is my responsibility to look after him. Sometimes I do worry, if I don't have a child who is going to look after me in the future? (Mike)*

*I feel that my parents just want to have grandchildren, no matter I am with a man or a woman, they do not care about that. I feel they have the responsibility to pass on the bloodline and it cannot stop with me. (Armstrong)*

*It is a thousand years of traditional thinking; people would like to pass on their blood line. Especially, Chinese people would like to have a child to look after them when they grow old (Kent).*

Several respondents talked about their responsibilities of being men in their families. They reflected their concerns that they were disappointing their parents. A major reason named for disappointing the parents was that the blood line would not be carried on by their (only) son to produce grandchildren.

A second challenge for participants related to obedience. In traditional Confucius values, filial piety means the son needs to obey his parents. Because being a gay man would mean no children would be fathered, the participants had not been obedient sons.

Only one of the participants regretted that he had disappointed his parents. The others seemed to accept this fact with a degree of slightly sad resignation as part of their new life far away from the family. All the participants were aware that their identity affected the present but also the future with regards to their family because they could not conform to their parent's wishes.

### *Theme 3: Identity Negotiation*

During the interview, some of the participants revealed that being a gay man was considered as being different from the majority. They shared how they embraced their gay identity in the society they were living in while in China.

*Homosexuals learnt how to lie before learning how to love. As gay men, we were born lacking the sense of security, we have a strong feeling of insecurity in our life compared with others. We are different from others, and in a negative way (Tom).*

*I will not introduce myself to people saying: “Hi, my name is Mike, I am gay” or “I like men”, I think that is unnecessary. If people ask about my partner, then I will tell them. I believe if they ask, that means they have some level of understanding me. But most of the time, that is none of their business (Mike).*

*I divided my friends into two groups and in a really specific way. I have separated them into straight friends, classmates, workmates or gay friends. I do not think I will tell everyone or friends who is not gay, it is my private life (Jack).*

*I told my best friend I was gay at school. I liked a boy and my friend had a girlfriend at that time, so the four of us had a meal together. I believe since I knew I was gay, I just accepted myself completely. But I will not tell everyone I am gay, it is my private life (Armstrong).*

*When I did not have a boyfriend, I would just say I had not found someone who matches. I did not think it was necessary to tell them clearly, but when I have a boyfriend, I will start sharing my life with my good friends or colleagues (Kent).*

*I did not tell anyone when I was in China, I did not think that was necessary and they would think I am not normal. But now I completely accept myself and I believe I am ready to tell my parents I am gay (Howard).*

Participants were asked about their birth family dynamics to explore their relationship with traditional values. Previous research discovered that when sexual identity encounters religious, traditional values and beliefs, an individual often suppresses their sexual identity and obey parents due to family obligations (Jaspal, 2014; Koo et al., 2014). During the interview, some participants disclosed that their identity as gay men was only identified by them in the Western context, either in New Zealand or, in the case of two of the interviewees, in South Africa or in Great Britain, where they had lived before coming to New Zealand. Being away from home allowed individuals to develop different or new identities. By contrast, in their country of origin, four of the participants were still identified as heterosexual individuals by their peers or their parents, while one had come out to his family and

another one to his friends. They were also expected to get married, including the interviewee who had come out to his family.

Since participants felt that their sexual identities were stigmatised, the idea of bringing shame to the family had a big impact on how they managed their sexual identities. Therefore, after they described their families and traditional values, four of the participants disclosed that they were living a double life. What we can see from this data is that most of the participants felt their identity was not a positive aspect of their life. If they disclosed their identity to others, then there would be a negative judgement. Some felt that they could respond courageously if they were challenged, while others felt that they had to remain hidden. Although some of them said that expressing their gay identity caused them stress, they still tried to find a way both to embrace this identity and to be themselves. According to Sun, Farrer, and Choi (2006), in order to interact in the Chinese society, Chinese gay men establish strategies to deal with their sexual identities in different social contexts. All the participants understood the need to be private about their identities and to manage the disclosure of their identities very carefully.

#### *Theme 4: Integration in Auckland as a gay man of Chinese origin*

In China, the government decriminalised homosexuality in 1997. Attitudes, however are not so clearly supportive. There is a Chinese saying that says: “不支持, 不反对, 不提倡” (“Not encouraging, not discouraging and not promoting”) which represents the people’s attitude towards gay individuals. People are aware of the law but tend to rely on traditional values. Decriminalisation has not led to widespread support.

The political and social landscape in New Zealand contrasts significantly with that of China as New Zealand has moved towards a much more accepting position around homosexuality. The Homosexual Law Reform Act of 1986 permitted consensual sex between members of the same sex over the age of 16. Discrimination on the grounds of sexual orientation became illegal in 1993 when the Human Rights Act was passed. The Civil Union Act was passed in April 2005. The Marriage (Definition of Marriage) Amendment Act 2013 most recently enabled same sex couples to marry on the same terms as heterosexual couples. Surrounded by this environment and atmosphere, most people are able to express themselves and embrace their minoritised sexualities and identities.



Given this more accepting and welcoming attitude towards gay people in New Zealand, the participants expressed how they experienced life here.

*In Western society, people are focusing on how to live a better life as an individual, not on how to make the people around them or close to them feel better. What is important is how to be happy, not what to do to make people happy (Mike).*

*In New Zealand however, when you judge a person as bad, then you would be considered as bad yourself because judging a person or a whole ethnic group is considered as discriminating and discrimination is a bad thing. In New Zealand, I am able to express myself more comfortably. However, sometimes I feel lonely in Auckland because I am not mainstream European decent, I am Asian. As a Chinese gay man, I need to be out of the square (norm), because sometimes I feel emotional and physical loneliness (Jack).*

*‘天高皇帝遠’ (The Emperor is as far away as the sky). I feel more comfortable and open to my identity since I came here. I started to come out to my friends or classmates about my orientation. Sometimes, my friends are impressed when I tell them I have known so many people who work in different fields. As a Chinese gay man, I feel I have more opportunities to meet people than most straight Asians (Tom).*

*New Zealand is a liberal country and people have a more open view about gays, especially now that homosexuals can get married. So one day, I hope to bring my parents here so they can experience the culture and one day, probably, they will understand (Armstrong).*

*I have quite a few gay friends in Auckland; most of the time they are friends' friends. In China, most of the time, we met our friends outside because most of us were staying with our parents. We did not have enough space to invite friends to our home to spend some time together. But in New Zealand we will invite people to our house and spend quality time together (Kent).*

*I was not able to tell anyone I am gay before I left China. Now, I am able to let people know I am gay if they ask. One time I was trying to find a place to rent in Auckland and I told the*

*Chinese landlord I am gay. Eventually he did not rent the house to me but I was confident I would find another place in the end; because I can feel people in New Zealand are friendlier towards gay and I want to make it clear about my identity before moving in. I am completely open here and I believe I am ready to be myself in China now (Howard).*

## Summary

A number of themes emerge from the participants' related experiences to adapting their gay identity in Auckland.

Firstly, all participants emphasised collective values in China (where looking after others was the priority), and indeed, only one participant felt that these collective values could be changed.

As gay Chinese men in a Western country, the challenge of loneliness and difference persisted. Back in China, the only difference participants experienced was one of sexual identity, while in New Zealand being a minority ethnic and language group heightened the experience of isolation for four of the participants. This ethnic difference led to these participants spending time with other Chinese gay men. While these Chinese friends helped them relax into their sexual identity, the ethnic difference they experienced made daily life sometimes a lonely experience.

One of the participants did mention that he now had more opportunities to meet a wider range of people being out as a gay man in Auckland. He had been able to meet more people from different walks of life through his gay social network. Through meeting more people socially, he had found himself more comfortable with his own identity. This contrasted with the limited opportunities for him back in China and the lower acceptance of his identity there by himself.

Although each person felt a certain amount of acceptance in NZ as a Chinese gay man, each participant had developed slightly different ways of accommodating their identities to their new environment. Two of the participants tended to limit their social network to other Chinese while the other four mixed with Europeans. Three reported they mixed in gay community groups while three preferred to meet people through social media solely. The latter three then did not attend many community activities but preferred to meet informally in private settings.

This research aimed to understand how Chinese gay identity is impacted in a western context of Auckland.

The researcher interviewed six participants; they shared their experiences of realising their sexual identity was different from their peers. They made it clear how important this moment of identity awareness was to them. They then described what kind of response they had to this moment. They considered traditional Confucius values; they noted the Confucian emphasis on hierarchy and parental obedience. The impact of their stigmatised identity on the participant's family relationships was explored. All six participants perceived their identity would be regarded negatively by their families. Their responses to this perception were all different in various ways. Their move to Auckland was the one response all participants had in common. The participants' experiences of being gay in China and in Auckland were then compared. Four themes emerged when exploring the impact of Auckland on their gay identity. The findings around their responses and the impact of Auckland generated further discussion.

To summarise, the participants described their experiences when they realized they were different from their peers and how they responded to this important moment of the self-awareness. Furthermore, we have heard how traditional Confucius family values that emphasized the hierarchy system and obedience to parents had an impact on their relationship with their parents. Once they realized such a negative aspect of difference with their peers and parents, they chose quite different ways to manage their gay identities in various contexts. Finally, we have heard the contrasting experiences of being gay in both China and Auckland, and we have heard how this environment had had an impact on their gay identity. In the next chapter, the researcher will compare the findings with previous literature to make further meaning of the influences on Chinese migrant people's gay identity.

## Chapter Five: Discussion

### *Introduction*

The research aimed to understand how Chinese gay men's identity is affected after living in New Zealand. Current studies have focused on the challenges Chinese gay men may encounter when they have migrated to other countries. McKeown, Nelson, Anderson, Low, and Elford (2010) discovered in their study that gay migrants faced discrimination, cultural barriers, and the challenge of disclosure to their family in minority groups. The challenges and stress of acculturation may affect their own acceptance of their sexual development which is consistent with Chung and Szymanski (2006) and Quach, Todd, Willis Hepp, and Doneker Mancini (2013).

There is not much that can be found in the literature in the context of New Zealand with regards to impacts on sexual identity of Chinese gay men. In the findings of this research, collectivism, family values, and Auckland's gay friendly environment all emerged as factors which promoted confidence in further developing a gay identity for Chinese migrants. The findings in this research may begin to fill the information gap about such migrants within a New Zealand context.

### *Collectivism*

Collectivism emphasises the importance of societies, communities, and nation the over an individual's need. All of the research participants mentioned this collective concept when they realized they were different from others. They also shared their experiences of how they adapted to these differences. In terms of collectivism, three common themes emerged in the interviews with regards to having an impact on the development of the participants' identities.

- Firstly, the theme of normality as defined by social norms was mentioned when they realized they were different from others. There was a point in time when they realised they did not fit into social norms and had to decide how to live.
- The second theme, the concept of filial piety, was described by all of the participants. In order to satisfy families' expectations, they were expected to have children so as to pass on the bloodline. If they lived as gay men and did not marry to produce children, they risked the judgement of having been unfilial in their conduct.

- Thirdly, all the participants talked of the shame and embarrassment their homosexuality would bring to their family. Family reputation is really important in Chinese traditional values. For a family to lose face by having a gay son (who could not produce offspring) was a huge stigma.

The research has identified common themes in terms of collectivism and the impact on the participants' sexual identity in China. When they came to live in Auckland however, they started to perceive more individualistic ways of living. As Howard (year?page?) mentions, "people are focusing on how to live a better life as an individual, not on how to make the people around them or close to them feel better". As Yang, Derlega and Luo (2007) stress, people are more likely to change their behaviour once they detached from the community or family they used to be with. Most of the participants mentioned "天高皇帝遠 (The emperor is as far away as the sky)" and this distance from their families was the most common reason to help them to be able to embrace their sexual identity.

### *The gay friendly environment in Auckland*

The USA and UK are considered as free countries to develop sexual identity (; Anderson et al., 2009; Hahm & Adkins, 2009). Most of the participants expressed a similar belief from their experience of living in Auckland.

Most of the participants described their existence in China as having been a double life. It was impossible for them to reveal their sexual identities to friends or colleagues because of the stigmatised image of being gay. When people knew you were gay, they would try to convince you and tell you being gay was wrong or not normal. Some individuals did lose their friends when others discovered their stigmatised identities.

While in New Zealand, the opportunities to meet with other gay friends enabled individuals to integrate more easily with society. Meeting other gay people helped them to accept their sexual identity. As Tom stated, he had more chances than his Chinese peers to meet with gay people from a variety of work professions. Tom was really happy to be able to be himself as a gay man and it was the first time for him to feel that being gay could enrich his life without hiding his true self.

The recognition of marital status was a common topic during the interviews. New Zealand marriage equality legislation had played a significant role enhancing the participants' confidence about being a gay man. During the interviews, all of the participants expressed their excitement at being able to get married to a loved one in the future and they would really love to do so if possible. This researcher did not find any literature relating this legislation to any impact on gay Chinese migrants' identity development.

This research explored how living in Auckland has had any impact on gay Chinese men's sexual identity. All of the participants stated that before they recognised their differences back in China, they had already accepted their gay identities. They were all clear that they had been strongly influenced by traditional Confucian values since they had been children. Of the six men interviewed, two had already come out in China, while the remaining four had lived double lives.

After they had all moved to New Zealand, four of the participants stated that they were completely out to the public and had embraced their sexual identity. All of the participants expressed that the gay friendly environment did help them to feel more comfortable about their identities. In spite of this friendlier environment, the other two chose to keep their identity secret. This is consistent with Hammack (2005) when he states that personal agency is the core element for people to be able to embrace their sexual identity.

Sexual identity development may have an impact on individual's behaviour. Chen, Li, Wang and Zhang (2015) believed self-rejection of homosexuality contributed to the risk-taking behaviour among Chinese. Such risky behaviours may include unsafe sex and may include more obvious attempts to self-harm or commit suicide. For most Chinese gay men, the fear of having to face heterosexual marriage has a huge impact on their sexual identity development. Koo et al. (2014) agreed the stress that comes from the tension between collective family interests and individual's desire may contribute to risk taking behaviour. Anderson et al. (2009) and Yang, Derlega and Luo (2007) also believed behaviour change was influenced by facing the stress caused by social, cultural, and residential isolation in a mainstream society. Given that a gay friendly environment has not led to two of the participants automatically accepting their sexual identity, this issue of risky behaviour for new migrants needs further research.

### *Limitations*

There are some limitations that can be identified in this research. Six of the participants who live in Auckland cannot represent all of the Chinese gay men in New Zealand. This is a small sample from which to make any conclusions.

A further limitation was identified as having occurred due to the difficulty of finding participants. For the first month, the researcher advertised to recruit in various gay social clubs and among personal networks to raise participants' attention. However, the process was rather difficult because most Chinese did not want to be recognised. As a result of this difficulty, most participants were recruited through personal networks. This meant the participants tended to come from similar socio economic backgrounds.

A third limitation is noted. When the participants recalled their experiences around realising they were different from mainstream heterosexual world, some of them shared their sexual experiences. The researcher was too timid to ask further questions. He could have explored more deeply their opinions about current sexual behaviours among Chinese gay men in Auckland. This had to do both with his emerging identity as a researcher, and a reluctance to explore areas that had been painful or difficult for participants. There are clearly areas for further development as a researcher.

## Chapter Six: Conclusion

How has living in Auckland had an impact on Chinese gay men's sexual identity? This report has shown the importance of traditional Confucian values among Chinese gay men in the early stages of their sexual identity development. This research then went on to show that a change of the environment does also have a huge impact. The new environment enabled all participants to embrace their sexual identity more comfortably. This did not mean all the participants "came out from the closet" however. Various studies indicated that both traditional values and acculturation in a new environment can influence individuals' sexual identity as well as their behaviour. The participants then, in the new environment, may also choose how identity is developed. The focus of this research is around identity development of gay men raised with traditional values who then move to a new environment. Consequently, the findings from this research may be able to contribute to further research.

There are a number of groups of gay men who have been raised in traditional situations who have then moved to more modern settings within Auckland. An important issue needing research is that of identity development and possible risky sexual behaviours associated with the changes. These behaviours may place these men at increased risk for HIV and other sexually transmitted infections. As well as Chinese, other groups of gay men migrating to Auckland would include men from rural areas and refugees from overseas. Further research could also include Māori and Pacific Island gay men who have been raised traditionally.

This research might include a larger sample size of new settler Chinese men, rural internal migrants to urban areas, both Māori and Pacific Islanders as minority groups, and refugees.

Each of these groups may have specific traditional values to address as they develop their sexual identity and each group may be involved in forms of risky behaviour as well.

In China, the increase of HIV infection rate has become noticeable. This is especially for those temporary migrants who are coming from the rural areas to live and work in the urban areas, Chen, Li, Wang and Zhang (2015) explored the reasons for suicides and risk taking behaviours among Chinese. They found that self-rejection of homosexuality; difficulty finding gay partner(s) and pressure from being pushed to get married were important factors among Chinese. These same factors may



apply in Auckland for Chinese migrants. A current study in New Zealand also indicated that there has been an increase on HIV infection rates among Asian (Tan, 2014).

Family is also important among Māori and Pacific Islanders. Podsiadlowski and Fox (2011) found a similarity among Chinese, Māori and Pacific Islander in terms of collective family values. A current study indicated there has been an increase of HIV infection rates in Māori and Pacific Islander (New Zealand Daily News, 2015). Although the traditional values in Chinese community are different from the traditional values in Māori and Pacific Islanders, it is worth examining how these values have had an impact on their sexual identity and their behaviour.

Sexual identity can be influenced by a change of environment. For some, separation from the family helps them to embrace their sexual identity and integrate with their new environment. Auckland is New Zealand's largest city and there are a lot of people moving from rural areas to come to live here. The findings discovered in this research may able to contribute to further research among those people who move from rural areas both from overseas and locally.

Finally, the difficulties of acculturating in a new environment have also been identified in various studies for refugees. Individuals have expressed feelings of being socially, culturally and residentially isolated in their new environment. This has led to risky behaviours including unsafe sex. New Zealand has a long history of receiving refugees (Immigration New Zealand, 2015). Many in the LGBT community whose home country considered homosexuality as illegal have sought to come to New Zealand to establish a better life (Young, 2015). These refugees are similar to the Chinese gay men who have chosen to come to Auckland. The impact of the new environment on their sexual identity and associated behaviours is also well worth researching. With an understanding of how sexual identity is being affected in new migrant settings, social workers and other support services may be more effective in the future.

## References

- Anderson, M., Elam, G., Gerver, S., Solarin, I., Fenton, K., & Easterbrook, P. (2009). Liminal identities: Caribbean men who have sex with men in London. *UK. Culture, Health & Sexuality*, 11(3), 315–330. doi: 10.1080/13691050802702433
- Barbosa, P., Torres, H., Silva, M. A., & Khan, N. (2010). Agapé Christian reconciliation conversations: Exploring the intersections of culture, religiousness, and homosexual identity in Latino and European Americans. *Journal of Homosexuality*, 57(1), 98-116.  
doi:10.1080/00918360903445913
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2), 77-101.
- Cass, V. C. (1979). Homosexual identity formation: A theoretical model. *Journal of Homosexuality*, 4, 219-235.
- Cass, V. C. (1984). Homosexual identity formation: Testing a theoretical model. *Journal of Sex Research*, 20, 143–167.
- Cass, V. C. (1996). *Sexual orientation identity formation: A Western phenomenon*. In R. Cabaj & T. Stein (Eds.), *Textbook of homosexuality and mental health*, 227–251. Washington, DC: American Psychiatric Press
- Chapman, J., Cai, Y. M., Hillier, S., & Estcourt, C. (2009). Sex and sexuality in the Shenzhen tongzhi circle: HIV risk context and migrant men who have sex with men in China. *Culture, Health & Sexuality*, 11(7), 689-702. doi: 10.1080/13691050902977562
- Chen, H., Li, Y., Wang, L., & Zhang B. (2015). Causes of suicidal behaviours in men who have sex with men in China: a national questionnaire survey. *BMC Public Health*, 15(91), 1-4. doi: 10.1186/s12889-015-1436-8
- Chou, W. S. (2001). Homosexuality and the cultural politics of tongzhi in Chinese societies. *Journal of Homosexuality*, 40(3-4), 27-46. doi: 10.1300/J082v40n03\_03
- Chung, Y. B., & Szymanski, D. M. (2006). Racial and sexual identities of Asian American gay men. *Journal of LGBTQT Issues in Counseling*, 1(2), 67-93.
- Cresswell, J. W., & Plano Clark, V. L. (2011). *Designing and conducting mixed method research* (2nd ed.). Thousand Oaks, CA: Sage.
- Dong, Q., & Lee, Y. (2007). The Chinese concept of face: A perspective for business communicators. *Journal of Business & Society*, 20(1), 204-216.

- Feinstein, B. A., Davila, J., & Yoneda, A. (2012). Self-concept and self-stigma in lesbians and gay men. *Psychology & Sexuality, 3*(2), 161-177. doi: 10.1080/19419899.2011.592543
- Filep, B. (2009). Interview and translation strategies: coping with multilingual settings and data. *Social Geography, 4*, 59-70.
- Fingerhut, A. W., Peplau, L. A., & Gable, S. L. (2010). Identity, minority stress and psychological well-being among gay men and lesbians. *Psychology and Sexuality, 1*(2), 101-114. doi: 10.1080/19419899.2010.484592
- Goodwin, R., & Tang, C. S. K. (1996). *Chinese personal relationships*. In M. H. Bond (Ed.). The handbook of Chinese psychology, 294–308. Hong Kong: Oxford University Press.
- Hahm, H. C., & Adkins, C. (2009). A model of Asian and Pacific Islander sexual minority acculturation. *Journal of LGBT Youth, 6*(2-3), 155-173. doi: 10.1080/19361650903013501
- Hammack, P. L. (2005). The life course development of human sexual orientation: An integrative paradigm. *Human Development, 48*, 267–290. doi: 10.1159/000086872
- Han, C. K. (2010). One gay Asian body: A personal narrative for examining human behavior in the social environment. *Journal of Human Behavior in the Social Environment, 20*(1), 74-87, doi: 10.1080/10911350903126841
- Handcock, M. S., & Gile, K. J. (2011). On the concept of snowball sampling. *Sociological Methodology, 1554*, 1-5.
- Hill, M. R., & Thomas, V. (2002). Racial and gender identity development for black and white women in interracial partner relationships. *Journal of Couple & Relationship Therapy, 1*(4), 1-35. doi: 10.1300/J398v01n04\_01
- Ho, K. M., & Wong, Y. S. (2006). Searching for manhood: Reflecting growing up in a Chinese way. *Asian Journal of Counselling, 13*(2), 207-234.
- Ho, P. S. Y., & Tsang, K. T. (2012). *Sex and desire in Hong Kong*. Hong Kong University Press.
- Huang, G. H. C., & Gove, M. (2012). Confucianism and Chinese families: Values and practices in education. *International Journal of Humanities and Social Science, 3*(2), 10-14.
- Hu, X., & Wang, Y. (2013). LGB identity among young Chinese: The influence of traditional culture. *Journal of Homosexuality, 60*(5), 667-684. doi: 10.1080/00918369.2013.773815
- Immigration New Zealand (2015). *The refugee and protection unit*. Retrieved from <http://www.immigration.govt.nz/migrant/general/generalinformation/refugee-protection/>
- Jaspal, R. (2014). Arranged marriage, identity, and well-being among British Asian gay men. *Journal of GLBT Family Studies, 10*(5), 425-448. doi: 10.1080/1550428X.2013.846105

- Koo, F. K., Chow, E. P.F., Gao, L., Fu, X., Jing, J., Chen, L., & Zhang, L. (2014). Socio-cultural influences on the transmission of HIV among gay men in rural China. *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care*, 16(3), 302-315.  
doi:10.1080/13691058.2014.883643
- Li, H., Holroyd, E., & Lau, J. T. F. (2010). Negotiating homosexual identities: The experiences of men who have sex with men in Guangzhou. *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care*, 12(4), 401-414. doi: 10.1080/13691050903551721
- Lin, Y. J., & Hudley, C. (2009). Taiwanese mothers' reactions to learning that their child is lesbian or gay: An exploratory study. *Journal of LGBT Issues in Counseling*, 3(3-4), 154-176. doi: 10.1080/15538600903285605
- McClure, J. W. (2007). International graduates' cross-cultural adjustment: Experiences, coping strategies, and suggested pragmatic responses. *Teaching in Higher Education*, 12(2), 199–217. doi: 10.1080/13562510701191976
- McKeown, E., Nelson, S., Anderson, J., Low, N. & Elford, J. (2010). Disclosure, discrimination and desire: experiences of black and South Asian gay men in Britain. *Culture, Health and Sexuality*, 12(7), 843-856. doi: 10.1080/13691058.2010.499963
- New Zealand Daily News. (2015). *Euros, Asians then Maori lead HIV stats*. Retrieved from [http://www.gaynz.com/articles/publish/2/article\\_16917.php](http://www.gaynz.com/articles/publish/2/article_16917.php)
- Podsiadlowski, A., & Fox, S. (2011). Collectivist value orientations among four ethnic groups: Collectivism in the New Zealand context. *New Zealand Journal of Psychology*, 40(1), 5-18.
- Quach, A. S., Todd, M. E., Willis Hepp, B., & Doneker Mancini, K. L. (2013). Conceptualizing sexual identity development: Implications for GLB Chinese international students. *Journal of GLBT Family Studies*, 9(3), 254-272.
- Riessman, C. K. (2007). *Narrative methods for the human sciences*. London, U.K.: Sage.
- Sadler, G. R., Lee, H. C., Lim, R. S., & Fullerton, J. (2010). Recruitment of hard-to-reach population subgroups via adaptations of the snowball sampling strategy. *Nursing & Health Sciences*, 12(3), 369-374.
- Schutt, R. K. (2011). *Investigating the social world* (7th ed.). Los Angeles, CA: Sage.
- Smith, G. (2012). Sexuality, space and migration: South Asian gay men in Australia. *New Zealand Geographer*, 68(2), 92–100. doi: 10.1111/j.1745-7939.2012.01229.x

- Statistics New Zealand. (2014). 2013 Census quickstats about culture and identity. Wellington, N.Z.: Statistics New Zealand. Retrieved from <http://www.stats.govt.nz/Census/2013-census/profile-and-summary-reports/quickstats-culture-identity/asian.aspx>
- Sun, Z., Farrer, J., & Choi, K. (2006). Sexual identity among men who have sex with men in Shanghai. *China Perspectives*, 64. Retrieved from <http://chinaperspectives.revues.org/598>
- Tan, L. (2014). *Cultural homophobia prompts HIV spike among Asian Kiwis*. Retrieved from [http://www.nzherald.co.nz/nz/news/article.cfm?c\\_id=1&objectid=11367024](http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11367024)
- Yang, X., Derlega, V., & Luo, H. (2007). Migration, behavior change, and HIV/STD risks in China. *AIDS Care*, 19(2), 282–288.
- Yeh, K. H., & Bedford, O. (2003). Filial piety: A test of the Dual Filial Piety model. *Asian Journal of Social Psychology*, 6, 215–228.
- Young, C. (2015). *Comment: Only 1500?* Retrieved from [http://www.gaynz.com/articles/publish/31/article\\_17291.php](http://www.gaynz.com/articles/publish/31/article_17291.php)
- Yost, M. R., & Hunter, L. E. (2012). BDSM practitioners' understandings of their initial attraction to BDSM sexuality: Essentialist and constructionist narratives. *Psychology & Sexuality*, 3(3), 244–259. doi: 10.1080/19419899.2012.700028

## Appendices

### *Appendix One: Ethics Approval*



**MASSEY UNIVERSITY**  
ALBANY

5 May 2015

Li-Chieh Lo  
C/O School of Social Work  
Massey University  
Albany

Dear Li-Chieh

**HUMAN ETHICS APPROVAL APPLICATION – MUHECN15/014**

**Traditional soul in the modern city: An exploration new migrant Chinese gay men's sexual identity**

Thank you for your application. It has been fully considered, and approved by the Massey University Human Ethics Committee: Northern.

Approval is for three years. If this project has not been completed within three years from the date of this letter, a re-approval must be requested.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'A. Chrystall'.

Dr Andrew Chrystall  
Acting Chair  
Human Ethics Committee: Northern

cc Associate Professor Mark Henrickson  
School of Social Work  
Albany

Associate Professor Kieran O' Donoghue  
Head of School, School of Social Work  
Palmerston North

**Te Kūmenga**  
**ki Pūrehuroa**

Research Ethics Office  
Private Bag 102 904, Auckland, 0745, New Zealand Telephone +64 9 414 0800 ex 43276 [humanethicsnorth@massey.ac.nz](mailto:humanethicsnorth@massey.ac.nz)

## Appendix Two: Information Sheet



MASSEY UNIVERSITY  
COLLEGE OF HEALTH  
TE KURA HAUORA TANGATA

### Information sheet

*Traditional soul in the modern city:*

*An exploration new migrant Chinese gay men's sexual identity*

Hello, my name is Li-Chieh (Jerry), LO. I am a Master of Applied Social work student at Massey University, Albany campus. I am looking for: self-identified gay men, Over 25 years of age and have been living in New Zealand between 2 to 5 years. Come from PRC, Taiwan, Hong Kong or Macau. I would like to invite you to take part in this project. I am undertaking this research project to meet the requirement of MASW degree. The purpose of the research is to discover the factors which have shaped the experiences of Asian men self-identified as MSM after living in Auckland. If you are interested in participating in this project please contact me on 021 129 2269.

Your participation is entirely voluntary. If you choose to participate I will do everything possible to protect your identity. We will meet in person at a mutually agreed time and place. I will review the project with you and answer any questions you may have. After you sign a consent form (which only I and my supervisor will see) I will ask you to choose a false name, which we will use for the rest of the project. I will then invite you to participate in an interview in English which will last between 60-90 minutes. For your participation I will offer you a \$15 movie voucher at the conclusion of the interview. With your permission this interview will be recorded and transcribed. The recording and transcription will be highly protected, even though your real name will not be used. I will then consider the transcripts and look for common themes and ideas. All the recordings and transcripts will be kept secure and disposed of as recommended by Massey University Policy on Research Practice.

If you agree to participate you have the right to

1. Decline to participate at any point
2. Decline to answer any questions
3. Ask any questions about the study at any time during participation
4. Provide information on the understanding that your name will not be used
5. Be given access to a summary of the project finding when it concluded. Please indicate on the consent form if you would like a copy of the summary.
6. Withdraw your information within 2 weeks of your interview.

Thank you for taking time to consider participating this research project. I sincerely hope that I can get a chance to meet with you to discuss your experiences. Please do not hesitate to contact me or my supervisor if you have any concerns or questions.

OUT Line NZ provides free and confidential telephone counselling services, please contact 0800 802 437 If you need any support.

Student      Li-Chieh (Jerry), LO

Supervisor    Mark Henrickson, PhD, RSW  
                  Treasurer, IASSW-AIETS and  
                  Associate Professor, Social Work  
                  Massey University

Email          [m.henrickson@massey.ac.nz](mailto:m.henrickson@massey.ac.nz)

*This project has been reviewed and approved by the Massey University Human Ethics Committee Northern, Application 15/. If you have any concerns about the conduct of this research, please contact Ddr Andrew Chrystall, Acting Chair, Massey University Human Ethics Committee Northern, 09 414 0800 extn 43317a.chrystall@massey.ac.nz*



### *Appendix Three: The interview schedule*

#### *Traditional soul in the modern city: An exploration new migrant Chinese gay men's sexual identity*

1. Basic demographics (language, birthplace, arrival in NZ, etc.)
2. Family background and role of Confucian values in family
  - a. When did you realise that you were not heterosexual? What was that like for you?
  - b. What did your family tell you about your responsibilities as a Chinese male child?
3. Social networks
  - a. In home country
  - b. In NZ
4. What is your current life like now? What is it like for you to be a gay Chinese man in Auckland
5. How did you identify yourself on social media in your home country? How do you identify yourself now?
6. Is there anything else you'd like to tell me about your experience as a Chinese gay man?
7. How are you feeling about this interview? Do you feel that you need any additional support?

# **Refugee resettlement experiences of South Sudanese women in New Zealand**

A research report presented in partial fulfilment of the requirements of the  
Degree of  
Master of Applied Social Work  
at Massey University, Palmerston North  
New Zealand

Sarah Alford

2015

## Abstract

Refugees in New Zealand are a minority group whose voices are often not heard. This research enabled three South Sudanese women to share their refugee resettlement experiences in qualitative in-depth interviews. It used cross-cultural methodological practices, which included direct involvement with the Sudanese Community of Wellington. The research highlighted two main themes. Firstly, was the importance for the participants of strong support systems with the New Zealand community and their own cultural community during resettlement. Secondly, was the implications of the different gender roles of the two countries and the opportunities that this provided for the participants to further education and employment options, but also the recognition of the conflict it could cause between couples. Secondary themes included the struggles faced with parenting children assimilating faster than their parents into New Zealand culture, health costs, difficulties gaining employment, and financial pressures. Three recommendations were given to enable successful refugee resettlement outcomes for South Sudanese women. The report proposes more family reunification through increasing the annual refugee quota and providing long-term support, greater collaboration with the Sudanese community about government policy and social services and lastly, increased education to New Zealanders about the issues facing South Sudanese women and other refugees. Social workers working in this field were encouraged to provide practical support, connect refugees with the local community, collaborate with the cultural community, increase their knowledge of the issues, and empower and advocate on both micro and macro levels.

## Acknowledgements

Firstly, thank-you to the three participants who shared their resettlement journey with me. Your strength, resilience and sense of humour, despite the many challenges you have faced, are an inspiration to me as I'm sure will be to others reading this report.

Secondly, thank you to the Sudanese Community of Wellington for supporting me and giving me the opportunity to work with your beautiful people.

Thirdly, thank you to my supervisor, Tracie Mafile'o, for your wisdom, support, positivity, and sharing my cross-cultural passion.

Fourthly, thank you to my mother, Nola, for being my key proof-reader and biggest cheerleader. Your support through this research and my studies have meant so much.

Lastly, thank you to my amazingly supportive husband, Scott, and my lovely daughters, Zoe and Tess. Thank-you for giving me the space to allow me to immerse myself in this research and throughout my studies. I am so grateful for your patience and constant encouragement.

## Chapter One: Introduction

Refugee women have been described as an “invisible and silent majority” (Gozdziak & Long, as cited in Baird & Boyle, 2012, p.15). This is in spite of the fact that more than 80 percent of the world’s refugees are women and children (Department of Labour [DOL], 1994). Yet, each woman is not just a statistic but also has her own unique and challenging story. It is the aim of this research to give a voice to a specific group of women from South Sudan and a part of their journey – their resettlement to New Zealand. This will be done by way of three in-depth interviews with South Sudanese women who have arrived in New Zealand as refugees. It aims to explore their experiences, particularly in relation to how they have coped with the different gender expectations between the two countries. The research also makes recommendations, based on the participants’ opinions, along with other research, about how better resettlement outcomes can be ensured in the future.

This chapter provides the necessary background to the research. Firstly, it locates the researcher’s position within the research. Secondly, a definition of a refugee is provided. Thirdly, it looks at New Zealand’s response to refugees and specifically to refugees from Sudan. Fourthly, Sudan’s background and reasons for refugees coming to New Zealand is discussed. Fifthly, the theoretical framework for the research is considered. Lastly, is an outline of the chapters in this report.

### *The researcher*

Nash (2011) highlights the importance of all researchers locating themselves and their personal life experiences within their research in order to recognise the elements of subjectivity that are intrinsic to all research and encourage reflexivity. This section, therefore, describes my background and interest in the topic chosen.

I am a Pākehā New Zealand-born woman. I had the privilege of being a volunteer with the then Refugee and Migrant Service (RMS) in supporting two related families from Sudan during their initial refugee resettlement in 2003. I had worked previously with migrants, but since this time gained a particular affiliation with those arriving here as refugees. I have further supported three

refugee families with RMS, helped to run a social and educational group for refugee and migrant women and their children, along with immigration work with both refugees and migrants.

I have personally been amazed and moved at seeing the journeys of those who come to New Zealand as refugees. They have all shown incredible strength, resilience, and a willingness to adapt to a significantly different culture yet retain the values that are essential for their own culture, along with coping with an often difficult past. My interactions with this special group has encouraged me to pursue my Master of Applied Social Work degree through Massey University. It seems fitting, therefore, to focus my final assignment before graduation on the group who started this journey for me, who opened up their lives to me, who shared their culture with me, who caused me to think about my own culture and who laughed with me, thereby surpassing all cross-cultural barriers.

### *Refugee definition*

The United Nations 1951 Convention relating to the Status of Refugees (the Convention) and the 1967 Protocol relating to the Status of Refugees (the Protocol) provide the legal definition of a refugee as:

Any person who, owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such a fear, is unwilling to avail himself of the protection of that country (United Nations High Commissioner for Refugees [UNHCR], 2010).

The important aspect to note from this definition is that a refugee, as opposed to a migrant, has no choice about leaving their country. They are forced into this position because of their circumstances. They also often have very little input about what country they are sent to for resettlement. Therefore, along with the traumatic circumstances that they leave, they are also often unprepared for the demands of the new country they arrive in as refugees (DOL, 1994).

### *New Zealand's response to refugees*

New Zealand is a signatory to the Convention and the Protocol (DOL, 2009). This means that it has made a commitment not to expel or return refugees who come to New Zealand to any other country (except in exceptional circumstances), along with providing certain assistance such as housing and education to refugees who come here (De Lapallone, 2012). Since 1987, the New Zealand Government has had an annual quota of 750 refugees accepted for resettlement in New Zealand (DOL, 2009). It has generally been kept at this number with a few exceptions such as the recent agreement by government in 2015 to take a further 600 refugees from Syria over the next three years (Woodhouse, 2015).

Refugees arrive in New Zealand and spend six weeks in Auckland at Immigration New Zealand (INZ)'s Mangere Refugee Resettlement Centre (New Zealand [NZ] Red Cross, 2015). They are taught about New Zealand culture, the various services available to them, and given English language lessons. They are then distributed to one of five areas in New Zealand: Auckland, Waikato, Manawatu, Wellington and Nelson, where Red Cross Refugee Services supports the refugees, along with volunteers who commit for a six-month period (NZ Red Cross, 2015).

Studies have indicated that refugees who receive comprehensive support during the first 18 months of resettlement are likely to be healthier, financially secure, and socially stable later in life (Fiske & Briskman, 2013). Altinkaya and Omundsen (1999) also describe effective resettlement for refugees as being able to fully participate in society. This support is especially crucial for single refugee women whose issues can be considerably greater than other refugees and where early intervention determines their success for the long-term (De Souza, 2011). New Zealand Immigration Service's (NZIS) research in 2003 and resulting settlement strategy enabled an extra \$62 million funding for services for migrants and refugees (NZIS, 2004). However, in general, there is wide acknowledgment that refugees have not received the long-term support needed in New Zealand (Mortensen, 2008; Pepworth & Nash, 2009; Spoonley & Bedford, 2012). The keys to successful reintegration of refugees, as Marete (2013) highlights, centre on government policy, refugee community relationships, and individual refugee's coping abilities.

### *Sudanese refugees to New Zealand*

New Zealand accepted 386 refugees originally from Sudan between 1999 to 2015 (DOL, 2009; New Zealand Immigration, 2015). Of this number, the majority (340) came between 1999 to 2008. Sudanese women made up 44% (or 150 women) of this group (DOL, 2009). The highest intake period was between 2003 to 2005 when over 200 Sudanese people arrived and this was partly due to a recommendation to increase the quota of Sudanese people as they “responded very well to resettlement and because their community was still small” (DOL as cited in Beaglehole, 2013, p. 167). Sudanese refugees have been distributed primarily to Auckland and Wellington (Deng & Pienaar, 2013).

### *Sudan*

Sudan, a country in Northeast Africa, has faced significant civil wars and political turmoil, causing huge displacement among their people. Since 1956 when Sudan became an independent nation, there has been hostility between the politically and more economically secure Islamic North and the Christian/Animist agricultural South (Kibreab, 2014). The result has been two Sudanese civil wars from 1955-1972 and 1983-2005. The signing of the Comprehensive Peace Agreement in 2005 between the North and South ended the war briefly and made provision for a referendum to enable South Sudan to become independent from the North in 2011 (Harris, Lyons, & Marlowe, 2013). However, despite this, the war has continued and escalated particularly from the end of 2013 (UNHCR, 2015). Just recently on 28 August 2015, the UNHCR reported that a further peace agreement has been signed (UNHCR, 2015). However, given the past history, one needs to wait and see if this will make any significant difference.

The result of the civil wars in Sudan has meant that a large number of people from the South have died, along with a huge displacement of refugees and internally displaced people (IDP). It was estimated at the end of the second civil war there were over two million deaths, and four million South Sudanese people displaced (Deng & Pienaar, 2013). Kibreab (2014) estimates that this increased to 5.2 million IDP's by the end of 2010. Whatever the exact figure is, it is widely accepted that Sudan has one of the largest number of refugees and IDPs in the world (Jackson, 2010; Koiser & Van Hear as cited in Baird and Boyle, 2012).



The South Sudanese women who have come as refugees have, therefore, been a part of this war, oppression, and destruction to their environment. Many have lost their husbands in the war through death or separation. They come with their own unique set of challenges, many different from men, as they resettle in a new country (De Souza, 2011). South Sudanese women who come as refugees have tended to be treated as victims of their circumstances and, therefore, needy and traumatised, yet research (and my experience) show them to be incredibly resilient as they cope with the challenges of resettlement (Baird & Boyle, 2012; Hayward, Hajdukowski-Ahmed, Ploeg, & Trollope-Kumar, 2008).

### *Theoretical framework*

Denzin and Lincoln (2011) make the apt comment that “cultural studies cannot be contained within a single framework” (p.93). This research, therefore, uses a number of theoretical frameworks. These include the critical theory (including race and gender elements), ecological systems theory, narrative theory and strengths-based theory.

The focus on critical theory acknowledges the importance of social justice and challenging the structures which cause power and oppression (Denzin & Lincoln, 2011). The participants who have come to New Zealand as refugees are, by definition, oppressed. The critical theory approach asks whether this oppression has continued in New Zealand’s social structures and, if so, whether race or gender has been the basis of this oppression. The ecological systems theory provides further discussion on social structures by highlighting the interactions between people and their environment (O’Donoghue & Maidment, 2005).

The narrative and strengths-based theories provide the basis for empowering participants to share their journey. Narrative theory centres on the person’s lived experiences from their own perspective to gain knowledge and understanding (Patton, 2015). The strengths-based theory supports the view of participants as women with strengths and resilience that have enabled them to cope with the challenges of resettlement. The partnership between researcher and participants is an essential part of this theory (Munford & Sanders, 2005) and this research.

Reflexivity forms an important aspect of any research framework (Nash, 2011). Reflexivity is seen in the selection of theories which are participant-focused, along with the researcher’s awareness of

her own worldview and commitment to frequent critical self-reflection throughout the research process.

### *Report outline*

The report is divided into six chapters. The first chapter has provided the background to refugees in general, along with the specific situation of South Sudanese women. It has also discussed the researcher's positioning along with the theoretical framework used. The second chapter identifies the significant gap in the literature available on the subject, along with reviewing the key themes present in the literature. The third chapter outlines the research methods used in the report and the reasoning behind the researcher's choice of them. The fourth chapter looks at the results of the interviews with the three South Sudanese women and the key themes. The fifth chapter provides a discussion of the results of the research in comparison with the literature review findings. The final chapter provides the researcher's conclusions and recommendations gained from the research.

## Chapter Two: Literature Review

This chapter seeks to discover what literature states about the experiences of South Sudanese women coming to New Zealand as refugees and what recommendations it makes for better resettlement outcomes. It initially discusses the current available literature and the gaps. It then details the literature's comments on acculturation, initial expectations, resettlement themes and recommendations.

### *Availability of literature*

Literature on general refugee resettlement in New Zealand has increased, particularly in the last twenty years. However, while Butcher, Spoonley, and Trlin (2006) argue that research in this area is "extensive and still growing" (p.v), it has rarely been from the refugee's perspective (UNHCR, as cited in Van Selm, 2014). An even smaller percentage of this research is from the perspective of refugee women (Baird & Boyle, 2012). A Sudanese woman based in Wellington shows this in practical terms during an early childhood education study saying,

They never come to talk to us. You are the first person to come into the community.... We need people to come into the community, to come into the ground and see what is happening, not just doing the research on the internet (Broome & Kindon, 2008, p. 26).

There are a number of generic issues faced by many refugees resettling to New Zealand. The purpose of this research, however, is to understand the specific experiences of South Sudanese women. Literature about the resettlement experiences of South Sudanese people is extremely limited (Cleaver & Wallace as cited in Hayward et al, 2008; Levi, 2014). There is even less information relating to New Zealand. Deng and Marlowe (2013) offer one of the few studies done with six South Sudanese people (four women and two men) about the role of parenting in their adjustment to New Zealand. Australia has produced some literature, which seems to be growing (Deng & Marlowe, 2013). This includes an increase in qualitative research involving interviews with Sudanese people about their personal experiences. Schweitzer, Melville, Steel, & Lacherez (2006) appears to be the largest piece of research in Australia with 63 South Sudanese people (21 women, 42 men) based in Southeast Queensland. It involved conducting semi-structured interviews, along

with questionnaires, about the impact of pre-settlement and post-settlement issues on their mental health. Hebbani, Obijiofor, and Bristed (2012) also provides a reasonable sample with 39 participants (28 women, 11 men) based in Queensland using gendered focus groups to discuss resettlement challenges. Further Australian research with between 12-23 mixed gender participants has also been done (see Khawaja & Milner, 2012; Khawaja, White, Schweitzer, & Greenslade, 2008; Savic, Chur-Hansen, Mahmood, & Moore, 2013; Shakespeare-Finch & Wickham, 2010). However, on limiting the group further to focus specifically on South Sudanese women, the literature is very limited in New Zealand and Australia. Levi (2014) provides a useful recent piece of research which focuses on 17 South Sudanese women's parenting experiences in Australia. The advantage of the different research outlined above (including the mixed gender research) is that it has provided opportunities for South Sudanese women to speak directly about their resettlement journey as opposed to others' opinion of their experience. This research also provides valuable information about similar issues faced by South Sudanese women in New Zealand.

### *Acculturation*

The key issues confronted by South Sudanese women resettling in New Zealand (or Australia) result from acculturation (Hebbani et al., 2013). Valtonen (2008) defines acculturation as the process of adapting into the culture of a new society. Berry (1997) further expands on this by providing four useful categories of acculturation: Assimilation (rejection of one's original culture in preference to the host culture); Separation (rejection of host's culture and retaining one's original culture); Integration (maintaining both cultures) and Marginalisation (no feeling of belonging to either culture).

### *Initial expectations*

There are high expectations for South Sudanese people arriving in New Zealand as refugees (Marete, 2013; O'Bryne, 2012). There is an expectation that New Zealand will bring them a sense of freedom and security (Marete, 2013; Hayward et al., 2008; Tilbury & Rapley, 2004). People are also hopeful for good health, justice, education, and social services (Marete, 2012). However, after arriving in New Zealand, there can be mixed opinions about resettlement (Hebbani et al., 2013). The positive expectations for a better future for themselves and their family, therefore, needs to be weighed against the acculturation challenges faced during resettlement.

### *Key themes*

Three important acculturation issues stand out in the literature for South Sudanese women. Firstly, is the challenge to the traditional gender roles for husbands and wives in South Sudan. Secondly, is the different parenting practices of the two countries. Lastly, is the implications from being separated from family and extended family still in South Sudan.

### *Gender roles*

South Sudanese culture maintains the traditional roles of men as breadwinners and decision-makers and women as homemakers raising children (Deng & Marlowe, 2013; Fluehr-Lobban, 2005; Hebbani et al., 2012; Marete, 2012; Schweitzer et al., 2006; Wal, 2004). These roles form a significant part of their identity and sense of worth for both women and men (Bredlid & Bredlid, 2013; Hayward et al., 2008, Wal, 2004). New Zealand culture challenges these more traditional gender roles by men and women both participating in paid employment, childcare, and housework.

While Western feminist researchers can be quick to label the different South Sudanese gender roles as a form of patriarchy and gender inequality, African feminist researchers such as Amadiume (1997) and Oyewumi (2011) both claim that it is crucial to understand the cultural social context for these women. Amadiume (1997) argues that African culture is based on the collective approach of matriarchy which supports motherhood as an empowerment rather than the negative patriarchal connotation given by Western feminists. Bredlid and Bredlid (2013) agree saying, "It is important that researchers do not accept at face value the modernist thrust of gender equality without considering indigenous content, perspectives and ways of knowing" (p.105).

Whatever one's position, research indicates that for Sudanese women and men refugees resettling into a Western country (such as New Zealand) which challenges these defined roles can be incredibly difficult (Hayward et al., 2008; Hebbani et al., 2012; Khawaja et al., 2008; Tilbury & Rapley, 2004). Refugees generally are faced with situations where these gender roles may need to be reversed such as if the wife finds employment or is studying English language or the husband is unable to find employment (Potocky-Tripodi, 2002). Sudanese refugees also face these issues (Hebbani et al., 2012; Wal, 2004). This can put enormous pressure on women (and men) to try unfamiliar roles which are not part of their cultural tradition (Savic et al., 2013, Stewart, 2014). The

stress from accommodating these different roles, particularly in a foreign country and without extra family support, can put immense strain on a marriage and increase the incidence of domestic violence (Hebbani et al., 2013; James, 2010; Khawaja & Milner, 2012; Potocky-Tripodi, 2002; Shakespeare-Finch & Wickham, 2010).

### *Parenting*

One of the hardest acculturation issues for many South Sudanese women is the different style of parenting in the two countries. This view is supported by New Zealand literature (Deng & Marlowe, 2013; Deng & Pienaar, 2013; O'Bryne, 2012) and Australian literature (Hebbani et al., 2012; Levi, 2014; Shakespeare-Finch & Wickham, 2010). South Sudanese parenting style focuses on the importance of honour and respect for the hierarchy of elders by the use of physical discipline on children. However, physical discipline is illegal in New Zealand under the Crimes (substituted section 59) Amendment Act 2007.

Sudanese women's identity and reputation as mother and primary caregiver is closely tied to children's behaviour (Hayward et al., 2008, Hebbani et al., 2012). Therefore, taking away a form of discipline she is used to (particularly in a foreign country where she may already feel disempowered) can be significantly debilitating. The issue of young people assimilating faster into the new Western country than their parents and being encouraged to assert individual rights can also contradict the culture's more collective approach and create intergenerational conflict (Deng & Marlowe, 2013; Deng & Pienaar, 2013; Hebbani et al., 2012; Levi, 2014; Shakespeare-Finch & Wickham, 2010). The struggle with children rejecting Sudanese traditions of acceptable or proper behaviour in favour of the new country's way was seen in two Australian studies (Hebbani et al., 2012; Khawaja et al., 2008).

### *Family separation*

Separation from family back in South Sudan can also reduce the ability to acculturate successfully in New Zealand. Women (and men) can feel guilty for being safe, along with being worried about the fate of their family (Marete, 2012, 2013; O'Bryne, 2012). Australian studies confirm this too (Levi, 2014; Tilbury & Rapley, 2004). There can also be a sense of financial responsibility to send money back home and this is not always possible (Chile, 2002; Marete, 2013; Savic et al., 2013; Valtonen,

2008). Many describe a sense of being ‘in limbo’ between the two countries because of these remaining family connections (Tilbury & Rapley, 2004).

The collective nature of South Sudanese culture means that the lack of extended family which usually provides social support is absent (Hebbani et al., 2012; Tilbury & Rapley, 2004). For South Sudanese women this means having little or no additional help with childcare and discipline (Hayward et al., 2008; Savic et al., 2013, Wal, 2004). This is even more marked for single mothers who can feel extremely isolated with having to perform both gender roles without any community support (Deng & Marlowe, 2013; Levi, 2014). As De Souza (2011) says describing those in this situation (including Sudanese women), “Refugee women who are sole heads of households experience double the burden of stress with half the support” (p. 4).

Research shows that Sudanese women view the closeness of family, friends, and community as important and critical social supports in aiding their resettlement (Hayward et al., 2008; Khawaja et al., 2008, Schweitzer, Greenslade, & Kagee, 2007; Stewart, 2014; Tilbury & Rapley, 2004). Religious beliefs and practices also provide an important support for many Sudanese refugees (Khawaja et al., 2008; Shakespeare-Finch & Wickham, 2010; Tilbury & Rapley, 2004). These social supports help to provide a sense of belonging, reduce isolation, stress and anxiety, and help with integrating into the new society.

### *Secondary themes*

South Sudanese women also face a number of issues, many in common with other refugees from other cultures. These include discrimination, English language, education, employment, finances, and housing and health.

#### *Discrimination*

Discrimination can result from stereotyping and racism (Marete, 2013), along with a lack of understanding and education by the host country (Marete, 2012; Tilbury & Rapley, 2004). Racial discrimination or perceived racism was a key theme for two Australian studies on Sudanese refugees (Shakespeare-Finch & Wickham, 2010; Khawaja et al., 2008).

### *English language*

Further discrimination can result from refugees speaking no or minimal English. Limited inexpensive options for refugees to learn English can, argues Altinkaya and Omundsen (1999) result in an “underclass of refugees” (p. 37). Hebbani et al. (2012) further claim that English language is also one of “the primary adaptation challenges faced by female Sudanese former refugees” (p. 158). Shakespeare-Finch & Wickham’s (2010) research also supports this. The limited opportunities to learn English are particularly prevalent for older people (Marete, 2012) and those with childcare commitments (Broome & Kindon, 2008; Deng & Marlowe, 2013; Marete, 2013).

### *Education*

Limited education or unrecognised education are issues faced by South Sudanese women, as with other refugees. The Sudanese community view education highly and are eager to undertake learning opportunities in New Zealand (Deng & Marlowe, 2013; Marete, 2013) as is the case for the larger African community (Chile, 2002; Patterson, 2000). Limited English language ability and minimal education lead to reduced employment opportunities.

### *Employment/Finances*

Securing employment remains a challenge for many within the Sudanese community (Deng & Marlowe, 2013; Marete, 2013; Shakespeare-Finch & Wickham, 2010). This can be especially so for South Sudanese women who are often discriminated against when seeking employment (Hebbani et al., 2013; Savic et al., 2013). Low-paid jobs are often resorted to by Sudanese refugees, including women, in order to support the family (Hayward et al., 2008). Employment relates to finances, another significant struggle for many Sudanese refugees in resettlement (Khawaja et al., 2008; Khawaja & Milner, 2012; Marete, 2013; Shakespeare-Finch & Wickham, 2010; Tilbury & Rapley, 2004).

### *Housing*

The lack of adequate housing can be another concern for Sudanese families. This is due to New Zealand houses not being made to accommodate large or extended families living together, as is the case with other refugee groups too (Beaglehole, 2013).



### *Health*

Health obstacles to refugee groups, including South Sudan, consist of access to health care, a differing health status and different health practices (Potocky-Tripodi, 2002). There is also a lack of adequate accessibility and provision for those having suffered trauma (Beaglehole, 2013) or suffering anxiety and depression from resettlement-related issues (Tilbury & Rapley, 2004).

### *Strategies for better resettlement outcomes*

The literature provides a number of suggestions, many recommended by Sudanese refugee women themselves, to enable better resettlement outcomes. These included having more accessible and low-cost English language courses (Chile, 2002; Deng & Marlowe, 2013). Shakespeare-Finch and Wickham (2010) suggested having positive discrimination for refugees to help with education and employment prospects. Family reunification opportunities to help provide better social support systems was another common request (Deng & Marlowe, 2013; Savic et al., 2013). This was a common theme for other refugee groups too (Nash & Trlin, 2004). The suggestion of mentoring and peer support groups to provide support was another idea (Shakespeare-Finch & Wickham, 2010; Stewart, 2014). Better education by the host country about the refugee culture was a theme from a number of studies (Fiske & Briskman, 2013; Hebbani et al., 2012; Shakespeare-Finch & Wickham, 2010). Lastly, was the suggestion for a more collaborative approach with the cultural community to ensure that services best assisted them was made (Deng & Marlowe, 2013; Levi, 2014; Marete, 2013; Wal, 2004). All these strategies would ensure more culturally appropriate support systems for South Sudanese women coming to New Zealand as refugees.

### *Summary*

This chapter shows the significant gap in literature about South Sudanese women's experience of coming to New Zealand as refugees. Some research has been done in Australia and much of this is drawn on to highlight the key experiences faced by these women. The literature indicates that the most significant challenges faced relate to the differences to both gender roles and parenting styles between the two countries, along with difficulties with family separation. Secondary themes discussed in the literature included discrimination, English language, education, employment, finances, housing, and health. A variety of recommendations for improving the situation for South Sudanese women have been made. The following chapter outlines the details of the methods used in this research and the reasons for their selection.

## Chapter Three: Research Methods

The aim of the research is to hear the resettlement experiences of South Sudanese women who arrive in New Zealand as refugees. This chapter outlines the research methods used to best achieve this purpose. It discusses the research design, selection of participants, data collection, data analysis, ethical considerations, and study limitations.

### *Research design*

The research design draws substantially on cross-cultural methodological practices to ensure the research is authentic, ethical, and culturally appropriate. Qualitative methodology centres on subjective experiences rather than the more objective focus of quantitative studies (Rubin & Babbie, 2013). This approach, therefore, provides an opportunity to hear the voice of participants and is compatible with a cross-cultural framework (Liamputtong, 2010). It also supports the narrative theoretical approach (described in Chapter: 1). Qualitative methodology has been described as being “the sociological vanguard” (Morris as cited in Liamputtong, 2010, p.3) for exploring cross-cultural issues, showing its value and suitability.

A transformative paradigm, as described by Mertens, Sullivan, & Stace (2011), has also been chosen for this research. This paradigm not only supports the critical theory, discussed previously, but “directly engages members of culturally diverse groups with a focus on increased social justice” (Mertens as cited in Mertens et al., 2011, p. 230). Participatory action research (PAR), a central strategy under the transformative paradigm, values the collaborative nature of research between researcher and participants (Mertens et al., 2011).

The limited timeframe of the research means that the PAR’s co-researcher approach cannot be fully embraced. However, community participation is incorporated as much as is achievable. This consultation endeavours to build respect, reciprocity, and ensure the success of the research (Cleary, 2013; Liamputtong, 2010; Pernice, 1994).

### *Selection of participants*

The research uses an exploratory sample rather than a representative sample. Denscombe (2010) explains that while this type of sample does not necessarily gain an accurate cross-section of the population, it seeks instead to gain additional insights into an area that is relatively unexplored. This is particularly relevant for this research (as outlined in Chapter:2) where minimal literature is available. Purposive sampling, a form of non-probability sampling is also utilised. This means that the sample is specifically selected or “hand-picked” based on their relevance or knowledge of the topic (Denscombe, 2010, p. 34). The researcher has a certain judgement about choosing participants who will be useful (Rubin & Babbie, 2013). In doing so, it ensures information-rich data which directly addresses the research question.

The participants were required to meet the selection criteria outlined in the ethics application (Appendix 1). The criteria included participants being women originally from Sudan (now South Sudan) who had arrived in New Zealand as refugees over eight years previously. They had to be 20 years or older and currently residing in the greater Wellington region. They were required to be fluent in the English language in order to reduce cross-cultural communication issues between the researcher and participant. Further still, they needed to have completed a tertiary qualification. Participants were also unable to have had previous contact with the researcher in a volunteer or professional capacity.

The three participants interviewed all met the selection criteria. They arrived in New Zealand between 2000 – 2005 and, after their six weeks at Mangere, were assigned to live in the Hutt Valley region in Wellington where they have remained since that time. They have all completed a New Zealand tertiary qualification. In addition, although not specifically required, the participants were all single women when they arrived in New Zealand and had between four to six dependent children (either biologically theirs or for whom they were the primary caregiver).

### *Data collection*

Data collection was obtained through qualitative semi-structured interviews with participants. The researcher worked closely with the Sudanese community throughout the process. Initial consultations were made with the ex-chairman and current chairman of the Sudanese Community of Wellington who both gave their support to the project. It was discussed and agreed that, in

order to best meet both Sudanese cultural protocols (based primarily on relationship and trust) and ethical obligations, that the current chairman would approach 10-15 possible participants, giving them the information sheet (Appendix 2) and interview schedule (Appendix 3). A formal letter was given to the current chairman confirming this arrangement (Appendix 4). Gaining access to participants through relationships with the community leaders is a recognised and important part of cross-cultural research (Liamputtong, 2010; Rubin & Babbie, 2013). Liamputtong (2010) acknowledges that these leaders may act as gatekeepers in controlling access to community members. Their trust is, therefore, essential. Any women interested in being participants were then able to contact the researcher directly.

There was a month's delay between giving the information to the chairman to hand out and receiving a response. Different factors may have contributed to this – possibly hesitation with needing to trust an unknown outsider from a different cultural group or life's general busyness. The first two participants responded at a similar time and both spoke with enthusiasm at being involved in the project for different reasons which helped reduce ethical concerns around voluntary consent due to the community leader's involvement. The third participant responded a few weeks later and just before my 'cut off' for no more interviews. While having a fourth participant would have obviously added additional input and helped in drawing conclusions, the three participants offered a wealth of information. On reflection, the wait during the recruitment process involved patience, relinquishing power, and having trust in the Sudanese chairman to fulfil his role.

The interviews occurred during August and September 2015. They were based on the interview schedule (Appendix 3) although often the questions were repeated or rephrased (particularly with English being a second language) or further questions asked to draw out more information on a topic. All the participants appeared to speak honestly and freely about their experiences and, as with any interview, often warmed up as the interview progressed. The interviews were scheduled to take one hour. The actual interview time was between 26 – 50 minutes, although around 1 - 1 ½ hours was spent with each participant per interview. It was important to have some time before the interview to answer any questions, receive the consent forms (Appendix 5), and often have a cup of tea together. Time after the interview was also flexible to enable the participant to share additional comments that did not form part of the interview itself. The

interviews were all done at each participant's house, as requested by the participant, at a time agreed by both parties.

The researcher discussed cultural protocol regarding interviews with members of the community and those familiar with their culture prior to the interviews. The observation of cultural norms within this context was in line with cross-cultural methodology (Liamputtong, 2010).

### *Data analysis*

The interviews were recorded and transcribed semi-verbatim by the researcher. This involved removing any stutters, false starts, or fillers, but otherwise using the participant's exact words. The interview transcripts were then returned to participants to correct or delete anything they did not wish to be in the final report. This supported the collaborative and participatory approach encouraged by cross-cultural methodology (Cleary, 2013). The authority for the release of transcripts (Appendix 6) was signed by each of the participants. On reflection, it was recognised that further time was needed for participants to read their transcripts, given English was their second language. In one situation, the researcher sat with the participant and read through the last few pages together and, in hindsight, this may have been helpful for all participants.

Thematic analysis was used to draw out the key themes from the data (see Braun & Clarke, 2006). These were then compared to the themes from the literature and the results written up. Collaboration with the cultural community (Sudanese) in this analysis would have been ideal to gain their input (Cleary, 2013; Liamputtong, 2010; Pernice, 1994). However, this was not possible within the limited timeframes. The researcher sent the results chapter to participants to ensure the quotations used did not specifically identify them. They were also given the option to comment on other parts of this chapter. The report was then provided to the Sudanese Community of Wellington to gain their feedback prior to submission to the university. While these opportunities were given, the more limited time for analysis by the community meant that reflexivity of the researcher during this analysis was crucial to ensure value judgments did not dominate (Cleary, 2013).

An important part of cross-cultural research should endeavour to benefit those in the community (Liamputtong, 2010; Pernice, 1994). The researcher hopes that the participant's experiences and

recommendations will be heard in a wider context to enable social change. Accessibility of the report to the community is one way of achieving this (Cleary, 2013; Liamputtong, 2010). Consequently, a summary of the findings will be given to participants and a complete report to the Sudanese Community of Wellington and other agencies that might benefit (e.g. Red Cross Refugee Services). The researcher intends, if published, to use open publishing to enable easy access for the community and those in South Sudan.

### *Ethical considerations*

An ethics application has been approved through the Massey University Human Ethics Committee. Ethical considerations are particularly important in working cross-culturally and with former refugees. The key ethical issues that are addressed are informed consent, risk of harm, confidentiality/anonymity, and cultural competence.

### *Informed consent*

Informed consent was supported by the strict selection criteria of participants which included having a tertiary qualification and speaking fluent English. This allowed participants to understand the process and assess “benefits and burdens of the proposed research” (Wilkinson, 2001, p. 16) in their decision to be involved. The choice to have the participants being approached by the current chairman of the Sudanese Community of Wellington may create questions around voluntary consent. An information sheet (Appendix 2) provided to possible participants highlighting there was no obligation to be involved, along with the chairman also affirming this, aimed to ensure informed and voluntary consent. The researcher has also made an additional effort in telephone discussions and prior to the interview to confirm if participants have any questions and understand the commitment, along with their rights, in being involved.

### *Risk of harm*

The potential for risk of harm forms part of any research (Rubin & Babbie, 2013). This research has attempted to reduce this risk by focusing primarily on the resettlement experiences rather than prior experiences in the participant’s home country and/or refugee camps. The interview schedule’s questions have all centred on this (Appendix 3). However, one participant in the research did choose to discuss her life experience prior to arriving in New Zealand. The researcher redirected

her to the questions relating to resettlement and this part of the interview has not been included in the results. In reflecting on this, while recognising the reasoning behind the low-risk ethics requirements which meant not discussing pre-settlement issues which might be traumatic (thereby conflicting with the 'no harm' principle), this stance did seem to artificially limit an important part of the women's journey especially when these experiences clearly impact on their ability to resettle.

It is acknowledged that discussing resettlement issues may also produce some emotion especially if participants have dealt with issues such as loneliness, anxiety or discrimination. A list of agencies to contact was provided in the information sheet (Appendix 2) for participants who wanted to talk further about their experiences and was also discussed with at least one participant during the interviews.

The selection criteria included only women who have lived in New Zealand for eight years or longer and this also helped with the 'no harm' principle by providing a higher chance that the participants would have worked through these issues. It is recognised that there may be challenging issues raised for the South Sudanese community and this is another reason for their participation in the research process.

### *Confidentiality/Anonymity*

An assurance of confidentiality was offered to the participants at their interviews with the exception of discussions with the researcher's supervisor if there were concerns for the participant's safety or safety of others. A locked filing cabinet at the researcher's home stored the recorded and written data from the interviews. Electronic data was kept on the researcher's private computer which was accessible by password only. The data from interviews intends to be deleted or destroyed after the report has received a final grade.

Anonymity can be challenging with a relatively small population (O'Brien, 2001). The chairman has been requested and agreed to keep confidentiality with the women who receive an information sheet. Interview transcripts and the results chapter have been provided to participants to change or delete any quotations or information they thought identified them. Pseudonyms were given to help anonymity and were chosen by the participants as another way

of empowering them in the process, along with ensuring the names used were culturally appropriate.

Despite these efforts to keep anonymity, in practical terms, some of the participants indicated that they were aware of who the other participants were in the research. The small community, along with the specific selection criteria, meant anonymity was much harder to achieve. In reflection, given the Sudanese emphasis on collective community (Hebbani et al., 2012), the idea of individual privacy and anonymity is arguably a more Western concept which may not be as important for the participants. As Wal (2004) suggests, “In Sudan, there is nothing called confidentiality or privacy” (p. 6). However, for the purposes of keeping to the ethical requirements, the attempts described above were put in place to address confidentiality and anonymity of the participants.

### *Cultural competence*

Cultural competence of the researcher requires certain attitudes, beliefs, knowledge, and skills to ensure effectively working with a different culture (Lum, 1999; Sue, Arredondo, & McDavis, and Lum as cited in Potocky-Tripodi, 2002). The researcher is a New Zealand Pākehā woman with experience working and volunteering with migrants and refugees (including Sudanese). The researcher is a Christian, as are the majority of people from South Sudan. The researcher, as a woman herself, has also elected to interview women only. Liamputtong (2010) encourages women interviewing women stating that it helps with establishing trust, understanding subjective experiences, and reducing cultural barriers.

Cultural competence can also be demonstrated by the participatory nature of the research to ensure its cultural appropriateness (O’Brien, 2001). The researcher sought to achieve this by meeting with South Sudanese leaders, respecting decisions to participate or not, the manner in which interviews were conducted with participants, along with inviting comments by participants and the community as discussed in the data analysis section.

### *Study limitations*

The research was limited by time and low-risk requirements. The sample size of three participants, therefore, only represented a small number of all South Sudanese women who have



resettled as refugees to New Zealand. Their experiences need to be seen in this context. The selection criteria were a further limitation which, while protecting the participants from ethical issues, meant that the sample was only educated English-speaking women. South Sudanese women who speak limited English and do not have a tertiary qualification were not represented in the research. Arguably, these women may have significantly more struggles in their settlement experience because of this communication obstacle.

The limited timeframe also meant that the researcher could not fully engage a PAR strategy with the community for each stage of the research process. As it was, there were often delays at different stages. These included waiting for participants to initially contact the researcher, delayed interview times, awaiting participants to read through their transcript and results chapter, and waiting for the community to provide feedback of the final report prior to submission.

The researcher acknowledges the limitations of being an outsider to the South Sudanese community. This means she will not have the insight into cultural issues that an insider of the community would have. Cultural competence is, therefore, essential (Potocky-Tripodi, 2002), along with reflexivity to question aspects of her own culture and worldview (Cleary, 2013). Participants may also be more cautious about sharing any negative resettlement experiences about New Zealand because of the researcher's own background as a New Zealand-born citizen. However, there are also values gained from outsider research in being able to recognise things that may not be seen by those inside the culture (Liamputtong, 2010; Pernice, 1994).

### *Summary*

This chapter has described the research methods. As discussed, cross-cultural methodology has played an important part in the various decisions about the methods chosen. Qualitative methodology using semi-structured interviews from a small purposive sample of three participants has been selected to best meet this goal. Similarly, throughout the recruitment, collection and analysis of the data, a cross-cultural approach has been used. Ethical considerations and study limitations have also been examined in this light.

The next chapter discusses the results from the interviews and examines the main themes.

## Chapter Four: Findings

*I need the world to know what happened for someone's life.*

*I want the world to know how the difficulty for the refugees (Jamilla).*

This chapter presents themes from the refugee resettlement experiences of three South Sudanese women who participated in this study. They have chosen their own pseudonyms: Jamilla, Fatuma, and Cydonia. The chapter discusses initial adjustments first. Secondly, the three main themes that all participants mention in their interviews are addressed: support systems, gender roles, and education. Lastly, secondary themes that two of the three participants mentioned are discussed: health, morals, parenting, employment, and finances/housing.

### *Initial adjustments*

The opportunity for refugees to resettle to a new country comes with mixed emotions. On the one hand, is a sense of freedom, as Cydonia says, "I'm so happy to be here because not worried about the war and not worried about security." However, adjustment to a different culture and context inevitably creates difficulties. All three participants referred to concerns both prior and on arriving to New Zealand about the cold weather. As Jamilla explains,

*Our place Kenya [refugee camp] is very, very hot and then I would say... 'How am I going to settle here?'... for us when we come the first time we really, really cold.*

The cold weather has been more than just an initial adjustment for Fatuma who says,

*Even though I've been here for 10 years still sometimes work people say 'Fatuma, are you still cold?' I say, 'Yes'... my children they adjust to that weather very quickly but not me.*

Two participants also indicated the adjustment needed because of the different food between the two countries.

## Support systems

### Single mothers

All the participants agreed that coming to New Zealand as a single woman with children was hard work without a husband to provide additional support.

*Being a lady and no-one around to help is hard sometimes.... we have a lot of single mums cos the war take away all the men (Cydonia).*

*For myself you know I am single. My own problem is... just the load of work cos it is all on me.... It is not easy to look after the family as a woman... Families are not supposed to be apart (Fatuma).*

### New Zealand support

All three participants agreed that a positive resettlement experience was the support shown by New Zealanders. A crucial part of this was the assistance given by their volunteers from RMS (now Red Cross Refugee Services) who assisted them in their first six months after arriving in Wellington. Two participants explain,

*They help support when you arrive. It's not easy to come from where I come from straight to a city... You know life is very, very difficult. It would have been really hard for us but I think they did an amazing job. They look after us (Fatuma).*

*Yes, volunteers. They look after me... always come and helps a lot, take us shopping, make appointment with the doctor... take me shopping with my kids... take my children to school in the morning (Jamilla).*

The volunteer relationship often extended beyond the six months as Cydonia describes,

*Sometimes we still call each other if something difficult.*

Two participants said they were supported by their neighbours. As Fatuma shares,

*The neighbour felt like we came from a foreign country me and my kids very supportive. Not only her but all her family came here. I really appreciate what they did.*

Jamilla had much praise for her local community, Upper Hutt, which she says helped a number of single mothers from Sudan.

*Yes, I'm really, really happy in Upper Hutt cos we got a lot of support... they are very, very good people and this is why I never... move from Upper Hutt.*

### *Missing South Sudan support*

However, despite the support the women received from volunteers, neighbours, and community, all of the participants spoke about not having the close relationships with neighbours that they were used to in South Sudan. Jamilla explains,

*We Sudanese we always love our neighbours. We are always very close... If we've got a party, I call the neighbours... and then after that my family... but when I come to New Zealand... my first time hard to go and say hello... or scared maybe you knock on the door and they say, "What do you want?" ... I don't know my neighbours. My neighbours don't know me. I am just like inside. I say if something happened now who help me first. Only 111. But... Sudan if something happens straightaway I ring my neighbours and if they hear anything they come and also if I want to go shopping cos I got small kid I leave them with my neighbour's kid.*

Cydonia had a particularly bad experience with her New Zealand neighbours after she was housed next to gang members. She had rubbish put on her property, washing stolen from her clothes line, eggs thrown at her, and verbal abuse. Cydonia explains,

*We can't get out. For one month inside. When we came out they were abusing us... and I'm thinking to go back. I said I came from Sudan about the war and now I get the war again. The good thing Housing New Zealand, they take action quickly.*

Cydonia says that the abuse given was also racially-centred.

*Yes, they told me, 'You are black. Go back to your country. What do you want here?' Sometimes my kids ask me, 'Mum, why are we here? Why did you bring us here?' And I told them, "I don't choose.*

All three participants discussed how they missed the close support their extended family provided in South Sudan to help look after their children or provide financially. As Cydonia explains,

*In our culture you can't stay by yourself without your people and your family around and your aunties around but when we came here no-one only you and your family.*

### *Religion*

One participant mentioned the support she gained from her faith in God helping her to cope with her journey as a refugee, including during resettlement.

*I've faced a lot of bad life... but only God look after me because I believe to God always. I pray and I pray and always God help me (Jamilla).*

### *Suggestions*

One participant suggested that increasing the refugee quota was important because it increased family reunification. As she says,

*It would help them resettle if they bring family - very close. Because I've got a lot of people who tried and tried but when their family not come they feel isolate, feel behind... they going to stress (Jamilla).*

Despite the South Sudanese people coming together as refugees in New Zealand, when they arrived, many did not know each other. They have become a close-knit community as Cydonia explains,

*Sudan is a big country and we've been selected from tribes and we don't know each other and sometime our language different... It's very difficult but now we united together... We small community but we very strong.*

Two participants, therefore, suggested direct involvement from their community with any future South Sudanese refugees. One participant also advocated the use of a cultural committee which had already helped their people with resolving difficult issues to be given the opportunity to resolve their own issues first. As Fatuma says,

*We don't want a person who doesn't know more about our culture to solve our problems... we got one of the people who was arrested long ago for a crime. So we ask them if they could let us try... first and if it is not solved we will welcome them to help us because we don't want something dangerous happening to anyone.*

### *Gender roles*

All three participants agreed there were different expectations for women from South Sudan compared to New Zealand women, although one participant said that things were changing in Sudan.

### *South Sudan*

They all shared that for women in South Sudan their primary role is to have children, do the housework, and cook for their husband and family.

*Very different here. In Sudan, the lady not going to work... The lady do housework and look after the kids. You have a lot of kids (Cydonia).*

*Women just deliver baby baby baby baby just more baby. No life. Every year you have a baby... cooking, cleaning, tidying up, just stay home (Jamilla).*

They all agreed that men's primary role in South Sudan was to work for the family. As Fatuma says, "Work for money, man's job in Sudan. It's not my job to work for money." Jamilla also describes the role,

*The man will work, when come home the food ready eat. That's it. Never help with the house, never help with the cleaning, never help with the baby, never take the baby out."*

Jamilla saw these roles as limiting the options available for women in South Sudan.

*In Sudan.... Men is first and then women is second. Women have no right. This is only bad thing. Women don't have right to enjoy herself like men... Sometimes some women got a job but some women they are just stuck inside.*

### *New Zealand*

In comparison, all three participants observed that many New Zealand women work in paid positions and men and women share the responsibilities of employment, childcare, and housework. Two participants spoke positively about how New Zealand treated women and the opportunities that it provided compared to South Sudan.

*But in New Zealand... It's good and people together go to work and you look after the kids together... you have to cook, man have to cook, go to work together... I like that (Cydonia).*

*I love New Zealand now because New Zealand they make everyone equal... because they don't give chance for women to do what they want to do this is why they let their women down in my country. But in New Zealand, women can work anywhere... you can look after your own kids, got a job, you do your own shopping, you can go club by yourself when your kid grow up and you can join women group.... You can go anywhere you want to go, you can go swimming... You got freedom to do whatever you want to do... Sometime men... cook or cleaning up and help their women with the kids... And this is all big difference for us... and I like that way, we should be equal like that, treat women with respect and women also need time for themselves, to learn, to be independent (Jamilla).*

### *Relationship tensions*

The different expectations of these roles, however, has the potential to cause significant tensions in relationships. Fatuma explained that this can happen when the wife wants to take on a New Zealand

woman's role such as working and the husband wants to retain the Sudanese traditional way with the woman being at home.

*But here because we are seeing Kiwi ladies working, we need to work and some men they don't want their wives to work. It's a bit more complicated. Some ladies say now we are in New Zealand we have to share all sorts of responsibilities. If I'm working, you work. When we come home I need help in the kitchen... Some ladies here are expecting their husbands to work as Kiwis men to help them (Fatuma).*

On the other hand, Fatuma said there can be conflict when the wife wants to retain their South Sudanese role in New Zealand and the husband wants to take on the New Zealand role as it does not reflect well on them.

*Some ladies doesn't like some men who want to be like Kiwis. Their wife doesn't want them to do that because in my culture when your husband help in the kitchen or anything that under women responsibility people will say you are not capable of it. It is a big problem here.*

Fatuma explains that when the husband and wife are able to communicate and resolve the differences there is no problem, but when it is not discussed it can cause issues.

*Some people will keep it to themselves and it cause problems because our men the way they brought up they are not refusing but it is hard for them to adapt this life because we put it as part of our culture for men... but for families who are understanding the life there is no problem they are just living as kiwis are quietly in their houses... most of them they have problems but if you want to listen to that problem you can get it clear... I know it is something to do with culture... I can't blame the ladies. I can't blame the men (Fatuma).*

Fatuma is part of a committee which helps people who find the issues too difficult to resolve on their own. She says,



*When the problem become a bit complicated they can't solve it.... We just talk and tell them the situation because we can't remain the same. We don't want to lose our culture but we have to look at the situation.*

Fatuma advocated teaching cultural awareness for South Sudanese refugees on arrival to New Zealand, particularly for the husband and wife, to understand the differences between the two contexts and learn how to communicate these with each other.

### *Education*

All three participants said that a positive experience in coming to New Zealand had been the opportunity it had provided for their children's education and their own education.

#### *Children's education*

For their children's education, the accessibility of school was appreciated. As Cydonia says, "I am so happy because my kids go to school." Fatuma also appreciated that school fees did not have to be paid. The New Zealand education system was still seen positively even when some children chose not to complete tertiary education,

*All my children they finish high school but unfortunately they did not finish university. But I think it is their choice not something to do with New Zealand or something to do with me... I think the systems still good here (Fatuma).*

#### *Adult education (including English language)*

While each of the participants had some English language before arriving in New Zealand, it was still their second language. As Cydonia says, "the language is different... Not easy to learn another language... but we try."

One participant describes positively the support she had to study English language,

*Sudanese women... they arrange the Refugee and Migrants... vans for us... who want to study and then every morning the vans coming... and pick us up. And then all the support*

*people take the kids to school and we got a time to study... and that time is really good... and all the time... we are there and slowly, slowly learning (Jamilla).*

It was clear from their responses that each was grateful for the opportunity and felt a real sense of achievement in completing their qualifications. As Jamilla says,

*I study for one year... then I finish I got my level 3... That's good and then my brain open and I know what I'm going to do.*

Fatuma explains the opportunity she had with education in New Zealand that she would not have had in South Sudan.

*I found it is a very big achievement cos if I were still in Africa I can't do this because I will be looking for a way to bring my kid to get them education. It can't be possible for me to study at all... I might be doing small business and I have got five kids or six it would be hard for me to support them.*

The women also recognised the difficulties many men from South Sudan faced when coming to New Zealand and not having their qualifications recognised.

## *Health*

One participant spoke positively about the availability of the New Zealand health system to everyone. However, for the other two participants, this availability was marred by the expensive medical costs particularly for visiting the doctor. This was especially pronounced with having a large family and only one income. As Cydonia explain,

*I'm the one working the job and when you see the doctor it is a lot... Sometimes some people they don't see the doctor because of the finance... if I'm sick, I go 45 today, my son is sick 45, nothing remain. It's very difficult.*

These two participants saw affordable healthcare as important for their resettlement. As Jamilla says,

*People should be thinking about people's health and people's life because we are not all rich... get to be equally alive, not just let them die.*

### *Morals*

Two participants said that an area they struggled with adjusting to in New Zealand was what they perceived as lower morals than South Sudan and the effect this might have on their children. As Fatuma says this was the "one thing that disappointed me a lot. It was the way the kids are behaving in this country."

Two participants were concerned about young people drinking, smoking, fighting, and increased physical intimacy. All three mentioned the issue of crime in New Zealand and one mentioned drugs as a concern.

Smoking and drinking were expressed as not being part of the culture in South Sudan or, at least reserved for older people who didn't have responsibilities of looking after others. As Jamilla says, "In my culture the kid never smoked." Fatuma describes the role of alcohol in South Sudan, They are not allowed to drink when they are a young age. Even lady like me still I am young I can't drink, but mother grandmother, she is the one who can do everything she wants; if smokes she can, if she wants to drink she can.

They compare this to New Zealand and their observations of young people. Jamilla says,

*Cos some kids now are drinking alcohol in New Zealand and then they are fighting in the pub and then shouting, behave badly, they take their clothes off and... they use the marijuana.... this drug is the only main thing I'm scared for that.*

Fatuma describes her particular concern after seeing the promiscuity of young people in public,

*When I passed through the park, I saw the kids doing that thing in the street, under the tree, they kissing .... A very big stress I say to myself what about if I saw my daughter with a young boy what would happen to me?*

## Parenting

Two participants said that young people having more independence in New Zealand made their role as parents hard. Fatuma describes this difference between the two places:

*They don't see it as a problem. Like us we don't want our daughter to go out often. It's not acceptable in our culture... They see it as part of being a young person, they want to go wherever they want to go.*

Only one participant spoke specifically about not being allowed to physically discipline her children as was done in South Sudan.

*So it was a big challenge for me cos we talk to our kids when they did something wrong. You sit them down and talk to them, for second time, third time, you can't just talk to them. We have a different way of disciplining our kids but it is not acceptable here (Fatuma).*

One participant also shared her specific concern of not having a husband to help with parenting, particularly with her sons where their role was culturally very important.

## Employment

Two participants spoke positively about their opportunities to work in New Zealand. However, two participants also said that it could be difficult to gain employment. They recognised the particular difficulty for men coming to New Zealand because of their previous expectation of having a well-paid job too. Their qualifications were not always accepted in New Zealand and meant they often had to take a lesser job or retrain.

*But for single men also it still difficult... Cos like I've got my cousin... he said, 'Look at me Jamilla, I'm a big lawyer in Sudan and I now I come to New Zealand and I'm a cleaner.' And I say, 'Nothing you can do cos not your country but you take whatever... to survive'" (Jamilla).*

One participant mentioned the relationship tension resulting from wives getting employment faster than their husbands because they are more willing to take unskilled work.

Jamilla advocated for more employment options to help both men and women successfully resettle in New Zealand.

*It is good when you bring someone to your country. You have to look after them, give them job. The most thing is job. If they have a job, then their life can change.*

### *Finances/Housing*

Two participants spoke about the difficulties with having limited finances. Jamilla describes her struggles with saving to buy a house, particularly as a single mother on limited income,

*The housing was very high and if you didn't have the money, they kick you out and then you've got no money to buy your own house and you've got not enough money to saving more... the money you've got saving used for school... Only one hand. One hand not clap.*

Jamilla suggests the government should provide further support for both 'kiwis' and refugees to help them be able to afford their own homes.

Fatuma says that New Zealand does provide good systems to help people with finance. However, she says that the need for a greater income to live in New Zealand makes it harder for women and men to stick to the traditional South Sudanese roles. As she explains,

*Like if someone doesn't want his wife to work, he has to work harder. Harder because the life here is not easy like back home. Back home we have our own houses. We have our own gardens. We just buy little things, so money is not a big issue... but here everything is money. If you don't want your wife to work today, you have to double the work so that you will fulfil all the needs for the kids and your wife (Fatuma).*

Fatuma also says that more finances are often needed to support extended family in South Sudan and this can cause further marital tension,

*Plus, we have problem with our people. They are in the war now. They need our support. You support people back home. If the wife is working, she want to support her family. By doing that she can't fulfil everything at home here and the man might think because you are sending money to your parent is a problem and if they have a problem... the man will decide to go or... quarrel with the wife.*

### *Summary*

This chapter highlights the positive opportunities for South Sudanese women coming to New Zealand to experience further education, employment, and a sense of freedom. However, this is balanced with the complexity of resolving the differences between the two cultures – the reduced connection of neighbours and extended family, different gender roles, and struggles with young people's independence/lower morality. Issues such as increasing the annual refugee quota, access to healthcare, finances, and housing can be addressed by the government. However, the women suggest that cultural differences should be resolved within their own community.

The next chapter analyses the results from this chapter with those found in the literature review.

## Chapter Five: Discussion

The purpose of this chapter is to analyse and compare the results from the interviews of the three participants with the relevant literature. It will evaluate the similarities and differences and draw conclusions which will form the report's recommendations. The chapter is divided into the different themes previously discussed in Chapters two and four. Firstly, it discusses the initial adjustments made when resettling to New Zealand. Secondly, it will consider the themes individually under the headings of support systems, gender roles, parenting/ morals, English language/ education, health, employment/housing/finances, and discrimination.

### *Initial adjustments*

Freedom and a sense of security were part of participants' initial experience after arriving in New Zealand and this was supported by findings from Marete's (2013) study of Sudanese refugees' initial resettlement experiences in New Zealand. Interestingly, however, other initial acculturation issues spoken about by participants were not mentioned in the literature. All three participants spoke about their adjustment to the cold weather in New Zealand and the contrast to hot Sudan (and Kenya where Jamilla was based at a refugee camp). Two participants also spoke about the difficulty adjusting to the different food. These responses provide an important reminder that what may be considered as small issues can, in fact, play a significant part in helping with these early stages. While the weather cannot be changed, providing warm houses with sufficient heating and extra clothes, if needed, along with the availability of familiar foods is important in the initial adjustment to living in New Zealand.

### *Support systems*

Strong support systems form the basis of successful resettlement for Sudanese women. This was a sentiment seen in the results and confirmed in the literature (Hayward et al., 2008; Khawaja et al., 2008, Schweitzer et al., 2007; Stewart, 2014; Tilbury & Rapley, 2004). The women acknowledged that New Zealand had provided important support particularly through RMS volunteers and also neighbours and the local community. Jamilla shared about the extent her volunteer took in taking her children to school and picking them up while she attended both her English language course and further education. It could be suggested from the results that the positive support received by

all the participants has, in part, contributed to the opportunity for them to successfully complete their tertiary qualifications.

These support systems are even more valuable for the participants in this study because of their unique status of being single mothers, each with between four to six dependent children. All of the participants confirmed the themes reflected in the literature that this stress was difficult for them with having to fulfil both gender roles without any additional family support (Deng & Marlowe, 2013; Levi, 2014). As De Souza (2011) indicates, single mothers coming to New Zealand as refugees have “double the burden of stress with half the support” (p. 4). The participants’ successful resettlement is, therefore, of even greater credit to their resilience and strength, in spite of these barriers.

It was clear, however, from the results that, despite the positive New Zealand support received, it was not to the same extent as experienced in South Sudan. The contrast of coming from Sudan’s collective society, where extended family, neighbours, and community play a key role in the lives of the women, to New Zealand’s more individualistic society was an issue discussed by all three participants and supported by literature (Hebbani et al., 2012; Tilbury & Rapley, 2004). Cydonia illustrates this well saying, “in our culture you can’t stay by yourself without your people and your family around.” While the literature mentioned this additional support relating to childcare and discipline (Hayward et al., 2008; Savic et al., 2013; Wal, 2004), the participants particularly mentioned missing the extra support around childcare and employment. They expressed feeling much more isolated in New Zealand.

Sudan’s collective society also meant that there was still a tie to one’s extended family in Sudan and an expectation to support them. Fatuma described the obligation people felt to send money back to South Sudan, particularly because of the on-going war. Literature confirmed this sense of financial obligation (Chile, 2002; Marete, 2013; Savic et al., 2013; Valtonen, 2008). The literature also referred to Sudanese refugees’ feelings of guilt at being in New Zealand while other members of their extended family remained in Sudan (Marete, 2012; Marete, 2013; O’Byrne, 2012). This was not brought up during the interviews in this study. While Fatuma showed there was still a tie, none of the participants described being ‘in limbo’ between the two countries as some research for Sudanese refugees had found (Hayward et al., 2008; Taylor & Rapley, 2004).



Religion was another form of support seen in the results. Jamilla expressed the part her personal faith had in providing her with a sense of hope during her resettlement journey, along with the support of the wider church community. Religion is also mentioned in literature as a key support through both personal faith and church community in helping to cope with the transition of resettlement (Khawaja et al., 2008; Shakespeare-Finch & Wickham, 2010; Tilbury & Rapley, 2004).

### *Gender roles*

The traditional gender roles expected of South Sudanese women and men is confirmed by both the results and literature (Deng & Marlowe, 2013; Fluehr-Lobban, 2005; Hebbani et al., 2013; Marete, 2012; Schweitzer et al., 2006, Wal, 2004). The participants all described the established role of South Sudanese women as having many babies, cooking and cleaning in comparison to the men's role as the breadwinner. All participants saw the role of New Zealand women as different from this with opportunities for women to do paid work and men to be involved in housework. Fatuma recognised the opportunity for further education which she would not have had in South Sudan as a single mother. Jamilla and Cydonia particularly embraced this sense of freedom and opportunity as women to engage in paid employment and enjoy leisure activities they felt unable to do in South Sudan.

However, the participants also recognised the potential tension that these different gender roles between the two countries could have in a relationship. This resonates with the literature which highlights relationship tension, domestic violence, and even separation as couples try to work out these different roles (Hebbani et al., 2013; Khawaja et al., 2008; Shakespeare-Finch & Wickham, 2010). The participants, as single women, did not provide any personal experience but they all recognised couples faced this issue. Fatuma was particularly concerned about the impact this conflict over gender roles had for couples, families and their community. She gave the example of tension resulting when the women engage in employment which has previously been the man's role. Hebbani et al. (2012) supports this view explaining that the friction results from unemployed men feeling like their status has been reduced while women gain increased status by having financial provision. Fatuma also refers to relationship conflict being caused by the additional financial pressures in New Zealand, along with the expectation to send money back to family in Sudan.

The participants provide insight into this very real issue of balancing two cultures, with the example of different gender roles, and having to choose their own response. Two participants, while respectively recognising the differences and potential tensions for their culture, have chosen to pursue the 'New Zealand' role given to women. In doing so, they take on Berry's (1997) assimilation category of the different acculturation outcomes. In comparison, the third participant indicates her struggles with the different gender roles while also upholding Sudanese culture. Her views align with Bredlid and Bredlid (2013) of not accepting gender equality without also "considering indigenous content, perspectives and knowing" (p. 105). As Fatuma says, "We don't want to lose our culture but we have to look at the situation", showing her inward battle. She falls under Berry (1997)'s integration category of trying to uphold both cultures.

### *Parenting/Morals*

The restrictions on using physical discipline to parent children, according to the literature, is one of the most difficult acculturation issues facing South Sudanese women settling in New Zealand (Deng & Pienaar, 2013; Deng & Marlowe, 2013; O'Bryne, 2012). However, this was not evident in the research results. Only one participant mentioned it as an issue she had to address. Given the small sample in this study, one cannot make too many speculations about why this is the case. However, one suggestion could be made that since all the participants are single they had more freedom to choose alternative forms of discipline than having to rely on a partner to agree to this change. Another interpretation could be that, due to all the participants completing tertiary qualifications, they were more integrated into the New Zealand system. This could have resulted in their having opportunities to understand alternative methods of disciplining children that they were not previously aware of and being more adaptable to change from the traditionally accepted Sudanese way of parenting.

Children assimilating faster and wanting to gain independence meant that parenting was more difficult in New Zealand according to two participants. Literature also suggested that young people learn English language and adjust into New Zealand culture quickly and this causes them to question the traditional Sudanese values of their parents (Deng & Marlowe, 2013; Deng & Pienaar, 2013). The situation between Sudanese children and parents in Australia similarly shows this tension between parental authority and young people's independence (Hebbani et al., 2013; Levi, 2014;

Shakespeare-Finch & Wickham, 2010). Two participants struggled with their children being exposed to areas such as smoking, drinking, drugs, and promiscuity and felt they would not have had to face these in South Sudan. All three participants mentioned crime as a negative issue in New Zealand. These views support the literature which expresses the concerns of Sudanese women having their children reject Sudanese traditions in favour of the new host country (Hebbani et al., 2013; Khawaja et al., 2008).

### *English language/Education*

The opportunities to study English language and complete a tertiary qualification was a positive aspect of their resettlement for the three participants. They were all incredibly proud of their successes particularly, as Fatuma said, because the opportunity would not have been available to them in South Sudan. While the participants recognised these achievements required a lot of work and time on their part, none of them referred to cost or access to English language or further education as an issue. In fact, Fatuma was very impressed that education was available for everyone. This response differs considerably from the literature which refers to access and cost of English language courses for refugees in New Zealand as being a significant issue (Altinkaya and Omundsen, 1999). Hebbani et al. (2012) specifically says English language is a settlement challenge for Sudanese women. All three participants, single with between four to six children each, were also still able to access English language courses despite literature highlighting childcare as a barrier to achieving this (Broome & Kindon, 2008; Deng & Marlowe, 2013).

The differences in response to English language and education between the participants and the literature could be explained partly through the strict selection criteria for this study which required participants be fluent in English and have a tertiary qualification. The participants were, therefore, from a very specific group of Sudanese women. Barriers of cost and access may well be an issue for other Sudanese women who are not fluent English speakers or do not have tertiary qualifications. This shows an important limitation to this research. Similarly, as mentioned in the support systems, the opportunities granted for at least two of these participants was made available because of the time they came to New Zealand and RMS's programme to help transport the large number of single Sudanese women arriving in Upper Hutt to English language courses and help with childcare. This provided the opportunity to 'get ahead' and move from English language to qualification to employment.

The impact for Sudanese men coming to New Zealand with qualifications that were not recognised here and having to start again was raised in the results. The literature also acknowledged this (Hebbani et al., 2013; Marete, 2012).

### *Health*

The results strongly supported the lack of access to healthcare as an important resettlement issue. Two participants spoke about the cost of visiting the local doctors, particularly due to having a large family. They also spoke about themselves and others not visiting the doctor when sick because of the cost involved. The literature supported access to healthcare as being an issue for refugees generally (Potocky-Tripodi, 2002). The literature also mentioned other health-related issues that were not mentioned by the participants. This included different health status and practices (Potocky-Tripodi, 2002) and the lack of provision for mental health issues (Beaglehole, 2013; Tilbury & Rapley, 2004).

Government policies on access to healthcare have made some attempts to address this issue. The Free Child Health Care Scheme was introduced in 1997 which provided for free visits for children under six to most general practice consultations (Ministry of Health, 2012). This has recently increased to include children under thirteen from 1 July 2015 (Ministry of Health, 2015). These changes will certainly help with better access to healthcare for refugees with large families.

### *Employment/Finances/Housing*

Two participants acknowledged that finding employment could be difficult in New Zealand. This was also endorsed by the literature (Deng & Marlowe, 2013; Marete, 2013; Shakespeare-Finch & Wickham, 2010). However, none of the participants mentioned receiving any discrimination when seeking employment which was raised as an issue in an Australian study with Sudanese women (Hebbani et al., 2013).

The lack of finances during the resettlement process was discussed by two participants. This was specifically related to not being able to afford adequate healthcare and being unable to save for a deposit on a house because of other bills and limited income. Literature also emphasised limited

finances being an issue for many Sudanese refugees during the resettlement process (Khawaja et al., 2008; Marete, 2013, Shakespeare-Finch & Wickham, 2010; Tilbury & Rapley, 2004). Government policy initiatives to encourage employment opportunities, along with ensuring a sufficient minimum wage (ideally enforcing a living wage) to enable Sudanese women to meet their financial obligations (especially as single women with large families), would certainly help address these issues.

The issue of New Zealand's small houses for large refugee families raised in the literature (Beaglehole, 2013) was not mentioned by the participants.

### *Discrimination*

Discrimination was only addressed by one participant in the study. Cydonia discussed her experience of living next door to gang members and receiving abuse from them partly as a result of her culture. She said that Housing New Zealand arranged new accommodation and she had no further issues. The results do not appear to match up with the literature which has discrimination listed as a key theme for two Australian studies on Sudanese people (Shakespeare-Finch & Wickham, 2010; Khawaja et al., 2008). The participants also made no direct reference about the need for New Zealand to become better informed about Sudanese culture as compared to the literature which encouraged more awareness and education of the host country about the refugee culture (Marete, 2012; Tilbury & Rapley, 2004). This could have been as a result of the small number of participants or possibly that the researcher was a representative of 'the host country' and the participants did not want to cause any offence.

### *Suggestions*

Two suggestions are made by participants and supported by the literature regarding successful resettlement outcomes.

### *Family reunification*

Jamilla strongly advocated for more family to come from Sudan to provide social support and aid resettlement. She further said that significant stress was caused when extended family were unable to come. Literature supported family reunification as an important solution to help with supporting Sudanese women (Deng & Marlowe, 2013; Savic et al., 2013). Given previous comments

regarding Sudan's collective society, this confirms the importance of the presence of extended family.

### *Collaborative approach with the cultural community*

Two participants advocated the Sudanese community be directly involved with new refugee arrivals from South Sudan to help them understand New Zealand culture. Fatuma strongly advocated the role of the cultural community in working with couples to help them understand the different gender expectations of each country and how this might affect their relationships. She also advocated the role of the cultural community in working with organisations such as the police with offenders from their community to help resolve issues in a way that was culturally appropriate. Literature strongly supports the use of the cultural community in helping to ensure the best services are provided for them (Deng & Marlowe, 2013; Levi, 2014; Marete, 2013; Wal, 2004). Literature also suggested mentoring and peer support groups by the cultural community to help individuals (Shakespeare-Finch & Wickham, 2010; Stewart, 2014). This collaborative role additionally provides self-determination which is crucial for the well-being of South Sudanese people who come to New Zealand as refugees (Marete, 2013).

Suggestions made by the participants and mentioned by the literature but not to the same level of detail included having specific financial assistance from the government to help with purchasing a house and more employment opportunities for the particular purpose of reducing crime.

The literature also raised a number of suggestions which were not mentioned by the participants. These included the recommendation for accessible and low cost English language classes (Chile, 2002; Deng & Marlowe, 2013). Another suggestion was the education of the host country about the refugee country (Fiske & Briskman, 2013; Hebbani et al., 2012; Shakespeare-Finch & Wickham, 2010). The literature also encouraged the use of positive discrimination for education and employment for refugees (Shakespeare-Finch and Wickham, 2010).

### *Summary*

Two main themes which showed the key issues facing South Sudanese women during their resettlement to New Zealand were evident from both the results of the research and the literature. Firstly, was the need for strong support systems by the New Zealand community and the local

Sudanese community to ensure successful resettlement. Secondly, was the opportunities, along with the tension, that resulted from the different gender roles between the two countries.

A number of secondary themes were also common to the results and the literature. They both communicated about young people's assimilation and independence which could create inter-generational conflict. Issues arising from access to healthcare, difficulty gaining employment, and low finances are all similar in the results and literature too.

There were also a number of differences between the results and literature. These included the literature's focus on different styles of parenting being an issue (particularly the differing views around physical discipline) which was given minimal attention in the results. Similarly, the results showed a positive view of access and cost to English language and education opportunities which contradicted the literature's perspective. The literature also gave more weight to discrimination, the need for large houses and other health-related concerns as being issues for Sudanese women.

The results and literature both agreed on recommendations of more family reunification and collaboration with the cultural community.

The next chapter will provide the researcher's recommendations for better resettlement outcomes for South Sudanese women coming to New Zealand, along with recommendations for social workers based on the findings from this report.

## Chapter Six: Conclusion & Recommendations

*“If you want to go fast, go alone. If you want to go far, go together.”*

*(African Proverb as cited in Chamberlin, 2014)*

This research report set out to provide a presence and voice for South Sudanese women coming to New Zealand as refugees, so that they were no longer part of the “invisible and silent majority” of refugee women around the world (Gozdziak & Long as cited in Baird & Boyle, 2012, p. 15). It sought to explore the resettlement experiences of three South Sudanese women through qualitative interviews and particularly how they negotiated the different gender roles between the two countries. It also sought to provide recommendations about what could be done better in the future to enable successful outcomes for them and the Sudanese community. While the limitations, as outlined in Chapter 3, including the small sample of three women is acknowledged, there is also an incredible wealth of information that has been gained through this research too.

The research clearly showed two main themes present when exploring the refugee resettlement experiences of these South Sudanese women. Firstly, was the importance of solid support systems from the New Zealand community and the Sudanese community. Secondly, was the value of understanding both the opportunities and also the tensions caused by the different gender roles between New Zealand and Sudan. The secondary themes included the struggles with parenting children assimilating faster into New Zealand culture than their parents, the positive opportunities to learn English language and education for themselves and their children, health costs, difficulties with gaining employment, and financial pressures.

### *Recommendations*

Three recommendations to enable better resettlement outcomes for South Sudanese women coming to New Zealand as refugees are made as a result of this research.

Firstly, it is recommended that family reunification issues are addressed two-fold by increasing the annual refugee quota and by providing long-term support (18 months minimum) for new families arriving in New Zealand. Family reunification is essential for South Sudanese women and,



arguably all the Sudanese community, to acknowledge their collective framework and provide better support systems which will enable on-going stability (Deng & Marlowe, 2013; Savic et al., 2013). This requires government policy to increase the annual refugee quota but also to ensure structures are in place to provide support for an extended period of time, which is critical for healthy establishment of a cultural community (Fisk and Briskman, 2013). Refugees are currently not receiving this long-term support (Mortensen, 2008; Pepworth & Nash, 2009; Spoonley & Bedford, 2012). In this research, the intensive support received by all the participants is testimony to their success and provides an excellent example of what can be achieved when on-going consistent support systems are in place.

Secondly, it is recommended that there is more collaboration with the Sudanese community about both government policy and the social services which serve them. In doing so, there can be self-determination for those previously marginalised. Their voice should be acknowledged when creating both government policies and international policies (Van Selm, 2014). There also needs to be active consultation and participation with the Sudanese community directly to ensure social services meet their cultural needs (Deng & Marlowe, 2013; Levi, 2014; Marete, 2013; Wal, 2004). This will result in ensuring the community's well-being is a priority (Marete, 2013; Harris et al., 2013). Participants in the research recommended that the

Sudanese community be actively involved with new Sudanese people arriving in New Zealand as refugees. Direct consultation with the community was also promoted for relationship issues and dealing with Sudanese criminal offenders. Given one of the secondary themes of the research related to the issues around different levels of assimilation for young people, collaboration with the community around a parent-teenager communication programme could also be greatly beneficial.

Thirdly, it is recommended that there is better education to inform people in New Zealand about South Sudanese culture and the types of issues which they may face in resettling here, along with a wider education to encourage social change concerning general perceptions of refugees. Literature provides support about educating the host country about a specific refugee culture (Fiske & Briskman, 2013; Hebbani et al., 2012; Shakespeare-Finch & Wickham, 2010). The theoretical framework of this report has been based on social justice and, therefore, recommends continued

advocacy of the rights of refugees and, particularly, refugee women. Although, this research only showed one incident of discrimination, two Australian studies had racial discrimination of Sudanese refugees as a key issue (see Khawaja et al., 2008; Shakespeare-Finch & Wickham, 2010). It is essential, therefore, that a proactive approach is taken to educate New Zealanders about refugees in general (including about the difference between them and migrants) and more specifically about South Sudanese women and their culture. This is the reality and the responsibility of living in a multicultural society.

### *Social worker recommendations*

While this research did not specifically seek to address the role of social workers working with South Sudanese women, given the context of this research paper, it is further proposed that much of the information obtained in this report is highly useful in their interactions with South Sudanese women, the Sudanese community, and refugees in general. These recommendations include social workers recognising the practical support needed in making an initial adjustment to New Zealand culture. Social workers can ensure good access to similar types of food and provide sufficient blankets and warm clothing to help with these adaptations to different food and the cold weather. Their role can also make sure these women are well-connected to volunteers, neighbours, and their local community to help support their opportunity to succeed.

Social workers should also have an understanding of the conflict which can arise between the different views of gender between the two cultures. Self-reflection and the importance of not imposing one's own personal view is crucial (Nash, 2011). Social workers in this field should work directly in collaboration with the Sudanese community to ensure that any programmes which might support relationships, parenting or youth are done alongside people in the community to ensure their culture is upheld as much as possible.

Lastly, social workers need to work beyond individuals to a macro level by promoting social justice and human rights for all refugees (including South Sudanese women) arriving in New Zealand (Marete, 2013; Pepworth & Nash, 2009). Empowerment of these women and advocacy, when necessary, should be the main role for the social worker.

### *Future research*

Literature about refugees' experience from their perspective in general is very limited (UNHCR as cited in Van Selm, 2014) and even less so is written about the experience of South Sudanese women resettling to New Zealand. Further research is, therefore, highly recommended to enable a better understanding of the issues that matter for them. My recommendations for future research include speaking with South Sudanese women who did not meet the criteria of this research (such as those who speak limited or no English and who do not have a tertiary qualification). It would also be useful, given that (by coincidence) the sample of participants in this research were all single women, that married women were interviewed about their experiences. The journeys of other people within the South Sudanese community also need to be told – the men, elderly, youth, and children.

### *Final comments*

This chapter started with a common African proverb. It provides a reminder to those of us who are not South Sudanese women and who have not been refugees that we do not have all the answers to enable positive long-term resettlement outcomes for those who are. If we rush ahead to make decisions, we will lose the value and importance of hearing the voice of those who have been on this journey and who have a significantly better knowledge of the resettlement issues they have faced and continue to face. If we stop and listen, we will gain a much greater appreciation and understanding of the experiences of South Sudanese women that will enable us to walk alongside, to work together, and to go far.

## References

- Amadiume, I. (1997). *Re-inventing Africa: Matriarchy, religion and culture*. London, England: Zed Books.
- Altinkaya, J., & Omundsen, H. (1999). 'Birds in a gilded cage': Resettlement prospects for adult refugees in New Zealand. *Social Policy Journal of New Zealand*, 13, 31-42.
- Baird, M. B., & Boyle, J. S. (2012). Well-being of Dinka refugee women of Southern Sudan. *Journal of Transcultural Nursing* 23(1), 14-21. doi: 10.1177/1043659611423833
- Beaglehole, A. (2013). *Refugee New Zealand: A nation's response to refugee and asylum seekers*. Dunedin, New Zealand: Otago University Press.
- Berry, J. W. (1997). Immigration, acculturation, and adaptation. *Applied Psychology: An International Review*, 46(1), 5-34.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology* 3(2), 77-101. doi: 10.1191/1478088706qp0630a
- Bredlid, A., & Bredlid, H. (2013). Women in South Sudan: Education, empowerment and identity construction. In H. B. Holmarsdottir, V. Nomlomo, A. I. Farag, & Z. Desai (Eds), *Gendered voices: Reflections on gender and education in South Africa and Sudan* (pp. 99-115). Rotterdam, Netherlands: Sense Publishers.
- Broome, A., & Kindon, S. (2008). *New kiwis, diverse families: Migrants and former refugee families talk about their early childhood care and education needs: A Family Commission report*. Wellington, New Zealand: Families Commission.
- Butcher, A., Spoonley, P., & Trlin, A. (2006). *Being accepted: The experience of discrimination and social exclusion by immigrants and refugees in New Zealand*. Palmerston North, New Zealand: Massey University.
- Chamberlin, S. (2014). "If you want to go fast, go alone. If you want to go far, go together." And if you want to transform ... ?. *Kosmos Journal*. Retrieved from <http://www.kosmosjournal.org/news/if-you-want-to-go-fast-go-alone-if-you-want-to-go-far-go-together-and-if-you-want-to-transform/>
- Chile, L. M. (2002). The imported underclass: Poverty and social exclusion of black African refugees in Aotearoa New Zealand. *Asia Pacific Viewpoint*, 43(3), 355-366.
- Cleary, L. M. (2013). *Cross-cultural research with integrity*. Basingstoke, England: Palgrave Macmillan.

- Crimes (Substituted Section 59) Amendment Act No. 18 (2007). Retrieved from <http://www.legislation.govt.nz/act/public/2007/0018/latest/DLM407664.html>
- De Lapallone, M. C. (2012). *New Zealand's approach to refugees: Legal obligations and current practices*. (The United Nations Association of New Zealand Policy paper 01 (October 2012)). Retrieved from [http://www.unanz.org.nz/LinkClick.aspx?fileticket=TTu5zz\\_S9uI%3D&tabid=324](http://www.unanz.org.nz/LinkClick.aspx?fileticket=TTu5zz_S9uI%3D&tabid=324)
- Department of Labour. (1994). *Refugee women. The New Zealand refugee quota programme*. Wellington, New Zealand: Department of Labour.
- Department of Labour. (2009). *Quota refugees in New Zealand: Approvals and movements (1999-2008)*. Wellington, New Zealand: Department of Labour. Retrieved from <http://www.immigration.govt.nz/NR/rdonlyres/C7288D93-ACBA-48E3-9E2B-59D582899554/0/ARTDOL10840QuotaRefugeesStatistical.pdf>
- Deng, S. A., & Marlowe, J. M. (2013). Refugee resettlement and parenting in a different context. *Journal of Immigrant and Refugee Studies*, 11(4), 416-430. doi: 10.1080/15562948.2013.793441
- Deng, S. A., & Pienaar, F. (2013). Positive parenting: Integrating Sudanese traditions and New Zealand styles of parenting. An evaluation of strategies with kids – information for parents (SKIP). In J. Marlowe, A. Harris, & T. Lyons (Eds), *South Sudanese diaspora in Australia and New Zealand: Reconciling the past with the present* (pp. 234-251). Newcastle upon Tyne, England: Cambridge Scholars.
- Denscombe, M. (2010). *The good research guide for small-scale social research projects* (4<sup>th</sup> ed.). Maidenhead, England: Open University Press.
- Denzin, N. K., & Lincoln, Y. S. (Eds). (2011). *The sage handbook of qualitative research*. Thousand Oaks, CA: Sage.
- De Souza, R. (2011). *Doing it for ourselves and our children: Refugee women on their own in New Zealand*. Auckland, New Zealand: AUT University.
- Fiske, L., & Briskman, L. (2013). Working with refugees and asylum seekers. In M. Connolly and L. Harms (Eds), *Social work: Contexts and practice* (3<sup>rd</sup> ed., pp. 151-162). Victoria, Australia: Oxford University Press.

- Fluehr-Lobban, C. (2005). Women in Sudan: Resistance and survival. In J. M. Billson, & C. Fluehr-Lobban (Eds), *Female well-being: Toward a global theory of social change* (pp. 262-284). London, England: Zed Books.
- Harris, A., Lyons, T., & Marlowe, J. (2013). Sudanese diaspora: Reconciling the past with the present. In J. Marlowe, A. Harris, & T. Lyons (Eds), *South Sudanese diaspora in Australia and New Zealand: Reconciling the past with the present* (pp. 265-278). Newcastle upon Tyre, England: Cambridge Scholars.
- Hayward, L., Hajdukowski-Ahmed, M., Ploeg, J, & Trollope-Kumar, K. (2008). 'We want to talk, they give us pills': Identity and mental health of refugee women from Sudan. In M. Hajdukowski-Ahmed, N. Khanlou, & H. Moussa (Eds), *Not born a refugee woman: Contesting identities. rethinking practices* (pp. 196-214). New York, NY: Berghan Books.
- Hebbani, A., Obijiofor, L., & Bristed, H. (2012). Acculturation challenges that confront Sudanese former refugees in Australia. *Journal of Intercultural Communication*, 28, 2.
- Hebbani, A., Obijiofor, L., & Bristed, H. (2013). Navigating intercultural difference: Understanding the perspective of Sudanese former refugee women in Australia. In J. Marlowe, A. Harris, & T. Lyons (Eds.), *South Sudanese diaspora in Australia and New Zealand: Reconciling the past with the present* (pp. 157-172). Newcastle upon Tyre, England: Cambridge Scholars.
- Jackson, L. A. (2010). Where are all the girls? War, displacement and the notion of home among Sudanese refugee children. In M. Shrover, & E. J. Yeo (Eds.), *Gender, migration and the public sphere* (pp 160-177). New York, NY: Routledge.
- James, K. (2013). Domestic violence within refugee families: Intersecting patriarchal culture and the refugee experience. *Australian and New Zealand Journal of Family Therapy*, 31(3), 275-284.
- Khawaja, N. G., & Milner, K. (2012). Acculturation stress in South Sudanese refugees: Impact on marital relationships. *International Journal of Intercultural Relations*, 36(5), 624-636.
- Khawaja, N. G., White, K. M., Schweitzer, R., & Greenslade, J. (2008). Difficulties and coping strategies of Sudanese refugees: A qualitative approach. *Transcultural Psychiatry*, 45(3), 489-52. doi: 10.1177/1363461508094678
- Kibreab, G. (2014). Forced migration in the great lakes and Horn of Africa. In E. Fiddon-Qasmiyeh, G. Loescher, K. Long, & N. Sigona. (Eds.), *The Oxford handbook of refugee and forced migration studies* (pp. 571-584). Oxford, England: Oxford University Press.

- Levi, M. (2014). Mothering in transition: The experiences of Sudanese refugee women raising teenagers in Australia. *Transcultural Psychology*, 51(4): 479-498. doi: 10.1177/1363461514531315
- Liamputtong, P. (2010). *Performing qualitative cross-cultural research*. Cambridge, England: Cambridge University Press.
- Marete, J. (2013). The settlers' dream: Resettlement experience of Sudanese refugees in New Zealand. In J. Marlowe, A. Harris, & T. Lyons (Eds.), *South Sudanese diaspora in Australia and New Zealand: Reconciling the past with the present* (pp. 252-264). Newcastle upon Tyne, England: Cambridge Scholars.
- Marete, J. M. (2012). The resettlement journey of Somali and Sudanese refugees from camps in Kenya to New Zealand. *Oxford Monitor of Forced Migration*, 2(1), 48-52.
- Mertens, D. M., Sullivan, M., & Stace, H. (2011). Disability communities: Transformative research for social justice. In N. K. Denzin., & Y. S. Lincoln (Eds.), *The sage handbook of qualitative research* (pp 227-241). Thousand Oaks, CA: Sage.
- Ministry of Health. (2012). *Guidance for District Health Boards. Free after-hours care for children aged six and under*. Retrieved from [http://www.wellsouth.org.nz/downloads/guidance\\_for\\_dhbs\\_re\\_free\\_after-hours\\_care\\_for\\_under\\_sixes.pdf](http://www.wellsouth.org.nz/downloads/guidance_for_dhbs_re_free_after-hours_care_for_under_sixes.pdf)
- Ministry of Health. (2015). *Zero fee doctors' visits for children aged under 13*. Retrieved from <http://www.health.govt.nz/your-health/services-and-support/health-care-services/visiting-doctor/zero-fee-doctors-visits-children-aged-under-13>
- Mortensen, A. (2008). *Refugees as 'others': Social and cultural citizenship rights for refugees in New Zealand health services* (doctoral dissertation, Massey University, Palmerston North, Zealand). Retrieved from <http://mro.massey.ac.nz/bitstream/handle/10179/631/02whole.pdf?sequence=1>
- Munford, R., & Sanders, J. (2005). Working with families: Strengths-based approaches. In M. Nash., R. Munford., & K. O'Donoghue (Eds.), *Social work theories in action* (pp 158-173). London, England: Jessica Kingsley.
- Nash, M. (2011). Self-reflexive student research and its implications for social work education. *Social Work Education*, 30(3), 331-344.

- Nash, M., & Trlin, A. (2004). *Social work with immigrants, refugees and asylum seekers in New Zealand*. Palmerston North, Wellington: Massey University.
- New Zealand Immigration. (2015). *The refugee and protection unit*. Retrieved from <http://www.immigration.govt.nz/NR/rdonlyres/6D69584E-60E0-4D16-93D8-F6C00BC384F1/0/RQBArrivalsStatPak.pdf>
- New Zealand Immigration Service. (2004). *Refugee voices: A journey towards resettlement. Executive summary*. Wellington, New Zealand: New Zealand Immigration Service.
- New Zealand Red Cross. (2015). *Resettlement programme*. Retrieved from <https://www.redcross.org.nz/what-we-do/in-new-zealand/refugee-services/resettlement-programme/>
- O'Brien, M. (2001). Doing ethical research and the law. In M. Tolich (Ed.), *Research ethics in Aotearoa New Zealand* (pp 25-34). Auckland, New Zealand: Pearson Education New Zealand.
- O'Bryne, R. (2012). *So we thought not to lose our background completely: Agency and belonging among South Sudanese Acholi in New Zealand* (Unpublished master's thesis). Victoria University of Wellington: Wellington, New Zealand.
- O'Donoghue, K., & Maidment, J. (2005) The ecological systems metaphor in Australasia. In M. Nash, R. Munford, & K. O'Donoghue (Eds.), *Social work theories in action* (pp. 32-49). London, England: Jessica Kingsley.
- Oyewumi, O. (2011) Introduction: Gendering. In O. Oyewumi (Ed.), *Gender epistemologies in Africa. Gendering traditions, spaces and social institutions and identities* (pp 1-7). New York, NY: Palgrave Macmillan.
- Patterson, M. (2000). *Building a community in Hamilton: The Somali experience: A research report in partial fulfilment of the requirements of the Master of Social Work (Applied) degree* (Unpublished master's thesis). Massey University, Palmerston North, New Zealand.
- Patton, M. Q. (2015). *Qualitative research and evaluation methods* (4<sup>th</sup> ed.). Thousand Oaks, CA: Sage.
- Pernice, R. (1994). Methodological issues in research with refugees and immigrants. *Professional Psychology: Research and Practice*, 25(3), 207-213. doi: 10.1002/jcop.20029



- Pepworth, J., & Nash, M. (2009). Finding 'a safe place to cry': A review of research and evidence informing social work with refugees and new settlers in Aotearoa New Zealand. *Aotearoa New Zealand Social Work Review*, 21(1/2), 48-59.
- Potocky-Tripodi, M. (2002). *Best practices for social work with refugees and immigrants*. New York, NY: Columbia University Press.
- Rubin, A., & Babbie, E. (2013). *Essential research methods for social work* (3<sup>rd</sup> ed.). Belmont, CA: Cengage Learning.
- Savic, M., Chur-Hansen, A., Mahmood, M. A., & Moore, V. (2013). Separation from family and its impact on the mental health of Sudanese refugees in Australia: A qualitative study. *Australian and New Zealand Journal of Public Health*, 37(4), 383-388. doi: 10.1111/1753-6405.12088
- Schweitzer, R., Greenslade, J., & Kagee, A. (2007). Coping and resilience in refugees from Sudan: A narrative account. *Australian and New Zealand Journal of Psychiatry*, 41(3), 282-288.
- Schweitzer, R., Melville, F., Steel, Z., & Lacherez, P. (2006). Trauma, post-migration living difficulties, and social support as predictors of psychological adjustment in resettled Sudanese refugees. *Australian and New Zealand Journal of Psychiatry*, 40(2), 179-187.
- Shakespeare-Finch, J., & Wickham, K. (2010). Adaptation of Sudanese refugees in an Australian context: Investigating helps and hindrances. *International Migration*, 48(1), 23-46.
- Spoonley, P., & Bedford, R. (2012). *Welcome to our world? Immigration and the reshaping of New Zealand*. Auckland, New Zealand: Dunmore.
- Stewart, M. J. (2014). Social support. In L. Simich, & L. Andermann (Eds.), *Refuge and resilience. Promoting resilience and mental health among resettled refugees and forced migrants* (pp. 91-107). Dordrecht, Netherlands: Springer.
- Tilbury, F., & Rapley, M. (2004). 'There are orphans in Africa still looking for my hands': African women refugees and the sources of emotional distress. *Health Sociology Review*, 13(1), 54-64.
- United Nations High Commissioner for Refugees. (2010). *1951 Convention and 1967 Protocol Relating to the Status of Refugees*. Geneva: United Nations High Commissioner for Refugees. Retrieved from <http://www.unhcr.org/3b66c2aa10.html>
- Valtonen, K. (2008). *Social work and migration. Immigrant and refugee settlement and integration*. Farnham, England: Ashgate.

- Van Selm, J. (2014). Refugee resettlement. In E. Fiddon-Qasmiyeh, G. Loescher, K. Long, & N. Sigona. (Eds.), *The Oxford handbook of refugee and forced migration studies* (pp. 512-524). Oxford, England: Oxford University Press.
- Wal, N. D. (2004). *Southern Sudanese culture*. Melbourne, Australia: Migrant Information Centre (Eastern Melbourne).
- Wilkinson, T. M. (2001). The core ideas of research ethics. In M. Tolich (Eds.), *Research ethics in Aotearoa New Zealand* (pp 13-24). Auckland, New Zealand: Pearson Education New Zealand.
- Woodhouse, M. (2015). *New Zealand to take 750 more Syrian refugees*. Retrieved from <http://www.beehive.govt/release/new-zealand-take-750-more-syrian-refugees>Appendices

## Appendices

### Appendix One: Low-risk Approval



*Appendix Two: Information Sheet*

[Massey University letterhead]

***Refugee resettlement experiences  
of South Sudanese women in New  
Zealand***

INFORMATION SHEET

My name is Sarah Alford. I am a student in my last year of a Master of Applied Social Work degree from Massey University. A requirement of the degree is to complete a research project under the supervision of Dr Tracie Mafile'o. I would like to invite you to be part of this research project.

The aim of the research is to provide an opportunity for South Sudanese women who have come to New Zealand as refugees to share their resettlement experiences. I am particularly interested in hearing from participants about their views of the expectations of women from South Sudan compared to New Zealand women and how they have coped with any differences. Lastly, the project aims to give participants an opportunity to make recommendations about what additional support would have helped them during the resettlement process.

I am hoping to interview 3-4 South Sudanese women. These women will need to meet the following criteria:

- \* Women who are originally from (what is now referred to as) South Sudan
- \* Arrived in New Zealand as refugees
- \* Resident in New Zealand for a minimum of 8 years
- \* Aged 20 years or older
- \* Residing in the Greater Wellington region
- \* Fluent English speakers
- \* Have completed a tertiary qualification (e.g. certificate, diploma or degree) in New Zealand or overseas (if studied in English).
- \* Have not previously been supported (professionally or as a volunteer) by the researcher (me).

Women who would like to be involved in this project and think they meet the criteria will need to be prepared to be offer 2 hours of their time. This will involve a 1 hour interview (qualitative and semi- structured), along with preparation time (reading the interview schedule) and post-interview time (reading the written transcript of the interview and later the results chapter of the project to ensure that any quotations don't identify them personally).

### Participants 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;
- withdraw from the study up until the edited written transcript has been signed;
- 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;
- be given access to a summary of the project findings when it is concluded;
- request that the sound recording be turned off at any time during the interview

I have attached the interview schedule to give you an indication of the type of questions that I will be asking in the interview. It is not anticipated that the questions will present any risk of harm to you. However, in the event, they trigger situations from the past that you would like to gain further support and/or discuss with someone, I have listed some useful organizations for you to contact:

- |                                 |                  |             |
|---------------------------------|------------------|-------------|
| • Red Cross Refugee Services    | - Lower Hutt     | 04 566 9353 |
|                                 | - Wellington     | 04 805 0304 |
| • Refugee Trauma Recovery       |                  | 04 805 0350 |
| • ChangeMakers Refugee Forum    |                  | 04 801 5812 |
| • Shakti Ethnic Women's Support | Group Wellington | 0800 742584 |
| • Womens Centre (Lower Hutt)    |                  | 04 569 2711 |

### Data Management

- \* Your name will not be used in the final report
- \* Your identity will only be known by my supervisor and me
- \* Recordings of the interview and transcripts will be kept in a locked cabinet and kept confidential between the participant, the researcher and her supervisor. These will be deleted or destroyed at the end of the project.
- \* A summary of the final report will be sent out to any participant who requests this from me.

Please contact me if you would like to be involved or if you have any questions:

Phone: [phone number]

Email: [email]

If you have any other concerns about the research, you can also contact my supervisor, Dr Tracie Mafile'o.

Phone: DDI Telephone: 06 951 8027

Email: [t.a.mafileo@massey.ac.nz](mailto:t.a.mafileo@massey.ac.nz)

Thank-you for taking the time to read this and consider your involvement.

Yours sincerely

**Sarah Alford**

Student

Researcher Encl.

### *Appendix Three: Interview Schedule*

#### **Interview Schedule**

#### **Refugee resettlement experiences of South Sudanese women in New Zealand**

1. *When did you first arrive in New Zealand? Who did you arrive here with (i.e. family)? Whereabouts in New Zealand did you go after your time at Mangere?*
2. *What expectations or thoughts did you have before arriving in New Zealand about what it would be like? How did this compare to your actual experience?*
3. *What have been your most positive experiences about resettling in New Zealand?*
4. *What have been your most difficult experiences about resettling in New Zealand?*
5. *Have you faced any specific issues from being a woman resettling here?*
6. *Do you think there are different expectations of women from South Sudan compared to women from New Zealand? If so, what are these?*  
  
*(Any differences in role as wife, mother, daughter, expectations of education and employment?)*
7. *If so, how have you coped with these differences?*
8. *Is there any extra support or help that you would have appreciated (or would still appreciate) in resettling in New Zealand?*
9. *Is there anything else you would like to say?*

*Thank-you for your time in sharing your resettlement journey with me.*

*Appendix Four: Letter to Chairman of the Sudanese Community of Wellington*

[Massey University letterhead]

3 July 2015

Michael Hawat

Chairman

Sudanese Community of Wellington

Dear Mr Hawat,

I am writing to follow-up our initial discussions regarding my proposed research project on the resettlement experiences of South Sudanese women in the Wellington area. As mentioned previously, this report is a requirement for the Master of Applied Social Work degree which I am currently undertaking at Massey University. I am pleased to advise that Massey University's Human Ethics Committee have now given me formal approval to proceed with my research under the supervision of Dr Tracie Mafile'o (t.a.mafileo@massey.ac.nz).

I would like to interview 3-4 South Sudanese women on their resettlement experiences of coming to New Zealand as refugees. In order to meet the University's low risk requirements, there is a selection criteria for the participants. This is set out in the attached information sheet.

I have included several information sheets to give to participants who you consider might meet this criteria. In order to enable participants to be as anonymous as possible, I would recommend handing out 10-15 information sheets. Your confidentiality regarding who these are passed to is important to this research and would be greatly appreciated. Please also make it clear to possible participants that their inclusion in the research is voluntary and there is no obligation to be involved.

A copy of the final report (prior to my submission to Massey University) will be forwarded to you to enable you to discuss with the Sudanese Community of Wellington and make any comments. A final copy (on completion) will also be provided to you to share with the wider South Sudanese community.

Please don't hesitate to contact me if you have any questions relating to this research project.

Yours sincerely

**Sarah Alford**



# **Exploring the former Kimberley Centre professionals' view of how community living has changed the lives of former Kimberley Centre residents**

A research report presented in partial fulfilment of the requirements of the  
Degree of  
Master of Applied Social Work  
at Massey University, Palmerston North  
New Zealand

Joanne Robertson  
2015

## Abstract

This research examines the relationship between the theoretical framework underpinning deinstitutionalisation principle, and current practice under the social model of community living, for people with intellectual impairment. Kimberley Centre, a 700 bed hospital and training school in the lower North Island of New Zealand was once considered to be a cutting-edge facility for people with intellectual disability. Over time, institutions came to be understood as dehumanising and restrictive environments, the antithesis of what is acceptable today. The relocation of people from institutions to community living should improve opportunities for increased self-determination and individual autonomy, along with better life outcomes. To discover if such opportunities have been realised, four participants were interviewed in order to gain their views on how community living has changed the lives of some of the former residents of Kimberley Centre. The participants are trained professional staff who worked at Kimberley Centre, and continue to support people from that institution in the community. The themes guiding the research are; family/whānau involvement, health and access to services, adaptive skills, living arrangements, and material standards, community and social integration and day-based services. While some of their observations are surprising, most describe areas that demonstrate improved quality of life outcomes while identifying other areas that should be addressed in order to advance improved outcomes for clients.

Key words: intellectual disability, deinstitutionalisation, community living, social model, Kimberley Centre.

## Acknowledgements

The researcher wishes to acknowledge the invaluable input of Dr. Martin Sullivan of Massey University School of Social Work throughout this study. His expertise and advice in research and in the field of disability have been immensely appreciated.

Of inestimable value has been my long-suffering partner, Paul, who has endured many long hours of maintaining a quiet environment to allow the research and writing of this study, and uncomplainingly 'plodded on', flying solo at times, in my pursuit of academia.

For my family, whose understanding of my limited available time, support and encouragement, I have much appreciated.

And to the participants who made this study possible, and the academic researchers who have gone before me with their determination and commitment to people who have intellectual impairment and are disabled by their environment, your work has inspired and informed this study.

## Chapter One: Introduction

Intellectual disability is the contemporary term which describes the phenomenon that has also been known as learning disability, mental retardation, mentally handicapped, mental sub-normality, and mental deficiency. Those with intellectual disability are described as, “people who master basic skills more slowly, find it difficult to think in abstract concepts, and have difficulty problem solving and engaging socially in the world” (Bigby & Frawley, 2010, p. 6). Such people live in every culture and country of the world, experiencing learning difficulties and issues of social structure which may impact on their well-being. The paradigms that influence the way social constructs view such individuals are evolutionary, and influenced by ideologies of the time. Regardless, people with intellectual disability are people first, each with their own personality, emotions, experiences, and potential for development. Although they may share some common characteristics, they are a diverse rather than a homogenous group with a wide spectrum of impairments and abilities. It may be argued that intellectual disability has little basis in reality, being socially constructed, and while this has merit, if the material, ideological, and cultural nature of society changed sufficiently, there would still be people in any society who have a lower than average intellectual capacity and poor adaptive skills (Bratu, Verza, & Folostina, 2012). Part of the complexity in understanding intellectual disability incorporates an understanding of *intellectual impairment* - differences in intellectual capacity which cause difficulty in everyday functioning and occur before the age of 18 years, and *disability* – the social circumstances that may ameliorate the difficulties experienced (Bigby & Fawley, 2010; Nota, Ferrari, Soresi, & Wehmeyer, 2007; Shakespeare & Watson, 2002).

Intellectual disability occurs in 89 of every 1000 of New Zealand’s population, totalling 14,399 people (Ministry of Health, 2013), while 8 in every 1000 people have intellectual disability and require full residential support services (Statistics New Zealand, 2013). The degree of disability is measured from mild to severe, dependent on measured intelligent quotient scores, and observed adaptive behaviours which can be understood as “the ability an individual has to cope with the natural and social demands of their environment” (Milner, Gates, Mirfin-Veitch, & Stewart, 2008, p. 22). People with intellectual disability are marginalised by society and therefore constitute a salient field for the social work profession (Eallam, O’Conner, Wilson & Williams, 2013).

This research focuses on the post-institutional period, examining the impact that the community living model has had on the lives of some of the former residents from New Zealand's largest 'psychopaedic' facility.

Kimberley Centre was a 700 bed psychopaedic institution located on the southern outskirts of Levin. From 1906 until 1939, it was Weraroa Boys Farm. The site was then deployed as an air force base, before returning to its previous incarnation in 1944, as the Levin Farm and Mental Deficiency Colony (Hunt, 2000). In 1957, when intellectual disability was understood as a deficit requiring medical intervention, the centre was gazetted as a hospital and renamed Kimberley Hospital and Training School, which reflected the training and educational opportunities for its patients through a school, workshops, and training areas on site. This was a fully integrated community, set on sprawling grounds with all the amenities available to a small village, along with specialised health related services like physiotherapists, full medical and dental services, visiting psychiatrists, and therapists. Included were two specialist staff training schools for Registered Psychopaedic Nurses (1961-1988) and the National Training School for Training Officers (1967-1989), whose trainees and qualified staff formed the primary bi-lateral work force. It was renamed Kimberley Centre in 1988 as the established medical model began to lose favour and the social model redefined discourse around intellectual disability. The Royal Commission into Psychopaedic Hospitals (Services for the mentally handicapped, 1973) had recommended the closing of institutions and relocating clients to a less restrictive and more normalised community-based environment, which would be better able to meet the rights and developmental needs, and promote the general well-being of individuals with intellectual disability. This policy change was influenced by the disability rights movement and concerns around abuse and dehumanising conditions within institutions. In 2006, Kimberley Centre became New Zealand's last psychopaedic institution to close its doors, heralding a conclusion to institutional living and a new model of well-being for the remaining 379 residents (Hunt, 2000).

Relocation to community living implied a number of promises for individuals, including freedom to access activities, services and events offered by the community, a certain degree of control over one's environment and destiny, and an improved quality of life (Chowdhury & Benson, 2011; Wolfensberger, 1972). The opportunity to make choices is a particularly important aspect of becoming more self-determined and self-determination is associated with improved quality of life (Nota et al., 2007).

### *Research title and question*

*Research title* - Exploring the former Kimberley Centre professionals' view of how community living has changed the lives of the former Kimberley Centre residents.

*Research question* - What are the former Kimberley Centre professionals' view on how community living has changed the lives of the former Kimberley Centre residents?

### *Aims and purposes of research*

The aim of this inquiry was to interview professional staff formerly of Kimberley Centre, who continue to work in community settings with former residents of that institution. The purpose was to investigate what is observed and interpreted as true by them, in order to gain their view of the research question.

### *Researcher information*

Research of theories and literature around deinstitutionalisation and the social model of disability has informed the researcher's perspective, constructing the view that the social model of community living may not fully promote and embrace individual autonomy for people with intellectual disability, as it set out to do. After training and working at Kimberley Centre for over 20 years, then revisiting this field of practice seven years after its closure, disparities between aspects of community living, such as individuality, self-determination, and social integration along with similarities between community living and institutional life, became apparent. The researcher set out to compare and contrast these differences and similarities, examining current practices in alignment with theoretical understandings. Questions I asked myself as I conducted this research are: while the community homes for former residents are aesthetically pleasing, how much of this is 'window dressing'? Does the current community living model provide everything that the social model promised? How does the lifestyle now afforded people with intellectual disability compare with that of Kimberley Centre? Has deinstitutionalisation, informed by normalisation and social role valorisation, achieved all it promised for former residents' now in community residential settings?

### *Implications for social work*

The emphasis of self-determination as a right to self-governance is evident in the social work arena, respect for this principle informs social work practice (Wehmeyer & Bolding, 2008). Former residents

of Kimberley Centre, along with other people with intellectual disability, face discrimination and oppression from society (Bigby & Frawley, 2010). The ecological framework, which conceptualises a dual and balanced obligation to both person and environment, informs the social work profession of the on-going interaction between individuals with intellectual disability and the multiple environments within which they function. When supporting people who have an intellectual disability, social work practice stems from a strength-based approach, providing a service that offers quality of life outcomes through equality, mutual respect, advocacy, and a human rights perspectives. This research relays some of the ways in which deinstitutionalised people may experience inequality under the community living model and the barriers to overcome in order to achieve full rights of citizenship and how this might inform social work practice when working with this population.

### *Overview of the project report*

The report is structured as follows:

- Chapter Two discusses the literature on deinstitutionalisation outcomes for people with intellectual disability both nationally and globally. Themes are developed in relation to prior research findings, giving a grounding in which to locate current issues.
- Chapter Three discusses the methodology used in this research. It includes an outline of the qualitative approach to this study. Participant recruitment, ethics approval, and the resulting classification of a low-risk research project are described.
- Chapter Four outlines the results of the interviews as they apply to the research question and provides analysis in relation to the thematic categories, as the similarities and differences with appropriate former research are considered.
- Chapter Five discusses and analyses the findings of this research, amalgamating resulting themes with those of former research.
- Chapter Six concludes the report with key findings and their significance along with the limitations of the study and the perceived implications for social work when supporting people from within this field of practice. Finally, recommendations for future research are made.

## Chapter Two: Literature review

### *Introduction*

The literature for this review was sourced through the Massey University library electronic database and the IHC National Library. It includes edited and sole author books, social work textbooks, journal articles, research reports, government reports, and websites. This chapter begins with an overview of the political forces that were influential in the establishment and disestablishment of Kimberley Centre. Following this is a review of the literature, outlining the findings from related research, which provide discourse around the themes guiding this project.

### *Legislative influences*

The government commissioned 'Atkin Committee Report on Intellectually Handicapped Children' (1952), recommended that the government adopt a number of policies including; providing mental deficiency colonies independent of mental hospitals, each housing 500 to 600 mentally retarded people, and that parents be encouraged to leave their children in such institutions from about the age of 5 (Brunton, 2012; The Royal Committee of Inquiry, 1972). Concerned at these recommendations, the New Zealand branch of the British Medical Association formed the 'Mental deficiency sub-committee' under the chairmanship of Sir Charles Burns. The resulting 1958 report rejected the views of the Aitkin Committee and in conformity with current global practice, recommended a community service in small neighbourhood hostels (The Royal Committee of Inquiry, 1972). By 1972, 2017 people occupied beds in psychopaedic hospitals in New Zealand (The Royal Commission of Inquiry, 1972). During the 1970s pressure began to mount for the state to reverse its policy thrust as disabled people ceased to be regarded as a deviant minority and to be segregated in their own occupational, educational, and residential "ghettos" (Beatson, 2004, p. 245). Deinstitutionalisation and the community living model became a reflection of state policies during the 1990s, and psychopaedic institutions began to close, Kimberley Centre being the last in 2006 (Fraser, 1999).

### *General outcomes of relocation*

A review of the literature around the resettlement of people with intellectual disability from institutional or hospital living to community based living revealed, at least initially, a significant and statistical improvement in quality of life (Milner et al., 2008; Kilroy, Eagan, McManus, & Sharma, 2015; Sines, Hogard, & Ellis 2012; O'Brien, Thesing, Tuck, & Capie, 2001). Yet these improvements have not



been experienced by all individuals, with outcomes being influenced by factors like the quality of the placement, the age of the person, associated medical conditions, staff attitudes and promotion of education, work, and leisure opportunities (Burrell & Trip, 2011; Chowdhury & Benson, 2011; Kilroy et al., 2015). Chowdhury & Benson (2011) remark that “most studies found that improvement in quality of life was most prominent in the first 6 months to 1 year after relocation and then levelled out or declined” (Chowdhury & Benson, 2011, p. 262).

### *Family/Whānau intervention*

Following relocation to the community, family visits were found to have increased, giving a greater sense of normalisation (Kilroy et al. 2015), and being closer to family made the acquisition of new competencies in learning and development more likely, which had the most impact on quality of life outcomes (Milner et al., 2008). Further, the improvement in relationships extended to language development and increased conversation between flatmates and with staff (Milner et al., 2008; O’Brien et al., 2001).

### *Health and access to services*

“Health status is an important indicator of quality of life” (Chowdhury & Benson, 2011. p. 262). The theoretical underpinnings of institutional life were strongly influenced by eugenics, (the theory of creating a society free of deviants) and the medical model, in which professionals define how people differ from ‘the average’, view that difference as deficit, and diagnose or ‘label’ the individual as an exemplar of a condition which requires treatment by medical specialists in order to locate a cure or alleviate symptoms. The medical professional becomes the ‘expert’ in people’s lives thereby defining their limitations. This created an environment of dependency, undue power, and influence (Burrell & Trip, 2011; Fleming, 1981; Lang, 2001).

Upon relocation to the community, former residents of Kimberley Centre were registered with community health providers. Research suggests that healthcare needs might not be met in the community as well as in institutions, due to the medical nature of institutions, and found physical well-being scores declined as soon as one month after relocation (Chowdhury & Benson, 2011). People who have an intellectual disability are more likely to have poorer health and higher risk of illness, disease, and death than those without intellectual disability (Ministry of Health, 2013). In New Zealand, women with intellectual disability die 23 years before other women, while men with intellectual disability die 18 years earlier than other men (The Lancet, 2014), therefore it is essential

that disabled people and their organisations are actively involved in improving health, well-being and life expectancy.

In the community setting, a general improvement in psychological well-being was observed through improved mood, less self-injurious and challenging behaviour, and a reduction in indicators of emotional stress such as incontinence (Sines et al., 2012; Kilroy et al. 2015; O'Brien et al., 2001).

### *Adaptive Skills - Activities for daily living*

The most dramatic improvements have been observed in the area of activities for daily living, specifically domestic activity, (O'Brien et al., 2001; Milner et al., 2008; Kilroy et al., 2015). Domestic independence is an area identified by Wolfensberger (1972) who recommends the provision of as few 'central services' as possible, in contrast to institutional practice of separating people from such activity through the employment of domestic staff. Further, aberrant behaviour (one of the main causes of social integration difficulties for people with intellectual disability) such as irritability and inappropriate speech, is known to decrease with the attainment of a high level of adaptive skills, begetting an increased quality of life (Bratu, Verza, & Folostina, 2012). Research informs that there was significant accumulated improvement in personal development and adaptive behaviour observed through the first year of relocation from an institution, with clients displaying responsibility and self-direction, but adaptive behaviour was reported to plateau and even decline after one year of community living (Milner et al., 2008; Chowdhury & Benson, 2011). In addition, research questions whether a form of re-institutionalisation is underway by default, despite professionals' best efforts in this area (Burrell & Trip, 2011).

### *Living arrangements and material standards*

Living arrangements and material standards in community housing were perceived to have dramatically improved, through more space and personal space in individualised bedrooms, more freedom of movement, with less noise, and fewer staff than within an institution (Kilroy et al., 2015; Milner et al., 2008). Notwithstanding, some homes were observed as better constructed for able bodied persons, some restricted access to domestic areas, while others were located in dead end cul-de-sacs or on the outskirts of town, and incompatibility issues between flatmates resulted in peer abuse (Milner et al., 2008). Further, there was no available respite service and a lack of advocacy

services (Milner et al., 2008) when advocates and volunteers can counterbalance the power that service managers and staff are perceived to have over people's lives (Abbott & McConkey, 2008).

### *Community vs. social integration*

Theories of normalisation and social role valorisation (Wolfensberger, 1972, 1980) are based on social role theory, the key premise being that people's welfare depends extensively on the social roles they occupy. Social inclusion is defined as "the interaction between two major life domains, interpersonal relationships and community participation" (Simplican, Leader, Kosciulek, & Leahy, 2015, p.18). Social integration was seen in a broadly similar manner to that of community participation, but participating in the community is not the same thing as being socially integrated. Institutions, which provided exclusive social interaction in a 'gated' community, are the antithesis of what is seen as desirable (Bigby & Wiesel, 2015; Cummins & Lau 2003; Flynn & Lemay, 1999). Research shows that although there is more community involvement for people with intellectual disability, there remains a lack of social inclusion with staff and community attitudes and locality of the community placement being the most influential factors in successful social integration (Abbott & McConkey, 2008; Bigby & Wiesel, 2015; Isaacson, Cocks, & Netto, 2014; Kilroy et al., 2015). People with intellectual disability are described as outside the community looking in, with few valued reciprocal friendships apart from staff and family (Bigby & Wiesel, 2015; Cummins & Lau, 2003; Milner et al., 2008) and an absence of valued roles such as neighbours, club members, or friendships outside intellectual disability when "value comes from playing out such roles" (O'Brien et al., 2001, p. 78, and Bigby & Wiesel, 2015). Robinson and Brown (2013), found society's attitude to people with intellectual disability does not encompass equality, they are viewed with fear, distaste or pity, portrayed by hostility and bullying which culminates in damage to self-esteem, erosion of confidence to move about the community and negotiate relationships, the issue lies with acceptance and respect from the community (Abbott & McConkey, 2008; Bigby & Wiesel, 2015; Robinson & Brown, 2013).

Conversely, some research questions if community housing might actually restrict social interaction, when compared with institutions (Sines et al., 2012) and it is suggested more social role valorisation could be achieved if people with intellectual disability lived amongst themselves within smaller communities, rather than dispersed around larger communities (Chowdhury & Benson, 2011; Kilroy et al., 2015). While social inclusion may be advocated for as a goal for well-being, research shows that it is not a goal identified by individuals themselves during person-centred planning and may in fact prove harmful for those who do not have adequate social adaptive skills (Bigby & Wiesel, 2011;

Isaacson et al., 2014; Kilroy et al., 2015). While community exposure raises the profile of people with intellectual disability in the community, this in itself raises an ethical question of enforced social integration in goal setting, where goals must be seen as achieving a desirable outcome for the individual, benefits to others cannot be justified (Adams, Beadle-Brown, & Mansell, 2006; Cummins & Lau, 2003; Simpican et al., 2015). Staff are seen as key to community living and social integration with the “roles that staff adopt being an even stronger determinant of social inclusion than the community setting” (Kilroy et al., 2015. p. 32, and Bigby & Wiesel, 2015; Burrell & Trip, 2011).

### *Day-based services*

Taking part in activities is an important component to quality of life for people with intellectual disability, decreasing boredom and problem behaviour and increasing engagement and interaction with their environment (Brown & Kesler, 2014; Milner et al., 2008; van der Putten and Vlascomp, 2011). Day services, where people spend most of their day, are seen as not individualised, with the group concept restricting the opportunity for individuals to personally interact with their community (Milner et al., 2008). In research, Brown and Kesler (2014), observed poorly trained day services staff, inadequate and irrelevant instruction, and low expectations with a lack of opportunity. (Brown & Kesler, 2014). Study into day services for people with profound cognitive impairment and multiple disability, found the type of activities offered had less variety than expected, with audio-visual activities such as television, constituting a considerable part of the programme; creative and artistic activities were offered less frequently or not at all (van der Putten & Vlascomp, 2011). It is observed that there is often no improvement or a decline in the standard of day services from institutional programmes (Kilroy et al., 2015) while more active lifestyles were observed in the first 12 months following relocation, then regressing to an activity level pattern similar to institutional care (Milner et al., 2008).

### *Conclusion*

The lives of people with intellectual disability are affected by changing concepts and attitudes. Their plight has been seen as close enough to other conditions to be classified as a subset of them, such as mental illness or physical disability and they have benefited from policy and reform through the voices of such other groups. The battle for deinstitutionalisation has long been fought and won in New Zealand, pedagogy and ideologies have become a reality in community living, but research has shown quality of life balances can become variable after relocation, with community living verging on

institutional living within community settings. This report aims to question how the literature examined applies to former residents of Kimberley Centre.

## Chapter Three: Methodology

### *Introduction*

The chapter provides information on the methodological approaches employed in this research.

### *Theoretical perspectives*

The postmodern construct of interpretive paradigm informs the qualitative methodological approach to this research. Interpretive research aims to generate insight and describe and understand a phenomenon in an inductive manner (Gioia, Corley, & Hamilton, 2012; Robertson, 2015). Inductive thinking condenses raw data into a summary format, establishing clear links between research objectives and findings (Thomas, 2003). This orientation may lead the researcher into a more open and collaborative research process, and be interpreted as intervention for social change by changing perspectives, programmes or policies, often to a limited degree (Gibbs, 2005). Further, the constructivism aspect of the postmodern paradigm values the participant's narratives of their own experiences where professional or expert knowledge is not privileged, a client-centred approach is advocated and research relationships are viewed as partnerships (Gibbs, 2005; Robertson, 2015).

### *Research design and method*

A qualitative research design was employed for this study because it associates with empathetic social research using an unstructured approach. The investigation is subject to change in response to events, while seeking patterns and rich observations which are not easily reduced to numbers (Thomas, 2003; Williams, 2011; Robertson, 2015). Bell says "A skilful interviewer can follow up ideas and probe responses which questionnaires can never do" (Bell, 2010. p. 161).

### *Sampling*

The purposive sampling method was used to recruit participants for this study. According to Oliver (2006), "Purposive sampling is a form of non-probability sampling in which decisions concerning the individuals to be included in the sample are taken by the researcher, based on a variety of criteria which may include specialist knowledge of the research issue or capacity or willingness to participate" (p. 26). Further, this sampling type tends to ensure richness in the data gathered (Fossey, Harvey, McDermott, & Davidson, 2002; Robertson, 2015).

The criteria for research participants was:

- Worked at Kimberley Centre for no less than 5 years;
- Held a professional qualification such as social worker, Registered Psychopaedic/General nurse or Training Officers qualification;
- Continue to work with former residents of Kimberley Centre today.

### *Research Process*

The process began by sending an introductory letter (Appendix Two) and poster (Appendix Three) to the managers of three organisations known by the researcher to provide services for many former Kimberley Centre residents and employ former staff of Kimberley Centre. The letter introduced the research and requested that the manager distribute the poster (Appendix Three) to any work area within their organisation that may attract potential recruits. One agency responded to the letter and another participant was recruited through a snowball process. The potential participants then contacted me directly to indicate availability to participate. The first four people who fitted the criteria were accepted and a date and time for each interview was mutually agreed.

Interviews began with a discussion of participants' rights before the consent form was signed. Participants were reassured that their confidentiality would be maintained and asked if they had any further questions. The interview then proceeded and terminated as close to one hour or when both the participant and researcher were satisfied that the interview conclude. A guide time of 1 hour and 30 minutes was anticipated in order to complete the process, including pre-interview discussion, completion of documentation, interview, review of transcript, and authority to release the transcript. One interview concluded after two hours which was felt to be appropriate by the participant and the researcher.

### *Data collection*

Data was collected using a semi-structured interview that probed for answers through use of silence, elaboration, clarification, and repetition when indicated (Trochim, 2006). The interview schedule (Appendix Four) guided the interview.

### *Instrumentation*

Instrument # 1 – digital voice recorder. Permission was given by the participants to use a digital voice recorder and they were aware it would be turned off at their request during the interview. This instrument is considered valid for an interview study because interviewers are known to capture only a small proportion of information given to them (perhaps as little as 25%) when using note-taking only (Bowbrick, P., 2015). A voice recorder ensures all the information can be recorded without stopping the flow of conversation and risk breaking the rapport with the participant and further it allows the transcriber to revisit the discussion for clarity (Bowbrick, P., 2015; Robertson, 2015).

Instrument # 2 – laptop computer and word processing software. The ‘Microsoft Word’ application was used to transcribe raw data utilising its features like ‘highlighter tool’ to aid analysis. In compliance with Massey University policy it was used to complete the resulting report digitally (Robertson, 2015).

### *Data analysis*

A general inductive approach was used to analyse the raw data.

“The primary purpose of the inductive approach is to allow research findings to emerge from the frequent, dominant or significant themes inherent in raw data without constraints imposed by structural methodologies” (Thomas, 2003, p. 2).

The raw data was transcribed from each participant’s voice recording. Participants reviewed their transcripts and returned the Authority for Release of Transcript form; no amendments were required. Only the researcher viewed and transcribed the raw data. The data was coded by sifting and sorting for patterns of association within the interview schedule themes and the literature review, identifying new themes, and searching for explanations. The data was arranged thematically using constant comparison, seeking a saturation point in answer to the research question.

The data analysis followed Thomas’ five steps:

- *Data cleaning*, preparing the raw data into a common format;
- *Close reading of text* to understand themes and details;
- *Creation of categories* through identification and definition;
- Looking at data that fits into *more than one* category and data that fits into *no category*;



- *Continuing revision and refinement* of category system by identifying sub-categories and contradicting data (Thomas, 2003).

### *Rigor*

The credibility of the findings was enhanced as participants reviewed their interview transcript and were offered the opportunity to discuss any required alterations, making for credible accuracy. An audit trail was maintained throughout the research to maintain dependability while striving for clarity and transparency in the research process. Transferability also contributes to rigor in research (Brown, 2005). When analysing and producing the findings of this study, attempts were made to provide sufficient data to make similarity judgements possible. Confirmability of data collection was promoted through a two-fold approach, by cross-examining voice recordings and written recordings the findings were confirmed as evidenced in both collection methods.

### *Limitations*

The small number of participants (four) constitutes a limitation to this study which could affect its transferability and external validity. This research aims to say something in detail about the perceptions, observations, and understandings of a specific group rather than make more general probable claims. This is a small scale investigation by a first-time researcher and a small number of participants can provide rich data via a detailed interpretive account which should lead to information collection saturation (Smith & Osborne, 2007). The quality of data may be seen to be limited by the use of proxy (the view of professionals rather than service users) and the retrospective perspective of those proxy. Proxy participants may not be seen as in a position to accurately comment on others subjective experiences, but empathy and a long association with the person are essential in the provision of accurate information when there is little alternative (O'Brien et al., 2001). Kilroy and colleagues say, "Staff may provide unique insights in to community living, perspectives that may not be captured in interviews with family members" (2014. p. 70). In regard to retrospection, O'Brien et al. (2001) say, "Institutional life, which once may have been seen as positive, will, with adaption to a new situation be seen as less desirable" (p. 78) which may affect the proxy view.

### *Ethical issues*

A number of ethical complexities are associated with qualitative research methodology (Mertens & Ginsberg, 2008). During this study, participants were made aware that participation is voluntary and

that they have the right to opt out of the study up until the authority for release transcript is signed. Written consent was obtained prior to interviewing, which explains the use and outcomes of the collected data. The participant was advised that they may ask questions throughout the study and are under no obligation to answer any question. Confidentiality and privacy was maintained throughout the study, participants or their organisations were not identified at any stage of the study and raw data was not given to any third party. Anonymity could not be assured during this research as the participants were interviewed and therefore identified by the researcher. Further, Kimberley Centre itself is a common factor between the researcher and the participants who were known to each other. It was thought by the researcher that the commonality of experience at Kimberley Centre meant the participants were free to discuss ideas without having to explain details of the institution or processes within it. This was acknowledged by participants.

To reduce any possible obligation on behalf of the participants, invitation to participate came from the managers of their organisation in the first instance. The raw data pertaining to the study was held in locked storage, electronic data was password protected and all data was disposed of by Massey University on completion and grading of the report. Autonomy was achieved by viewing all participants as individuals with regards to consent and participation.

Beneficence was practised by striving to gain the most benefit for the participant, to do no harm and minimise risk. Benefit for the participant was observed when participants felt comfortable enough to recall and discuss events or issues that were important to them and some participants commented that their involvement in the research had led them to reflect on current practice and stimulate ideas to achieve positive change within their organisation. Participants were interviewed in an environment that felt safe and familiar to them, allowing them to relax and partake in an informal discussion around issues very relevant to them. Adverse events and responsibility were viewed as an ongoing process and this was monitored throughout the interviews process in the best interests of the participant. Justice has been considered in this study and the option was taken to interview professional staff rather than the people from Kimberley Centre, who may be vulnerable or coerced into participating.

A completed Massey University Human Ethics application was peer reviewed and a low-risk notification was issued. The project was supervised by Dr Martin Sullivan of Massey University. Further the ANZASW Code of Ethics (ANZASW, 2008, p 14) was viewed and adhered to throughout the research process. While the study constituted a partnership between the participant and the

researcher, it is acknowledged that the researcher has the most to gain from the resulting report which forms part of the Masters of Applied Social Work degree. The participants also acknowledged gain through reflection, reminding them of why they do the work they do.

### *Dissemination of findings*

The research findings generated this report which was submitted in partial fulfilment of the Masters of Applied Social Work degree at Massey University. Copies will be held within the Massey University library. A summary of findings was made available to the participants and managers of the responding organisations.

### *Conclusion*

This chapter has identified and rationalised the theoretical framework and practical perspectives of this research project. This methodology proved sound and successfully guided the project to meet the objectives of the research.

## Chapter Four: Findings

### *Introduction*

The objective of this chapter is to present the findings located within the participants validated and coded transcripts. It will illustrate the thoughts and views of the four participants when answering the research question. A general inductive approach was employed to interpret the findings. This approach is frequently reported in health and social science research intending to aid understanding of complex data in a straight forward manner (Thomas, 2003).

Six themes framed the interviews:

- Family/whānau interaction;
- Living arrangements and material standards;
- Health and access to services;
- Community integration;
- Day-based services;
- Adaptive skills - skills for daily living and personal development.

The four participants for this research had a long history of working at Kimberley Centre, three for 30 or more years and one for 19 years. They are registered Psychopaedic, Comprehensive or Enrolled Nurses. They all continue to work with or oversee former residents of Kimberley Centre in their community homes. No social workers responded to the recruitment process.

Three of the participants agreed that they had seen a general increase in quality of life for their clients. One person did not agree, believing the institutional model, with some reform, could have provided a better quality of life than the community living model,

*I think people only think about the bad things about Kimberley...families that had their people there were grateful because it gave them relief and they weren't out in the community being abused financially, physically or anything else, I will stay here and look after my ladies until they get their angel wings or someone comes and looks after them that I know will look after them properly.*

*The opportunity to make a difference is greater in the community.*

*I believe 95% have been successful, they get a better quality of life, but there is a certain few it hasn't worked for.*

### *Family/whānau interaction*

Participants thought family interaction had increased which has had a positive impact for clients:

*Where I am working the family involvement is pretty good, we were hit and miss at Kimberley. I remember it was a third, a third, and a third. A third had no contact what so ever, a third had some contact, and a third had regular contact.*

*Now that a lot of our guys have got regionalised it is a lot easier for family to visit, or clients to visit family, some family members didn't even know they had people at Kimberley, then they came out and maybe parents passed away, so people have a wider family involvement as well.*

*If a child was part of a family, then put in Kimberley, that might be the last time they saw their siblings for god knows how many years, so they are forming new, realistic, ongoing relationships that never would have existed.*

And one participant thought that the initial increase had declined sometime after relocation of clients:

*Some of the families have continued to visit regularly, some take them out regularly, you will get phone calls from others, I'd say those ones would probably be involved with their child or sibling regardless of where they were, but others have certainly dropped off.*

But, this has not always been a positive experience, for example,

*Some of them have become very controlling, siblings are probably the worst because many parents have passed on. Siblings who had nothing to do with them at Kimberley, took control of their money, they changed their benefits so the money was going to them and not the client, therefore if we want to access money for personal supplies we had to go via the family and if the family didn't want to come up with the money then we had no access. Their clothing was*

*literally what they came with from Kimberley and was never able to be replaced...for some of the family it was like, that large amount of money that some of them (clients) had from Kimberley was dollars in their eyes and a benefit to them. Some of them have been taken to court to have that reversed so the company can have access to the clients benefit.*

Participants were also able to describe a positive improvement for family:

*I never heard of them visiting when they lived at Kimberley, but the family visit now because it's a lot more comfortable for them.*

*They're just more involved in their lives and certainly coming out there and expressing what they would like to see them doing.*

And with respect to their clients:

*Seeing the sheer delight on people's faces.*

*She chats to mum on the phone most days and that has a calming effect.*

*Families can take their person into the community for shopping or coffee, it's a win.*

### *Living arrangements and material standards*

All participants agreed that the living environment for their clients had improved:

*Yeah we've seen a huge difference particularly from Kimberley... I worked in the secure wards and it was a bland environment, now people have their own possessions in their own rooms, we can personalise rooms because you have between 1 and 6 people in a house where as we had 30 in a ward.*

*I do know there is improvement, the difference is just black and white, it's their home, their own private space.*

One participant who works with people who have high needs challenging behaviours noted:

*For de-escalation they can go to their own room and switch on their TV or radio.*

*There is a noticeable decline in challenging behaviours, we have one man with very challenging behaviours from assaults, faecal smearing, property damage, ripping down curtains, smashing windows and throwing stuff, since he has been with us in the community he has exhibited none of that.*

Some homes constructed for able-bodied people, house physically impaired people, resulting in poor outcomes:

*Not all housing (renovation) was done to specifications that were suitable, the doorways were not made wide enough for hospital beds, so if there is a fire you cannot get a person out of a room, you have to pull the mattress down onto the floor and drag the person out, and the bathrooms are difficult to work in.*

Other houses were located on the outskirts of town, where it was felt appropriate for some of the clients:

*Some of the behaviours exhibited meant that the quieter environment with fewer neighbours around was better, it took away an issue.*

*It's more about suitability and availability, finding a house that would suit the needs.*

And one participant discussed incompatibility of flatmates, leading to assaults:

*We identified that he was not compatible with living with other people, he would assault them, now he is doing great.*

### *Health and access to services*

Two participants agreed that clinical oversight was a lot less routine, with clients relying on community health services:

*Clinical oversight is a lot less routine than we had with our registered nurses on all shifts, we called an ambulance when someone was dying, not when they just needed antibiotics.*

Participants of this project described the difficulties of obtaining medical consultations:

*GP is hell compared to Kimberley.*

*Accessing a GP can be very difficult, it's not unusual to be told there are no appointments, and if you need to see anyone you will have to go to the public hospital.*

*We did find that getting doctors to take on our people as patients was very hard because it was the fear of the unknown, they are scared, actually scared, I've noticed it on a number of occasions. We had one doctor recently who changed all the medications for one of our people with significant mental dual diagnosis issues, despite us who had all the knowledge (of the client and the medication) he still went ahead and did it and caused bigger issues.*

For some residents, the move from Kimberley Centre to the community may have had the worst outcome of all:

*There were quite a significant number that died when they left Kimberley, it was like the tom toms going, so and so has died and then another two, all within the few first years.*

Participants of this project described the difficulties of obtaining medical consultations:

*I have been asked to leave the doctors surgery because she screamed so much, the doctor came flying out of his office and screamed at me to get her out and never bring her back.*

*We had one doctor who used to come and examine our clients outside in the van, he wouldn't let them in the surgery.*

Three participants expressed concern around financial gain being made from their clients by medical centres:



*But now it's just hit and miss, take any doctor and it's a lot more money making business for the GP as well, these places are saying we need to see this person every four months.*

*If they are unwell or need medical attention, then you go to a doctor, why do they have to go every 3-6 months, to me it's a money making venture.*

*Our guys have three monthly checks which was free when they first came out, but now they have to pay for that.*

Two participants believed that some of the medical needs of their clients should be provided by the organisation itself rather than their clients having to pay for basic health care:

*Why does everything have to go through a doctor if you have a health advisor who has a qualification?*

*The organisation has their own registered nurses.*

Two participants remarked on difficulties clients have trying to access or participate in some health related services:

*The physically handicapped used to get physio to keep their limbs supple and moving, that stopped and a lot of them just went into contractions and their lives are a lot harder now, there has been broken limbs because people just yank on their limbs instead of doing just a little bit at a time. And I ask why can this person not be referred to a physio in town and have this done?'*

*One of the pitfalls is that they just don't understand that some of our guys can't just sit around for hours waiting, get there at 7am and surgery may not be until 11.00 am, they just can't understand why they have to wait so long and can't eat or drink anything.*

While two other participants describe more positive experiences:

*Our mental health support (from DHB) is excellent because the nurse that works with the psychiatrist used to come to Kimberley, he talks our same language.*

*We had one guy who wouldn't go in an elevator or upstairs, I negotiated with the PHO who managed to get a ground floor GA surgery so we could get him in, they are really happy to work with us.*

Participants generally disagreed with Chowdhury and Benson (2012) findings of a decline in medical health for their clients; it was the accessing of such services that had declined:

*Generally I would say their health is a lot better, I was at Kimberley when they had shigella outbreaks and terrible worm infestations.*

### *Community integration*

One participant felt the community had become more accepting of former Kimberley residents saying:

*Most people are very accepting of our people in the community because now there are so many ex Kimberley people walking through town, I think it's quite widely accepted... A huge increase in acceptance, they are getting out in the community in so many ways whereas Kimberley was a gated community.*

While other participants described a lack of community integration:

*When out at community functions, they wouldn't come and talk to them unless they knew them from Kimberley.*

*Our organisation could improve to be honest, joining the clubs that would extend them, we are not good at, we tried it when they first came out but the impetus was just lost.*

*If something was happening at Kimberley it was pretty much appropriate for everyone to go, where as if there is something happening in the community it's about is there going to be a whole crowd of people, is it going to be friendly faces, is it going to be noisy in a way that people aren't used to.*

*It's all about community integration at all costs, we are saying we know better than you and lots of people have decided that they know better.*

When asked if this impacted on the clients, one participant said:

*I don't think so, not obviously, they have trust in their support workers in the community to guide them, whereas strangers I think they just don't understand them at all.*

### *Day programmes*

All participants expressed concern around services offered at day programme facilities:

*They mainly have people with good intentions, I think it's sad' and 'there's no teaching, I'm asking why?*

*I battle with the fact that what is important, like behaviour management, stops when a person gets to day base.*

*What I find lacking is the quality of staff and the experience of staff, there is a lack of skilled staff who can work with challenging behaviours, who aren't frightened, the helping can have the reverse effect especially if they don't know the people they are dealing with.*

*One of my ladies gets put in a van and drives around the streets five half days a week, well I could drive her around the streets and keep the extra funding for the house.*

*Basically they sit in a room and look at arts and crafts being done, you know very well that most of it they are not doing it.*

*Why should someone of 60 or 70 years of age be dragged out of their bed at 7.00am into a mobility van and driven down there by 9.00 a.m., is it their choice if they don't want to go? The managers say that they enjoy going and it's a social thing for them. Most of them would really like to go to a café and have a coffee and cake or to visit friends.*

### *Adaptive skills - skills for daily living and personal development*

The participants of this research had mixed views on this theme dependant on different areas addressed:

*A lot of our guys are out there doing things they wouldn't have been doing at Kimberley, going shopping, supported employment, the one to one that you couldn't give at Kimberley because it was defined around routines and schedules, but then we do have some that can't cope without having set routines and that therefore enforced more challenging behaviours.*

One participant noted a lack of transferability of specialised equipment with relocation and the impact that an 'over ambitious' sense of normalisation can have on clients:

*If you want special cutlery, like we used to have for a lot of people at Kimberley, people didn't eat with special cutlery when they came out, it is all gone, individualised cutlery and crockery (that was professionally individually designed by physiotherapists and occupational therapists) is all gone...you have to eat off a normal china dinner set with a normal knife and fork, well most of them can't use that stuff (so can no longer feed themselves) but they had to be normal and use normal stuff.*

Participants explained how the focus of teaching their clients new skills and maintaining learned skills became obsolete over time:

*At Kimberley people knew there was an expectation that you have to teach people, whereas now you care for them, but not necessarily on the learning curve.*

*Keeping the skill level going is what is important, we did that in the early days but it doesn't happen anymore because people think that what they've got is what they've got and they can't learn anymore.*

*At Kimberley we used to teach people to toilet themselves and those sorts of things have fallen by the wayside because it's easier with briefs, you change them once in a day and the staff don't give a shit.*

*Staff do find it easier to do it themselves, that is absolutely the case...it's about whether the staff want to or not, it's led by how enthusiastic the staff are.*

*It's hard to get staff on your wave length with the teaching side of things, we took on this normalisation thing and staff think this is normal, they don't think they can learn anymore.*

### *Anything else*

When participants were given the opportunity to talk about other issues that they saw as important, a wide array of topics were discussed, but one theme was predominant.

### *Respite Care*

Participants remarked on the lack of respite facilities available for times of crisis and for breaks from the day to day routine of their homes, for clients:

*I still think there are certain places for, not so much institutions but care centres because when we get people who do exhibit challenging behaviours, who are assaultive, they need to be in safe care environment where they can get psychiatrist help straight away... also for the relief of their flatmates (who) are scared to come out, we've got staff being assaulted and we can get the police, but they won't take them away, there's a big grey area around that.*

*There's no respite, they are in their house and that's it.*

### *Conclusion*

This chapter has delivered the views and opinions of the four participants around the identified themes. The last word goes to the participant who expressed this sentiment,

*Why did we keep working out there so long? It wasn't the conditions, it was the residents, who very much became part of your heart, with friendships that lasted a life time.*

## Chapter Five: Discussion and Analysis

### *Introduction*

This chapter provides analysis of the data extracted from the four participants' interviews and its consolidation with relevant literature. This information is then used to help explain the participants' views of the research question – 'What are the former Kimberley Centre professionals' view on how community living has changed the lives of the former Kimberley Centre residents?' A general inductive approach was employed in order to analyse and discuss the findings. Inductive approach provides an easy to use, systematic set of procedures for analysing qualitative data, that can produce valid and reliable findings. The purposes of inductive approach are to condense data into a brief summary format, establish clear links between the research objectives and the summary findings derived from the raw data and to develop a framework in which to understand the raw data (Thomas, 2003).

Three participants viewed an overall increase in quality of life for their clients, reflecting findings of other research (Milner et al., 2008; Kilroy et al., 2015; O'Brien et al., 2001; Sines et al., 2012). One participant disagreed, believing that a different model, such as the village concept within the grounds of Kimberley would have provided better outcomes. (It should be noted that the participant with this view works in service provision for people with severe intellectual disability and high medical needs).

### *Family Whānau Interaction*

In synthesis with research from Kilroy et al. (2015), all the participants agreed that interaction between their client and family/whānau had increased, at least initially since relocation. This sometimes had a negative outcome on service provision and had impacted on clients with legal processes called upon to intervene. One participant reflected that initial impetus around this theme had waned and family including sibling interaction, was now limited, especially once parents had passed away, while others viewed that an increase in sibling contact had offered new opportunities. Milner et al. (2008) found that being closer to family made the acquisition of new competencies in learning and development more likely, which had the most impact on quality of life outcomes. None of the participants expressed this and when probed participants did not identify any examples. Further, both Milner et al. (2008) and O'Brien et al. (2001) found that the improvement in relationships extended language development and increased conversation between flatmates and with staff - again this outcome was not identified by participants in this study, but agreeance came from three participants when this

outcome was discussed in the closing stages of their interview. One participant said that family is more easily able to take their relative into the community, thereby assisting community integration.

### *Material standards and living conditions*

Kilroy et al. (2015) and Milner et al. (2008) found living arrangements and material standards dramatically improved in the community, through more space and personalised private space. Most participants viewed this to be true and of benefit to their clients. They described the individual living spaces as personalised and a calming environment in times of distress or as a breakaway area. They remarked on the individuality of material possessions as a feature of community living when compared to institutional life. But some homes were seen as not designed for wheelchairs or larger 'hospital' style beds required by some clients, constituting a high risk during crisis situations, such as fires.

### *Health and access to services*

Medical status and associated medical conditions are measured within 'quality of life' goals. Research by Chowdhury & Benson (2011) indicates that healthcare needs may be better met in institutions due to their medical nature, and that physical well-being scores declined after relocation. While the participants expressed agreement that medical well-being is about the same as in Kimberley Centre, all of them viewed accessing medical services as difficult and some associated medical services an impossible or lengthy process when compared with Kimberley Centre. Being unable to access services such as routine physiotherapy for people with muscular contractions had severe implications on clients' adaptive skills. Lack of ongoing physiotherapy had resulted in loss of flexibility of limbs, meaning that some people were no longer able to feed themselves independently, participate in personal cares or worse, unskilled staffs attempts to physically manipulate severely contracted limbs had resulted in bone fractures. Further, there was real concern about clients attending and paying for unnecessary medical appointments - this was viewed as revenue gathering on behalf of the medical sector. It was felt that the NZ registered nurses employed by the agency could perform basic health assessments.

### *Social and community integration*

One of the overarching principles of community living is that people have opportunities to interact with their community in a meaningful way, be respected as neighbours, participate as members of

clubs, and form valued friendships. Research has found that is not a reality for many people leaving institutions, and may not be desired by them (Abbott & McConkey, 2008; Isaacson et al., 2014; Kilroy et al., 2015). The participants of this research viewed this theme mainly in agreeance with the above research. Although clients are now physically located within communities, and often attend community events, people from Kimberley Centre are not integrated into society. Mainly former staff of Kimberley greet clients in the community and unlike Kimberley where events were suitable for everybody to attend, in the community events had to be assessed for suitability. One participant viewed forced community integration of clients as not constructive while another said their agency could do better in accessing meaningful clubs and activities for their clients, relaying there had been more motivation around this initially, but the impetus had been lost. In exploring this theme, a participant reflected that social integration probably did not impact on the clients that much. Clients were happy having staff that they knew and trusted when in the community, rather than people that didn't know or understand them.

### *Day-based services*

This theme elicited the greatest response from participants of this study. All four participants viewed a noticeable decline in the standard of day services comparative to Kimberley Centre, consolidating former research (Brown & Kesler, 2014; Kilroy et al., 2015; Milner et al., 2008; van der Putten and Vlascamp, 2011). There was a plethora of raw data resulting from discussion around this theme, of which no participants responded in a positive light. Of note were views around untrained and unskilled staffing in such facilities with no training available on providing meaningful programmes for people with intellectual disability (Brown & Kesler, 2014; van der Putten & Vlascamp, 2011). Further, it was viewed by participants that little or no teaching or participation occurs at day bases. As the former residents of Kimberley Centre age, there is concern about people being forced to rise early and rushed in preparation to attend day services, when their money could be better utilised on age appropriate individual activities within the community rather than the group approach. This lack of meaningful service is also identified in research by Milner et al. (2008) and Kilroy et al. (2015).

### *Adaptive Skills- skills for daily living and personal goals*

Milner et al. (2008) and Kilroy et al. (2015) both recorded initial dramatic improvements in skills for daily living following relocation from institutions, which declined after the first year. All the participants of this study considered this and reflected that although such skill teaching is often part



of a personal plan, promotion of the learning and teaching of new skills or maintaining existing skills does not happen. Staff become complacent and it is easier and quicker for them to do it themselves which constitutes a return to institutional behaviour, and the creation of mini-institutions within the community (Burrell & Trip, 2011). One participant remarked that at Kimberley Centre, there was expectation that you would teach residents self-help skills and work to reinforce skills achieved, but this no longer occurs. Staff in the community are viewed as too often task-focused, while displaying little interest in interacting with the clients on a teaching or sometimes any level at all. Teaching people to use the toilet independently and self-hygiene has been surpassed by incontinence briefs which are generally changed once a day. Wolfensberger's normalisation principle (1972) recommends the use of as few central domestic services as possible, and while this has occurred, it would appear that these services may be as far removed from clients' accessibility now as they ever were inside the institution.

### *Conclusion*

This chapter has analysed and discussed the research findings in relation to the literature reviewed in Chapter Two. This analysis has revealed a consistency between the literature and the views of the participants.

## Chapter Six: Conclusion & Recommendations

### *Introduction*

This chapter completes the report by providing conclusions drawn through analysis of the findings, and recommendations for further research. It begins with a summary of key findings and the significance of the research and goes on to discuss the implications of the findings for the social work profession. There is summation of the limitations of this research, culminating in recommendations for further investigation.

### *Key findings*

Each of the seven themes investigated is located within these key findings:

- Most of the participants of this research agreed that family intervention had increased between clients and their families. It was acknowledged that this had not always had a positive outcome and that contact may decrease as parents pass away, with siblings not continuing the relationship.
- The health of clients was viewed by participants as the same or better than institutional care. But accessing community resources was fraught with challenges, including the view of financial advantage being gained by medical service providers. Some of the associated medical services such as physiotherapy are not as easily accessible in the community as they were at Kimberley Centre and for those in need this had a detrimental effect on well-being.
- A dramatic change in living arrangements and material standards has accompanied community living. This is viewed as having achieved a better quality of life for the former residents of Kimberley Centre, but some homes for people with physical disabilities are not purpose -designed, which creates difficulty for staff when supporting basic cares and that could be potentially life threatening in emergencies.
- Participants relayed difficulties getting staff on board with teaching and maintaining adaptive skills. Participants view this as a major component of working with and understanding people with intellectual disability, and as not occurring in practice. In some community houses, household tasks have become the central theme for staff, with household service areas once again becoming staff domains and clients reduced to receivers of care, rarely making choices or participating in domestic life.

- While community and social integration remains a fundamental goal of community living, this is rarely achieved, but clients are participating more in their community.
- Day services have not improved with a notable deterioration in this area. Participants were vocal about the employment of unskilled, inexperienced staff who had little or no knowledge about providing such a service, believing this had led to a decline in well-being outcomes for clients. This is compounded by the lack of available training for staff in this specialised domain.
- An emerging theme of the research was the lack of respite care facilities for times of crisis, to give the client and their flat mates some relief, and for holiday purposes.

### *Significance of the results*

This study will contribute to current literature and add to the sum of knowledge of the difference deinstitutionalisation and community living has made for former residents of Kimberley Centre as viewed by former professional staff. The findings are not generalisable but may contribute to scholarly knowledge by broadening the knowledge base and aiding future study in the field. It may also inform the wider audience of community support workers and agencies, social work practice and others with an interest in the intellectual disability field.

### *Limitations of the research*

The small number of participants constitutes a limitation of this research in so far as the findings are not generalisable. This is a small scale study, completed in partial fulfilment of a Master's degree. It was undertaken by a first-time researcher and is constrained by time and word count. The study purports to say something about the views and understandings of a group of people rather than make general probable claims. The use of proxy views of the topic and the retrospective nature of the investigation may further constitute a limitation of the research. Both of these challenges have been addressed in Chapter Four.

### *Implications for social work*

Being labelled as having an intellectual disability is stigmatising, it affects a person's self-esteem as well as their life experiences and social, educational, and vocational opportunities. As a consequence, people with intellectual disability are marginalised and oppressed in society, therefore constituting a pertinent field of practice for social work (Bigby & Frawley, 2010). The social work profession can offer

hope and empowerment by advocating for clients, addressing stigma in the community, and ensuring clients have access to community resources. In intellectual disability, a greater sense of normalisation is thought to be achieved through community living, the increased learning of adaptive skills enabling independent living, participation in life choices, and individuality (Digby & Wiesel, 2011). The social work profession plays an important role in ensuring practice is client-centred and strengths-based. Barriers to be overcome include the bio-medical approach, negative stigma, and lack of involvement in life decisions (Forrester-Jones et al., 2006). People with intellectual disability are recognised as having communication difficulties and even people with mild intellectual disability can be challenged by complex language and limited literacy. The social workers' role may include communication facilitator, when good communication is central to good social work practice (Matthews & Stansfield, 2014).

### *Conclusion*

When answering the question "How has community living changed the lives of former Kimberley Centre residents?", the participants have observed varied experiences. Some aspects of community living have benefited some people and some have not, while other aspects have had negative outcomes for some people and not for others. The key to understanding these conclusions lies in the variable disability experienced by individuals. People from Kimberley Centre with high and complex needs, in particular physical impairment, severe intellectual impairment, health and behavioural issues have much more difficulty accessing services in the community, while others, with more adaptive skills and less complex needs have achieved successful outcomes through more individualised support. I conclude that better outcomes for some former residents of Kimberley Centre with high and complex individual needs, could have been achieved through a village model of living within the community, incorporating purpose-built buildings, and staff trained/skilled in this highly specialised field. And, that other people from Kimberley Centre with less complex needs have benefited in many areas through deinstitutionalisation and are well suited to the community living model.

## *Recommendations*

### *Respite facilities*

The researcher recommends investigation into the setting up of short-term respite facilities, both secure and recreational. Further, facilities for breakaway holidays for people with intellectual disability who require high levels of physical support should be explored.

### *Day-based services*

Further research into day-based services for people with intellectual disability is recommended. It is evident that current facilities are not providing best outcomes for service users. Of further concern is the expectation of aged clients to continue to attend facilities without consultation, along with the lack of meaningful training for staff.

### *Advocacy*

Advocates can play a vital role in the balance of power between clients and people in authority. Voluntary advocacy roles should be promoted.

## References

- Abbott, S., & McConkey, R. (2008). The barriers to social inclusion as perceived by people with intellectual disability. *Journal of intellectual disabilities, 10*(3), p. 275-287. doi: 10.1177/1744629506067618
- Adams, L., Beadle-Brown, J., & Mansell, J. (2006). Individual planning: An exploration of the link between the quality of plan and quality of life. *Journal of learning disabilities, 34*(2), 68-76. doi: 10.1111/j.1468-3156.2005.00356.x
- Beatson, P. (2004). *The disability revolution in New Zealand: A social model*. Palmerston North, New Zealand. School of Sociology, Social Policy and Social Work
- Bell, J. (2010). *Doing your research project*. Berkshire, England. Open University Press.
- Bigby, C., & Wiesel, I. (2015). Mediating community participation: Practice of support workers in initiating, facilitating or disrupting encounters between people with and with intellectual disability. *Journal of Applied Research in Intellectual Disabilities, 28*, 307-318. doi: 10.1111/jar.12140
- Bigby, C., & Frawley, P. (2010). *Social work practice and intellectual disability*. London, England: Palgrave Macmillan.
- Bowbrick, P. (2015). The use of voice recorders in economic research. Retrieved from: <http://www.bowbrick.org.uk/Publications/THE%20USE%20OF%20VOICE%20RECORDERS%20IN%20%20ECONOMIC%20RESEARCH.pdf>
- Bratu, M., Verza, F., & Folostina, R. (2012). Assessing the impact of large residential institutions on the quality of life of mentally retarded people. *Procedia Social and Behavioural Sciences, 33*, 692-696. doi: 10.1016/j.sbspro.2012.01.210
- Brown, J. (2005). Characteristics of sound qualitative research. *Shiken: JALT Testing and evaluation SIG Newsletter, 9*(2). p. 31-33. Retrieved from: [http://jalt.org/test/bro\\_22.htm](http://jalt.org/test/bro_22.htm)
- Brown, L., & Kesler, K. (2014). Generating integrated work site for people with significant intellectual disabilities. *Journal of Vocational Rehabilitation, 40*, p. 85-97. doi: 10.3233/JVR-140675
- Brunton, W. (2012). *Mental health services - Mental hospitals, 1910s to 1930s*. Te Ara - the Encyclopaedia of New Zealand. Retrieved from <http://www.TeAra.govt.nz/en/mental-health-services/page-3>
- Burnard, P., Gill, P., Stewart, K., Treasure, E., & Chadwick, B. (2008). Analysing and presenting quantitative data. *British Dental Journal, 204*, 429-432. doi: 10.1038/sj.bdj.2008.292

- Burrell, B., & Trip, H. (2011). Reform and community care: Has deinstitutionalisation delivered for people with intellectual disability?. *Nursing Inquiry*, 18(2), 174-183. doi: 10.1111/j.1440-1800.2011.00522.x
- Charlton, A. (1998). *Nothing about us without us: Disability, oppression and empowerment*. Berkley, CA: University of California Press.
- Chowdhury, M., & Benson, B. (2011). Deinstitutionalization and quality of life of individuals with intellectual disability: A review of the international literature. *Journal of Policy & Practice in Intellectual Disabilities*, 8(4), p.256-265. doi: 10.1111/j.1741-1130.2011.00325.x
- Culham, A., & Nind, M. (2003). Deconstructing normalisation: Clearing the way for inclusion. *Journal of Intellectual and Developmental Disability*, 28(1), p. 65-78. doi: 10.1080/1366825031000086902
- Cummins, R., & Lau, L. (2003). Community integration or community exposure: A review and discussion in relation to people with an intellectual disability. *Journal of Applied Research in Intellectual Disabilities*, 16, 145-157. doi: 10.1046/j.1468-3148.2003.00157.x
- Digby, C., & Wiesel, I. (2011). Encounter as a dimension of social inclusion for people with intellectual disability: Beyond and between community presence and participation. *Journal of Intellectual and Developmental Disability*, 36(4), p. 259-263. doi: 10.3109/13668250.2011.619166
- Eallam, K., O'Connor, M., Wilson, J., & Williams, S. (2013). Social work with marginalised people who have mild or boarder line intellectual disability: Practicing gentleness and encouraging hope. *Australian Social Work*, 66(1), 56-71. doi: 10.1080/0312407X.2012.710244
- Fossey, E., Harvey, C., McDermott, F., & Davidson, L. (2002). Understanding and evaluating qualitative research. *Australian and New Zealand Journal of Psychiatry*, 36(3), 717-732.
- Fleming, P. (1981). *Eugenics in New Zealand 1900-1940* (Unpublished master's thesis). Massey University.
- Flynn, R., & Lemay, R. (1999). *A quarter century of normalisation and social role valorisation; evolution and impact*. Ottawa, Canada: University of Ottawa Press.
- Forrester-Jones, R., Carpenter, J., Coolen-Schrijner, P., Cambridge, P., Tate, A., Beecham, J., Hallam, A., Knapp, M., & Wooff, D. (2006). The social networks of people with intellectual disability living in the community 12 years after resettlement from long stay hospitals. *Journal of Applied Research in Intellectual Disabilities*, 19(4), 285-295. doi: 10.1111/j.1468-3148.2006.00263.x

- Gibbs, A. (2005). The paradigms, contexts and enduring conflicts of social research. In L. M. Stoneham (Ed.), *Advances in sociology research 2* (pp. 135-164). New York City, NY: Nova Science Publishers.
- Gioia, D., Corley, K., & Hamilton, A. (2012). Seeking qualitative rigor in inductive research: Notes on the Gioia methodology. *Organisational Research Methods, 16*(1), 15-31. doi: 10.1177/1094428112452151
- Hunt, A. (2000). *The lost years: From Levin Farm Mental Deficiency Colony to Kimberley Centre*. Christchurch, New Zealand: Nationwide Book Distributors.
- Isaacson, N., Cocks, E., & Netto, J. (2014). Launching: The experiences of two young adults with in supported living. *Journal of Intellectual and Developmental Disability, 39*(3), 270-281. doi: 10.3109/13668250.2014.929643
- Kilroy, S., Egan, J., Walsh, M., McManus, M. & Sarma, K. (2015). Staff perceptions of the quality of life of individuals with an ID who transition from a residential campus to community living in Ireland: An exploratory study. *Journal of intellectual and developmental disability, 40*(1), 68-77. doi: 10.3109/13668250.2014.984666
- Lang, R. (2001). The development and critique of the social model of disability. Retrieved from: [http://www.ucl.ac.uk/lc-ccr/lccstaff/raymondlang/DEVELOPMENT\\_AND\\_CRITIQUE\\_OF\\_THE\\_SOCIAL\\_MODEL\\_OF\\_D.pdf](http://www.ucl.ac.uk/lc-ccr/lccstaff/raymondlang/DEVELOPMENT_AND_CRITIQUE_OF_THE_SOCIAL_MODEL_OF_D.pdf)
- Matthews, M., & Stansfield, J. (2014). Supporting communication for parents with intellectual disabilities: Communication facilitation in social work led parenting meetings. *British Journal of Learning Disabilities, 42*(3), 244-250. doi: 10.1111/bld.12058
- Milner, P., Gates, S., Mirfin-Veitch, B., & Stewart, C. (2008). *An examination of the outcome of the resettlement of residents from the Kimberley Centre*. Dunedin, New Zealand: Donald Beasley Institute for Research and Education on Intellectual Disability.
- Ministry of Health. (2013). *Demographic information on clients using the Ministry of Health's disability support services*. Retrieved from <http://www.health.govt.nz/system/files/documents/publications/demographic-information-on-clients-using-ministry-dss-september13-apr15-v2.pdf>
- Mertens, D., & Ginsberg, G. (2006). Deep in ethical waters: Transformative perspectives for qualitative social work research. *Qualitative social work, 7*(4). 484-503. doi: 10.1177/1473325008097142

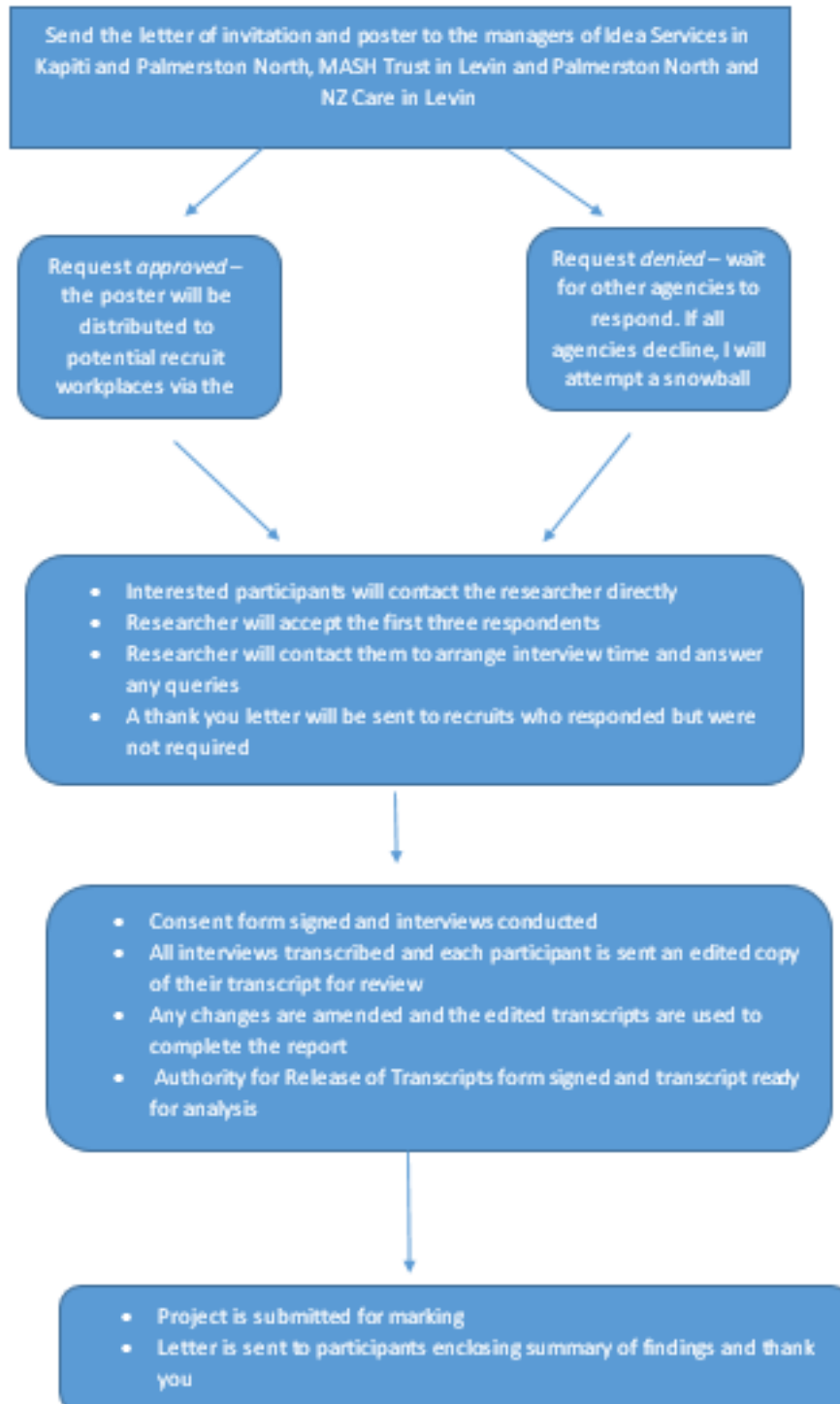


- Nota, L., Ferrarri, L., Soresi, S., & Wehmeyer, M. (2007). Self-determination, social abilities and the quality of life of people with intellectual disabilities. *Journal of Intellectual Disability Research*, 51(11), 850-865. Retrieved from [http://www.researchgate.net/profile/Michael\\_Wehmeyer/publication/5933566\\_Self-Determination\\_Social\\_Abilities\\_and\\_the\\_Quality\\_of\\_Life\\_of\\_People\\_with\\_Intellectual\\_Disability/links/550751900cf27e990e06210c.pdf](http://www.researchgate.net/profile/Michael_Wehmeyer/publication/5933566_Self-Determination_Social_Abilities_and_the_Quality_of_Life_of_People_with_Intellectual_Disability/links/550751900cf27e990e06210c.pdf)
- O'Brien, P., Thesing, A., Tuck, B., & Capie, A. (2001). Perceptions of change, advantage and quality of life for people with intellectual disability who left a long stay institution to live in the community. *Journal of Intellectual and Developmental Disability*, 26(1). p. 67-82. doi: 10.1080/13668250020032778
- Oliver, P. (2006). Purposive sampling. *The Sage dictionary of social research methods*. Retrieved from: <http://srmo.sagepub.com/view/the-sage-dictionary-of-social-research-methods/n162.xml>
- Robertson, J. (2015). Paper 179.895, Assignment two: Write a research proposal. Masters of Applied Social Work, Massey University.
- Robinson, S., & Brown, H. (2013). Preventing the emotional abuse and neglect of people with intellectual disability: Stopping insult and injury. London, England: Jessica Kinsley Publishers.
- Services for the mentally handicapped: The third report of The Royal Commission of inquiry into hospital and related services*. (1973). Wellington, New Zealand.
- Shakespeare, T., & Watson, N. (2002). The social model of disability: An outdated ideology. *Research in Social Science and Disability*, 2, 9-28. Retrieved from: <http://disabilitystudies.leeds.ac.uk/files/library/Shakespeare-social-model-of-disability.pdf>
- Simplican, S., Leader, G., Kosciulek, J., & Leahy, M. (2015). Defining social inclusion of people with intellectual and developmental disabilities: An ecological model of social networks and community participation. *Research in developmental disabilities*, 38, 18-29. doi: 10.1016/j.ridd.2014.10.008
- Sines, D., Hogard, E., & Ellis, R. (2012). Evaluating quality of life in adults with profound learning difficulties resettled from hospital to supported living in the community. *Journal of intellectual disabilities* 16(4). 247-263. doi: 10.1177/1744629512463840
- Smith, J., & Osbourne, M. (2007). *Interpretive phenomenological analysis*. Retrieved from [http://www.sagepub.com/upm-data/17418\\_04\\_Smith\\_2e\\_Ch\\_04.pdf](http://www.sagepub.com/upm-data/17418_04_Smith_2e_Ch_04.pdf)

- Statistics New Zealand (2013). *The disability survey*. Retrieved from [http://www.stats.govt.nz/browse\\_for\\_stats/health/disabilities/DisabilitySurvey\\_HOTP2013/Commentary.aspx](http://www.stats.govt.nz/browse_for_stats/health/disabilities/DisabilitySurvey_HOTP2013/Commentary.aspx)
- The Lancet. (2014). Priorities for people with disabilities in New Zealand. *The Lancet*, 384(9943), 558. doi: [http://dx.doi.org/10.1016/S0140-6736\(14\)61351-9](http://dx.doi.org/10.1016/S0140-6736(14)61351-9)
- Thomas, D. (2003). *A general inductive approach for qualitative data analysis*. Retrieved from [frankumstein.com/PDF/Psychology/Inductive Content Analysis.pdf](http://frankumstein.com/PDF/Psychology/Inductive Content Analysis.pdf)
- Trochim, M. (2006). *Research methods knowledge base – Interviews*. Retrieved from <http://www.socialresearchmethods.net/kb/interview.php>
- van der Putten, A., & Vlascamp, C. (2011). Day services for profound intellectual and multiple disabilities: An analysis of thematically organised activities. *Journal of Policy and Practice in Intellectual Disabilities*, 8(1), 10-17. doi: 10.1111/j.1741-1130.2011.00282.x
- Wehmeyer, N., & Bolding, M. (2008). Enhanced self-determination of adults with intellectual disability as an outcome of moving to community based work or living environments. *Journal of Intellectual Disability Research*, 45(5), 371-383. Retrieved from <http://eds.a.ebscohost.com.ezproxy.massey.ac.nz/eds/pdfviewer/pdfviewer?vid=1&sid=911338e9-6562-4d9e-87aa-c3a6c88390eb%40sessionmgr4002&hid=4211>
- Williams, D. (2011). *Qualitative inquiry in daily life: exploring qualitative thought: Chapter 5 – dependability*. Retrieved from <https://qualitativeinquirydailylife.wordpress.com/chapter-5/chapter-5-dependability/>
- Wolfensberger, W. (1972). *Normalisation: The principal of normalisation in human services*. Toronto, Canada: National Institute on Mental Retardation.
- Wolfensberger, W. (1983). Social role valorisation: A new term for the principle of normalisation. *Mental Retardation*, 21(6). 234-239.
- Wolfensberger, W. (2000). A brief overview of social role valorisation. *Mental Retardation*, 38(2). 105-123.

## Appendices

### Appendix One: Research Process Flow Chart



*Appendix Two: Introduction Letter*Re: Massey University research

Date: 1/7/2015

Hello, my name is Joanne Robertson and I am currently undertaking a Masters of Applied Social Work degree at Massey University. In partial fulfilment of this degree I will be completing a research project which explores the benefits of community living for former residents of Kimberley Centre Levin, as perceived by qualified staff who worked there and continue to work with these service users in the community.

It is hoped that this exploration will provide insight into the ways that the models and theories of deinstitutionalisation have contributed to a better quality of life for these service users. It may also fill some gaps in knowledge, nine years following the closure of that institution. This research will be overseen and supervised by Dr Martin Sullivan (M.J.Sullivan@massey.ac.nz). I am wanting to interview former Kimberley Centre professional staff who held a formally recognised qualification such as Psychopaedic Nurses registration, General or Comprehensive nursing registration, Enrolled nurse, Social Work or Training officer qualification, to discuss their views on this topic. To this end I have attached information sheets/posters and ask that you distribute these around the areas of work where potential recruits may be currently employed.

I wish to assure you that your organization or the identity of the participants will **not** be revealed during any stage of this project. Participation will be completely voluntary and confidential. A copy of the summary of findings will be provided to you and the participant on completion of this project.

Please do not hesitate to contact me if you have any questions relating to this research project.

Yours sincerely

Joanne Robertson

Phone:

Email: [kcresearch2015@gmail.com](mailto:kcresearch2015@gmail.com)

This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of Universities Human Ethics Committees. The researchers 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 Dr Brian Finch, Director (Research Ethics), telephone 06 356 9099, extn 86015, email [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz)

### *Appendix Three: Poster*

Re: Massey University research: *Exploring how community living has changed the lives of the former residents of Kimberley Centre.*

Kia ora

I am a Masters of Applied Social Work student at Massey University. In partial fulfilment of this degree I am undertaking a research project under the direct supervision of Dr Martin Sullivan. I am writing to invite you to participate in this research project.

The purpose of this project is to explore the perspectives of staff who worked at Kimberley Centre Levin in regards to community living. I am researching the models and theories of normalisation and deinstitutionalisation and I am interested to learn what you believe the outcomes of these have been for the service users who came from that institution.

I am wanting to interview 3 people who fit the criteria of:

- People who trained for and held a formally recognised qualification such as Registered Psychopaedic nurse, General / Comprehensive nurse, Enrolled nurse or Training Officer qualification
- Worked at Kimberley Centre for at least 5 years
- Currently work in the disability field with former residents of Kimberley Centre

Participants will take part in a 1hour qualitative semi structured interview with me at a mutually agreed time and location. The interview may be voice recorded and will be transcribed by me. I will then send you an edited transcript for you to review and amend if necessary. Once this is completed, I will ask you to sign a consent form to use your interview data for the report of research findings. A summary of findings will be available to you on the completion of the report.

Please contact me by email: [kcresearch2015@gmail.com](mailto:kcresearch2015@gmail.com), or phone or text me on 027 390 9060 if you would like to assist in this research.

Thank you

This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of Universities Human Ethics Committees. The researchers 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 Dr Brian Finch, Director (Research Ethics), telephone 06 356 9099, extn 86015, email [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz)

## *Appendix Four: Interview Schedule*

Date:

Re: Massey University research: *Exploring how community living has changed the lives of the former residents of Kimberley Centre.*

*Interview schedule.*

This explorative research will look at the ways that the community integration model has provided difference in the lives of the former residents of Kimberley Centre.

*Research Question: What are your views on how community living has changed the lives of the former residents of Kimberley Centre?*

The interview schedule will explore the following themes:

- Family whanau involvement
- Living arrangements and material standards
- Activities of daily living, adaptive behaviour and personal development
- Health and access to services
- Community involvement
- Community based services
- Is there anything else that you think is important?

This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of Universities Human Ethics Committees. The researchers 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 Dr Brian Finch, Director (Research Ethics), telephone 06 356 9099, extn 86015, email [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz)

## Appendix Five: Low-Risk Notification



### MASSEY UNIVERSITY ALBANY

24 June 2015

Joanne Robertson

Dear Joanne

**Re: Exploring the former Kimberley Centre professional's view of how community living has changed the lives of the former Kimberley Centre residents**

Thank you for your Low Risk Notification which was received on 10 June 2015.

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

You are reminded that staff researchers and supervisors are fully responsible for ensuring that the information in the low risk notification has met the requirements and guidelines for submission of a low risk notification.

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 Dr Brian Finch, Director (Research Ethics), telephone 06 356 9099, extn 86015, 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

Brian T Finch (Dr)  
Chair, Human Ethics Chairs' Committee and  
Director (Research Ethics)

cc Dr Martin Sullivan  
School of Social Work  
Palmerston North

Associate Professor Kieran O'Donoghue  
Head of School of Social Work  
Palmerston North

---

Massey University Human Ethics Committee  
Accredited by the Health Research Council

**Exploring SWiS and Principal Perspectives:  
What are the key factors that influence SWiS' ability to  
practice successfully within their respective schools?**

A research report presented in partial fulfilment of the requirements of the  
Degree of  
Master of Applied Social Work  
Massey University, Palmerston North  
New Zealand

Steve Thomas  
2015



## Abstract

The notion of using Social Worker in Schools (SWiS) to enhance children's social and educational potential (Ministry of Social Development [MSD], 2015), has international appeal with an estimated 50,000 social workers plying their craft in school settings in approximately 45 countries (Kelly as cited in Allen-Meares & Montgomery, 2014). New Zealand's social work entry into schools was over 100 years behind their North American and United Kingdom pioneers. Since entry in 1999, a favourable evaluation of the SWiS programme (MSD, 2002) has led to numerous expansions of service, culminating in 2013 with all 673 decile 1-3 primary and intermediate schools offering a SWiS service. National research has continued to promote the SWiS programmes value in disadvantaged school communities (Belgrave & Dobbs, 2001; Chapman, 2010; Selby, English, & Bell, 2011). Unlike the majority of national research that focused on the impact of SWiS on relationships or environments (Post, 2013; Selby et al., 2011; Williams, 2010), this study focused on the reciprocal process by exploring the relationships and an environment that impact on SWiS. Using an ecological lens, qualitative design, an in-depth semi-structured interviewing method, this research explored the perspectives of principals and SWiS to determine factors that influence SWiS' ability to practise successfully within their schools. The results of the study are largely consistent with the reviewed literature. The research reinforces the importance of the interdependent relationships of the principal provider and SWiS and their impact on SWiS. Some fresh insights are offered, implications discussed, and recommendations proposed. It is hopeful the research will encourage its intended audience key stakeholders, to be self-reflective so SWiS have the opportunity to practise successfully to enhance the well-being of the children and families they serve.

## Acknowledgements

Firstly, I would like to thank the participants involved in this research. I am sincerely grateful for their willingness to offer me time out of their busy schedules to share their considered and insightful perspectives.

Secondly, I would like to thank my supervisor, Dr Michael Dale for his wisdom, guidance, and availability throughout my research journey. It has been a pleasure working with you.

Thirdly, I would like to thank my employer, Presbyterian Support Upper South Island, for their support and encouragement throughout the period of my study. Their willingness to offer paid study leave, facilitate the leave requirements with ease, and ensure placement options were readily available was greatly appreciated and a blessing.

Lastly I would like to thank my family and friends for giving me support, encouragement, and the necessary time away from regular activities over the last three years to complete not only this research project but all my study commitments.

It is now time to recalibrate my GPS to find warmer weather, spend quality time with family, socialise with friends, and go fishing

## Chapter One: Introduction

The Social Worker in Schools (SWiS) programme has been part of the New Zealand service delivery landscape in low decile<sup>1</sup> schools since the programme's successful pilot at the end of the 20<sup>th</sup> century (MSD, 2002; School of Social Policy & Social Work, 2000). Consistent with a growing acceptance that factors outside the school can limit children's social and educational potential (Allen-Meares, 2010; Amrein & Berliner, 2003; Clark, 2014; MSD, 2015; Thrupp, 2013), this new voluntary service began targeting the most disadvantaged children and families identified through low decile school communities (MSD, 2015). New Zealand's filter of low decile school communities contains an over-representation of indigenous Māori and Pacific Island families (MSD, 2002; Selby, English, & Bell 2011; Selby & Hollis-English, 2014). Optimism fuelled by the success of New Zealand's 1999 pilot evaluation (MSD, 2002) led to expansions of the service, culminating in 2013 with all children and families in 673 decile 1-3 primary and intermediate school communities across New Zealand, having access to SWiS services (Selby & Hollis-English, 2014). Importantly, during this period of time, New Zealand's body of SWiS research has continued to grow, with some staff members and students at Massey University being active contributors. Apart from the comprehensive evaluation study (MSD, 2002), New Zealand's SWiS research has tended to be smaller scale studies that have generally focused on the impact of SWiS on a particular environment or relationship. This research, identifying a less scrutinised area of literature, focused on the reciprocal process; factors that impact on SWiS. To provide a balance, this research explored the perspectives of both principals and SWiS to identify key factors that influence SWiS' ability to practise successfully within their respective schools.

### *Researcher's interest in the topic*

My interest in this topic stems from my experience in working with children and families in health, education, and the social services over the last three decades. I am currently employed 20 hours per

---

<sup>1</sup> All New Zealand schools are categorized with a decile rating of 1-10 depending on the proportion of pupils it draws from low socio-economic communities. A decile 1 school fits within a 10% band of New Zealand schools representing the highest proportion of disadvantaged pupils from those low socio-economic communities. A decile 2 school fits within a 20% band and so on.

week by Presbyterian Support Upper South Island as a SWiS across two schools. This allows me to practise in a field I am passionate about while juggling my Master of Applied Social Work study commitments. In meeting my study demands, I wanted to explore a topic that would benefit my practice and contribute to the body of knowledge within this specific field.

### *Rationale for this study*

My resolve for pursuing this exploratory study derives from various sources. Firstly, anecdotal comments from colleagues and other professionals have identified this area to be underdeveloped, lack clarity, and require investigation.

Secondly, the importance of SWiS to be able to practice successfully within their school(s) is crucial and relevant for all stakeholders.

Finally, my worldview of a social justice philosophy underpinned by Christian beliefs, values, previous experiences, and all the other factors that inform me as a person and professional, lead me to believe the following: that vulnerable children and families using the SWiS service have the right to expect a service of the highest quality, a service that affords them every opportunity to meet the new goals they have set for themselves.

### *Structure of the report*

This report is presented in six chapters.

#### Chapter One: Introduction

- This chapter introduces the SWiS programme, the research context, the aim, and the researcher's interest and rationale for choosing this study.

#### Chapter Two: Literature Review

- This chapter locates New Zealand's SWiS journey within the international context, highlighting similarities and differences. It introduces the ecological systems theoretical model and explores two themes, the school system and the role of the principal.

#### Chapter Three: Methodology

- This chapter describes the research design, the method used to gather and analyse the data, the ethical considerations undertaken to protect all parties throughout the research process, and the strengths and limitations of the research.

#### Chapter Four: Research Findings

- This chapter captures the participant's perspective from the qualitative interviews within the presented themes.

#### Chapter Five: Discussion

- This chapter analyses the findings in relation to the reviewed literature.

#### Chapter Six: Conclusions and Implications.

- This chapter summarises the key points of the research, discusses some implications of the findings, and makes some recommendations for future research.

### *Summary*

The purpose of this chapter has been to introduce the research topic, present the research question, the researcher's interest, the rationale for choosing this study, and provide a chapter outline to foreshadow the research.

The following chapter reviews the literature related to social workers in schools, primarily from a New Zealand perspective.

## Chapter Two: Literature Review

### *Introduction*

A literature review provides a theoretical vehicle to transport the research, knowledge of the routes travelled thus far, and key themes to link and position the research as new destinations are sought (Bell, 2010). Furthermore, the author also suggests a literature review provides a knowledge base that becomes the platform upon which research is launched.

This brief review of the literature provides the foundation for such an exploration by firstly locating New Zealand's SWiS journey within the international context of this field of practice while highlighting some similarities and points of difference. Secondly, this review introduces the popular ecological theoretical construct to support the research question and thirdly explores two important themes, a key SWiS relationship; the principal and a key SWiS environment; the school system, both critical components in a successful SWiS school fit. Utilising the fore mentioned features as a vehicle, this research underpinned by an ecological perspective, positions SWiS as a central actor into a school system to explore how the role is constructed and enacted.

### *New Zealand within the International Context*

In setting the context, New Zealand's journey into school social work is discussed alongside comparative international information on the timing of entry, employer status, identity, and the role.

At the beginning of the twenty first century, New Zealand followed an international trend of using social workers within schools (Ministry of Social Development [MSD], 2002). In appreciation of children's unaddressed social needs (Belgrave & Dobbs, 2001) and a "perceived gap in social service delivery", the New Zealand government brokered a marriage between low decile schools and social work (MSD, 2002, p. 13). Following a well-trodden international pathway established over 100 years earlier by North America and United Kingdom school social workers (Agresta, 2004; Allen-Meares, 2010; Bronstein, Ball, Mellin, Wade-Mdivanian, & Anderson-Butcher, 2011; Constable, 2006; Selby & Hollis-English, 2014), New Zealand introduced the role of Social Workers in Schools (SWiS) into

selected low decile primary and intermediate schools in 2001 after a successful pilot programme in 1999 (MSD, 2002; School of Social Policy and Social Work, 2000).

Whilst New Zealand's entry into the SWiS field of practice was approximately 50 years behind their neighbour Australia (International Network for School Social Work [INSSW], n.d.; Lee, 2012), the Netherlands (Huxtable, 2007) and Canada (Ericksson, 2004; INSSW, n.d.), their 1990s entry was similar to Austria, Korea, Macedonia, Mongolia, Sri Lanka, and Taiwan and ahead of China and a centrally funded Japan (INSSW, n.d.). The international popularity of this field of practice continued to swell and by 2013, New Zealand was part of a cohort of around 45 countries (Allen-Meares, Montgomery, & Kim, 2013; INSSW, n.d.) in which an estimated 50,000 social work professionals utilised the school setting to ply their craft (Kelly as cited in Allen-Meares & Montgomery, 2014).

Unlike the prominent North American model where school districts with their pronounced academic mandate were the primary employers of school social workers to help achieve their respective mission (Bronstein et al., 2011; School Social Work Association of America, 2012), New Zealand unconventionally opted for external employers, credible social service, and iwi providers (Selby et al., 2011) with a reputation of "strengths-based and family-focused" practice (MSD, 2002, p. 42). Whilst aligned to the profession's strengths-based philosophy (Lee, 2012), Australian school social workers, unlike their New Zealand peers with a fully funded government model (MSD, 2015), were predominately reliant on the motivation of their respective state governments for funding (Lee, 2012). Another notable difference between the two countries is all New Zealand SWiS are school-based (MSD, 2002; MSD, 2015) whereas Lee's (2012) study revealed approximately 50% of Australian school social workers base location was outside of the school.

The majority of the 31 countries including New Zealand who responded to the INSSW survey, worked with children who presented with difficulties in: emotion, behaviour, attendance, motivation, Maslow's basic needs, and child protection issues (INSSW, n.d.). However, unlike the majority of other respondents, New Zealand SWiS are not involved in Special Education as other educational professionals perform that role. All 31 countries practice role, to a greater or lesser degree, include six options: group work, casework, preventative activities, home visits, counselling, and consultation with other professionals (INSSW, n.d.). Whereas, when Agresta (2004) used a more extensive survey with 21 role options, she found the North American SWiS respondents proportion of significant time

spent on role activities in decreasing order was: individual counselling, principal and/or teacher consultation, group counselling, making referrals, report writing, community outreach, and parent consultation. Within New Zealand, the MSD consider the SWiS role of assisting: engagement in school, issues around grief and loss, parenting issues, and family work to also be important areas within the role (MSD, 2015). The enormity of the role is presented by Ganesin (2007) who suggests, to successfully perform the multiple components of the SWiS role, SWiS practitioners require the following range of skills: leadership, mediation, advocacy, collaborative, relationship building, conflict resolution, staff training, communication, social justice, and critical thinking.

Whilst there has been some international disparity between the timing of countries' entry into school social work, the school social workers' employer, the funding model, and even the role, there is greater agreement about the preferred theoretical construct, the focus of the next section.

### *The ecological theoretical framework*

This section introduces Bronfenbrenner's (1986) variant of the ecological systems approach as a theoretical paradigm, and then describes its value and practical application as a model for SWiS. For it is within this model that SWiS, as a central actor, are immersed to explore how their role is constructed and performed.

The introduction of different versions of ecological systems theory offered ecology to Western social work practice as a new and persuasive lens to understand and explain interactions (O'Donoghue & Maidment, 2005). For approximately four decades, school social work has benefitted from an ecological orientation with Alderson's, Costin's, Frey, and Dupper's multi-dimensional models all acknowledging influences outside the child (Kelly, Frey, Alvarez, & Anderson-Butcher, 2010). Bronfenbrenner's version of ecological systems theory has gained the greatest traction, albeit small, within Australasia's social work literature (O'Donoghue & Maidment, 2005) and has an international following for its application within the SWiS field of practice (Allen-Meares, 2010; Garrett, 2007; Germain, 2006; Lee, 2007; Post, 2013). According to Bronfenbrenner (1986), within each individual's life cycle their relationship and adaptive function within the surrounding environments in which they live is vital in their development. The author illustrates this by describing the layers of interconnecting systems that encompass and spiral out from the individual, each with a widening sphere of influence.



Similar to features of many systems, Bowen (2010) and Garrett (2007) explain that changes to either component of person or environment within the system, ensures a reciprocal response from the other component in an attempt to maintain equilibrium. Additionally, Lee (2007) proposes that when this equilibrium is not maintained, the person-environment fit is disturbed, potentially becoming problematic for the person. Providing a practical explanation for application, Germain (2006) notes this model uses an integrated approach through the development and strengthening of the child on one hand while assisting the accommodation of the influencing environments on the other. It is the attraction of this powerful explanatory lens that has encouraged this research to position SWiS as the central actor. In so doing, it highlights the influence of a key environment; the school system, as a successful SWiS/school fit is sought.

### *The school system*

This section will highlight the school systems diverse role; the enormous pressures, forces, and expectations under which schools practise, the service issues surrounding external provision, and the school setting and power.

Although school social work is an international field of practice, the literature base still predominately emanates from North America (Allen-Meares, Montgomery, & Kim, 2013). With the employment circumstances of North American school social workers and their strong educational focus (Bronstein et al., 2011; School Social Work Association of America, 2012) being different from New Zealand (Chapman, 2010; MSD, 2015), where possible local research will be used.

Using general systems theory, Bowen (2010) views schools through a 'social systems' lens whereas Bronfenbrenner's (1986) ecological perspective views schools as a setting within the child's microsystem. It is within this 'social system' or 'microsystem' that Constable (2006) suggests the school performs their role of public agent in the socialisation and development of children. An enormous pressure on the school system is described through Bronfenbrenner's (1986) 'macrosystem', in which culture, political, and economic ideology, and the corresponding social policies have an expansive influence as they permeate all levels of the system.

'The No Child Left Behind Act' introduced into North America in 2001 (Allen-Meares, 2010; Peckover, Vasquez, Van Housen, Saunders, & Allen, 2012) and 'National Standards' introduced in New Zealand in 2010 (Thrupp, 2013) are examples of educational reform that controversially changed school-based accountability. Unsurprisingly, these macro system influences have fashioned a profession of teachers engrossed with meeting their academic mandate (Cawood, 2010) and intent on high stakes testing (Amrein & Berliner, 2003). This in turn potentially restricts opportunities for school social workers to 'build capacity' within a school, a key tenet of evidence-based intervention practice (Kelly, Frey, Alvarez, Berzin, Shaffer, & O'Brien, 2010). 'Building capacity' is teaching, strengthening, supporting and encouraging schools and families to use primary intervention programmes to become more independent and self-sufficient (Kelly et al., 2010). Understanding the context of the school in which they practice (Teasley, Canifield, Archuleta, Crutchfield, & Chavis, 2012; Winters & Easton, 1983), having a clear and identifiable role (Agresta, 2004), yet being role responsive to macro system changes within the education system (Peckover et al., 2012) are important elements for school social workers building trust and relationships within the school. Evidence of such, is depicted by Selby and Hollis-English's (2014) proposition of a direct relationship between the 'reputation and trust' of SWiS and the level of self-referrals.

Belgrave and Dobbs (2001), Jaquiere (2002), and Nash, Munford, and Hay (2001) all note the advantages of using the school site for social work services. Belgrave and Dobbs (2001) draw attention to the neutrality of the setting and the integration possibilities for service delivery. Agreeing, Jaquiere (2002) and Nash, Munford, and Hay (2001) respectively state, that the familiarity of the school setting, and the school being the hub of the community, removes barriers for many families and offers existing links into the community for families to receive support and empowerment. An important hurdle for school families to overcome is the mistrust of social workers and severing the perceived connection between SWiS and statutory social workers with their historical link to removing children from families (Belgrave & Dobbs, 2001; MSD, 2002; Selby & Hollis-English, 2014). Another factor that ameliorates barriers for families and school staff is the visibility of SWiS within the school, a problematic area for rural SWiS with multiple schools (Hollis-English & Selby, 2015).

However, Belgrave and Dobbs (2001) also note the school systems history of defensiveness towards outsiders. Whilst this appears pertinent for New Zealand and other countries where SWiS have external providers, Corbin (2005) suggests this attitudinal perspective is more widespread and

potentially impacts all school social workers who are support staff to the dominant profession. Belgrave and Dobbs (2001); Selby et al. (2011); and Williams (2010) all acknowledge the school's desire to be the future employer of SWiS and their belief it would enhance the development of the SWiS programme. Whereas, Belgrave and Dobbs (2001) importantly argue this barrier needs to be considered against the significant benefits for clients with SWiS being employed outside of education by experienced social service, iwi, or Māori providers. Collier's (2014) research also identified the provider's contribution to effective service delivery was significant with 100% of her respondents acknowledging the importance of the provider's role. A role, according to Collier, valued for its provision of support, supervision, as well as its wider expertise and knowledge of the SWiS role, network connections, and contracting experience. Finally, Selby et al. (2011) allude to the important feature of the school/SWiS power differential, with the school's willingness to embrace the SWiS programme ultimately determining the programme's opportunity to succeed.

SWiS understanding their role within the demanding context of the school system in which they practise and being responsive to macro system changes and expectations are imperatives as they build key relationships in an unfamiliar environment where there is power differential favouring the dominant profession. According to Selby et al. (2011), a key working relationship within the school system for SWiS is that with the principal. A relationship considered deserving of the final section.

### *The Principal*

This section highlights both the powerful and dominant role of the principal within a school and the importance of this relationship for SWiS. The principal is the hierarchical leader of the school system (Bowen, 2010) or using a business metaphor, the chief executive officer of the school organisation (Tawhara, 2007). Occupying the dominant role within a school, the principal's influence is widespread and extends to both the culture of the school and student learning (Allen- Meares, 2010). The notion that a school is commonly a reflection of its leader is consistent with the principal's influence and the leadership literature, in which trait theory proposes a strong link between personality and leadership (Hogan & Judge, 2012; Judge, Bono, Ilies, & Gerhardt, 2002; Judge, Piccolo, & Kosalka, 2009).

Williams (2010) draws attention to education legislation that supports the principal's powerful position in relation to the SWiS programme. The Education Act (1989) positions the Board of Trustees representative, the principal, as the sole discretionary gate keeper for entry of SWiS programmes into

a school. Also within their powerful and complex leadership role, the principal has oversight of all other allied professionals practising within the school community to ensure a standard of service delivery (Tawhara, 2007). A responsibility that all six principals in Williams' (2010) and Tawhara's (2007) SWiS research took seriously.

Therefore, unsurprisingly, Selby et al. (2011) claim principals have a pivotal role in realising the SWiS programmes potential. In part, this is achieved by the principal forging a positive relationship with the two other major players in the triumvirate, the SWiS and the provider, as it sets the tone for all stakeholders (Selby & Hollis-English, 2014). Yet the relationships within the triumvirate according to Williams (2010) can be jeopardised by the frustrations experienced with a high turnover of SWiS. Hollis-English and Selby (2015) concur, maintaining longstanding mutually beneficial principal/SWiS relationships founded on respect are successful ingredients for robust relationships. Another important component of realising the SWiS programmes potential is the triumvirate fulfilling their respective responsibilities prescribed in the service specifications (MSD, 2015). The SWiS service specification requires the principal to represent the school at all governance meetings, referred to as cluster meetings for their attached SWiS, and enter into an agreement and relationship with the service provider to ensure the SWiS service provision. A relationship that in its infancy at least, was problematic due to some structural difficulties within the provider's role (MSD, 2002). The specifications also state the principal has a joint responsibility to promote the SWiS service within their school and the school community. A principal's failure to meet their promotional obligations can give rise to negative attitudes towards SWiS through unrealistic role expectations (Tawhara, 2007).

While this section highlights the powerful role of the principal within the school system and describes how the principal's influence has an enormous bearing on the SWiS programme realising its potential within each school community, it is not a responsibility they carry alone.

## *Conclusion*

This chapter explored some of the similarities and differences New Zealand's SWiS journey with their international counterparts. This chapter also introduced the ecological systems framework, a popular and valued theoretical construct to support and inform the research. Next, a key environment; the school system, and a key relationship, between SWiS and the principal, were highlighted as both are significant factors in successful SWiS outcomes and key determinants in a School/SWiS fit.

## Chapter Three: Methodology

### *Introduction*

The purpose of the research was an exploration of the perspectives of principals and SWiS to identify key factors that encourage successful outcomes for SWiS within their respective schools. This chapter profiles the methodological considerations undertaken to achieve that task: a theoretical foundation, research design, participant sampling, data collection, data analysis, the research's significance, and limitations and the ethical issues that needed addressing to ensure safety for all parties.

### *Theoretical Underpinning*

Entering the world of social research as a second-time student researcher and social worker, Rubin and Babbie (2015) and Patton (2002) suggest that one's entry is not alone. Understanding what accompanies you is a process of understanding 'self'. Understanding 'self' through a process of continual critical reflection (Milner & O'Byrne, 2009) enable social work practitioners to understand how their personal values and views are formed, interpreted, become influential and merge with culture, gender, class, previous experiences, relationships, and education, to inform them both as a person and practitioner (Keen & O'Donoghue, 2005). Furthermore, the authors suggest it is through the enlightened process of discovering 'self' that theories are formed which mirrors 'self', informs and underpins practice, and assists in the understanding of another's world.

This research sought to develop an understanding of the 'lived experience' (Law, Stewart, Letts, Pollock, Bosch, & Westmorland, 1998) of SWiS and principals within a specific environment; the school system. A qualitative line of inquiry is an inductive research lens used to capture an understanding of the participant's experience of the phenomenon and their perception of reality within a social context (Patton, 2002). This is unlike a quantitative inquiry which uses a deductive approach with a predetermined hypothetical direction to scrutinise (Bryman, 2004). Patton (2002) explains how a qualitative approach is informed by a social constructionist paradigm in which each individual constructs their own truth and perception of reality. Therefore, with social constructionism and interpretivism informing this research, knowledge will be mutually constructed by collaborating with the principals and SWiS' experiences within a particular social context, the school system (Morris,

2006). A process according to Law et al. (1998) that has been assisted by: the researcher's current involvement in the field, a desire to increase his knowledge base to better serve the school community, a personal affinity with the paradigm and genuine interest in understanding the experience of the participant's social world and, being congruent with the tenets of qualitative design appropriateness.

### *Research Design*

Consistent with Chapman (2010), Post (2013), Selby et al. (2011), Tawhara (2007), and Williams (2010) who all successfully used a qualitative approach within the New Zealand context to capture an understanding of a participant's experience within the SWiS field, this research used a qualitative design vehicle with an in-depth semi-structured interviewing method advocated by Patton (2002). The researcher's decision to explore the perspectives of the 'key informant' (Sheppard, 2004) status of two principals, the schools' hierarchical leaders with a thorough understanding of the school system and the SWiS programme, as well as exploring the perspective of two SWiS working within schools, is consistent with Patton's (2002) tenet to gather a depth of data and width of coverage to be rich and meaningful.

When using an in-depth semi-structured interviewing method, Sheppard (2004) and Whittaker (2012) note the importance of the researcher's preparation for the interview with some established questions or preconceived themes, yet being equally versatile and receptive with probes to the information that emerges. According to Bouma and Ling (2004), the researcher's knowledge and awareness of the social grouping of the intended participants is also important as the information gathered can be unduly influenced by the delivery and type of questioning and the calibre of language used.

### *The Sample*

Consistent with the majority of social work research (Sheppard, 2004), this research used a non-probability sample; a challenge confronting all researchers conducting small-scale research projects (Bell, 2010). However, reassurance is provided by Law et al. (1998); Patton (2002); and Sheppard (2004) who all promote the value of using a qualitative design of in-depth semi-structured interviewing to collect rich data by exploring the experiences of a small number of participants (Sheppard, 2004; Patton, 2002; & Law et al., 1998). This study used a purposive sample (Sheppard,

2004) of four participants: two principals and two SWiS. Participants were selected from the South Island and recruited through an intermediary third party. An invitation to the prospective participants through the managers of SWiS providers and Board of Trustee chairperson (Appendixes One & Two) avoided any participant feeling beholden or any sense of coercion by the researcher to participate. As stated in the participant information sheets (Appendix Three), a preferred condition of participation for both the principal and SWiS was a minimum of two years' experience within their respective roles in a school operating a SWiS programme. The selection process for this study was the first two respondents from each profession who met the identified criteria.

### *Data collection*

On acceptance that this research project had undergone an internal review process by Massey's School of Social Work to determine its low-risk status and on receipt that the research was recorded on the Universities low-risk data base, invitations to participate (see Appendixes Two & Three) and information sheets (Appendix Four) were sent to the Board of Trustees chairperson and managers of SWiS providers. The self-selecting principals and SWiS respondents then contacted the researcher indicating their willingness to participate in the research, asked any questions, signed the consent form and agreed upon dates and times for a digitally recorded interview. Audio recorded interviews lasting up to 90 minutes were conducted with each of the participants. Using a purposive sampling method and an inductive process, data was collected from the two principals and two SWiS through a semi-structured interviewing format which allowed many of the themes to materialise out of the data gathered (Sheppard, 2004). Semi-structured interviewing provided the researcher with the opportunity to capture an understanding of another's social world by viewing it through the participant's lens, a perspective unobtainable solely through observation (Sheppard, 2004; Patton, 2002). Each interview began with a brief introductory rapport building period followed by the implementation of the interview schedule made available to the participant prior to the interview.

The interview template was developed from themes and questions that emerged from the literature review:

- The participant's length of experience within the selection criteria;
- The participant's definition of successful practice for SWiS within a school;

- Some key contributing factors within SWiS that influences SWiS' ability to practice successfully and fit comfortably within the school;
- Some key contributing factors within a school that influences SWiS' ability to practice successfully and fit comfortably within the school;
- The presence or absence of any additional factors outside the school and outside the social worker that influences SWiS' ability to practice successfully within the school;
- Any suggestions to improve the school/SWiS relationship;
- Any other comments relating to the topic yet to be discussed.

The digitally recorded interviews were then transcribed and a copy returned to the participants. Each participant then had the opportunity to make any changes to the transcript before returning it with a signed copy of the authority for release of transcript form. Three of the participants chose to make amendments.

### *Data Analysis*

Data analysis or content analysis, used interchangeably by some (Sheppard, 2004), is the task of converting a collection of primary source data into meaningful codes or themes that emerge from the collective data to provide insight and relevance to the specific research question (O'Leary, 2014). According to Braun and Clarke (2012), "thematic analysis is an accessible, flexible and increasingly popular method of qualitative data analysis" (p. 57). Furthermore, the authors claim the thematic analysis eclectic vehicle offers a range of options for both experienced and inexperienced researchers conducting data analysis. For researchers choosing a qualitative inductive and constructionist framework, thematic analysis provides a systematic means of identifying patterns of commonality, interconnections, and the collective themes that emerge from the interviews. With this study's research question not accompanying a "proposition about the social world" (Sheppard, 2004, p. 180), thematic analysis was the preferred method to analyse the data. Hence, to encourage a robust analysis, Braun and Clarke's (2006) six stage guideline was strictly followed: data familiarisation, initial code creation, actively pursue themes, review potential themes, theme definition and naming, and compiling a report. Consistent with Sheppard's (2004) perspective, the analysis phase continually required the researcher to make judgements while classifying the large quantity of data presented,



90 pages in this instance. Therefore, to promote accuracy, transparency, clear documentation, and reflective practices were necessary processes for the researcher (Law et al., 1998).

### *Significance of the Study*

The international SWiS research base has predominantly been occupied by the evaluative notion of SWiS, their role, and the issues surrounding 'best practice' (Allen-Meares, 2010; Constable, 2006). The methodological design of these studies has commonly used a mixed methods approach in the form of a survey and a small qualitative component (Thomas, 2014). Whereas, New Zealand's relatively small SWiS research base has primarily focused on the impact of SWiS on the relationships and environments within their role (Post, 2013). The research design has tended to be smaller qualitative studies in conjunction with a semi-structured interviewing method to obtain the required depth of data (Thomas, 2014). Whilst this research project continues New Zealand's similar methodological preference, instead of exploring the impact of SWiS on others, this research identifying a gap in the literature focuses on the reciprocal process, the environments, and relationships that impact on SWiS' ability to practise successfully. Using an ecological framework, the researcher positions the SWiS as a central actor into a school system to explore how the role is constructed and enacted. Understanding the factors that influence social workers' ability to practice successfully within the school system, not only contributes to New Zealand's growing SWiS research base, but also has partnership implications for SWiS and schools to better serve their school community.

### *Strengths and Limitations*

The ability of this study's qualitative methodological research design to gather information regarding the knowledge and experience of the participants was pertinent to the subject and purpose of the enquiry. The recruitment, peremptory cooperation, and interest displayed by the participants are positive testaments of the design and implementation of the research.

A potential limitation of this research project was the unexpected and unintended occurrence of both principals having the social workers from their respective schools also as self-selecting participants in the research, and with the knowledge of each other's participation. Therefore, without even a resemblance of anonymity, a position Padgett (2008) acknowledges cannot be assured in qualitative research, there was potential that the lack of anonymity may have interfered with the presence, the

absence or the quality of data gathered. Even though there was no evidence of this occurring during the interviews, additional precautions discussed in the risk of harm section were still implemented to minimise risk of harm to individuals or relationships.

Uniformly, the inability of all qualitative methodological designs to generalise findings, is also a limitation (Patton, 2002; Sheppard, 2004). However, this limitation needs to be counterbalanced with the intended audience increasing their insight of how other professionals perceive and construct their social world, and an opportunity for this new knowledge to become part of the audience's repertoire, a new layer of 'self' as they serve the school community in whatever role they perform (Thomas, 2014).

### *Ethical Issues*

To ensure that the well-being, integrity, and dignity of everyone involved in this research project was protected, exacting processes and standards have been conscientiously followed. The researcher completed a Massey University Human Ethics Application containing 68 questions to ensure all ethical issues were considered to avoid, minimise, and manage any risks identified and by implementing the necessary safeguards. This application was evaluated and reviewed by my supervisor and two academic staff in Massey's School of Social Work and judged to be low-risk. Subsequently the research was recorded on the Massey Universities low-risk data base in April 2015 with the understanding that the researcher under the guidance of their supervisor was responsible for the 'ethical conduct' of the research (Massey University, 2013). To ensure this study maintained ethical integrity and met the necessary ethical standards, each of the eight major ethical principles (Massey University, 2013) have been considered by the researcher. The following ethical principles were identified as having ethical issues specifically needing attention.

### *Conflict of interest*

In consideration of the researcher's previous and current employment identified in the information sheet (see Appendix Four) and to ensure against any potential conflict of interest and any sense of coercion or obligation to participate, the following recruitment practices were implemented: the SWiS and principal participants were not known to the researcher, not located within the same city of the researcher, nor were employees of the researcher's multi-regional NGO.

### *Confidentiality and anonymity*

Consistent with Massey Universities ethical conduct for research (Massey, 2013), participant privacy and confidentiality were key ethical tenets in this research. Participant's rights to privacy and confidentiality were clearly outlined in the information sheets (Appendix Four) prior to them self-selecting to participate in the research and reiterated again prior to their interview. Three participants utilised the opportunity presented to review their transcripts for accuracy and make changes prior to signing release forms. To ensure privacy and confidentiality all participants chose to be interviewed in a familiar office either at the school or social service organisation. The paper transcripts and digital recordings were kept in a locked filing cabinet prior to being deleted or destroyed upon completion of the report.

While anonymity cannot be assured in qualitative research (Padgett, 2008), all participants appreciated that every effort was made to conceal their identity by omitting names, gender, location, workplaces and identifying features.

### *Risk of harm*

A requirement of the ethics application was to identify the potential risk of harm to the participants and researcher during the research process and provide strategies of how the risks will be mitigated or minimised regardless of whether they were considered likely. The potential risk of harm identified for both parties, although not anticipated, was the interview process. Not anticipating discomfort or harm to either party proved correct. However, subsequently an unanticipated potential risk of harm to the participants and their relationships became apparent. This situation arose due to the unexpected and unintended occurrence of both principals having the social workers from their respective schools also as participants of the research. Although each principal and SWiS shared their perspective during the interviews with the knowledge of each other's participation, the following additional precaution was introduced within the report to protect individual participants and the principal/SWiS relationship. Although the participants were named Principal A, Principal B, SWiS 1, and SWiS 2, these names were used solely to distinguish between participants within each theme. For the sake of anonymity, 1 and 2 & A and B were used interchangeably to ensure there was no relationship between A and B with 1 or 2.

### *Informed and voluntary consent*

Choosing to use professional participants unknown to and from a different location to the researcher, providing a detailed information sheet (Appendix Four) about the research project that emphasised their rights and the voluntary nature of participation, using a third party intermediary for recruitment and having the participants self-select, were all deliberate decisions undertaken by the researcher to meet the four planks of sufficient information, understanding, capability and without coercion. The planks are a requirement for informed consent articulated in the code of ethical conduct (Massey, 2013). Only once these steps were in place to ensure each participant fully understood what they were agreeing to participate in, how the research would be used and, their prerogative to withdraw at any time up until the transcript was approved, the consent form was signed for the research project to proceed.

### *Conclusion*

The researcher armed with his worldview, values, experiences, interest of the topic, and current involvement in the field alongside a social constructionist and interpretivist paradigm, embarked on a qualitative research journey. Using purposive sampling for recruitment, a semi-structured interviewing vehicle to collect data, thematic analysis as an organisational system to provide understanding and ethical considerations to ensure safety, this research sought to explore the perspectives of SWiS and principals to understand some key factors that influence social workers' ability to practice successfully within their respective schools. The following chapter presents the findings that emerged from the interviews.

## Chapter Four: Findings

### *Introduction*

The purpose of this research was to explore the perspectives of principals and SWiS to identify factors that influence social workers' ability to practise successfully within their respective schools. Semi-structured interviews with four professionals, two principals and two SWiS produced 90 pages of data.

Utilising Braun and Clarke's (2006) six stage thematic analysis procedure unearthed patterns of commonality and collective themes relevant to the research question. The numerous themes supported by relevant participant comments form the bulk of this chapter. The chapter begins by briefly introducing the participants, setting the context, and discussing the following six themes: the construction of successful practice, the school embracing the SWiS role, the accommodating practices within the school, key stakeholders for SWiS, SWiS skills and qualities, and integration into the school community.

### *The Participants and Context*

#### *Principals*

Both principals were experienced practitioners and leaders with between 25-30 years of combined experience of principalship. One principal was introduced to the SWiS programme in the early stages of the SWiS roll out in the early 2000s and the other principal towards the latter stage of the expansion roll out.

Both principals have considerable experience within their respective schools of either partnering with social workers within a SWiS programme or other professionals working within a social work role at the school. Hence both principals met the preferred selection criteria of having at least two years' experience of a SWiS programme operating within their school.

#### *SWiS*

The SWiS were both experienced social work practitioners with a combined social work experience of between 14-19 years. One of the social worker's career has predominately been within the SWiS field of practice whereas the other social worker's career path has included a statutory social work role and

management experience. Only one social worker met the preferred selection criteria of two years SWiS experience. However, with at least a decade of social work experience and greater than one year SWiS experience, this participant's contribution was equally valued. Both social workers have only experienced the SWiS role within their existing cluster.

### *Context*

Both of the SWiS base cluster schools were decile 2-3 primary schools with one having a roll 3.5 times larger than the other. Both schools had a positive multi-cultural flavour. One school was located close to the area's population base and the other was more remote.

### *The construction of successful practice*

With this research project exploring key factors influencing SWiS' ability to practise successfully within their respective schools, it was imperative to firstly gain an understanding of each participant's construction of successful practice.

Both principals had clear, definite and similar perspectives as to what successful practice for SWiS would look like in their respective school community. Both emphasised the importance of communication, "They're a person that really can connect with kids", relationship building, trust, and adding value to the school community "*follows through and makes a difference.*"

Again, there was a close similarity between the principals of how this could be achieved within a range of mediums by focusing on the child in different environments, their relationships, and need. Principal A proposed that individual, group, family, and work within the classroom were expected features whereas Principal B also mentioned the use of programmes as another option.

The SWiS construction of successful practice shared some similarities to the principals around the aspects of relationships, trust, and making a difference. However, the principals were different from each other as they focused on different positions of the change process. (SWiS 1)'s perspective of a successful day was noting the incremental steps of making a difference, the "movement in a good direction" within the lives of those (SWiS 1) encounters. Whereas (SWiS 2) focused on the dynamics

of successful professional/client relationships by identifying some of the following key principles and considerations:

*It's about ethical boundaries... It's not a power and control thing... It's about having a relationship that's equal... valuing the families and the children's voice... where they see themselves, where they think their goal is and the things they want to work on... having empathy and understanding and that you're not going to judge them... That trust is huge (SWiS 2).*

### *The school embracing the SWiS role*

All four participants stressed the importance of the school wanting, valuing, and committing to the SWiS role as a key aspect of the role being successful which is reflected in a selection of principal and SWiS comments:

*There needs to be a commitment to the social worker and everything that means: so the social worker has to be seen as part of the staff and an important part of the staff, not an add-on that we'll go to (Principal A).*

*I think it is about the relationship, about the social worker, and the school. If the school values the social worker, it is a big part I think and how that's set up... Yes, and really values the role and sees it as part of the school. I definitely have a real sense of belonging there; I do feel that I am part of the school and the team (SWiS 1).*

### *Accommodating practices within the school*

All four participants shared that valuing SWiS and getting them to become an integral part of the fabric of the school is not a passive process. The principals demonstrated this by providing systems of support, whole staff development to improve inclusivity and minimise the impact of any less welcoming groups of staff. This point is illustrated by Principal A as follows:

*I did some work with everyone using an outside provider around coaching. We got to the point of agreeing on our terms of engagement and what it looks like to be a worker here and*

*agreeing on what that means and what does honesty actually mean and breaking that down, typing that up, and then everyone coming back together to sign that (Principal A).*

Furthermore, one principal discussed the need for flexible school systems to assist the 'fit' and involvement and both principals provided opportunities for SWiS involvement or encouraging staff to utilise a SWiS perspective. A selection of principal quotes is provided:

*Setting up times for the SWiS to be leading things with staff. So there's that opportunity to develop those relationships and so that the SWiS are seen as a really important valid role within the school (Principal A).*

*We have a few key thou-shalts but you have to allow for flexibility, responsibility, and trust. The way I work is, I don't have set in concrete 'thou shalt's'. For some people that doesn't work, you're too confined (Principal B).*

Both SWiS suggested these opportunities were enhanced by the principal's leadership style of not being micro managing, allowing opportunities to build and strengthen trust. Being open to new initiatives, "If you make suggestions [principal] is happy to go with it", listening, valuing, and encouraging the SWiS to share their perspective, "Well from a social work perspective, this is what I think." The preferred leadership is described below:

*That's very much her leadership style anyway, she's not a micro manager and allowing people to just get on with things, I think that makes a big difference in terms of being successful in the role (SWiS 2).*

Both SWiS also noted being familiar with and participating in school initiatives such as 'Positive Behaviour for Learning' (PB4L) which benefitted SWiS by adding to their sense of belonging, and increased their ability to contribute to behavioural conversations using the appropriate terminology.



## Key Stakeholders for SWiS

While all four participants discussed the importance of SWiS relationships with all parts of the school community, this research will only focus on two key stakeholders within the school that influence SWiS' ability to succeed: the principal and the provider.

### Principal

With the principal being the leader of the school and responsible for instigating and/or supporting much of the accommodation practices already mentioned as well as being responsible for all the different professionals working in the school. All participants noted the principal's pivotal role and the importance of the principal/SWiS relationship. Several examples follow:

*I think it's extremely important, probably the most important – certainly makes the work a lot more enjoyable when that relationship [Principal] is going well (SWiS 1).*

*I think it's immensely critical [relationship] because I'm the person at this school that the teachers come to with pastoral care concerns (Principal B).*

Furthermore, all participants advanced the importance of communication, and its challenges, an area according to one principal that becomes more streamlined through experience:

*So over the years, [SWiS] and I have evolved into an understanding of what I need communicated and what I don't (Principal A).*

One SWiS participant expressed the accessibility of the principal as critical. While both principals agreed that regular conversation was necessary and added to the smooth functioning of the relationship, both principals also acknowledged how the busyness of the principal role can interfere with the Principal/SWiS relationship as described by Principal A:

*Absolutely and I know there are times myself that you assume that [SWiS] will be there or keep on going but actually don't necessarily put the time and energy just into continuing that relationship or seeing how they are going (Principal A).*

### *Provider*

Both principals noted the essential role the SWiS social service, iwi, or Māori provider plays, and declared the stronger the partnership between two, the greater the benefit for all parties. The provider administers practice support, safety, and security for the SWiS and confidence for the school as reflected in the following comments:

*The provider is very essential, it's their commitment and their passion and their drive and as I said earlier, I've watched them grow and develop in their ability to do that and it's great. It's essential because it gives [SWiS] on the first hand security and confidence that her employers are there for her, that they understand her job, that she gets what she needs from them all that sort of stuff. But the school's confidence to know that there's robustness in the system and the processes and they are being proactive and using initiative and looking to improve and develop and communicating with us as they're doing that so it's vital, absolutely vital (Principal A).*

*[Name] is also just an awesome team leader which I think is just such a great role model and I love it because it is great... so I don't automatically go to CYFs, I will seek out my supervisor [name] and have that conversation about the disclosure (SWiS 2).*

Both SWiS participants also noted the opportunities the school/provider relationship offers for families. One focuses on the familiarity of the school site and the other on an advantage of having a different employer.

*I think families feel – that's the nice thing about being at the school is that they don't have to go to some strange office with strange people to ask to talk to a social worker (SWiS 2).*

*I think it is also important from families' perspectives as well that we are in the school but not employed by the school. We're not a school person so that can sometimes mean that people will want to talk to you about things that they're not comfortable to talk to the school about (SWiS 1).*

Both principals see the importance of the school/provider partnership include their participation in the selection process of SWiS for their respective schools. One principal believes the ‘right fit’ is more important than searching for the most skilled SWiS. These sentiments are reflected below.

*I’ve had this discussion with some other principals earlier this year, and not just talking about the SWiS side of things, I’m talking about employing the right person for the school and if you end up with somebody really outside the mix – they have that ability to upset the whole flow of things for a whole lot of people and that effect can be massive to try and manage so finding the person that’s going to come in and be accepting of how we do things here... is vitally important to this community. That has to be right (Principal B).*

### *SWiS skills and qualities*

The following comment by one of the principals describes the vital role each SWiS’ individual skill set contributes to their ability to practice successfully within a school.

*It is still down to [SWiS] particular skills and that’s one of the scary things about it, isn’t it? You can have all the best programmes in place but everything is dependent on these people in those roles as well (Principal A).*

The four participants mentioned a combined total of over 40 skills and or qualities that influenced SWiS practice. Life experience, parenthood, and being able to make connections and get on with others were the only three characteristics noted by all participants. Each of the aforementioned characteristics is discussed in greater depth below:

### *Experience*

Experience in life and within the profession provides “more things you can draw on” (SWiS 2). Life experience provides “credibility” when working with parents and assists with relationship building (Principal A & B). “With age comes experience” and that assists SWiS exude “confidence” in the way they perform their role (SWiS 1).

### *Parenthood*

While all participants acknowledged that parenthood was not a necessity to perform the role, they all believed it provided additional benefits when performing the role, especially in working with parents. All participants stated parenthood enabled professionals such as SWiS to practice with “greater understanding and compassion” in their role.

### *Getting on with others*

Being able to easily make “connections with others”, “communicate”, and build relationships with all parts of the school community were viewed as essential skills by all.

### *Integration into the school community*

The participants highlighted the following three processes necessary to assist SWiS becoming accepted; changing the perception of the school community, and visibility. Although discussed separately, in practice they interact and operate in unison with each other.

### *Changing the perception of the school community*

Two principals and one SWiS noted the label ‘social worker’ made the school families wary and defensive because they mistakenly linked SWiS with Child Youth and Family and the historical stigma associated with statutory social work. Educating the school community and allowing the school community to view and experience SWiS in their different capacities within the school helps remove suspicion. Evidence of the communities change in perception is when the SWiS receives a healthy proportion of self-referrals from families. The following quote supports these assertions.

*Initially when we talked about SWiS, the whole concept of the word social worker put our parents right off but now our community knows that [SWiS] is a staff member, they self-refer, they may pop in (Principal A).*

### *Visibility*

All participants discussed the importance of SWiS being visible within the school community. Two participants noted an advantage for SWiS with fewer schools to service. One principal identified the

significance of SWiS being present during some of the “social aspects of the school” such as lunchtimes to be accessible to children and parents.

Both principals noted the value of attending school and community events to increase SWiS visibility. One SWiS suggested the importance of the principal promoting the SWiS role within the school community, “I think the principal has done a lot of work in terms of putting the message out and about” and the other SWiS discussed self-promotion by taking every opportunity to mingle with families and demonstrate being “a really friendly approachable person.”

### *Conclusion*

This section has discussed the perspective of two principals and two SWiS on the factors that influence social workers’ ability to practise successfully within their respective schools. This section began introducing the participants and setting the context. Next, the data gathered from the interviews was presented within six thematic headings. Included were the participant’s construction of successful practice and the school embracing the SWiS role. Next the accommodating practices of support systems, staff development, flexibility, the SWiS voice, opportunities provided, and the style of leadership. The fourth theme presented was the two key stakeholders for SWiS, the principal, and the provider. Next the SWiS skills and/or qualities were identified, and finally how SWiS integrated into the school community which included changing the community’s perception, and their visibility.

In the next chapter these findings will be analysed within the context of the literature reviewed.

## Chapter Five: Discussion

### *Introduction*

While remaining focused on determining the factors influencing successful practice for SWiS, this section analyses the perspectives of the participants, makes connections with the current research, and positions the data within the body of literature. Following the same thematic template of the previous chapter, each theme is discussed.

The themes are: constructing successful practice; valuing and embracing the SWiS role; accommodating practices within the school; key stakeholders for SWiS; SWiS skills and qualities; and integration into the school community.

### *Constructing Successful Practice*

Each participant's construction of successful practice is likely to have been influenced by their experience, expectations and understanding of the SWiS role. A role, according to Tower (as cited in Agresta 2004), without clarity tended to be undervalued by others.

Although initially there appeared to be a definition discrepancy between the participant's professions, closer examination revealed a consensus with all participants meeting the prescriptive criteria of New Zealand's SWiS service specifications (MSD, 2015).

Both principal participants' definition focused on establishing trusting relationships, the foundation to facilitate change (MSD, 2015), with a delivery vehicle of individual, group and family work. The three mediums suggested are consistent with the practice roles of SWiS as articulated by both Agresta (2004) and INSSW (n.d.) surveys and the New Zealand Guidelines (MSD, 2015), whereas the SWiS participants' definitions focused on different points along the change continuum. One of the SWiS participant's construction of successful practice was utilising the key practice principles to meet their change goals. While the other participant's focus was celebrating incremental gains towards achieving improved well-being outcomes for others.

### *Valuing and embracing the SWiS Role*

The school wanting, valuing, and committing to the SWiS role was a feature for all participants and became the platform upon which their SWiS programmes were launched.

One SWiS participant purported that the school and in particular the principal wanting, valuing, and embracing the role is a prerequisite to the successful functioning of the role. A belief consistent with Selby et al. (2011) who noted the favourable power differential of the school, positions their preparedness to want and embrace the SWiS programme as a key determinant of the programme's success. The two principal participants' desire for and commitment to the SWiS programme provides an environment for SWiS to feel part of the team, feel valued, and have a sense of belonging. An experience both SWiS participants expressed and a state contrary to Corbin's (2005) findings in which inclusiveness was difficult to attain for social workers performing a supporting role to a dominant profession. This section now moves to an interdependent theme, accommodating practices within the school.

### *Accommodating practices within the school*

The theme's heading was selected because of its relevance and congruency with the ecological approach, the theoretical vehicle that informs research. With SWiS being positioned as a central actor into the school system, the integrated approach of this model emphasises both strengthening the central actor and accommodating the influencing environments (Germain, 2006). The comments by the SWiS participants and supported by the principal participants illustrate how the accommodating factors within the school system primarily require an action, either initiation or implementation by the principal. The principal participants' demonstration of their influential and powerful position within the schools is consistent with Allen-Meares (2010), MSD (2015), and Selby et al.'s (2010) perspective.

A dominant and powerful position empowered and supported by education legislation presents the principal with unilateral decision-making of SWiS' entry into the School (Williams, 2010) and the oversight of all allied professionals practising within the school (Tawhara, 2007). One principal participant's decision to use school-wide staff development to facilitate the smooth entry of the SWiS into the school by ensuring all staff members were open and welcoming of the new role, reflects an awareness of the dangers inherent in Belgrave and Dobbs' (2001) perspective of schools being

naturally suspicious towards outsiders. Both principal participants' promotion of the SWiS role within the school, in this case through the provision of opportunities for participation in classroom and school wide programmes, is consistent with the school's partnership obligation to SWiS via the principal (MSD, 2015).

### *Key stakeholders for SWiS*

While the SWiS participants noted the need to build and foster all relationships within the school community, the relationships deemed to have the greatest impact on SWiS' ability to practice successfully, is the principal and the provider.

#### *Principal*

Both SWiS participants advanced the importance of the principal/SWiS relationship for the success and enjoyment of the SWiS role. Likewise, both principal participants concurred, that acknowledging the pivotal nature of the principal role means a trusting principal/SWiS relationship is essential for the programme's success. A point already noted by Selby et al. (2011) and Tawhara (2007) within this section. Aligned with Williams' (2010) perspective, both principal participants mentioned the length of SWiS' tenure within the school and the resulting continuity of the SWiS or lack of it, impacts the relationship from both directions.

All participants stressed the importance of effective communication being a key element to the relationship. Both SWiS appreciated being listened to and taken seriously by the principals at their base schools. Effective communication was a feature Selby and Field (2000) described as a necessity for SWiS in conjunction with a thorough understanding of the school context, to successfully partner with schools. Both principal participants suggested the busyness of their role was a barrier to communication, and one principal noted the SWiS not being an employee of the school at times complicated this challenge. A tension Belgrave and Dobbs (2001), Selby et al. (2011), and Williams (2010) all acknowledge is evident within some schools who question the wisdom of New Zealand SWiS' current employment conditions and believe that the current arrangement limits the programmes potential. A perspective Belgrave and Dobbs (2001) dispute, claiming there are numerous benefits for all parties with the status quo such as the SWiS being able to: advocate for families disconnected from



the school, act independently for clients, keep separate records, and maintain some 'professional distance' from the principal.

### *Provider*

The provider is the external agency or iwi that employs the SWiS. The provider's commitment to and relationship with the school via the principal and its role in the SWiS programme delivery, was considered by one principal participant as essential criteria for a strong partnership. A feature consistent with Selby and Hollis-English (2014) who noted the relationship between the principal and provider, in conjunction with SWiS, formed a triumvirate of major players that impacted on all other stakeholders. Two participants advanced the notion that as employers, the provider played an important role of support, safety, and security for SWiS. A role confirmed by Collier's (2014) findings with all her respondents acknowledging the providers support, supervision, and wider understanding of the SWiS role significantly contributed to favourable service delivery outcomes. The SWiS participants acknowledged the provider school partnership afforded benefits to clients unattainable without this relationship, such as the familiarity of the SWiS and school site as proposed by one participant is a notion supported in the literature (Jaquiery, 2002; Nash, Munford & Hay, 2001). The impartiality of the SWiS role by not being a school employee was advocated by the other SWiS participant. While this has strong support (Belgrave & Dobbs, 2001), it remains a tension within some schools who believe the programme would be enhanced by becoming a school employee (Belgrave & Dobbs, 2001; Selby et al, 2011; Williams, 2010). Finally, in this section the school/provider relationship offers opportunities for principal participation in the selection of SWiS (MSD, 2015). An opportunity both principals believe is important. One principal participant stating the participation in the selection of SWiS within their own school is imperative as the 'right match or fit' holds a higher value than the social worker's skillset, the focus of the next theme.

### *SWiS skills and qualities*

Although the notion of 'right fit' discussed in the previous theme, in which the principal participant preferred to select a SWiS who fitted within the school ethos and culture, rather than selecting the most skilled, appears distinctly different, it is likely the 'right fit' is just a combination of skills and qualities with more weight given towards the qualities side.

Within the combined total of 40 skills and qualities presented by the four participants, only three were common to all participants: professional and life experience, parenthood, and the ability to build connections and relationships within the school community. While relationship building skills is the only similar skill recorded within Ganesin's (2007) proposed list, it is highly likely that any SWiS possessing Ganesin's suggested diverse range of skills have experience on both fronts. Whereas the list compiled from some New Zealand Sources (MSD, 2002, 2015; Selby et al., 2011; Tiatoa-Sionemale & Dobbs, 2000) include both relationship building skills, professional and life experience, and also personality which appears to be a key determinant if the school is selecting on the basis of 'right fit'.

### *Integration into the School Community*

Integration processes identified by principal and SWiS participants were changing the perception of the school community and the visibility of SWiS within a school. Three participants highlighted that the school communities suspicion and wariness of social workers was largely generated by a misconception, that SWiS were a rebrand of Child, Youth and Family with statutory powers, an integration barrier identified by both Belgrave and Dobbs (2001) and Selby and Hollis-English (2014). Belgrave and Dobbs (2001) proposed that while different strategies were used by providers to overcome this barrier, ultimately trust was restored by SWiS professionalism, the assurance of confidentiality, and the voluntary nature of the service. Interestingly, one participant from each discipline noted that the evidence of a community's change in perception had occurred, was an increase in self-referrals from families. This perspective has support from Selby and Hollis-English (2014) who noted the direct relationship between the 'reputation and trust' of SWiS and the amount of referrals they received.

All participants described how the visibility of SWiS within the school community was crucial to being accepted and becoming integrated within the school. Similar to Hollis-English and Selby's (2015) perspective, both SWiS participants noted the number of schools they each serviced, reflected on their visibility within each school. One principal identified that certain periods of time at school were more relevant than other periods, noting the importance of lunchtimes to increase accessibility to children and families. Three participants suggested that attending school and community events was valuable for promoting SWiS and the SWiS role, which is a common experience for SWiS (Kaimahi) within Māori communities (Selby et al., 2011). The importance of the principal promoting SWiS within the school community as suggested by three participants was consistent with Tawhara's (2007) findings that

proposed the successful promotion of SWiS by principals generated realistic role expectations of SWiS engendering a more favourable attitude toward them.

### *Conclusion*

This chapter discussed six themes, a compilation of perspectives from the four participants. Within each theme the findings were compared with the reviewed literature. The findings presented as factors that influence SWiS' ability to practise successfully with their school were largely congruent with the literature. The findings revealed how the triumvirate of the principal, SWiS, and provider all contribute to successful practice outcomes for SWiS. The principal provides the foundation by: understanding, valuing, and embracing the SWiS role and then demonstrating this by making the necessary changes to successfully accommodate and promote the role with the school community and build relationships within the triumvirate to assist the delivery of the SWiS programme. The SWiS likewise build relationships and breakdown barriers through their professionalism, visibility within the school community, and credibility generated from their skills, qualities, experience, and maturity. The provider also builds relationships, partners with the school to develop the SWiS programme and provides the necessary support systems and wider expertise to empower SWiS to perform their role.

The concluding chapter will present a summary of the findings drawn from the research. Some implications of the findings will also be offered in conjunction with recommendations for further exploration.

## Chapter Six: Conclusion & Implications

### *Introduction*

The purpose of this research was to explore the perspectives of principals and SWiS to determine factors that influence social workers' ability to practise successfully within their respective schools. This chapter provides conclusions drawn from the results and analysis of the research, offers some implications of the findings and recommendations for further exploration.

Firstly, a summary of key findings deduced from the perspective of the participants is tabled. Secondly, implications of the findings in terms of its contribution and relevance to the research question are presented and suggestions offered for future research.

### *Summary of key findings*

The substantive findings in relation to the six themes are as follows:

- The two principal participants' construction of successful practice for SWiS both reflected an understanding and clarity of the SWiS role. The SWiS participants' comments also reflected experience and familiarity with the strengths-based focus of the social work process;
- The principal participants wanting, valuing, and embracing the SWiS role within their respective schools is a key determinant in the programme's success;
- Accommodating practices within the school such as changing school systems to include SWiS participation, providing opportunities for SWiS involvement in class programmes or schoolwide initiatives are examples demonstrating the principal's commitment to the SWiS role, and an influential factor on SWiS' ability to practice;
- The principal, provider, and SWiS are major players in an interdependent triumvirate and the quality of their relationships impacts markedly on SWiS and other stakeholders;
- Whilst the SWiS role is vast and requires a diverse range of skills and qualities, all participants recognised: the ability to build relationships, professional and life experience, and parenthood as factors that add value to the SWiS role;
- Severing any community misconceptions surrounding SWiS and statutory social workers, and visibility of SWiS within the school community, assists the integration process for

SWiS. Evidence of successful integration within the parent community is SWiS receiving a healthy proportion of self-referrals from families.

### *Implications of the findings*

The implications of the findings presented in the report and summarised above are discussed below in terms of: the relationship between school commitment to the SWiS programme and successful practice, assessing SWiS programme effectiveness, and role of the principal.

The proposed direct relationship between the school wanting, valuing, and committing to the SWiS programme and the SWiS ability to practise successfully within the school has important implications for the SWiS programme. Unlike the two principals in the study who fought for the SWiS inclusion into their respective school communities, the school recipients of the expansion rollouts were handed the SWiS programme on a platter. In turn this may have inadvertently created a barrier to successful practice and delineation between the old and new programmes. The relative ease of entry for the more recent SWiS Schools may have left some schools ill-prepared to host the programme, to understand the role and its value, and the level of commitment and investment required for the SWiS to practise successfully and maximise the programmes potential. This proposed direct relationship requires further exploration and consideration.

Assessing SWiS programme effectiveness is critical as it is imperative that all vulnerable children and families/whānau are afforded every opportunity through an effective programme. However, it is inevitable and prudent that providers will be compared; therefore, it is important any assessments conducted are on a level playing field.

With the principal's dominant and powerful role within the school and a key determinant factor for SWiS programmes reaching their potential by valuing and embracing the SWiS role, accommodating the school environment for SWiS to practice, promoting the role and building relationships with all stakeholders; a change of principal has the potential to impact the programme enormously. Currently the management of SWiS programme orientation for incoming principals appears ad hoc. Depending on the incoming principal's experience of a SWiS programme, the orientation appears to be primarily left to the respective SWiS within the school and the availability of the provider. The present practice lacks consistency and uniformity and potentially leaves a critical and valuable programme such as

SWiS at risk of losing momentum and not servicing a cohort at the same capacity. Obviously the risk potential increases when this situation coincides with a new or relatively inexperienced SWiS practising within the school. A possible solution would be to include a section within the MSD's SWiS service specifications with written expectations and requirements of all parties. To strengthen this area of importance, principal expectations could include a reference list of essential sources to familiarise the principal with the programme and the commitment and investment required.

### *Directions for future research*

The findings in this report have raised a number of issues that could form the basis of future research. Two of these issues are considered here, relating to: the relationship between school commitment to the SWiS programme and successful practice; the correlation between SWiS integration into a school and the level of self-referrals from families/whānau.

The timing of exploring the relationship between the school commitment to the SWiS programme via the principal, and successful practice is pertinent as the funders (MSD) are currently determining appropriate and uniform assessment measures to monitor the SWiS programme's effectiveness.

The proposed correlation between SWiS integration into a school and the level of self-referrals from families/whānau has practice ramifications for all key stakeholders and therefore requires further exploration through research. Should further investigation prove this to be accurate, it could become a simple yet important indicator to inform, raise questions, and direct action. The proposed indicator value of the correlation to four stakeholders is presented below.

SWiS could use the indicator to determine their acceptance by the parent community and consequently decide on any course of action to remedy the situation such as increasing their profile and visibility within the school community should the indicator suggest that. The school could use the indicator to determine whether or not the SWiS role needs further promotion and visibility within the school community and what accommodations within the school are needed to achieve this. The provider could use the indicator to inform them about the level of school integration experienced by their SWiS and make decisions as to whether any additional level of support is required by individual SWiS at this time. The indicator could also be used as a flag for the provider and individual SWiS to review their current school integration plan. The MSD could utilise the indicator to determine the level

of SWiS integration within New Zealand schools. This could potentially prove valuable information about patterns within schools and maybe highlight issues requiring further exploration within that specific cohort.

Finally, this study has addressed the research question and added to New Zealand's small but growing SWiS body of knowledge because of rich perspectives provided by four experienced professional participants; two principals and two SWiS. While the implications are practical and give rise to speculation, further exploration is required to move each of the propositions forward.

## References

- Agresta, J. (2004). Professional role perceptions of school social workers, psychologists and counsellors. *Children & Schools*, 26(3), 151-163. doi: 10.1093/cs/26.3.151
- Allen-Meares, P. (2010). *Social work services in schools*. Boston, MA: Allyn & Bacon.
- Allen-Meares, P., & Montgomery, K. (2014). Global trends and school based social work. *Children & Schools*, 36(2), 105-112. doi: 10.1093/cs/cdu007
- Allen-Meares, P., Montgomery, K., & Kim, J. (2013). School based social work interventions: A cross-national systematic review. *Social Work*, 58(3), 253-262. doi: 10.1093/sw/swt022
- Amrein, A. L., & Berliner, D. C. (2003). The effects of high-stakes testing on student motivation and learning. *Educational Leadership*, 60(5), 32-47.
- Babbie, E. R. (2014). *The basics of social research* (6<sup>th</sup> ed.). Belmont, CA: Wadsworth Cengage Learning.
- Belgrave, M., & Dobbs, T. (2001). Social workers in schools: Delivering to children?. *Social Work Now*, 18, 33-39.
- Bell, J. (2014). *Doing your research project: A guide for first-time researchers*. Maidenhead, England: McGraw-Hill Education.
- Bouma, G. D., & Ling, R. (2004). *The research process*. Melbourne, Australia: Oxford University Press.
- Bowen, G. L. (2010). Social organisations and schools: A general systems theory perspective. In P. Allen-Meares (Ed.), *Social work services in schools* (pp. 48-64). Boston, MA: Allyn & Bacon.
- Braun, V., & Clarke, V. (2012). Thematic analysis. In H. Cooper (Ed.), *The APA handbook of research methods in psychology: Vol 2. research designs* (pp.57–91). Washington, DC: American Psychological Association.
- Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research Perspectives. *Developmental Psychology*, 22, 723-742.
- Bronstein, L. R., Ball, A., Mellin, E. A., Wade-Mdivanian, R., & Anderson- Butcher, D. (2011). Advancing collaboration between school and agency employed school based social workers: A mixed methods comparison of competencies and preparedness. *Children & Schools*, 33(2), 83-95. doi: 10.1093/cs/33.2.83
- Cawood, N. D. (2010). Barriers to the use of evidence-supported programs to address school violence. *Children and schools*, 32(3), 143-149. doi: 10.1093/cs/32.3.143



- Chapman, S. (2010). *Perceptions of the effectiveness of SWiS: How effective has Social Worker in Schools been in a New Zealand community from the perspective of two Swiss?* (unpublished master's thesis). Massey University, Palmerston North, New Zealand.
- Clarke, J. (2014). Does New Zealand have a long tail of school underachievement? Getting to the truth of the matter. *New Zealand Principal*, 29(1), 17-22.
- Collier, T. (2014). *What is the role of the provider in the delivery of the Social Worker in Schools (SWiS) service?* (unpublished master's thesis). Massey University, Palmerston North, New Zealand.
- Constable, R. (2006). The role of the social worker. In R. Constable, C. R. Massat, S. McDonald, & J. P. Flynn (Eds.), *School social work practice policy and research* (6<sup>th</sup> ed., pp. 3-29). Chicago, IL: Lyceum Books.
- Constable, R., Massat, C. R., McDonald, S., & Flynn, J. P. (2006). *School social work practice policy and research* (6<sup>th</sup> ed.). Chicago, IL: Lyceum Books.
- Corbin, J. N. (2005). Increasing opportunities for school social work practice resulting from comprehensive school reform. *Children & Schools*, 27, 239-246. doi: 10.1093/cs/27.4.239
- Education Act No. 80. (1989). Retrieved from <http://www.legislation.govt.nz/act/public/1989/0080/latest/DLM175959.html>
- Erickson, H. G. (2004). School social work worldwide. In M. Huxtable, & E. Blyt (Eds.), *Journal of Teaching in Social Work*, 222-224.
- Garrett, K., J. (2007). Ecological perspective for school social work practice. In L. Bye, & M. Alvarez (Eds.), *School social work: Theory to practice* (pp. 2-20). Belmont, CA: Thomson Brooks/Cole.
- Germain, C., B. (2006). The ecological perspective on social work in the schools. In R. Constable, C. R. Massat, S. McDonald, & J. P. Flynn (Eds.), *School social work practice policy and research* (pp. 28-39). Chicago, IL: Lyceum Books.
- Gianesin, J. R. (2007). School social work and educational reform. In L. Bye, & M. Alvarez (Eds.), *School social work: Theory to practice* (pp. 41-50). Belmont, CA: Thomson Brooks/Cole.
- Hogan, R., & Judge, T. (2013). Personality and leadership. In M. G. Rumsey (Ed.), *The Oxford handbook of leadership* (pp. 291 – 310). New York, NY: Oxford University Press.
- Hollis-English, A., & Selby, R. (2015). *Working with whanau: Rural social work in Aotearoa New Zealand*. Otaki, New Zealand: Te Takupu, Te Wānanga O Raukawa.
- Huxtable, M. (2007). International school social work. In L. Bye, & M. Alvarez (Eds.), *School social work: Theory to practice* (pp. 310-328). Belmont, CA: Thomson Brooks/Cole.

- International Network for Social Work, (n.d.). *International survey of school social work*. Retrieved from <http://internationalnetwork-schoolsocialwork.htmlplanet.com>
- Jaquiere, N. (2002). Social Work in Schools (SWiS). In, R. Truell & L. Nowland (Eds.), *Reflections on current social work*. Palmerston North, New Zealand: Dunmore Press.
- Judge, T. A., Bono, J. E., Ilies, R., & Gerhardt, M. W. (2002). Personality and leadership: A qualitative and quantitative review. *Journal of Applied Psychology*, 87(4), 765-780.
- Judge, T. A., Piccolo, R. F., & Kosalka, T. (2009). The bright and dark sides of leader traits: A review and theoretical extension of the leader trait paradigm. *The Leadership Quarterly*, 20(6), 855-875. doi: 10.1016/j.leaqua.2009.09.004
- Keen, M. & O'Donoghue, K. (2005). Integrated practice in mental health social work. In M. Nash, R. Munford, & K. O'Donoghue (Eds.), *Social work theories in action* (pp. 80-92). Philadelphia, PA: Jessica Kingsley.
- Kelly, M., Frey, A., Alvarez, M., Berzin, S. C., Shaffer, G., & O'Brien. (2010). School social work practice and response to intervention. *Children & Schools*, 32(4), 201-209. doi: 10.1093/cs/32.4.201
- Kelly, M., Frey, A., Alvarez, & Anderson- Butcher, D. (2010). School social work practice: Future directions based on present conditions. *Children & Schools*, 32(4), 195-198. doi: 10.1093/cs/32.4.195
- Law, M., Stewart, D., Letts, L., Pollock, N., Bosch, J., & Westmorland, M. (1998). *Guidelines for critical review of qualitative studies*. Retrieved from [www.usc.edu/hsc/ebnet/res/Guidelines.pdf](http://www.usc.edu/hsc/ebnet/res/Guidelines.pdf)
- Lee, J. (2012). School social work in Australia. *Australian Social Work*, 65(4), 552-570. doi: 10.1080/0312407X.2012.675343
- Lee, W. C. (2007). The many facets in the role of the school social worker. In L. Bye, & M. Alvarez (Eds.), *School social work: Theory to practice* (pp. 41-64). Belmont, CA: Thomson Brooks/Cole.
- Massey University. (2013). *Code of ethical conduct for research, teaching and evaluations involving human participants*. Retrieved from [www.massey.ac.nz/massey/fms/Human%20Ethics/Documents/MUEC%20Code%202013.pdf](http://www.massey.ac.nz/massey/fms/Human%20Ethics/Documents/MUEC%20Code%202013.pdf)
- Milner, J., & O'Byrne, P. (2009). *Assessment in social work (3rd ed.)*. Basingstoke, England: Palgrave Macmillan.
- Ministry of Social Development/Te Manatu Whakahiato Ora (2002). *Social Workers in Schools expansion evaluation*. Wellington, New Zealand: Ministry of Social Development.

- Ministry of Social Development/Te Manatu Whakahiato Ora (2014). *Social Workers in Schools: Service specifications*. Wellington, New Zealand: Ministry of Social Development.
- Morris, T. (2006). *Social work research methods: Four alternative paradigms*. Thousand Oaks, CA: Sage.
- Nash, M., Munford, R., & Hay, K. (2001). *Social work in context: Fields of practice in Aotearoa New Zealand*. Palmerston North, New Zealand: School of Sociology, Social Policy and Social Work.
- National Association of Social Workers. (2012). *NASW standards for school social Work services*. Retrieved from <http://www.naswdc.org/practice/standards/NASWSchoolSocialWorkStandards.pdf>
- O'Donoghue, K. and Maidment, J. (2005). The ecological systems metaphor in Australasia. In M. Nash, R. Munford, & K. O'Donoghue (Eds.), *Social work theories in action* (pp. 32-49). Philadelphia, PA: Jessica Kingsley.
- O'Leary, Z. (2013). *The essential guide to doing your research project*. Los Angeles, CA: Sage.
- Patton, M. Q. (2002). *Qualitative evaluation and research methods: Integrating theory and practice* (3<sup>rd</sup> ed.). Los Angeles, CA: Sage.
- Peckover, C. A., Vasquez, M. L., Van Housen, S. L., Saunders, J. A., & Allen, L. (2012). Preparing school social work for the future: An update of school social worker's tasks in Iowa. *Children & Schools*, 35(1), 9-17. doi: 10.1093/cs/cds015
- Padgett, D. K. (2008). *Qualitative methods in social work research* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage.
- Post, M. (2013). *Workloads among professionals associated with Social Workers in Schools (SWiS): The impact of the SWiS role* (unpublished master's thesis). Massey University, Palmerston North, New Zealand.
- Rubin, A., & Babbie, E. (2015). *Empowerment series: Essential research methods for social work*. Belmont, CA: Cengage Learning.
- School of Social Policy & Social Work. (2000). *Evaluation of the Social Workers in Schools pilot programme: Summary report*. Auckland, New Zealand: Massey University.
- Selby, R., & Field, M. (2000). Social Workers in Schools in the year 2000: A new professional presence in our schools. *Social Work Review*, 11(4), 12-15.
- Selby, R., & Hollis-English, A. (2014). Social Workers in Schools in New Zealand: Indigenous social work practice. *Journal of Indigenous Social Development*, 3(2), 1-11.
- Selby, R., English, A., & Bell, H. (2011). *Social Workers in Schools: A New Zealand Māori Experience*. Otaki, New Zealand: Te Wānanga O Raukawa.

- Shaffer, G. L. (2007). History of school social work. In L. Bye, & M. Alvarez (Eds.), *School social work: Theory to practice* (pp. 2-20). Belmont, CA: Thomson Brooks/Cole.
- Sheppard, M. (2004). *Appraising and using social research in the social services: An introduction for social work and health professionals*. London, England: Jessica Kingsley.
- Tawhara, M. (2007). *Social Workers in Schools: Three schools-one community, three principals and their perspectives* (Unpublished master's thesis). Massey University, Palmerston North, New Zealand.
- Teasley, M., Canifield, J. P., Archuleta, A.J., & Charis, A. M. (2012). Perceived barriers and facilitators to school social work practice: A mixed methods study. *Children & Schools*, 34(3), 145 -153. doi: 10.1093/cs/cds014
- Tiatoa-Sionemale, T., & Dobbs, T. (2000). Social Workers in Schools- A unique service delivery model. *Te Komako*, 12(4) 19-21.
- Thomas, S. (2014). *A research proposal using a qualitative methodology*. (Unpublished 179.891 assignment). Massey University, Palmerston North, New Zealand.
- Thrupp, M. (2013). National standards for student achievement: Is New Zealand's idiosyncratic approach any better?. *Australian Journal of Language and Literacy*, 36(2), 99-110.
- Whittaker, A. (2012). *Research skills for social work*. London, England: Sage.
- Williams, R. (2010). *How has the Social Worker in Schools programme impacted on Schools from Principals' perspective?* (unpublished master's thesis). Massey University, Palmerston North, New Zealand.
- Winters, W. G., & Easton, F. (1983). *The practice of social work in schools: An ecological perspective*. New York, NY: Simon and Schuster.

## Appendices

### *Appendix One*

Date:

The Chairperson

The Board of Trustees,

School

Address

To Whom It May Concern

My name is Steve Thomas and I am an extramural Masters of Applied Social Work student at Massey University. I am a mature student currently employed 20 hours a week by Presbyterian Support Upper South Island as a Social worker in Schools (SWiS) in Christchurch. To fulfil the requirements of my final year I am working on a research project that explores the following research question: **What are the key factors that influence SWiS' ability to practice successfully in their respective schools from a Principal and SWiS perspective?**

I am seeking your permission as Board of Trustees for your principal to participate in the research project. I have included an Information Sheet explaining about the research and Consent Form to be passed onto the principal should you be willing for them to receive an invitation to participate.

This research project has been evaluated and reviewed by my supervisor and two academic staff in Massey's School of Social Work and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher named above is 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, please contact Dr Brian Finch, Director, (Research Ethics), telephone (06) 356 9099, extension 86015 or email, [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz)

I am seeking principals ideally with a minimum of two years' experience of having SWiS programmes being delivered in their school. The two principals from the [area location] that agree to participate in this project will be selected.

If you agree to support this research and your principal accepts the invitation to participate, your principal will be involved in an in depth semi-structured interview lasting up to 90 minutes. The intention is for the interview to be conducted outside school hours unless you advise your principal otherwise.

To ensure your school and principals confidentiality throughout the course of the research, no names or identifying information will be included in the final report. All consent forms, digital recording and interview transcripts will be kept in a locked filing cabinet only accessible to me.

Once the project has been assessed by Massey University, all data will be destroyed, unless participants request their transcripts to be returned. A one-page summary of the project findings will be provided on completion and the option of an electronic copy of the full research project.

Thank you for considering my request. If you have any further questions regarding this research project, please make contact with me or with my supervisor by phone or email.

**Researcher:** Steve Thomas

**Email:** [stevet@psusi.org.nz](mailto:stevet@psusi.org.nz)

**Research Supervisor:** Dr Michael Dale

**Telephone:** 06 356 9099 ext. 83522

**Email:** [m.p.dale@massey.ac.nz](mailto:m.p.dale@massey.ac.nz)

Kind Regards

Steve Thomas

## *Appendix Two*

Date:

The Manager

SWiS Provider

Social Service Agency

Address

To Whom It May Concern

My name is Steve Thomas and I am an extramural Masters of Applied Social Work (MASW) student at Massey University. I am a mature student currently employed 20 hours a week by Presbyterian Support Upper South Island as a Social worker in Schools (SWiS) in Christchurch. To fulfil the requirements of my MASW final year, I am working on a research project that explores the following research question: **What are the key factors that influence SWiS' ability to practice successfully in their respective schools from a Principal and SWiS perspective?**

I am seeking your permission as the Manager for your SWiS staff members to participate in the research project. I have included an Information Sheet explaining about the research and a consent form to be passed onto your SWiS should you be willing for them to receive an invitation to participate.

I am seeking two SWiS ideally with a minimum of two years' experience of delivering SWiS programmes in a school. The two SWiS located [area location] that agree to participate in this project, will be selected.

If you agree to support this research and your staff (SWiS) accept the invitation to participate, up to two of your SWiS will be involved in an in depth semi-structured face to face interview lasting up to 90 minutes. The intention is for the interview will conducted outside work hours unless you advise your staff otherwise.

To ensure your agency and SWiS confidentiality throughout the course of the research, no names or identifying information will be included in the final report.

All consent forms, digital recordings and interview transcripts will be kept in a locked filing cabinet only accessible to me and my supervisor. Once the project has been assessed by Massey University, all data will be destroyed, unless participants request their transcripts to be returned. A one-page summary of the project findings will be provided on completion and the option of an electronic copy of the full research report.

This research project has been evaluated and reviewed by my supervisor and two academic staff in Massey's School of Social Work and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher named above is 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, please contact Dr Brian Finch, Director, Research Ethics, telephone (06) 356 9099 ext. 86015 or email, [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz)

Thank you for considering my request. If you have any further questions regarding this research project, please make contact with me or with my supervisor by phone or email.

**Researcher:** Steve Thomas

**Research Supervisor:** Dr Michael Dale

**Telephone:** 06 356 9099 ext. 83522

**Email:** [m.p.dale@massey.ac.nz](mailto:m.p.dale@massey.ac.nz)

Kind Regards

Steve Thomas



## Appendix Three

### RESEARCH QUESTION:

***What are the key factors that influence SWiS' ability to practice successfully in their respective schools from a Principal and SWiS perspective?***

### INFORMATION SHEET

#### Researcher Introduction

Kia ora, my name is Steve Thomas. I am an extramural Masters of Applied Social Work student at Massey University. I am a born and bred Cantabrian who is married with two adult children. I am a mature student who has returned to study after enjoyable careers in Health and Special Education. I am currently employed 20 hours a week by Presbyterian Support Upper South Island as a Social worker in Schools (SWiS) in Christchurch. My part time employment allows me to work in an area I am passionate about while juggling my study commitments. To fulfil the requirements of my final year I am working on a research project exploring the perspectives of principals and SWiS to identify factors that contribute to successful outcomes for SWiS in their respective schools.

#### The Research

I am inviting up to two Principals and up to two SWiS to participate in my research project and in so doing adding to New Zealand's growing body of SWiS research. To ensure there is no conflict of interest I am only seeking participants from [area location]. The criterion of participation for principals is ideally having a minimum of two years' experience of having SWiS programmes being delivered in their school. The criterion of participation for SWiS is ideally having a minimum of two years' experience of working as a SWiS. The first four potential participants from both professions that agree to participate in this project will be selected.

No discomfort or risk to participants is anticipated, however should any discomfort be experienced, the interview will be stopped. Participants are free to withdraw at any stage during the interview.

#### Research Procedures

If you agree to participate, you will be asked to sign a consent form and be involved in an in depth semi-structured interview lasting up to 90 minutes at a time and venue agreeable to you.

The interview will be digitally recorded and then transcribed by me. You will have the opportunity to verify the accuracy of your transcript, make any amendments and sign a release of form before any information is included in the final report. All consent forms, electronic recordings and interview

transcripts will be kept in a locked filing cabinet only accessible to me and my supervisor. To ensure your confidentiality and identity of your school or agency throughout the course of the research, no names or identifying information will be included in the final report.

### **Participants Rights**

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

- Decline to answer particular questions
- Withdraw from the study at any stage up until approving your transcript
- Ask questions about the study at any time during your participation
- Provide information on the understanding that your name and the name of your school or agency will not be used in the writing or presentation of the research
- Be given access to a one-page summary of the project findings on its completion and request an electronic copy of the full research project
- Ask for the digital recording to be turned off at any time during the interview

I have attached the interview schedule to give you an indication of the key themes I hope to discuss in the interview

### **Contact Details**

If this research interests you or you have any questions regarding this project, please contact me through the Christchurch office of Presbyterian Support Upper South Island on:

If you have any concerns regarding the research, you may contact my research supervisor:

**Dr Michael Dale**

**Telephone:** 06 356 9099 ext. 83522

**Email:** [m.p.dale@massey.ac.nz](mailto:m.p.dale@massey.ac.nz)

This research project has been reviewed by my supervisor and two academic staff from Massey's School of Social Work and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher named above is 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, please contact Dr Brian Finch, Director, Research Ethics, telephone (06) 356 9099 ext. 86015 or email, [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz)

Thank you for considering my request.

Kind Regards,

Steve Thomas

## *Appendix Four*

### **Interview Schedule**

- 1 The participant's experience within the selection criteria.
- 2 The participant's definition of successful practice for SWiS within a school.
- 3 Some key contributing factors within a school that influences SWiS to practice successfully and fit comfortably within the school.
- 4 Some key contributing factors within SWiS that influences SWiS to practice successfully and fit comfortably within the school.
- 5 The presence or absence of any additional factors outside the school and outside of the social worker that influences SWiS' ability to practice successfully within the school.
- 6 Any suggestions to improve the school/SWiS relationship.
- 7 Is there anything else relating to what we are talking about that we haven't yet discussed?

-

## Appendix Five



MASSEY UNIVERSITY  
TE KUNENGA KI PŪREHUROA

9 April 2015

Steve Thomas

Dear Steve

**Re: An exploration of the perspectives of school Principals and school Social Workers (SWiS)**

Thank you for your Low Risk Notification which was received on 27 March 2015.

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

You are reminded that staff researchers and supervisors are fully responsible for ensuring that the information in the low risk notification has met the requirements and guidelines for submission of a low risk notification.

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 Dr Brian Finch, Director (Research Ethics), telephone 06 356 9999, extn 86015, e-mail [humanethics@massey.ac.nz](mailto: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

Brian T Finch (Dr)  
Chair, Human Ethics Chairs' Committee and  
Director (Research Ethics)

cc Dr Michael Dale  
School of Social Work  
PN 371

Dr Kieran O'Donoghue, HoS  
School of Social Work  
PN 371

Massey University Human Ethics Committee  
Accredited by the Health Research Council

Research Ethics Office, Research and Enterprise

Massey University, Private Bag 11222, Palmerston North 4442, New Zealand T 06 336573; 06 3565575 F 06 356 5622  
E [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz); [researchethics@massey.ac.nz](mailto:researchethics@massey.ac.nz); [ethics@massey.ac.nz](mailto:ethics@massey.ac.nz) www.massey.ac.nz

# **Facilitating Incredible Years parenting programmes: The barriers and contributors to achieving successful outcomes**

A research report presented in partial fulfilment of the requirements of the  
Degree of  
Master of Applied Social Work  
at Massey University, Palmerston North  
New Zealand

Abby Tuck  
2015

## Abstract

Incredible Years (IYP) is a well-established set of parenting programmes with a comprehensive research base documenting its effectiveness as a tool for preventing and treating early-onset conduct problems in children. Although IYP has been shown to be effective in a New Zealand context, some agencies are achieving better outcomes than others (Sturrock & Gray, 2013). This research explores the perspectives of three facilitators on the barriers and contributors to achieving successful outcomes in IYP with the purpose of gaining insight into possible reasons for site variation as well as informing best practice and quality control.

This research employs a qualitative approach, using semi-structured interviews with three facilitators from two New Zealand locations. Participants identified a range of facilitator, parental, agency, group, and programme factors which they considered as contributing or providing a barrier to successful outcomes for families. While the results of this research are largely consistent with the reviewed literature, staffing issues, the co-facilitator relationship, and facilitator workload were three determining factors identified by participants for which there was limited corresponding literature. In the light of participant perspectives, the findings challenge the dosage levels parents of children with higher needs are receiving through Ministry of Education-funded (MOE) IYP programmes and questions the effect condensing the intervention has on parental outcomes as well as facilitator workload. Finally, group selection practices across agencies are suggested as having a significant effect on the documented outcomes of agencies, and are put forward as a possible reason for site variation. This report advocates for more research to be undertaken in these key areas in order to determine both the extent of the issues as well as the effect they have on parental outcomes. The findings of this research could be used to inform best practice for individual facilitators, agencies, policy makers, and ultimately improve outcomes for the children of those who participate in IYP.

## Acknowledgements

I would like to acknowledge and thank the three IYP facilitators who took time out of their busy schedules to take part in this research project. Without you, this would not have been possible.

I would also like to thank my research supervisor, Dr. Kathryn Hay, for walking through this project with me. Your guidance and support have been invaluable.

Lastly, I would like to thank my husband, Jason, for his unwavering support for me throughout all of my studies.

## Chapter One: Introduction

### *Background*

Early-onset conduct problems in children have been shown to be an accurate predictor of future negative life outcomes (Fergusson, Boden, & Hayne, 2011; Sturrock & Gray, 2013; Webster-Stratton, 2011). Conduct problems is the term used to umbrella a variety of antisocial, aggressive, dishonest, delinquent, defiant, and disruptive behaviours (Fergusson et al., 2011). As a primary teacher retraining as a social worker, I have witnessed the destructive effect these problems can have on the individual child, their family, their classroom, and the community as a whole.

Developed thirty-three years ago by Carolyn Webster-Stratton and her colleagues at Washington University Parenting Clinic, IYP has a comprehensive research base documenting its effectiveness for the treatment and prevention of conduct problems in children. IYP has been successfully disseminated across a wide range of countries and cultures, including, since 2004, New Zealand (Werry Centre, 2014). Local studies have shown the programme to be transferrable to New Zealand culture and that the programmes are as equally effective for Māori families as for non-Māori (Fergusson, Stanley, & Horwood, 2009; Lees & Ronan, 2008; Sturrock, Gray, Fergusson, Horwood, & Smits, 2014).

I had the opportunity to complete my first placement for my Master of Applied Social Work at an educational social service that supports parents in their community. It was here I was introduced to Incredible Years BASIC Parenting Programme (IYP BASIC). I was able to witness first-hand the difference IYP can make, both in the lives of the families who participated in the programme as well as in my own parenting journey. This provided me with the motivation to focus on IYP for this research report.

### *Focus of study*

Although IYP has been shown to be effective in a New Zealand context, some agencies are achieving better outcomes than others. These between-site differences were discovered in the *Incredible Years Pilot Study* (Sturrock & Gray, 2013); with the differences sustained in the 30 month follow up (Sturrock et al., 2014). These findings suggest the possibility of significant between-site variation in the efficacy



of the IYP programme as well as the need for further research to determine the extent and reasons for site variations in order to inform best practice and quality control.

The aim of this study is to explore the perspectives of IYP facilitators on the barriers and contributors to achieving successful outcomes when delivering IYP. This study enables the perspectives of facilitators to contribute to the discussion on the effective dissemination of IYP in New Zealand and thereby complements any future large-scale study into the extent and reasons for site variation. The findings of this study could be applied by facilitators, agencies, the Ministry of Education (MOE), and policy makers to further inform their decision-making. This would contribute to parents experiencing success in IYP and ultimately improve the outcomes of children growing up in New Zealand.

The literature often uses medical terms when discussing IYP. IYP is discussed as a ‘treatment’ with recommended ‘dosages’ and ‘prescriptions’ for different population groups. While using medical language in a New Zealand context may seem somewhat out of place, in order to align this research to the current literature on IYP, the same vocabulary is used in this report.

### *Study Overview*

This exploratory research uses a qualitative approach and employs semi-structured interviews as its means of data collection. Interviews were conducted with three IYP facilitators from two locations within New Zealand. Relevant literature was considered prior to the development of the interview schedule, with the key themes including: How successful outcomes are understood by facilitators and their agencies; contributors to successful outcomes; barriers to achieving successful outcomes; and possible reasons and solutions for site variation across agencies. Interviews were then transcribed, coded, and thematically categorised. The results were then analysed in the light of the current literature, and conclusions and recommendations have been made.

### *Structure of Report*

The report is divided into six chapters including this first chapter which aims to introduce the research topic and explain the background to the study. Chapter two reviews the relevant literature from overseas and New Zealand regarding IYP, with a particular focus on the documented contributors and barriers to achieving successful outcomes. Chapter three outlines the chosen research methodology, highlighting the qualitative approach taken. In chapter four, research results are presented under the

five identified themes. These results are then discussed in the light of current literature in chapter five. The final chapter includes a summary of the report, and then presents the conclusions arising from the research, along with recommendations for further research.

## Chapter Two: Literature Review

Early-onset conduct problems incur considerable long-term costs to families and societies as a whole. These problems are also strong predictors of delinquent and antisocial behaviour later in life (Fergusson et. al., 2011; Sturrock & Gray, 2013; Webster-Stratton, 2011). Incredible Years Parenting Programme (IYP) is a treatment and prevention programme for conduct problems. Facilitators work with parents to decrease risk factors while increasing protective factors with the purpose of improving outcomes for the child, their family, and society as a whole. While not unanimous, the comprehensive research underpinning IYP presents it as an effective means of treating and preventing conduct problems in children. Although IYP has been shown to be an effective tool in the New Zealand context, statistically significant differences have been shown to exist in the outcomes between sites (Sturrock & Gray, 2013; Sturrock, Gray, Fergusson, Horwood, & Smits, 2014). This finding suggests further research is needed to add to current understandings of the barriers and contributors to achieving successful outcomes in IYP in order to improve best practice across all sites.

With the prevalence of early-onset conduct problems in New Zealand children, and the negative life outcomes which ensue, there is a need for effective, evidence-based programmes to address these problems either at an early age or prevent them occurring in the first place (Fergusson et al., 2011). IYP is an example of such a programme. After outlining the research methods employed and introducing the issue of conduct problems in New Zealand, this literature review outlines the rationale, theoretical base, content, and methods of IYP. It then critically reviews the effectiveness of IYP and identifies the barriers and contributors of achieving successful outcomes in a New Zealand context.

### *Research Methodology*

IYP has a well-established, comprehensive research base (see for example, Azevedo, Seabra-Santos, Gaspar, & Homem, 2013; Cummings & Wittenberg, 2008; Gardner, Hutchings, Bywater, & Whitaker, 2010; Lau, Fung, Ho, Liu, & Gudiño, 2011; Pidano & Allen, 2014; Webster-Stratton, 2011; Webster-Stratton & Herman, 2010; Webster-Stratton, Rinaldi, & Reid, 2011). This review draws upon a variety of studies carried out by the developers of IYP as well as independent researchers from several countries and practice settings. Literature has been accessed through Google Scholar, Massey

University, the Ministry of Education (MOE) as well as the IYP research archive. In order to limit the search findings, the key words 'parent,' 'effective,' barrier,' 'contributor,' and 'outcome' were added to 'Incredible Years'. After accessing international literature on the topic, the key word 'Zealand' was also used to ensure sufficient New Zealand data was collected. 'Conduct Problems in New Zealand' was also searched in order to gain sufficient context of the problem at hand. In order to further understand issues facing participants, additional searches were carried out after the interviews which included the key words 'staffing', 'group selection', and 'co-facilitator'.

### *Conduct Problems*

Conduct problems is the term used to umbrella a variety of antisocial, aggressive, dishonest, delinquent, defiant, and disruptive behaviours (Fergusson et al., 2011). It is estimated that 10% of young people in New Zealand meet the diagnostic criteria for conduct problems with the percentage being as high as 20% for Māori (Fergusson et. al., 2011; Ministry of Social Development [MSD], 2009). Early-onset conduct problems can be seen as an accurate predictor of antisocial behaviour later in life (Fergusson et. al., 2011; Sturrock & Gray, 2013; Webster-Stratton, 2011). This has serious consequences for society. It puts stress on families, peers, and teachers associated with the child as well as having a high fiscal cost to the state, as adults with a childhood diagnosis of conduct disorder cost the state approximately ten times more those without a diagnosis (Axberg, Hansson & Broberg, 2007).

It is commonly accepted that early intervention is critical in the treatment of conduct problems (Fergusson et al., 2009; MSD, 2009; Piquero, Farrington, Welsh, Tremblay, & Jennings, 2008; Sturrock & Gray, 2013; Webster-Stratton, 2009). The New Zealand Families Commission review of early interventions stated that programmes and services which intervene early have stronger effects and are more cost effective than later interventions (Gray, 2011). These intervention strategies can have a significant impact on child development and later life outcomes, especially if the intervention is targeted at the family level (Sturrock & Gray, 2013).

### *IYP*

IYP is an example of an empirically-proven parent training programme (Webster-Stratton, 2011). Developed thirty-three years ago by Carolyn Webster-Stratton and her colleagues at Washington University Parenting Clinic, it has now been disseminated across a range of languages and cultures in

many countries around the world, including New Zealand. IYP aims to provide low-cost, effective programmes to prevent the development of conduct problems as well as providing comprehensive treatment for early-onset conduct problems in young children (Webster-Stratton, 2011). Measurable objectives have been identified by the developer to determine success for parents who participate in IYP. One of these objectives involves witnessing an increase in positive and nurturing parenting as well as the replacement of critical and violent discipline strategies with developmentally appropriate strategies (Webster-Stratton, 2011). This section will briefly outline the theoretical underpinnings, content and methods of IYP in order to provide a context for the following discussion on its results and determinants of successful outcomes.

### *Theoretical Base*

Drawing from explanatory theories, such as Patterson's theoretical work on the development of childhood aggression and attachment theory (as cited in Incredible Years, 2013), Webster-Stratton describes the development of conduct problems as being due to variety of risk factors present in a child's community, school, family, parents, and within the child themselves (Webster-Stratton, 2011). IYP seeks to decrease these risk factors for children as well as increase protective factors such as positive, nurturing parenting practices, parental support, and other networks, partnerships between home and school, and effective parent communication skills (Webster-Stratton, 2011). The long term goal is to break cycles of violence, drug abuse, and delinquency in later years as well as the inter-generational transmission of child abuse and neglect (Webster-Stratton, 2011).

### *Content*

IYP BASIC is IYP's foundational parenting programme. It has four curricula which vary from between 9-20 sessions; baby (0-1), toddler (1-3), preschool (3-6), and school age (6-12) (Webster-Stratton & Herman, 2010). In addition to IYP BASIC, complimentary programmes have been developed to address two commonly recognised parental needs. IY ADVANCE focuses on parent interpersonal skills and IY SCHOOL READINESS helps at-risk parents know how to support their preschool children's school readiness (Webster-Stratton, 2011). These programmes highlight the important developmental milestones present in each age range and emphasises developmentally appropriate parenting skills known to promote children's social competence, emotional regulation, academic skills, and reduce behaviour problems (Webster-Stratton, 2011).

Programme guidelines emphasise the important role dosage plays in the delivery of IYP and it is clearly stated that deviating from the number of prescribed sessions may negatively affect parental outcomes and in some cases may even lead to worse effects than when parents began (Webster-Stratton, 2011). Different levels of intervention are identified, with level one being a universal prevention programme. The intensity of the intervention increases with the needs of the population. The highest level is level five, which is a treatment programme for parents of children who already have a diagnosis, such as attention deficit disorder or oppositional defiance disorder. While a level one prevention course should only be 14-16 weeks, when dealing with a group of high-risk, child welfare referred, or parents of children with a diagnosis, 18-24 sessions are prescribed. With level four populations, that is, parents of children who already are exhibiting behavioural problems, 16-18 sessions of BASIC are prescribed, as well as 8-12 sessions of the ADVANCE curriculum. Furthermore, it is advised that such parent intervention takes place alongside targeted interventions for the child and the child's teachers (Webster-Stratton, 2011).

### *Methods*

Operating from a collaborative learning model, IYP employs a variety of methods including video modelling (vignettes) of parenting skills, group and peer discussions, problem solving, and brainstorms. Role plays reinforce specific parenting skills and parents are encouraged each week to write, reflect on, and discuss their parenting goals. Home activities are given to complete during the week and participants are given an IYP book which they are encouraged to read alongside their home tasks to reinforce their learning (Webster-Stratton, 2006, 2011).

All IYP programmes are delivered by two certified or accredited co-facilitators. Facilitators come from a range of disciplines and include teachers, counsellors, psychologists, nurses, and social workers. IYP can be delivered in a variety of settings, such as schools, non-government organisations, in people's homes, on a marae, or in mental health clinics (Webster-Stratton, 2011). When selecting facilitators, agencies are recommended to look for those who display empathy, a sense of humour, have a collaborative nature, group leadership skills, and an ability to work within a structured programme (Webster-Stratton & Herman, 2010).

### *Empirical Research Base*

The effectiveness of IYP has been studied extensively over the past thirty-three years by the developer and independent researchers across several countries (Pidano & Allen, 2014; Webster-Stratton, 2011). The two primary measures used to assess successful outcomes are the Eyberg Child Behaviour Inventory (ECBI) and the Social Competency Scale – Parent (P-Comp). These provide the quantitative data needed to evaluate the effectiveness of IYP. In addition to the parent satisfaction questionnaire, providers all around the world employ these tools to determine the effectiveness of IYP (MOE, 2014).

IYP BASIC has been shown to reduce conduct problems in children in the short and longer term and results in the decrease in likelihood of antisocial behaviour later in life (Pidano & Allen, 2014; Webster-Stratton, 2011; Webster-Stratton, Rinaldi, & Reid, 2011). There is evidence that the effectiveness of this programme spans across the socio-economic spectrum, with studies indicating that risk factors such as low-income, solo-parenting, ethnic minority, or teenage pregnancy were not a barrier to treatment effectiveness (Gardner et al., 2010; Scott, 2005).

### *IYP in New Zealand*

IYP has been adopted as a key component of the MOE's Positive Behaviour for Learning initiative. With the first IYP facilitators trained in 2004, IYP BASIC has already been delivered to approximately 10,000 parents nationwide (Werry Centre, 2014). A variety of agencies are involved in the delivery of IYP, including the MOE, Special Education Services and non-governmental organisations (MOE, 2014). This initiative is intended to target the parents of children who are already displaying behaviour problems (MOE, 2014). Parents must have a willingness to participate and must have a child between three and eight years of age who resides with them for at least three days and nights a week. Facilitators are encouraged to employ both their professional judgement as well as the results of the pre-assessment documents to assist them in deciding whether a parent should be accepted (MOE, 2014). They stipulate that the ideal group size should be between 14 and 18 parents, but recommend recruiting 16-20 parents to allow for attrition (MOE, 2014).

The effectiveness of IYP in New Zealand has been the focus of several studies (see for example, Dunn 2012; Fergusson et al., 2009; Hamilton & Litterick-Biggs, 2008; Lees & Ronan, 2008; Sturrock & Gray, 2013). One key evaluation was Sturrock and Gray's (2013) *Evaluative Report for the Ministry of Social Development of the IYP BASIC Pilot Study in New Zealand*, as well as the follow up study (Sturrock et

al., 2014). In their two year, multiple-informant study, the authors found evidence of both child and parent behaviour change as a result of intervention. The results of this study are comparable to those found in the international literature and are in line with previous small-scale New Zealand studies (Fergusson et al., 2009; Lees & Ronan, 2008). Although there were initial concerns regarding the effectiveness of IYP with Māori families (Sturrock & Gray, 2013), longer term studies have shown IYP BASIC to be just as beneficial to Māori families as non-Māori (Sturrock et. al., 2014).

Although IYP has been shown to be effective in a New Zealand context, some agencies are achieving better outcomes than others. These between-site differences were discovered in the *Incredible Years Pilot Study* (Sturrock & Gray, 2013); with the differences sustained in the 30 month follow up (Sturrock et al., 2014). These findings suggest the possibility of significant between-site variation in the efficacy of the IYP programme as well as the need for further research to determine the extent and reasons for site variations in order to inform best practice and quality control. The literature identifies some possible barriers and contributing factors to the successful implementation of IYP which may shed light onto the reasons for such site variation.

### *Contributors to Successful Outcomes*

The literature identifies a variety of ways facilitators, parents, the IYP programme and agencies whom deliver it can contribute to parents achieving successful outcomes in IYP. This section will provide a summary of these contributing factors.

#### *Facilitator factors*

A key determinant of successful outcomes in IYP BASIC is adherence to fidelity. Fidelity can be understood as delivering a programme in the manner that it was developed and validated (Webster-Stratton, 2011). Webster-Stratton claims that programme effectiveness decreases when facilitators fail to adhere to prescribed programme dosage, order of content, and protocols (Webster-Stratton & Herman, 2010). Five training processes ensure IYP can be delivered with fidelity. These include the provision of standardised and comprehensive intervention materials, quality training, on-going supervision, fidelity monitoring, and agency support (Webster-Stratton, 2004). Training and on-going supervision have been identified as key factors in determining positive programme outcomes (Stern, Alaggia, Watson, & Morton, 2007; Webster-Stratton & Herman, 2010). In their review of the independent research base for IYP, Pidano and Allen (2014) concluded that one of the reasons for the



international success of IYP has been the extensive training and accreditation process facilitators are required to complete. Regular supervision with accredited facilitators who have undergone further training to become peer coaches has been shown to be especially important as the research indicates fidelity adherence is increased when supervision and monitoring procedures are strong (Stern et al., 2007; Webster-Stratton & Herman, 2010).

The way in which a facilitator delivers IYP is also a key determinant of successful parental outcomes. When facilitators take the time to establish strong relationships with parents, a climate of trust is built. This provides a safe atmosphere for parents to engage (Webster-Stratton, 2011). Furthermore, building a strong relationship with parents leads to higher retention and attendance rates (Dunn, 2012; Furlong & McGilloway, 2014; Taylor & Schmidt as cited in Webster-Stratton, 2011). Face-to-face meetings with parents prior to the commencement of the programme have been found to be particularly beneficial in recruiting and retaining parents (Furlong & McGilloway, 2014; MOE, 2014; Taylor & Schmidt as cited in Webster-Stratton, 2011). This meeting gives the facilitator the chance to clearly communicate what is involved and expected from parents who choose to participate in IYP. It gives parents an opportunity to make an informed decision regarding participation and helps the facilitator determine the level of a parent's commitment to the programme (MOE, 2014).

Additionally, the collaborative nature of IYP has been highlighted as a key contributor to its success (Webster-Stratton, 2011). A facilitator does not take on the role of 'expert', but views the parent as an expert on their own child and family and seeks to partner with them to find their own solutions. This approach has been found to have multiple advantages. Not only does it reduce attrition rates, it also increases parent motivation and commitment to the programme (Webster-Stratton, 2011). Another important facilitator factor is their role in the development of parental self-efficacy. Self-efficacy is the foundation of motivation, performance, accomplishments, and emotional well-being (Bandura, 2009). Furthermore, increasing a parent's self-confidence and their belief that they can make changes in their family has a positive effect on outcomes. People with high self-efficacy have been shown to persist at tasks until they succeed, thus increasing the chance of parents enacting lasting change in their families (Bandura, 2009; Webster-Stratton, 2011).

The modelling of strategies a facilitator is seeking to teach parents has also been identified as a contributor to the success of IYP. Such an approach has been shown to lead to a greater internalisation

of learning for parents (Webster-Stratton, 2011). A practical example of such modelling is co-constructing clear group guidelines at the commencement of a programme. Ensuring all parents understand what is acceptable or not within the group develops a safe group atmosphere as well as maintaining sufficient structure to the sessions. It also models how parents can set clear limits with their children (Webster-Stratton, 2011).

### *Parental factors*

A parent's family context may contribute to determining the outcomes of a parent in IYP. A negative correlation has been noted between the number of risk factors present in a family's situation and their outcomes in IYP (Lees & Ronan, 2008). On the other hand, other studies have shown IYP to be an effective treatment and prevention programme for higher-risk families (Lees & Ronan, 2008; Pidano & Allen, 2014; Webster-Stratton, 2011). IYP's success has been contributed to the training, accreditation and hard work of facilitators, rather than the family contexts of the parents (Pidano & Allen, 2014). One parental factor which has been clearly shown to make a difference in outcomes is when both parents attend the programme together. This has been shown to result in more positive and longer-lasting outcomes (Furlong & McGilloway, 2014; Webster-Stratton, 2011).

### *Programme factors*

Although there are rigid requirements on facilitators regarding programme content, another contributor of success has been the programme's flexibility to 'fit' the treatment to the practice setting (Stern et al., 2007). IYP can be delivered in a variety of different practice settings. The flexible model of IYP means that facilitators, through their choice of content as well as their facilitation skills are able to accommodate for these different needs, ability levels, and cultural understandings by collaboratively tailoring the content to their audience (Webster-Stratton, 2011).

### *Agency factors*

In their study in Ireland, Furlong and McGilloway (2014) suggested that the key drivers of successful implementation extend beyond the provision of quality training and supervision of facilitators to include two agency factors, the first being the existing level of support both within and between agencies. An agency's strong administrative support of IYP has been identified as necessary resource for the successful delivery of the programme (Webster-Stratton, 2004; 2011). The second agency factor identified is the compatibility between the goals of the agency and those of IYP (Furlong and

McGilloway, 2014). In addition, these authors highlight the importance of ensuring that the correct judgement is made as to whether IYP is the right programme to address the needs of an agency's target population as well as the provision of high-quality wrap-around support systems as contributors to successful outcomes for disadvantaged families (Furlong & McGilloway, 2014). The higher number of risk factors present for a family, the more important it is to provide a targeted intervention for the parents, as well as the individual child and their teachers (Webster-Stratton, 2011).

An agency's policies regarding group selection is also seen as a contributor to successful outcomes in IYP (Furlong & McGilloway, 2014; Marcynyszyn, Maher, & Corwin, 2011; MOE, 2014). According to these authors, it is possible for IYP to be incorrectly perceived by referrers as a, "panacea for all social ills" (Furlong & McGilloway, 2014, p. 1813). Professionals may refer families to the programme without understanding the eligibility criteria, or when families have more pressing needs to be addressed first (MOE, 2014). As a result, screening parents for readiness to engage has been suggested as a possible way to improve outcomes (Furlong & McGilloway, 2014; Marcynyszyn et al., 2011; MOE, 2014). Furthermore, agencies who engage in rigorous screening have been shown to have higher retention rates (Furlong & McGilloway, 2014; Marcynyszyn et al., 2011). Screening has the added benefit of ensuring the right mix of parents is chosen for a group (Marcynyszyn et al., 2011).

The screening of parents has been challenged by some who question the appropriateness of denying at-risk families' access to IYP, especially as the research indicates the positive effect providing practical supports can have on these families' retention rates and final outcomes (Furlong & McGilloway, 2014). Regardless of the group selection practices, The MOE emphasise that agencies have a duty of care to parents that includes putting in place additional plans to manage the needs of families who are not accepted into the programme (MOE, 2014). There is evidence that parents who have received preventative services which address their most pressing needs are better equipped to engage in IYP (Marcynyszyn et al., 2011).

In their case study of IYP in the Hawkes Bay, Ehrhardt and Coulton (2013) identify inter-agency collaboration as a key contributor to successful outcomes. Collaboration can be defined as an active process of partnership (Ehrhardt & Coulton, 2013). By collaborating with other groups in the community, agencies can attempt to join up services to ensure the needs of children and families are addressed effectively (Ehrhardt & Coulton, 2013). Furthermore, it has been shown that agencies who

work together are more likely to produce better outcomes (Quinney, 2006). Agencies delivering IYP in the Hawkes Bay engage in shared programme planning, cross-agency co-facilitation, joint training, supervision, and evaluation. Interestingly, this collaborative approach has also led to jointly agreed criteria for parent selection across agencies. As a result, IYP in this area has experienced higher parental results than the national average as well as higher retention rates (Ehrhardt & Coulton, 2013). Inter-agency collaboration also supports fidelity processes, as well as optimising recruitment and retention (Furlong & McGilloway, 2014). Genuine collaboration however takes a significant amount of time and hard work and relies on transparent communication and common agency values and goals (Ehrhardt & Coulton, 2013).

### *Barriers to achieving successful outcomes*

A number of barriers to achieving successful outcomes have been identified and will be summarised under the headings of parental and group barriers, agency barriers, and programme barriers. These barriers need to be understood in the context of the provision of social services in New Zealand. Due to the neo-liberal reforms to service delivery, social services in New Zealand are now widely contracted out by the government to non-governmental organisations (NGOs). IYP is no exception, with the MOE contracting out the delivery of IYP BASIC to 69 different NGOs in local communities (MOE, 2015). This method of service delivery encourages competition between agencies seeking to secure funding and puts pressure on them to achieve successful outcomes, which are increasingly narrowly-defined and output-focused (Chapman & Duncan, 2007).

#### *Parental and group barriers*

The literature predominantly focuses on the barriers preventing service users' ability to access services (Dunn, 2012; Furlong & McGilloway, 2014; Hamilton & Litterick-Biggs, 2008). Personal and financial barriers, such as lack of transport and child care can make attending IYP difficult for some families (Dunn, 2012; Furlong & McGilloway, 2014; Hamilton & Litterick-Biggs, 2008). Others include literacy and language barriers as well as parents disliking parts of the programme (Dunn, 2012; Stern et al., 2007). Most of these barriers are more prevalent in disadvantaged populations who possess higher risk factors (Furlong & McGilloway, 2014; Marcynyszyn et al., 2011). Moreover, the higher the risk factors for a family, the greater the chance a parent will drop out of the course (Lees & Ronan, 2008). Risk factors may include solo parenting, lower socio-economic status, lower levels of education, negative life events and stressors, maternal depression, and more serious child disruption (Reno &

McGrath as cited in Lees & Ronan, 2008). Such risk factors interfere with a parent's practical ability to attend and engage with the programme. Indeed, for high risk families, drop-out rates can be as high as 70% of all enrolled parents (Dishion & Kavanagh as cited in Lees & Ronan, 2008).

Parental engagement and motivation are essential prerequisites for a successful programme (Waldfoegel, 2009; Webster-Stratton, 2011). As mentioned above, there are many proven strategies a facilitator can employ to increase engagement and improve retention rates in the IYP programmes they facilitate, however, it is the intervention, not the client and their situation that should determine the success of IYP (Webster-Stratton, 1998). Additionally, facilitators who are culturally responsive, make contact with families midweek, provide ongoing assessment of progress, present parents with rewards and a sense of achievement, and carry out home visits have been shown to increase attendance levels (Lees & Ronan, 2008; Marcynyszyn et al, 2011). Home visits have been shown to increase participation from 30% up to as high as 80% (Dishion & Kavanagh as cited in Lees & Ronan, 2008). Finally, assessing and making provisions for barriers parents face improves attendance. Some examples include providing transport, child care, and sometimes even meals to participants (Furlong & McGilloway, 2014; Marcynyszyn et al., 2011). Transport and childcare are two areas in which the MOE provides contracted agencies with discretionary funds to remove these barriers for parents (MOE, 2014).

Families experiencing multiple life stressors may also be limited in their ability to focus on the content on IYP. When considered in the light of Maslow's (1954) hierarchy of needs, parents who are experiencing difficulties such as drug or alcohol abuse issues, poverty or inadequate housing, may not be able to sufficiently engage in IYP (Dunn, 2012; Furlong & McGilloway, 2014; Marcynyszyn et al., 2011; MOE, 2014).

The literature varies on the role group composition plays in achieving successful outcomes in IYP. Certain compositions have been identified as contributing to success, while others have been documented to pose barriers. While some studies have indicated parental preference for homogenous groups (Cunningham Burley as cited in Lewis, 2011), groups with a mix of levels of need and parental characteristics can be more productive for stimulating discussion (Barlow et al. as cited in Lewis, 2011), provide a better balance, and avoid the formation of 'cliques' (Lewis, 2011). Furthermore, some literature suggests that targeting higher-risk parents all together may result in

decreased outcomes (Lewis, 2011). All the managers and some of the facilitators interviewed by Furlong and McGilloway (2014) indicated that group composition had an effect on outcomes. From their perspective, outcomes were highest when a group composed of between 8-12 parents, when partners attended, and when parents didn't know each other before the programme. Facilitating a group of diverse parents and ensuring the group experience does not become negative is a key aspect of the facilitator's role, as a negative group experience has been linked to parent drop off (Webster-Stratton, 2011).

### *Agency Barriers*

Most of the qualitative studies on IYP focus on the experiences of the parents and their outcomes. Although this is valuable, it does not consider facilitator and agency variables and their impact on achievement outcomes (Furlong & McGilloway, 2014). Because of this, little is known about the influence factors such as policy and funding structures have on delivery. Furlong & McGilloway (2014) identify a lack of adequate resources, time, and money as common barriers to successful outcomes. Some facilitators indicated that they felt they were not employed for enough hours in a week to effectively plan for and deliver the programme, with some claiming to often carry out home visits in their own time due to inadequate funding (Furlong & McGilloway, 2014). This was especially true for facilitators working with disadvantaged populations where parents required more one-on-one coaching. Furthermore, an absence of supportive agency infrastructure is also identified as a course fidelity issue. A facilitator needs to be adequately resourced and supported by management if they are going to be able to successfully deliver the programme (Fixsen, Naoom, Blasé, & Friedman, 2005; Webster-Stratton, 2011).

Although no data could be found on staff turnover rates in agencies delivering IYP, this is an issue common across many organisations, with human service organisations often experiencing higher rates of turnover than other sectors. High staff turnover is known to increase costs to an organisation and reduce its effectiveness. Furthermore, this problem has been shown to impact on both the quality and the outcomes of services provided to clients. When an agency is delivering evidence-based programmes, the issue of staff turnover becomes more critical due to the additional time and money required to train staff members as well as the support required to promote and monitor course fidelity (Aarons, Sommerfield, Hecht, Silovsky, & Chaffin, 2009). High staff turnover has been linked to factors

such as a non-supportive or high-stress work environment, low pay, and a poor organisational climate (Aarons et al., 2009).

### *Programme Barriers*

The literature also highlights some existing barriers in the course structure and content of IYP. Facilitators have indicated that sometimes balancing parent preferences and needs with the structured programme requirements is a challenge, as some parents found some of the content irrelevant, over-taught, or unrealistic (Stern et al., 2007). Indeed, some parents have reported disliking or disagreeing with elements of the programme, such as role plays, buddy calls or even specific parenting strategies being taught, such as time out (Dunn, 2012; Stern et al., 2007). Also, covering all required content in the given timeframe is a well-documented concern for facilitators of IYP (Marcynyszyn et al., 2011; Stern et al., 2007). According to Waldfogel (2009), it is common for an evidence-based programme such as IYP to be employed, but implemented in a shorter amount of time, or with less intensity. She concludes the consequence of such a lack of adherence to programme fidelity is diluted effectiveness and less than optimal results for service users.

Despite the developer of IYP emphasising the importance of an agency understanding the workload of their facilitators and ensuring their pay and job description accurately reflects the extra work carried out, Furlong & McGilloway (2014) document the personal sacrifice required of facilitators in the successful delivery of IYP. Facilitators in their research claimed to often work outside their paid hours to meet programme requirements as well as parental needs. They conclude that positive parental outcomes appear to be achieved at the personal cost of staff well-being.

### *Summary*

With a robust and comprehensive research base spanning over thirty years, it appears that IYP deserves the attention and substantial replication it has accumulated (Pidano & Allen 2014). The New Zealand literature points to IYP BASIC as an effective and cost-efficient tool in the New Zealand context for the prevention and treatment of conduct problems in children by equipping parents with the tools and skills they need to parent well.

Despite IYP's comprehensive and positive research base, differences in programme outcomes have been shown to exist between sites. More research is necessary to determine the extent and reasons

for site variations in order to inform best practice and quality control (Sturrock & Gray, 2013; Sturrock et al., 2014). Gaining insight into the barriers and contributors to achieving successful outcomes in IYP from the perspective of facilitators may lead to a deeper understanding of possible reasons for site variation and help inform best practice for organisations delivering IYP BASIC as well as those making decisions at a policy level. The following chapter will explain the research methods of this study and how data was gathered.



## Chapter Three: Methodology

### *Introduction*

The purpose of this research was to explore the perspectives of IYP facilitators on the barriers and contributors to achieving successful outcomes. This chapter begins by outlining the methodology, selected research approach, and design. Participant recruitment, the method of data collection, and how data was analysed is then described. The relevant ethical concerns are considered, and the chapter concludes by considering the limitations of the research and how the researcher has endeavoured to uphold the quality indicators of qualitative research.

### *Methodology and research design*

After a review of relevant literature and the identification of the research question, a qualitative, rather than quantitative approach was adopted. Quantitative approaches seek to measure or quantify research data. It is often deductive, beginning with a theory and seeking to prove or disprove it through research (Sheppard, 2004). With its roots in positivism, quantitative approaches view reality as external from the researcher and able to be observed objectively (Bryman, 2012). In comparison, qualitative research is concerned with the in-depth understanding of the perceptions and lived experiences of individuals (Bell, 2010). This is founded on an interpretivist perspective which views social reality as a subjective construct and focuses on the ways in which people interpret their social world (Bryman, 2012; Sheppard, 2004). From this perspective, the role of the researcher is to interpret social phenomena, with recognition of the role the researcher's 'self' plays in the interpretation process. This is an inductive form of research, as the goal is not to confirm or falsify a preconceived position or hypothesis, but to allow key themes and concepts to emerge from the data itself (Bryman, 2012; Sheppard, 2004). As this research was primarily interested in exploring the experiences and perspectives of IYP facilitators, it was decided that adopting a qualitative approach would best enable the researcher to give voice to their experiences and opinions.

The semi-structured interview was chosen as the means of data collection as it gave the researcher the opportunity to explore key themes in depth with participants (O'Brien & de Haan, 2002). Although some predetermined questions provided a structure to the interview, space was also left to explore themes or probe deeper into the interviewee's experiences with the use of subsidiary questions

(Sheppard, 2004). The use of semi-structured interviews also ensured participants had the opportunity to raise issues that they felt were important as well as giving the researcher the chance to clarify meanings and probe for more information (Denscombe, 2014). This inductive approach enabled the researcher to gain further insight into the opinions, feelings, and motivations of participants, resulting in richer data (Bell, 2010). As a consequence, the researcher was able to, “steep themselves” in this data and allow themes, concepts, and theories to emerge inductively (Sheppard, 2004, p. 240). Although as a means of data collection interviews take a considerable amount of time, this method is well suited to a small-scale qualitative research projects and provides a greater scope of exploration than other methods such as structured interviews or questionnaires (Sheppard, 2004).

### *Identification and recruitment of participants*

The Werry Centre for child and adolescent mental health are responsible for the training of IYP facilitators in New Zealand. Therefore, it was deemed appropriate that, potential participants were contacted via this organisation. An email was sent to the senior advisor of the Werry Centre requesting she forward a letter of invitation to participate in this research (Appendix Three) to all of the IYP facilitators on their database who resided in a specific geographical location. This letter of invitation explained the purpose of the research and what participation would involve. It outlined the criteria for participants as being accredited or certified facilitators who have currently or recently (within the last 12 months) delivered IYP in their location. This request to the Werry Centre was accepted and thus the letters were distributed by email to the managers of agencies delivering IYP in the geographical location. One interested participant made contact with the researcher directly. After waiting two weeks, an email was sent to the manager of another agency who was not on the original email from the Werry Centre. A second interested participant made contact from this agency. This agency extended my invitation to participate to a site in another geographical location. Consequently, a third participant made contact. All three applicants met the criteria for the research. Upon initial email contact, an interview time was arranged with each participant, and a decision was made as to the location of the interview.

### *Data collection*

When the researcher and the participants met for the interview, the purpose of the research and the rights of the participant were discussed. The consent form was explained and signed prior to the commencement of the interview. The interview schedule (Appendix Two) had also been included with

the letter of invitation to give participants time to consider the key questions. The interviews took approximately 60 minutes and were conducted in meeting rooms within participants' agencies. They were digitally recorded onto the researcher's password protected iPad. The interviews were then transcribed verbatim by the researcher and then emailed back to the participants for their editing and approval. All three transcripts were approved by participants. Consent to use the transcripts was obtained either via email, over the phone, or in writing from participants.

### *Data analysis*

After the interviews were transcribed, thematic analysis was used to assist the researcher in discovering, interpreting, and reporting patterns and clusters of meaning found within the data (Spencer, Ritchie, Ormston, O'Connor, & Barnard, 2014). Firstly, the researcher familiarised herself with data from each interview, taking note on the content and identifying topics and subjects of interest. An initial thematic framework was then constructed by refining the identified topics into a set of themes and subthemes relating to the research question. This framework was then used to label and sort the data into thematic chunks. After sorting the data, the researcher assessed the thematic framework, refining it to ensure the data was grouped in a coherent way. Each theme and its corresponding data was then reviewed by the researcher with the purpose of describing both similarities and differences in the opinions and experiences of participants. Key themes and concepts underpinning these perspectives were explored at a higher level of abstraction. These in-depth descriptions were then used to develop possible explanations for the experiences of participants and recommendations to ensure best practice for IYP in New Zealand (Spencer et al., 2014).

### *Discussion of ethical considerations*

Approaching research in an ethical manner is a fundamental feature of all good research (Denscombe, 2014). In compliance with Massey University's requirements, a Human Ethics Application for approval to conduct research that involved human participants was prepared and evaluated by peer review. This research project was judged to be low-risk (Appendix One) and was recorded on the university ethics register. The Aotearoa New Zealand Association of Social Workers Code of Ethics (ANZASW) also guided the researcher's consideration of ethical considerations. A summary of the ethical issues considered in the formation of the research design are summarised below.

### *Informed and voluntary consent*

To ensure participants were able to make an informed and voluntary decision to participate, a letter of invitation was emailed from a third party, the senior advisor of the Werry Centre. As well as highlighting the research aims and what participation would involve, participants' rights as well as a description of how data would be managed were also outlined. This information was reiterated to the participants in person prior to the commencement of the interview. At the same time, a consent form was discussed with participants and signatures were obtained.

### *Anonymity and confidentiality*

As the method of data collection was a semi-structured, face-to-face interview, participants were unable to remain anonymous to the researcher. Every effort was made, however to uphold the confidentiality of their identity and that of the agency they worked for. Confidentiality was understood as a promise that participants would not be identified nor their comments presented in an identifiable form (Bell, 2010). Participants were assured that their name and that of their agency would not be used in the final report, nor would any content which may lead to identification. Pseudonyms have been used in the place of real names. Participants were informed all recorded or printed data relating to this project would be stored in a locked cabinet in the researcher's home, and that digital records would be stored on the researcher's computer with 'password only' access. The original interview recordings were returned to participants if requested, or were destroyed along with any printed or electronic data after the report had been marked.

### *Potential benefits/risk of harm*

Because the subject of this research was not of a personal nature, it was considered unlikely that participants would experience any harm. In order to minimise any potential harm, informed consent, voluntary participation, and confidentiality were upheld and participants were also reminded of their right to decline to answer, and/or withdraw from the research (up until the signing of the authority to release transcripts). Prior to data collection, a course of action of what to do in the case of unexpected harm occurring was identified. If the researcher noticed the participant getting distressed, the interview would be stopped and it would be suggested the participant use their regular supervision to debrief on the interview. Finally, the researcher would discuss what happened with her supervisor. This course of action was not needed as no unexpected harm to participants was observed by the researcher during the interviews.

Safety was also a consideration for data collection, as the researcher and participants did not know one another. The interviews took place in mutually agreed locations where both parties felt comfortable. All interviews took place in interview rooms at the participants' agency. The researcher let a family member know when she was going to conduct an interview and when it was set to finish as an additional measure of safety.

### *Avoidance of deception*

A conscious effort has been made to be transparent regarding the aims, purposes, and methods of this research project with both participants and the researcher's supervisor. The letter of invitation contained an accurate description of what participation would involve. Additionally, all data used in the final report has been accurately reported.

### *Conflict of role/interest*

The researcher completed her first placement at one of the agencies that deliver IYP in the location of the research. Because of this, there was some possibility participants may be known to the researcher. No conflict of interest was expected as the researcher was not in any position of power with the potential participants and does not have an on-going relationship with them. To minimise the possible obligation felt by these facilitators to participate, the invitation to participate did not come from the researcher directly, but via the senior advisor of the Werry Centre. The potential participants were also reminded prior to their interview of their rights as participants, and especially that there was no obligation for them to answer any questions that they did not wish to.

### *The sharing of research findings*

After the research report has been marked, a summary of findings will be given to all participants in writing and the full report offered electronically. Participants have also been given the opportunity to keep a copy of their interview transcript.

### *Limitations*

It is acknowledged that this was an exploratory, small-scale qualitative research project which focused on the experiences of three IYP facilitators. This places limitations on the extent to which findings can

be seen to be representative of IYP facilitators in general. It does, however indicate key themes and issues which could form the focus of further research.

Qualitative approaches emphasise the construction of meanings and shared understandings. Such approaches have been criticised and labelled ‘unscientific’ by some quantitative researchers (Sheppard, 2004). While qualitative research should be able to meet quality indicators such as validity and reliability, an alternative set of indicators have been developed to assist qualitative researchers to assess and ensure the quality of their research (O’Leary, 2010). Such indicators acknowledge and make place for the complex and subjective nature of social research. Two examples of alternative measurements of quality are trustworthiness and authenticity.

There are certain indicators qualitative researchers can use to assess and ensure the trustworthiness of their research design. Trustworthiness can be seen to contain four criteria; credibility, dependability, confirmability, and transferability, (Guba & Lincoln as cited in Bryman, 2012; Shenton, 2004). These indicators are outlined and discussed below, in relation to ensuring the quality of this research report.

Although qualitative research cannot give an assurance of accuracy, it is possible to show that the research is credible; that is, that the data has been produced and checked in accordance with good practice (Bryman, 2012; Denscombe, 2014). One way the researcher has done this is by participant validation. During the interviews, clarifying questions were employed to ensure the researcher understood participant responses correctly. Participants were also given the opportunity to review their transcripts to check validity, factual accuracy of the information, and to confirm understandings. This also helps limit the effect of researcher bias, as participants were given the opportunity to check that they have been understood and represented accurately in the research.

Due to the changing nature of the social world, qualitative research cannot always claim to be ‘reliable’ in the same way expected of quantitative research (Shenton, 2004). Rather, qualitative approaches are more concerned with the dependability of research (Denscombe, 2014; Shenton, 2004). In particular, researchers need to ensure their research design and process is well-documented and carried out in a consistent, logical, and systematic way (O’Leary, 2010). Consequently, in this study, the researcher has explicitly outlined the methods used, means of analysis, and the rationale behind

key decisions made. This is with the goal of allowing the reader to assess the extent to which proper research practices and procedures have been followed (Bryman, 2012; Denscombe, 2014; Shenton, 2004).

The third indicator of trustworthy qualitative research is confirmability. This is concerned with the extent to which the researcher has acted in good faith to minimise the impact their personal values and theoretical inclinations has on the results of their research (Bryman, 2012). The researcher has endeavoured to remain aware of both her own values and prior knowledge of IYP and has sought to keep the voices of the participants in the forefront throughout the research process. Additionally, a transparent relationship was maintained with her supervisor, especially throughout the coding and analysis process with the purpose of minimising the impact personal values had on the interpretation of participants' perspectives. This added an additional level of accountability.

Because this research involved an in-depth study of a small amount of people from a specific context, it cannot be claimed that the results are able to be transferred to other contexts. The researcher has endeavoured to produce a thick description of the experiences of participants with the goal of providing readers with an in-depth understanding. This understanding will enable the reader to draw their own conclusions regarding the transferability of the results to other contexts and times (Bryman, 2012; Shenton, 2004).

Although validity is an acceptable indicator in quantitative research, qualitative approaches are less concerned with the accuracy of the final conclusions as they are the acknowledgement of the existence of multiple realities and truths in social research. Authenticity is a more appropriate marker. Authenticity is concerned with whether the 'true essence' of participant experience has been captured by the researcher (O'Leary, 2014). Participant validation also helped ensure this research portrays an authentic description and interpretation of the experiences of participants. The researcher also sought to maintain her personal authenticity throughout the research process, remaining transparent with participants in regards to the aims and objectives of the research and honouring her word by following through with her commitments in a timely fashion.

## *Conclusion*

In this chapter, the selected methodology, research approach and design were outlined as well as the chosen method of data collection and analysis. The relevant ethical considerations were outlined, followed by a discussion on how such issues were managed throughout the research process. The chapter finished by highlighting the limitations of this research and describing how the researcher has endeavoured to uphold the indicators of quality qualitative research; credibility, dependability, confirmability, transferability, and authenticity. The following chapter presents the data collected from the three semi-structured interviews.



## Chapter Four: Research Findings

### *Introduction*

This chapter outlines the data collected from semi-structured interviews conducted with three facilitators on the barriers and contributors for achieving successful outcomes in Incredible Years (IYP). The first section introduces the participants and provides information on their professional backgrounds. Next, participants' understandings of successful outcomes are outlined. This is followed by participants' perspectives on the contributors and barriers to successful outcomes. Lastly, participants' perceptions of reasons for site variation are described as well as possible ways to address the issue.

### *Introduction of participants*

#### Amy

Amy is an accredited IYP facilitator who was introduced to the programme while on a placement for her Diploma of Social Practice. She has been delivering IYP periodically for 10 years. Amy is a caseworker at her current agency, with her primary role being organising and implementing IYP for parents of children aged three to six. She also sits on the advisory panel for Nga Tau Miharō, which is IYP for Māori group leaders.

#### Naomi

Naomi is in the final stages of becoming an accredited IYP facilitator. She has been involved with IYP for four and a half years altogether; two and a half years of this time she has had sole or joint responsibility for the programme. Naomi has a Master's degree in counselling and works in her current agency delivering IYP for parents of children aged three to six, as well as providing counselling for adults and children.

#### Eve

Eve is an accredited IYP facilitator who has been delivering the programme for four and a half years. She has a social work background and has been involved with delivering IYP for approximately nine years. Although IYP facilitation is her primary role, she is also the social worker within her agency and works one on one with parents who need additional support.

### *Successful outcomes*

The participants outlined the way they define successful outcomes in the programmes they facilitate. Participants' definitions centred on the personal progress of parents and the application of the learned strategies in their own families. The primary methods for measuring these outcomes included assessment documentation, formal parent evaluations and informal parent feedback.

### *Participants' understandings of successful outcomes*

Two participants described success for parents in IYP to be when the parents succeed in applying the strategies they have learned in the programme at home. Additionally, Eve emphasised the importance of a parent adapting these strategies to fit their specific context:

*I would define it as when they find their tailored solution, as I like to say. It has to be their solution, fitting their family. And it will not be one fits for all (Eve).*

Naomi believed that what constitutes successful outcomes was already set out for facilitators by the Ministry of Education (MOE). She discussed the importance of the evaluations that parents complete as well as the results of a parent's Eyberg and Social Competency assessment documents:

*So that gives you an idea of how it's been for the parents and the assessment will tell the story about the changes they can see in their parenting, and in their children's behaviour (Naomi).*

All participants emphasised the important role parent feedback played in assessing success, as illustrated by the following comment:

*Just hearing those stories indicates to me that first that they have understood the concepts of the programme, [and] that they are concepts that they feel safe enough to try at home (Amy).*

To illustrate her understanding of successful outcomes, Eve provided a recent example of feedback she received from a mother both during and after the programme:

*During the course she said, 'before, the course, I was shouting. My neighbours were always looking at me. And now there is no shouting in my house.' And that was the nicest thing to say.*

*My house is a house of joy now. So the other parents said, 'Maybe your neighbours think you have moved!' (Eve)*

### *Agency's definitions of successful outcomes*

One participant was not sure how success was defined at an agency or MOE level. For the other two, similarities and differences were noted in the way their agencies viewed success. Eve considered her agency's understanding of success as similar to her own; however, she believed that due to financial constraints, her agency would love to achieve success in a shorter period of time. Similarly, Amy indicated her agency's definition weighed more heavily on measurable outcomes, such as improved pre and post data. She did not see this conflicting with her understanding however:

*I'm not sure that I would call it a discrepancy; I think it is just that one accounts for narrative and the other one doesn't (Amy).*

### *The Contributors to successful outcomes in IYP*

The participants highlighted a range factors which they considered contribute to successful outcomes in IYP. These factors have been grouped into those regarding facilitators, parents, and the agency.

#### *Facilitator Factors*

The skill of the facilitator and the key role that they play was identified by all three participants as an important contributor to successful outcomes. The themes that emerged were connecting and communicating with parents, programme delivery, and a facilitator's relationship with their co-facilitator.

#### *Connecting with parents*

Both Amy and Eve considered establishing a relationship with parents of paramount importance to successful outcomes. For Amy, this was tied in with the concept of whakawhanaungatanga. Participants viewed this connection as having many positive effects, such as the development of trust and increased engagement. Both participants indicated meeting face-to-face with parents before the course was important in establishing this relationship:

*I would say, extremely important is to visit upfront. And to visit after. That's a very, very important thing. You go to their home. You have the one-on-one. They can relate to you. They can build a rapport. So you are not a stranger when you start the course (Eve).*

For Amy, this visit was about 'getting on the same page':

*I'll meet individually with the parents, just talk with them about what some of their goals are, just learn a bit about them (Amy).*

All three participants describe maintaining this connection with parents throughout the programme by calling, texting, face-to-face sessions with parents, and in-home parent coaching.

#### Communicating with parents

Two participants emphasised the importance of clearly communicating what is involved in participating in IYP. Eve considered this integral for enabling parents to make an informed decision about whether to participate:

*I am very clear about what it all includes, the whole course. So they get an inkling on how the sessions go, what they have to contribute, that they have to practise at home, that they have to feedback, that they have to do some role plays, to do all that... I will ask them, 'Do you really want to stay through 14 sessions?' (Eve)*

#### Programme delivery

Participants highlighted a variety of facilitator skills and approaches which they considered contributed to successful outcomes. Firstly, two participants discussed the importance of adapting their approach to meet the needs of parents. There was a firm belief amongst participants that the concepts of IYP could be learned by parents from any background:

*I've had parents come to the programme that are illiterate, that have been able to pick up the concepts of the programme. And I think that that's largely because of the way that I deliver the content as well (Amy).*

Amy described how she would 'pitch' the programme differently depending on the group of parents. Similarly, Eve spoke of 'coming down to their level' and using lots of pictures to enable parents to grasp theoretical ideas.

Naomi highlighted the importance of adopting a collaborative approach with parents, treating them with respect, and focusing on parents' strengths when facilitating IYP. She also spoke of noticing when a parent is struggling and providing them with the, "empathy and support and confidence that they can, even in their situation can do it."

Additionally, two participants talked about modelling the parenting strategies they are teaching in their own facilitation:

*We seek to make the programme almost demonstrate the principles we are talking about so that the group almost becomes a little bit of a mini-world of what happens at home (Naomi).*

Two participants discussed the role setting clear boundaries played in the successful delivery of IYP. While Eve explained the importance of boundaries regarding children attending sessions, Amy believed boundaries were especially important regarding group participation:

*Or sometimes they might ask to put it on the ground rules. The right to pass. And then if they do that, I'll go, 'You have the right to pass once.' ... because I need to hear that they understand what we are talking about (Amy).*

All three participants identified a positive, collaborative relationship with their co-facilitator as a contributor to success. Naomi described it as a way to model how two parents can work together and considered it to make a big difference to the flow of the programme. Likewise, Amy concluded:

*If you've got two really good facilitators that can work collaboratively... then you've got a great programme ahead of you (Amy).*

As well as being about the right mix of skills and strengths, Amy also recognised the co-facilitator relationship as something which develops over time. This understanding is also inherent in the metaphors Eve employed to describe a successful co-facilitator relationship:

*I was lucky that I had [name of facilitator] who facilitated with me many, many times. So we knew. We were an old couple. It was a nice dance (Eve).*

### *Parental Factors*

Participants discussed many factors relating to the parents which contributed to successful outcomes. Their insights fell into four categories: parents personally engaging with the programme; parents becoming conscious of their agency; individual motivation; and the family context of the parent.

Two participants considered parents making a personal connection between the content of the IYP and their own experiences important in determining successful outcomes. While Naomi described this as the content becoming “personal to the family”, Amy used the imagery of a parent “leaving their story at the door”. From her perspective, it is only when a parent “picks their story up and brings it into the room” that it becomes possible to apply the strategies discussed in IYP to their family context.

Another common theme across all the interviews was the importance of a shift taking place within the parent; from focusing on their child’s problem behaviour, to realising the role that their parenting practices play. All participants indicated that if this shift did not occur during the programme it would be reflected in the parent’s outcomes. All three participants told stories of ‘light bulbs turning on’ for parents, as illustrated by this example:

*We had a mum and she, she came and sat with me during the break. And she didn’t say anything; she just sort of sat there. So I asked her, I said, ‘How things are going?’ and she just started to cry. And I said, ‘What’s the matter?’ and she said, ‘It’s not even them, it’s me.’ I said, ‘What do you mean?’ and she said, ‘I’ve been trying these things and they work! That means it’s not even them, it’s me.’ So like that was a real... eye opening experience for her (Amy).*

Two participants considered parent motivation to be a key contributor to achieving successful outcomes in IYP. Regardless of whether parents were mandated to be in the programme or had self-referred, there was a feeling that parents needed to genuinely want it for themselves.

Finally, Naomi highlighted the role a parent's family context plays on parent outcomes. She considered the more supports and the less chaos in that parent's life, the higher the chance of them experiencing success:

*So I think [it] depends a little bit on the resources of the family and the amount of chaos. Because, the ones this time who made the great strides, came from reasonably well – they all had a challenging child, but their resources and the amount of positive management in their family was so different to the [other] ones (Naomi).*

#### *Agency factors*

All participants could identify ways their agency contributed to enabling them to successfully deliver IYP. Two participants spoke positively of their access to resources and facilities. In terms of agency support, participant views varied. While Amy considered her agency management to be very supportive, Eve indicated that aside from the time and the money her agency provided, the rest was predominantly up to her.

Amy also saw the additional services her agency provided, such as counselling, social work, and children's programmes as a contributor for successful outcomes in IYP:

*If children are engaging in the services in addition to them coming to Incredible Years, the likelihood that those outcomes are going to be successful are really good. So having the additional wrap around support (Amy).*

The MOE provision was considered a contributor for two participants, especially in terms of assisting with child care.

Lastly, two participants mentioned the positive relationship their agency had with other IYP providers as beneficial. They both spoke of referring to other agencies if the location or time of their programmes did not suit a parent.

### *The barriers to successful outcomes in IYP*

The participants highlighted a range of factors which they considered barriers to parents experiencing successful outcomes in IYP. These barriers have been grouped into those regarding facilitators, parents, the group, the agency, and the programme.

#### *Facilitator barriers*

All three participants could identify instances where the co-facilitator relationship could become a barrier to successful outcomes. When participants didn't click with their co-facilitator, it made facilitation hard work. This was especially true when facilitating with someone who had a different facilitation style than the participant, such as lecturing or over-counselling during the sessions.

#### *Parent and group barriers*

Retention was considered the number one barrier to parents achieving successful outcomes for two participants, as illustrated by the following comment:

*Retention is always a fight. I am extremely nervous always the first five sessions. I come to praise and I say, 'OK it's rounded. Here we go'. But until then, you never know. It's always not predictable (Eve).*

Conversely, Naomi did not consider retention as a key barrier, but believed that it was an area her agency was doing well in.

Many reasons were given for a parent dropping out, such as moving away, changes in employment, sickness, issues with children, and not being ready to commit to the course. While Amy and Eve felt that they were able to successfully minimise some of these barriers with the help of the MOE provisions, Naomi still considered access to child care was a barrier for parents, especially for those requiring occasional care. Eve also found childcare a barrier when delivering non-funded programmes.



In terms of minimising the barriers stopping parents from attending, all participants discussed the importance of going the extra mile. Some examples given were offering additional catch-up sessions or home visits, and keeping parents on waiting lists for future programmes. By being proactive with following parents up, Naomi believes she succeeded in improving her retention rates:

*Whereas before, if they didn't turn up, I would do the basic requirements but I think it's going the extra mile that actually has a lot to do with it. Like just not letting a person slip away (Naomi).*

Eve also talked about working hard to keep parents. She gave an example of a woman whose mother passed away during the programme:

*So I went the extra mile. And it really worked because she was so keen to come back again. I could have lost her there. But you have to put some extra effort into it (Eve).*

Other than retention issues, the issue of group dynamics was at the forefront of Naomi's mind. In the programme she had just finished delivering, there had been parents from extreme ends of the social scale. Amy reflected that the divisions within the group affected the group's atmosphere which in turn may have affected outcomes for some parents. She identified some ways that she attempted to address this barrier:

*We altered the rules, we revised the group guidelines, we did everything but I don't think we ever really got to the point of saying it ceased to be a problem (Naomi).*

### *Agency barriers*

Two participants identified staffing within their agency as a barrier to success. For Naomi, staff turnover was an issue. In the four and a half years she has been delivering the programme, she has had six different co-facilitators. She commented on the significant amount of time involved in becoming accredited, all with the absence of a guarantee staff members will stay with the agency. Eve has faced similar staffing problems and finding a co-facilitator is often a challenge. As well as meaning that Eve was never able to have a sick day, these staffing issues have had significant implications on Eve's workload both in the preparation and delivery of the course.

*It's simple. Just be prepared that you have to do everything. And if the other person comes into it, that's fine, but you have to be prepared for the whole thing, because you never know (Eve).*

Interestingly, Eve did not consider the issues she has faced regarding staffing as barriers to achieving successful outcomes for parents:

*Yeah, but they said, 'You stayed with us through the whole course'... You have to have at least one person that's reliable, that's there and is always the same and listening and that they are used to that person. So you can overlay the change that is there (Eve).*

Eve highlighted two more barriers within her agency, the first being agency communication. She spoke of often only receiving a maximum of 3 weeks' notice before a course was due to begin. Eve believed this put stress on her as she had to advertise, recruit, and organise everything in a short time frame.

The final agency barrier Eve identified was inconsistency of course delivery. She spoke of how interest often grows in the community when courses are delivered consistently:

*Once I had interest from over 80 people after I had done some courses one after the other here. The organisation decided to drop that course and instead have one [elsewhere]. The result was that we had to start from scratch with the next course because people forget and the time between the courses (a year later) was simply too long (Eve).*

### *Programme barriers*

Although no participants saw any issues inherent in the content of the programme, all of them voiced a concern about some parents requiring additional time and investment. Both Amy and Eve indicated that when dealing with a child with a diagnosis, that the 14-week programme was not long enough:

*It would be beneficial to have it even longer. Because if you have it as an intervention course, it should be 18-22 sessions (Eve).*

Participants talked of attempting to minimise this barrier by working closely with referrers and other agencies involved with the family, as well as providing additional support to the family such as counselling, one-on-one parenting sessions, or support for the child.

Two participants spoke of the significant personal investment required of them to deliver the programme effectively. This was often carried out outside of work hours.

*I feel that Incredible Years demands a lot of the facilitators to do it well. It's a heavy investment which goes, often, quite way beyond what we would be expected to do with some of the other programmes from here (Naomi).*

### *Reasons for site variation*

When asked for their perspectives on possible reasons for variation in outcomes between sites, one participant indicated that she was not in a position to comment about other agencies. For the other two participants, the primary reason suggested was that of group selection practices. Both Amy and Eve highlighted significant variations in the selection practices between agencies in their area. Indeed, even when comparing the group selection practices between participants, variations became apparent.

When selecting parents for a programme, Amy and Eve described how they left the door open to any parent who wished to be involved. With parents that Eve suspected may be at risk of dropping out:

*I always would take them in if they want to, but I would have in my mind that I would take more people in because they might be the ones that are not so safe to stay (Eve).*

Amy reflected that the varying outcomes between agencies may not be necessarily representative of a higher success rate. She noted that, some facilitators in her area screen out parents who they do not think will commit to the 14 weeks. She considers this would have a positive effect on their documented outcomes. Whereas for Amy's programme:

*If I can start here with like, 16 and get here with 14 that's like, that's like, a miracle! That's an absolute miracle because of the calibre of parents that are coming through the programme.*

*They're ones that don't commit to anything, they usually have never done a course before, they, you know... they are the ones that agencies they close their case because they're disengaged. Disengaged... I might even – I'd be talking with them and I'll be thinking, 'It's going to be really hard for them to make it to the programme.' But then I think, 'No, you're here today. You want to do it.'* (Amy)

Eve talked of the selection practices of another IYP provider in her area. In order to counteract the drop-outs, they take up to 23 people:

*Which I would never do. Because the first session is a nightmare and then the drop-outs come. Not the more, the merrier. It's simply not. There is a reason why it should be between 14-16. And the max I would go is 17* (Eve).

Eve considered these high numbers as unmanageable in terms of group management and getting through course content. She believed it also affected the facilitator's ability to build a relationship with parents and compromised the validity of the assessment documents:

*They also don't do the home visits. But calls for one session altogether. Does an introduction of the course, shows the MOE DVD, and then lets them do the Eybergs and social competencies. It's altogether. So there's no individual feedback. There is no explanation, because many don't understand those tests. They simply don't understand it* (Eve).

The practices of Naomi's agency offered a fifth approach to group selection. Naomi spoke of the importance of having the right mix of parents in a programme to maximise successful outcomes:

*The ones which are really multi-stressed and they're just in mild chaos all the time, of course they'll find it harder to have regular attendance, to do the home activities, just to give their attention to even read their hand-outs you know? So I've realised, doing the intakes, if we have got too many people for a programme, I now actually try to balance it so that we don't have all the ones who are really multi stressed because having a few of the others who can actually contribute to the group, definitely helps the group dynamics* (Naomi).

Amy described the MOE list of surplus referrals for her area that is passed around all of the agencies. She explained how this list provided a bit of flexibility:

*So obviously we were trying to get the ones nearer to us but there is a little bit of selection, like you can often tell how much engagement people have. So I wouldn't knowingly fill up a group with ones that only sounded if they were half-pie interested or had to do it. You know, try to actually get a group that will also work well (Naomi).*

The issues of inconsistency with facilitators, facilitator preparation, and skill were also brought up by one participant as possible reasons for site variation. These boundaries have been covered in previous sections.

### *Addressing site variation*

One participant made suggestions regarding how site variation could be addressed. Firstly, she suggested the careful matching of facilitators as important for successful outcomes. Secondly, she suggested a possible way to build connections between local agencies:

*So I wonder if we could have that for agency network meetings around IYs. For Incredible Years. Maybe that even needs to happen more at a management level, where managers are connecting with each other (Amy).*

Although she was not sure how exactly such meetings could work, she emphasised the importance of genuine collaboration both within and between agencies, starting with the management:

*Well you know how the principles of Incredible Years are based around collaboration? You need to parallel those principles as an agency (Amy).*

### *Conclusion*

The participants outlined a range of contributors to successful outcomes in IYP parenting programmes. These contributors related to the facilitators themselves, the parents, and their agencies. The main contributors identified were a facilitator's ability to deliver the programme in a way which parents could connect with, parents realising their agency, parental engagement and motivation, as well as

supportive and well-resourced agencies. Participants also readily identified barriers to achieving successful outcomes in IYP. These barriers related to facilitators, parents, group dynamics, and their agencies. The main barriers identified were co-facilitator relationships, issues associated with retaining parents, and staffing. Two participants identified variation in group selection practices as a possible reason for variation across sites, with one calling for greater collaboration between agencies in her area.

The following chapter will discuss these research findings with reference to the relevant literature.

## Chapter Five: Discussion & Analysis

### *Introduction*

The purpose of this research project was to explore the barriers and contributors to achieving successful outcomes when facilitating Incredible Years parenting programmes (IYP). Participants' perspectives have been analysed, compared, and contrasted with the current literature. An interpretation and discussion of the findings of this research are outlined in this chapter. The discussion has been structured thematically under the headings of successful outcomes, contributors to successful outcomes, barriers to successful outcomes, and site variation.

### *Successful Outcomes*

The developer of IYP outlines seven measurable objectives that are indicative of successful outcomes for participants in the programme. These objectives include witnessing an increase in positive and nurturing parenting as well as the replacement of critical and violent discipline strategies with developmentally appropriate strategies (Webster-Stratton, 2011). This measure is congruent with participants' understandings of successful outcomes, which centred on succeeding in applying the strategies learned in the programme at home. One participant was not sure how success was defined at an agency or ministry level. The other two participants considered their agency's understanding of successful outcomes as similar to their own perspective, but thought agency management placed a greater emphasis on efficiency and measurable outcomes, such as pre and post-Eyberg and P-Comp data. This can be understood in the context of the contracted nature of funding in the social services, which places an importance on achieving and being accountable for quantifiable outcomes (Chapman & Duncan, 2007).

Success in IYP can be measured in a variety of different ways. Participants cited parent feedback, evaluations and formal assessments as their primary measurement tools. These are the indicators employed by the Ministry of Education (MOE) to measure success also. Although written feedback from the weekly and end of programme evaluations are submitted to the MOE, the two primary measures used to assess positive change are the Eyberg Child Behaviour Inventory (ECBI) and the Social Competency Scale – Parent (P-Comp). These provide the quantitative data needed to evaluate the effectiveness of IYP for specific families as well as nationally (MOE, 2014).

### *Contributors to Successful Outcomes in IYP*

The participants outlined a variety of contributors to successful outcomes in IYP and these have been considered in light of the current literature. They are ordered under the following headings: facilitator factors, parental factors, and agency factors.

#### *Facilitator factors*

##### *Relationship*

A facilitator's ability to connect with parents was considered of paramount importance by two participants. Establishing a strong relationship with parents builds a climate of trust and provides a safe atmosphere for parents to engage (Webster-Stratton, 2011), or, as one participant described it, "pick their story up and bring it into the room." Previous research also reinforces the participants' perspectives that building a strong relationship with parents is fundamental to retaining parents and leads to higher attendance (Dunn, 2012; Furlong & McGilloway, 2014; Taylor & Schmidt as cited in Webster-Stratton, 2011). Meeting face-to-face prior to the commencement of the programme was considered by two participants as vital to developing a strong facilitator/parent relationship. Face-to-face meetings have been found to be the most effective in recruiting and retaining parents (Furlong & McGilloway, 2014; MOE, 2014; Taylor & Schmidt as cited in Webster-Stratton, 2011). Participants considered communicating clearly with parents before the commencement of the group as fundamental. As well as enabling parents to make an informed decision, this also helps the facilitator to determine the level of a parent's commitment to the programme (MOE, 2014).

##### *Programme delivery*

The collaborative nature of IYP has been highlighted as a key contributor to its success in the literature and was identified as important by one participant in this study (Webster-Stratton, 2011). Instead of the facilitator taking on the role of 'expert', they view the parent as an expert on their own child and family and partner with them to find their own solutions. This approach has been found to have multiple advantages. Not only does it reduce attrition rates, it also has been found to increase parent motivation and commitment to the programme (Webster-Stratton, 2011). As part of this collaborative approach, one aspect of a facilitator's role is to adapt the intervention to respond to the needs of the parents in their group (Webster-Stratton, 2011). The participant indicated that by such "collaborative tailoring" (Webster-Stratton, 2011, p. 124) any parent can grasp the concepts of IYP, providing it is



delivered in a way they can identify and connect with. The same has been seen by facilitators in other studies, who felt the programme's flexibility to 'fit' the treatment to the practice setting was one reason for its success (Stern et al., 2007).

Another important facilitator factor is their role in the development of parental self-efficacy. One participant described providing parents with the empathy, support and confidence, that, "that they can, even in their situation can do it." Self-efficacy is the foundation of motivation, performance, accomplishments, and emotional well-being (Bandura, 2009). Furthermore, increasing a parent's self-confidence and their belief that they can make changes in their family has a positive effect on outcomes. People with high self-efficacy have been shown to persist at tasks until they succeed, thus increasing the chance of parents enacting lasting change in their families (Bandura, 2009; Webster-Stratton, 2011).

Modelling was also seen by the participants as a contributor to success, as they sought to display the strategies they were teaching to parents in their facilitation. Research has shown that such an approach leads to a greater internalisation of learning for parents (Webster-Stratton, 2011). One important part of facilitator modelling is the setting of clear group boundaries. Just as a parent may generate house rules with their children, a facilitator at the start of programme will construct a set of group rules with parents. These rules are discussed, written down and referred to when needed throughout the course. Participants found the establishment of clear boundaries at the beginning of the programme helpful especially in terms of children attending sessions and participation in group discussions. Co-constructed group guidelines also ensure the safety of the group as well as maintaining sufficient structure to the sessions (Webster-Stratton, 2011).

All participants identified the importance of establishing a positive, collaborative relationship with their co-facilitator. There appears, however to be an absence of research regarding the role this relationship plays in achieving successful outcomes. From the perspectives of participants, the potential effectiveness of the co-facilitator relationship appears to be linked to importance of collaboration in the IYP programme as well as the importance of modelling; two factors already discussed above. According to one participant, an effective relationship gives a powerful platform to model how two parents can work together. When selecting facilitators, the literature does recommended agencies look for those who display empathy, a sense of humour, a collaborative

nature, group leadership skills, and an ability to work within a structured programme (Webster-Stratton & Herman, 2010).

One fundamental determinant of successful outcomes in IYP is adherence to course fidelity, which is, delivering the programme in the manner that it was developed and validated (Webster-Stratton, 2011). Programme effectiveness has been shown to decrease when facilitators fail to adhere to programme dosage, order, content, and programme protocols (Webster-Stratton & Herman, 2010). Quality training and on-going supervision have been identified as key factors in upholding course fidelity and determining positive programme outcomes for parents (Stern et al., 2007; Webster-Stratton & Herman, 2010). It is interesting to note that none of the participants in this research directly identified these factors as contributors to success.

### *Parental Factors*

Parental engagement and motivation were considered by the participants as significant determinants of successful outcomes in IYP. Participants agreed parents had to personally and genuinely engage in the content of the programme for successful outcomes to occur. While family engagement and motivation has been shown to be an essential characteristic of successful programmes (Waldfoegel, 2009; Webster-Stratton, 2011), much of the literature regarding these factors does not focus on parent engagement levels as being a contributor. Rather, it focuses on the facilitator's ability to engage and motivate parents (Lees & Ronan, 2008; Marcynyszyn et al., 2011; Waldfoegel, 2009; Webster-Stratton, 2011). For this reason, engagement will be discussed in light of the literature as part of the discussion on retention in the following sections of this chapter.

The extent of the role a parent's family context plays in determining parental outcomes in IYP is debatable. A negative correlation has been noted between the number of risk factors present in a family's situation and their outcomes in IYP (Lees & Ronan, 2008). This is congruent with the perspective of one participant who noted that the parents who make the greatest gains are often those with fewer risk factors and a greater number of supports. Conversely, studies have shown IYP to be a credible prevention and intervention programme for families with high-risk factors (Lees & Ronan, 2008; Pidano & Allen, 2014; Webster-Stratton, 2014). Interestingly, Pidano and Allen (2014) identified the success of IYP with such a wide range of populations as being due to the training and accreditation and hard work of facilitators. One consideration that wasn't identified by participants as

a contributor to success was partners attending the programme as well. This is surprising, as research indicates parental results are more positive and more long lasting when both caregivers attend (Furlong & McGilloway, 2014; Webster-Stratton, 2011).

### *Agency factors*

As well as well-trained, supervised, dedicated facilitators, agencies also play a key role in achieving successful outcomes (Webster-Stratton, 2011). An agency's strong administrative support of IYP has been identified as a necessary resource for the successful delivery of IYP (Webster-Stratton, 2011). It is imperative that the IYP objectives are compatible with the values and the mission of the agency. Also, a correct judgement needs to be made as to whether IYP is the right programme to address the needs of the agency's target population (Furlong & McGilloway, 2014). Participants noted varying degrees of agency support, with contributing factors identified as access to adequate resources and facilitators, supportive management, and the allocation of time and money to implement the programme. One participant identified that the additional services her agency provided were beneficial for parents. Research suggests that where high-quality wrap around support systems are available, retention is improved for disadvantaged families (Furlong & McGilloway, 2014). Additionally, the higher number of risk factors present for a family, the more important to provide a targeted intervention not just for the parents but for the child and their school teachers (Webster-Stratton, 2011). Participants spoke of the positive relationship they had developed with other agencies in their areas. If parents were unable to attend a programme at one agency due to location or times, participants referred them on to other agencies in their area. Such cross-agency support has also been highlighted as a driver of success (Furlong & McGilloway, 2014).

### *Barriers to successful outcomes in IYP*

A variety of barriers to achieving successful outcomes have been highlighted in the literature. These barriers are mostly congruent with the perspectives of the participants in this study. This section discusses these barriers under the categories: facilitator barriers, parental barriers, group dynamics, agency barriers, and programme barriers.

### *Facilitator barriers*

Just as all participants identified a positive, collaborative relationship with their co-facilitator as a contributor to success, all of them identified instances when the co-facilitator relationship had

become a barrier. Not seeing eye-to-eye with a co-facilitator or having completely different facilitator styles resulted in facilitation becoming hard work. There appears to be an absence of literature on the role the co-facilitator relationship plays in achieving successful outcomes in IYP. As this was an issue emphasised by all three participants, this may indicate an area of future research.

### *Parental barriers*

Parental absenteeism and dropping out pose a considerable barrier to achieving successful outcomes in IYP. The higher the risk factors for a family, the greater the chance a parent will drop-out of the course (Lees & Ronan, 2008). Risk factors may include solo parenting, lower socio-economic status, lower levels of education, negative life events and stressors, maternal depression, and more serious child disruption (Reno & McGrath as cited in Lees & Ronan, 2008). Such risk factors interfere with a parent's practical ability to attend the programme. Indeed, for high-risk families, drop-out rates can be as high as 70% of all enrolled parents (Dishion & Kavanagh as cited in Lees & Ronan, 2008). Lack of transport and childcare are the two most cited barriers to attendance (Dunn, 2012; Furlong & McGilloway, 2014; Hamilton & Litterick-Biggs, 2008; Marcynyszyn et al., 2011). Literacy and language barriers have also been identified, as well as disliking elements of the programme (Dunn, 2012; Stern et al., 2007). Participants indicated a variety of reasons for parents dropping out, such as moving away, employment changes, sickness, issues with children, as well as not being ready to commit to the course. Participants' perspectives differed slightly regarding the extent to which the MOE funding provisions minimised the barriers of transport and child care, with access to consistent, quality child care remaining a problem for some participants despite MOE provisions.

In light of high drop-out rates, there has been a temptation to label high-risk families as unreliable, unmotivated, or even unreachable (Webster-Stratton, 1998). On the contrary, the developer suggests that it is the intervention, not the client and their situation that determines the success of the IYP (Webster-Stratton, 1998). This view is supported by the literature and some of the perspectives of participants in this study. There are many strategies a facilitator can employ to increase engagement and improve retention rates. Two already mentioned are delivering the programme collaboratively and building a strong therapeutic relationship with parents. These have both been shown to raise attendance levels (Dunn, 2012; Furlong & McGilloway, 2014; Marcynyszyn et al, 2011; Taylor & Schmidt as cited in Webster-Stratton, 2011; Webster-Stratton, 2011). Additionally, facilitators who are culturally responsive, make contact with families midweek, provide ongoing assessment of

progress, offer parents with rewards and a sense of achievement, and carry out home visits have been shown to increase attendance levels (Lees & Ronan, 2008; Marcynyszyn et al, 2011). Furthermore, home visits have been shown to increase participation from 30% up to as high as 80% (Dishion & Kavanagh as cited in Lees & Ronan, 2008). Finally, studies have shown that assessing and make provisions for barriers parents face improves attendance. Some examples include providing transport, child care, and sometimes even meals to participants (Furlong & McGilloway, 2014; Marcynyszyn et al., 2011). The findings of this literature resonate with the strategies employed by participants in order to retain parents in the programme. All of them spoke of working hard to keep parents engaged and going the extra mile to keep them coming. This included extra one-on-one sessions, home visits, and continuing to follow up parents who remain on waiting lists. One participant had experienced an improvement in her retention rates. She felt that a key reason for this improvement was being proactive in following the parents up if they start to disengage.

Despite acknowledging the positive impact 'going the extra mile' has on attendance, participants still felt that some parents are not ready to commit to the programme. Families experiencing multiple difficulties, such as substance abuse, poverty, or inadequate housing may be limited in their ability to focus on the content of IYP (Furlong & McGilloway, 2014; MOE, 2014). When considered in the light of Maslow's hierarchy of needs (1954), if a parent's basic needs are not being met, their ability to address their parenting practices may be considerably compromised. As a consequence, some agencies choose to screen participants to ensure readiness (Furlong & McGilloway, 2014; Marcynyszyn et al., 2011). Group screening will be addressed in further detail in the following section on site variation.

### *Group dynamics*

One participant believed group composition had the possibility of being a barrier to achieving successful outcomes in IYP. In her experience, when extreme ends of the social spectrum attend the same programme, it affected the atmosphere and dynamics of the whole group. This is a challenging issue for a facilitator to navigate, as part of their role is to prevent the group experience becoming negative, as negative group experience has been linked to parent drop-off (Webster-Stratton, 2011). Both this participant and the developer were in agreement of the important role establishing and maintaining group guidelines plays in this process (Webster-Stratton, 2011). The literature varies on the issue of group composition. While some studies have indicated parental preference for

homogenous groups (Cunningham Burley as cited in Lewis, 2011), groups with a mix of levels of need and parental characteristics can be more productive for stimulating discussion (Barlow et al. as cited in Lewis, 2011); provide a better balance; and avoid the formation of ‘cliques’ (Lewis, 2011). Furthermore, some literature suggests that putting higher-risk parents all together may result in decreased outcomes (Lewis, 2011). All the managers and some of the facilitators interviewed by Furlong and McGilloway (2014) indicated that group composition had an effect on outcomes. From their perspective, outcomes were highest when a group composed of between 8-12 parents, when partners attended and where parents didn’t know each other before the programme.

### *Agency barriers*

Although there is a scarcity of literature specific to staffing in IYP, the issue of high staff turnover, under-staffing, and the lack of access to consistent, high-quality co-facilitators were significant for two participants. Staff turnover is known to increase costs to the organisation and reduce its effectiveness (Aarons et al., 2009). Indeed, high staff turnover is a particularly serious problem in the human services, which often have higher staff turnover rates than other industries (Aarons et al., 2009). Furthermore, this problem has been shown to impact on both the quality and the outcomes of services provided to clients (Aarons et al., 2009). When an agency is delivering evidence-based programmes, such as IYP, the issue of staff turnover becomes more critical, due to the additional time and money required to train staff members as well as the support required to promote and monitor course fidelity (Aarons et al., 2009). This was echoed by one participant who commented on the significant amount of time and effort involved becoming accredited, all with the absence of a guarantee that staff members will stay with the agency.

High staff turnover has been linked to factors such as a non-supportive or high-stress work environment, low pay, and a poor organisational climate (Aarons et al., 2009). Interestingly, one participant did not consider the issues she faced regarding staffing as a barrier to success. Rather, she considered the impact of not having a consistent co-facilitator can be overcome by remaining reliable and consistent herself. The cost, however of sustaining successful parent outcomes in the face of understaffing for this participant was a considerably higher workload.

An absence of supportive agency infrastructure is also identified as a course fidelity issue. A facilitator needs to be adequately resourced and supported by management to deliver the programme

(Webster-Stratton, 2011). One participant found the management structure and the management's decisions regarding the consistency of course delivery as barriers to achieving successful outcomes.

### *Programme Barriers*

The literature offers insight into some ways the IYP programme itself may provide barriers to achieving successful outcomes. Some parents have reported disliking or disagreeing with elements of the programme, such as role plays, buddy calls, or even specific parenting strategies being taught, such as time out (Dunn, 2012; Stern et al., 2007). Also, covering the required content in the given timeframe is a well-documented concern for facilitators (Marcynyszyn et al., 2011; Stern et al., 2007). For participants, a key concern was not a problem with the content of the programme, but the needs of parents requiring additional time and investment. Two participants suggested that the 14-week BASIC programme was not long enough when dealing with children and families with more complex needs, such as when a child has a mental health diagnosis.

The IYP guidelines emphasise the important role the length and intensity of the programme play in the achievement of successful outcomes for parents. The developer talks of this issue in terms of parents receiving the correct dosage (Webster-Stratton, 2011). It is clearly stated that deviating from the minimum number of sessions prescribed will negatively affect parental outcomes and may even lead to worse effects than when parents began (Webster-Stratton, 2011). The programme outlines different levels of intervention, starting at level one, being a universal prevention programme, all the way to level five, which is a treatment programme for parents of children who already have a diagnosis (Webster-Stratton, 2011). While a level one prevention course should be 14-16 weeks long, when dealing with a group of high-risk, child welfare referred, and for the treatment of parents of children with a diagnosis, the programme outline stipulates that parents should receive 18-24 sessions (Webster-Stratton 2011). Interestingly, the MOE (2014) state that the IYP programme they are funding is not a universal prevention programme, but it is intended to target the parents of children who have behaviour problems. According to the dosage outlines, this fits the criteria for a level four intervention programme. This level of intervention is designed to be offered to fewer people and is meant to consist of a longer and more intensive programme. It includes 16-18 sessions of BASIC as well as 8-12 sessions of the ADVANCE curriculum. Furthermore, it is advised that such parent intervention takes place alongside targeted interventions for the child and the child's teachers (Webster-Stratton, 2011). The MOE-funded programmes are only 14 weeks long however, and do not target the child or their

teachers. Waldfogel (2009) suggests that it is common, in areas of social policy to employ an evidence-based programme and then implement it in a shorter amount of time, or with less intensity. The consequence, she concludes, is this diluted effectiveness and less than optimal results for service users.

In light of the apparent disregard for prescribed programme dosage by the MOE, it is not surprising that participants felt somewhat unable to adequately meet the needs of many of the families they work with. Just as with under-staffing, or lack of a consistent co-facilitator, facilitators tended to compensate for these issues by increasing their work load. They discussed many ways they worked to minimise this barrier; by working closely with referrers and other agencies involved with families, providing additional support to families such as counselling, one-on-one parent coaching or even putting supports in place for the child. In order to achieve optimal results for parents, two participants talked of often working outside work hours. One participant emphasised that IYP requires significantly more from its facilitators than other programmes delivered by her agency. This is echoed in the literature, with Furlong and McGilloway (2014) reporting facilitators working outside their paid hours as well as feeling emotionally unsupported by their organisation. They commented that often positive parental outcomes appeared to be achieved at the personal cost of staff well-being.

It appears to be the facilitators themselves who are compensating for the lack of resources for high-risk families by working beyond what their job description requires. In the human services, the practitioners, (or in the case of IYP, the facilitators) are themselves the intervention (Fixsen et al., 2005; Webster-Stratton, 2011). It is important that they are adequately supported to do their job well. Indeed, it is imperative that managers readjust facilitator job descriptions to reflect the extra work they carry out, and that agency management understands the time and costs involved successfully implementing IYP to level four populations (Webster-Stratton, 2011).

### *Site Variation*

The *Incredible Years Pilot Study* (Sturrock & Gray, 2013) has indicated that between-site differences exist between agencies in New Zealand, with some achieving better outcomes than others. Furthermore, these differences were sustained in the 30 month follow up (Sturrock et al., 2014). When questioned about possible reasons for such variations, agency group selection practices were the primary reason suggested by participants. While the developer appears to be silent in terms of



prescribing procedures for agencies regarding parent selection practices, the MOE provides guidelines for agencies on parent selection. Parents must have a willingness to participate and they must have a child between three and eight years of age who resides with them for at least three days and nights a week. As mentioned earlier, the MOE intends the programme to be for parents of children already manifesting behaviour problems, and encourage facilitators to employ both their professional judgement as well as the results of the pre-assessment documents to assist a facilitator in deciding whether a parent should be accepted (MOE, 2014). They stipulate that the ideal group size should be between 14 and 18 parents, but recommend recruiting 16-20 parents to allow for the inevitable drop off (MOE, 2014).

Despite these guidelines, considerable variations in group selection practices were described by the participants. Firstly, both participants who brought up the issue of group selection practices noted that they maintained an open door to any parent willing to engage in the programme, regardless of whether there was a suspected risk of the parent dropping out. When there was such a suspicion however, one participant mentioned that she may include a few extra people. These group selection practices were contrasted with those in other agencies in their area, with one participant reporting a local agency heavily screening out parents who they did not believe would commit to the entire 14 weeks. Another participant described an agency in her area taking in up to 23 people per programme in order to counteract the drop-outs. When selecting her groups, the third participant emphasised the importance of having the right mix of parents in order to maximise successful outcomes for all. This meant balancing parents from multi-stressed situations with parents who appear more motivated and willing to engage.

All participants held the opinion that selection practices could positively or negatively affect an agency's documented outcomes. Indeed, agencies who engage in rigorous screening have been shown to have higher retention rates (Furlong & McGilloway, 2014; Marcynyszyn et al., 2011). In contrast, as with the experience of one participant, agencies that maintain open door entry may be engaging with families with higher needs and experience higher drop-out rates, especially as they may be pooling participants from the same waitlists as agencies engaged in screening. Also, organisations that accept over 20 participants into a programme will be limited in their ability to build a therapeutic relationship with parents, something that has been identified as an essential component to success (Dunn, 2012; Furlong & McGilloway, 2014; Taylor & Schmidt as cited in Webster-Stratton, 2011). Furthermore, one

participant indicated that the high numbers taken by the agency meant no home visits and no individual pre-programme meetings prior to the commencement of the programme. She expressed concern that such practices compromised the validity of the Eyberg and P-Comp results, as the tests are completed as one big group with limited individual assistance for parents who do not understand what is required.

Varying opinions on group selection practices exist in the literature. Screening parents for readiness to engage is suggested by some as a possible strategy to reduce attrition and improve outcomes (Furlong & McGilloway, 2014; Marcynyszyn et al., 2011; MOE, 2014). It can also be seen as a way of ensuring a right mix of parents is chosen (Marcynyszyn et al., 2011). Conversely, some question the appropriateness of denying at-risk families access to IYP especially in light of the well-documented positive effect providing practical supports to parents can have on retention and outcomes (Furlong & McGilloway, 2014). Regardless of an agency's group selection practices, The MOE emphasise that agencies have a duty of care to parents that includes putting in place an additional plan to manage the needs of families who are not accepted into the programme (MOE, 2014). Indeed, there is evidence that parents who have first received preventative services which address their most pressing needs are better equipped to engage in IYP (Marcynyszyn et al., 2011).

Lastly, facilitator issues were also highlighted by one participant as possible reasons for site variation. These issues concerned inconsistency of facilitators due to staffing constraints as well as facilitator skill and preparation. These topics have been highlighted in the discussion on high staff turnover and work load.

#### *Addressing site variation*

One participant suggested two ways site variation could be addressed, by paying attention to the matching of facilitators and building connections between local agencies. She suggested regular inter-agency network meetings for IYP managers and facilitators, emphasising the importance of collaboration starting at a management level.

Collaboration, one of the key components in the delivery of IYP, can be understood as an active process of partnership (Ehrhardt & Coulton, 2013). Inter-agency collaboration has been suggested as one way agencies can attempt to join up services to ensure the needs of children and families are

addressed and outcomes are maximised (Ehrhardt & Coulton, 2013; Quinney, 2006). This is how IYP is managed in Hawkes Bay (Ehrhardt & Coulton, 2013). Agencies delivering IYP in this area engage in shared programme planning, cross-agency co-facilitation, joint training, supervision, and evaluation. Interestingly, this collaborative approach has also led to jointly agreed criteria for parent selection across agencies. As a result, IYP in this area has experienced higher parental results than the national average as well as lower retention rates (Ehrhardt & Coulton, 2013). Inter-agency collaboration has also been cited by Furlong and McGilloway (2014) as a way of supporting fidelity processes, as well as optimising recruitment and retention, with the authors concluding that inter-agency collaboration is an essential element of quality implementation of IYP. Genuine collaboration, however, takes a significant amount of time and hard work and relies on transparent communication and common agency values and goals (Ehrhardt & Coulton, 2013).

### *Conclusion*

The participants of this study were able to clearly and thoughtfully articulate contributors and barriers to successful outcomes in IYP. Their perspectives were mostly congruent with the existing literature. Participants considered some of the key contributors to successful outcomes as being establishing a good relationship and communicating clearly with parents, as well as delivering IYP in a collaborative manner. Parental engagement, motivation, and support networks were also considered as important, as well as having a supportive, well-resourced agency. Conversely, participants identified facilitator relationships, parental absenteeism, drop-outs, and group composition as barriers to achieving successful outcomes. Agency issues such as under-staffing as well as meeting the needs of parents with children with higher needs were also highlighted as key barriers. Participants outlined different group selection practices in their agencies, as well as other agencies in their area. These variations were suggested by two participants as a possible reason for the variation of outcomes between sites.

The final chapter will conclude with a summary of the research findings. Implications of the findings for facilitators, managers and policy makers will be discussed along with recommendations for further research.

## Chapter Six: Conclusion & Recommendations

This research has achieved its aim of exploring the contributors and barriers to achieving successful outcomes in IYP from the perspective of three facilitators. The findings of this research contribute to the current body of literature regarding the determinants of successful outcomes for parents in IYP. Conclusions can be drawn from the findings regarding facilitator, parental, agency, and programme factors that either contribute or pose barriers for success for parents, as well as possible reasons for the documented variation in parental outcomes between sites (Sturrock & Gray, 2013; Sturrock et al., 2014). Several recommendations highlight areas in which the experience and perspectives of participants in this research may help inform better practice for individual facilitators, agencies, policy makers, and thus ultimately improve outcomes for the children of those who participate in IYP.

### *Conclusion*

The findings from this research regarding the contributors and barriers to achieving successful outcomes for parents in IYP were mostly congruent with those found in the reviewed body of literature. According to participants, success is most likely to occur for parents when the facilitator has built a relationship with the parent, has clear communication skills, and co-facilitates the programme in a collaborative manner, modelling the parental skills being taught and encouraging parental self-efficacy. Parents who are engaged and motivated and have a strong support network were thought to be more likely to experience success, and the importance of a supportive, well-resourced agency was emphasised.

Conversely, the key barriers to success in IYP were indicated to be a fraught relationship with the co-facilitator, parental absenteeism, drop-outs, and group composition. In terms of agency factors, staffing issues were highlighted, along with concern that some parents required more support than was possible to provide in the 14-week BASIC programme. Facilitators identified many strategies they employ to minimise these barriers. Many of these strategies involve an increase in workload for the facilitator. The key strategies used by participants included being proactive about following parents up and going the 'extra mile' to keep them coming. This included offering additional catch-ups and home visits, continuing to contact parents who choose to remain on waitlists, working closely with referrers, and putting in place additional supports for higher-need families, such as counselling,

parent-coaching and supports for the child. Lastly, facilitators compensated for agency staffing issues by taking on more work themselves.

Differences in group selection practices was suggested as the key reason to explain variation in parental outcomes across sites, with participants identifying a variety of different group selection practices in their area. These participants indicated that an agency's selection practices had a direct effect on their final recorded outcomes. Finally, increasing the collaboration between agencies was suggested by one participant as a possible way of minimising the variation between sites.

### *Recommendations*

This research has highlighted some apparent gaps in the current literature regarding IYP. Firstly, an important finding of this research is the existing variance in group selection practices across agencies. This issue has been suggested as a possible reason for the documented site variation in some New Zealand agencies (Sturrock & Gray, 2013; Sturrock et al., 2014). A wider-scope investigation into the selection practices of agencies delivering IYP is needed, as well as an exploration of how these practices are shaping parental outcomes. The Ministry of Education (MOE) could then utilise this information to establish clear guidelines and expectations regarding group selection for agencies delivering IYP in New Zealand.

Secondly, while the quality of the co-facilitator relationship was considered by all participants as a determinant of success, this is not an issue which is currently documented in the literature. Further research into the role this relationship plays in achieving successful outcomes for parents would assist trainers to equip facilitators with the skills needed to co-facilitate effectively, as well as further enabling agency managers to make thoughtful, informed decisions about the matching of co-facilitators to maximise parental outcomes.

Staffing issues was a third area of concern that is not comprehensively represented in the literature. Further research into the extent of staffing issues in agencies delivering IYP is needed, as well as the impact that understaffing and high-staff turnover has on parental outcomes. Such research could be used to inform agencies' human relations policies and procedures as well as leading to a greater emphasis given by agencies in ensuring the satisfaction and well-being of their facilitators.

Another potential area for future research is the extent to which IYP facilitators work outside their paid hours in order to maximise parental outcomes. All participants in this research identified going the extra mile for parents as a necessary component for success, especially regarding harder to engage families and two participants explicitly discussed working outside paid hours. Research could help to ascertain whether the current allocation of hours per week to effectively deliver the programme accurately represents the reality of delivering IYP, especially to populations with higher needs.

Lastly, an inconsistency appears to exist between the IYP programme funded by the MOE and the level of need of their target population. While the 14-week IYP BASIC is considered by the developer as a level one universal prevention programme, the MOE are funding agencies to deliver it as a level four intervention programme for parents of children already experiencing behaviour difficulties (MOE, 2014; Webster-Stratton, 2011). The participants' perspectives were in line with those of the developer of IYP when they concluded that 14 weeks was simply not long enough when working with families with higher needs. Such a target population should be receiving 16-18 sessions of BASIC as well as 8-12 sessions of the ADVANCE curriculum. Furthermore, it is advised that this parent intervention takes place alongside targeted interventions for the child and the child's teachers (Webster-Stratton, 2011). In light of the reviewed literature, emphasising the importance of correct dosage in achieving successful parental outcomes, the MOE needs to ensure the services they contract agencies to deliver are correctly matched to what research says is effective, instead of relying on facilitators to simply increase their workload to meet the additional needs of the families. Although this may require a higher financial investment, the benefits of effective early intervention through parent training is very well documented and a longer-term perspective needs to be adopted (Fergusson et al., 2009; Ministry of Social Development 2009; Piquero et al., 2008; Sturrock & Gray, 2013; Webster-Stratton, 2009; Webster-Stratton, 2011). Additionally, such an investment in the agencies and facilitators working with families with higher needs would further ensure the long-term sustainability of IYP within non-government organisations (Furlong & McGilloway, 2014).

### *Summary*

In conclusion, this study has achieved its research aim of exploring the contributors and barriers to achieving successful outcomes in IYP from the perspective of three facilitators and has ensured the perspectives of facilitators are present in the discussion on how to effectively implement IYP in New Zealand. Their insights can help inform best practice for individual facilitators, agencies, policy makers,

and ultimately improve outcomes for the children of those who participate in IYP. It is important to acknowledge however, that the scope of this small-scale qualitative study has been limited and more research seeking to understand the effect of the co-facilitator relationship, agency staffing issues, facilitator workload, and group selection practices have on parental outcomes would be beneficial. This would further enable facilitators, agencies, and the MOE to make decisions which could further contribute to parents experiencing success in IYP and ultimately improve the outcomes of children growing up in New Zealand.

## References

- Aarons, G. A., Sommerfeld, D. H., Hecht, D. B., Silovsky, J. F., & Chaffin, M. J. (2009). The impact of evidence-based implementation and fidelity monitoring on staff turnover: Evidence for a protective effect. *Journal of Consulting and Clinical Psychology*, 77(2), 270-280. doi: 10.1037/a0013223
- Axberg, U., Hansson, K., & Broberg, A. G. (2007). Evaluation of the Incredible Years Series – an open study of its effects when first introduced in Sweden. *Nordic Journal of Psychiatry*, 61, 143-151. doi: 10.1080/08039480701226120
- Azevedo, A. F., Seabra-Santos, M. J., Gaspar, M. F., & Homem, T. C. (2013). The Incredible Years basic parent training for Portuguese preschoolers with AD/HD behaviors: Does it make a difference?. *Child & Youth Care Forum*, 42(5), 403–424. doi: 10.1007/s1056601392070
- Bandura, A. (2009). Cultivate self-efficacy for personal and organisational effectiveness. In E. A. Locke (Ed.), *Handbook of principles of organization behavior* (2<sup>nd</sup> ed., pp. 179-200). Oxford, UK: Blackwell.
- Bell, J. (2010). *Doing your research project: A guide for first-time researchers in education, health and social sciences* (5<sup>th</sup> ed.). Maidenhead, England: McGraw-Hill Open University Press.
- Bryman, A. (2012). *Social research methods* (4<sup>th</sup> ed.). Oxford, England: Oxford University Press.
- Chapman, J., & Duncan, G. (2007). Is there now a new ‘New Zealand model’?. *Public Management Review*, 9(1), 1-25. doi: 10.1080/14719030600853444
- Cummings, J. G., & Wittenberg, J. (2008). Supportive expressive therapy - parent child version: An exploratory study. *Psychotherapy: Theory, Research, Practice, Training*, 45(2), 148-164. doi: 10.1037/0033-3204.45.2.148
- Denscombe, M. (2014). *The good research guide: For small-scale social research projects* (5<sup>th</sup> ed.). Maidenhead, England: McGraw-Hill Education/Open University Press.
- Dunn, L. (2012). *Research Report into Māori and Non-Māori Retention in Incredible Years Parent Programme: Central North Region*. Wellington, New Zealand: Ministry of Education.
- Ehrhardt, P., & Coulton, S. (2013). *Evaluation of the Incredible Years Hawkes Bay parenting programme as a model of interagency collaboration*. Retrieved from <http://www.eit.ac.nz/wp-content/uploads/2013/04/Publication-copy-Incredible-Years-Evaluation.pdf>



- Fergusson, D., Boden, J., & Hayne, H. (2011). Childhood conduct problems. In P. D. Gluckman (Ed.), *Improving the transition: Reducing social and psychological morbidity during adolescence: A report from the Prime Minister's Chief Science Advisor*. Auckland, New Zealand: Office of the Prime Minister's Science Advisory Committee.
- Fergusson, D., Stanley, L., & Horwood, J. (2009). Preliminary data on the efficacy of the Incredible Years Basic Parent Programme in New Zealand. *Australian and New Zealand Journal of Psychiatry*, 43, 76-79. doi: 10.1080/00048670802534382
- Fixsen, D. L., Naoom, S. F., Blasé K. A., & Friedman, R. M. (2005). *Implementation research: A synthesis of the literature*. Tampa, FL: National Implementation Research Network.
- Furlong, M., & McGilloway, S. (2014). The longer term experiences of parent training: A qualitative analysis. *Child: Care, Health and Development*, 41(5), 687-696. doi: 10.1111/cch.12195
- Gardner, F., Hutchings, J., Bywater, T., & Whitaker, C. (2010). Who benefits and how does it work? Moderators and mediators of outcome in an effectiveness trial of a parenting intervention. *Journal of Clinical Child & Adolescent Psychology*, 39(4), 568-580. doi: 10.1080/15374416.2010.486315
- Gray, A. (2011). *Investing in the Early Years*. (Issues Paper 05). Retrieved from <http://www.superu.govt.nz/web/investing-early-years/index.html>
- Hamilton, M., & Litterick-Biggs, A. (2008). The Incredible Years parent training programme in Tauranga: A research summary. *Kairaranga*, 9(1), 44-49. Retrieved from <http://eric.ed.gov.ezproxy.massey.ac.nz/?id=EJ908175>
- Incredible Years (2013). Incredible Years Library of Research. Retrieved from <http://incredibleyears.com/for-researchers/>
- Lau, A. S., Fung, J. J., Ho, L. Y., Liu, L. L., & Gudiño, O. G. (2011). Parent training with high-risk immigrant Chinese families: A pilot group randomized trial yielding practice-based evidence. *Behavior Therapy*, 42, 413-426. doi: 10.1016/j.beth.2010.11.001
- Lees, D. G., & Ronan, K. R. (2008). Engagement and effectiveness of parent management training (Incredible Years) for solo high-risk mothers: A multiple baseline evaluation. *Behaviour Change*, 25, 109-128. doi 10.1375/bech.25.2.109
- Lewis, J. (2011). Parenting programmes in England: Policy development and implementation issues, 2005-2011. *Journal of Social Welfare and Family Law*, 33(2), 107-121. doi: 10.1080/09649069.2011.617068

- Marcynyszyn, L. A., Maher, E.J., & Corwin, T. W. (2011). Getting with the (evidence-based) program: An evaluation of the Incredible Years Parenting program in child welfare. *Children and Youth Services Review*, 3, 747-757. doi: 10.1016/j.childyouth.2010.11.021
- Maslow, A. H. (1954) *Motivation and Personality*. New York, NY: Harper.
- Ministry of Education. (2014). *Guidelines for the Incredible Years programme*. Retrieved from <http://pb4l.tki.org.nz/content/download/558/2268/file/PB4L-Incredible%20Years%20All.pdf>
- Ministry of Education. (2015). *Incredible Years parent*. Retrieved from <http://pb4l.tki.org.nz/Incredible-Years-Parent>
- Ministry of Social Development. (2009). *Conduct Problems: Best Practice Report*. Retrieved from <https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/research/conduct-problems-best-practice/conduct-problems.pdf>
- O'Brien, M., & de Haan, I. (2002). Empowerment research with a homeless group – homelessness and the social services: The story of a research project. *Social Work Review*, 14(1), 29-34.
- O'Leary, Z. (2010). *The essential guide to doing your research project*. London, England: Sage.
- Pidano, A. E., & Allen, A. R. (2014). The Incredible Years series: A review of the independent research base. *Journal of Child and Family Studies*, 24(7), 1898-1916. doi: 10.1007/s10826-014-9991-7
- Piquero, A. R., Farrington, D. P., Welsh, B. C., Tremblay, R., & Jennings, W. G. (2008, August). Effects of early family/parent training programs on antisocial behaviour or delinquency. *Journal of Experimental Criminology*. 83-120. doi: 10.1007/s11292-009-9072-x
- Quinney, A. (2006). *Collaborative social work practice*. Exeter, England: Learning Matters.
- Scott, S. (2005). Do parenting programmes for severe child antisocial behaviour work over the longer term, and for whom? One year follow-up of a multi-centre controlled trial. *Behavioural and Cognitive Psychotherapy*, 33, 403-421. doi: 10.1017/S135246580500233X
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2), 63-75. Retrieved from <http://iospress.metapress.com.ezproxy.massey.ac.nz/content/3ccttm2g59cklapx/>
- Sheppard, M. (2004). *Appraising and using social research in the human services*. London, England: Jessica Kingsley Publishers.
- Spencer, L., Ritchie, J., Ormston, R., O'Connor, W., & Barnard, M. (2014). Analysis: Principles and processes. In J. Ritchie, J. Lewis, C. M. Nicholls, & R. Ormston (Eds.), *Qualitative research*

- practice: A guide for social science students and researchers* (2<sup>nd</sup> ed., pp 269-296). London, England: Sage.
- Stern, S. B., Alaggia, R., Watson, K., & Morton, T. R. (2008). Implementing an evidence-based parenting program with adherence in the real world of community practice. *Research on Social Work Practice, 18*, 543-554. doi: 10.1177/1049731507308999
- Sturrock, F., & Gray, D. (2013). *Incredible Years pilot study: Evaluation report*. Retrieved from <http://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/evaluation/incredible-years-report/incredible-years-report.pdf>
- Sturrock, F., Gray, D., Fergusson, D., Horwood, J., & Smits, C. (2014). *Incredible Years follow up study: Long-term follow-up of the New Zealand Incredible Years pilot study*. Retrieved from <https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/evaluation/incredible-years-follow-up-study/indredible-years-follow-up-study.pdf>
- Waldfoegel, J. (2009). Prevention and the child protection system. *The Future of Children, 19*(2), 195-210. doi: 10.1353/foc.0.0037
- Webster-Stratton, C. (1998). Parent training with low-income families: Promoting parental engagement through a collaborative approach. In J. R. Lutzker (Ed.), *Handbook of child abuse research and treatment* (pp. 183-210). New York, NY: Plenum Press.
- Webster-Stratton, C. (2004). *Quality training, supervision, ongoing monitoring and agency support: Key ingredients to implementing the Incredible Years programmes with fidelity*. Retrieved from <http://67.199.123.90/library/items/quality-key-ingredients-fidelity-04.pdf>
- Webster-Stratton, C. (2006). *The Incredible Years: A trouble-shooting guide for parents of children ages 2-8 years*. Seattle, WA: Incredible Years Press.
- Webster-Stratton, C. (2009). Affirming diversity: Multicultural collaboration to deliver the Incredible Years parent programs. *International Journal of Child Health and Human Development, 2*(1), 17-32. Retrieved from [http://67.199.123.90/library/items/Affirming-diversity\\_09.pdf](http://67.199.123.90/library/items/Affirming-diversity_09.pdf)
- Webster-Stratton, C., & Herman, K. C. (2010). Disseminating Incredible Years early-intervention programs: Integrating and sustaining services between school and home. *Psychology in the Schools, 47*(1), 36-54. doi: 10.1002/pits.20450
- Webster-Stratton, C., Rinaldi, J., & Reid, J. (2011). Long-term outcomes of Incredible Years Parenting Program: Predictors of adolescent adjustment. *Child and Adolescent Mental Health, 16*(1), 38–46. doi: 10.1111/j.1475-3588.2010.00576.x

Webster-Stratton, C. (2011). *The Incredible Years: Parents, teachers, and children's training series: Program content, methods, research and dissemination 1980-2011*. Seattle, WA: Incredible Years.

Werry Centre. (2014). *Why Incredible Years programmes in New Zealand?* Retrieved from <http://incredibleyears.co.nz/why-incredible-years-programmes-new-zealand>

## Appendices

### Appendix One: Massey University Human Ethics Committee, Low-Risk Approval



## *Appendix Two: Interview Schedule*

Focus: Facilitating Incredible Years parenting programmes: The barriers and contributors to achieving successful outcomes

- What led to you becoming a facilitator of IYP?
- How long have you been facilitating for? How many programmes have you facilitated? How often do you facilitate?
- How do you define successful outcomes in the Incredible Years parenting programmes you facilitate?
- What are some of the key contributing factors to achieving successful outcomes for parents in Incredible Years?
- What do you see as the barriers to achieving successful outcomes in Incredible Years?
- What are some of the ways you think these barriers could be minimised or removed?
- Although IY has been shown to be effective in the New Zealand context, varying levels of effectiveness have been documented between sites. What do you think the key reasons for this could be?
- Do you have any suggestions for how this issue could be addressed both within and across agencies?
- Is there anything else relating to what we are talking about that we haven't yet discussed?

*Appendix Three: Letter of invitation for the Werry Centre*

Re: Massey University Research

To [name],

Kia ora, my name is Abby Tuck and I am currently completing a Masters of Applied Social Work (MASW) at Massey University. As part of the Masters programme I am conducting a project which seeks to explore the key barriers and contributors to achieving successful outcomes in Incredible Years parenting programmes from the perspective of the facilitators. It is hoped that these perspectives will provide some insight into the possible reasons for the existing variations in site outcomes identified in the Incredible Years Pilot Study (Sturrock & Gray, 2013) and subsequent Follow up Study (Sturrock, Gray, Fergusson, Horwood & Smits, 2014). This research will be carried out under the supervision of Dr Kathryn Hay (k.s.hay@massey.ac.nz).

I am hoping to interview 3 Incredible Years facilitators who have currently or recently (within the last 12 months) delivered Incredible Years parenting courses in [area location]. Priority will be given to accredited facilitators, but I am interested to hear from certified facilitators also. I would be grateful if you could approach the Incredible Years facilitators you have on your database from [area location], on my behalf.

I have attached the Information Sheet for forwarding to the facilitators that provides information on the project and explains what participation will involve.

A copy of the summary of findings will be provided to you on completion of the project. Please contact me if you have any questions relating to this research project.

Yours sincerely,

Abby Tuck

*Appendix Four: Information sheet*

**MASSEY UNIVERSITY**  
 COLLEGE OF HEALTH  
 TE KURA HAUORA TANGATA

## **Facilitating Incredible Years Parenting programmes: The barriers and contributors to achieving successful outcomes**

### **Information sheet**

Kia ora,

I am a Masters of Applied Social Work (MASW) student at Massey University. As part of this degree I am undertaking a research project under the supervision of Dr Kathryn Hay. I am writing to invite you to take part in this research project.

The purpose of the research is to explore the perspectives of facilitators in regards to the barriers and contributing factors to achieving successful outcomes when delivering Incredible Years parenting programmes. I am hoping to interview 3 Incredible Years facilitators who have currently or recently (within the last 12 months) delivered Incredible Years parenting courses in [area location]. Priority will be given to accredited facilitators, but I am interested to hear from certified facilitators also.

Participants will take part in a 1 hour qualitative, semi-structured interview with me at a mutually convenient time and location. The interview will be sound recorded and transcribed and then I will send a copy to you to review and make changes if you wish. This may take you up to half an hour. The recorded interviews and transcripts will be kept in a locked cabinet. In order to uphold confidentiality, the names and identities of participants will not be shared with their employing agency, however, each agency approached will be provided with a summary of the findings of this research.

### **Participant's Rights**

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

- Decline to answer any particular interview question;



- Withdraw from this study up until the edited transcription is signed;
- Ask any questions related to this study at any time prior and during participation;
- Provide information in the understanding that your name will not be used unless you give permission to the researcher;
- Be given access to a summary of the project findings when it is concluded; and,
- Ask for the recorder to be turned off at any time during the interview

#### Data Management

- The identity of participants will be maintained and only known by me and my supervisor
- Names of individuals and their agencies will not be used in the final report
- All data relating to this research will be deleted or destroyed upon completion and assessment of the research report
- A summary of the research findings will be sent to all participants

I have attached the interview schedule below to give you an indication of the key themes I hope to discuss in the interview. If this research interests you or you have questions please contact me at,

Email: [email]

Phone: [phone number]

Additionally, if you have any concerns regarding this research you may contact my supervisor, Kath Hay,

Email: [K.S.Hay@massey.ac.nz](mailto:K.S.Hay@massey.ac.nz)

Phone: (06) 356 9099 ext. 83518

Thank you for your time and consideration,

Student Researcher,

Abby Tuck

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 named above is responsible for the ethical conduct of this research

# **Returning to Pūao te Āta Tū: Pākehā Social Workers: Fulfilling our Side of the Agreement**

A research report presented in partial fulfilment of the requirements of the  
Degree of  
Master of Applied Social Work  
at Massey University  
New Zealand

Bronwyn Robyn Kerr  
2015

## Abstract

This research focuses on how Pākehā social workers can learn to fulfil the challenge of Pūao te Āta Tū, the 1988 report of the Ministerial Advisory committee on a Māori perspective for the Department of Social Welfare, by improving their/our bicultural practice.

Since the release of Pūao te Āta Tū, there has been a greater awareness of the need for culturally responsive social services grounded in Te Tiriti o Waitangi. Social workers of all ethnicities are expected to demonstrate a commitment to Te Tiriti. However, there is still a lack of shared understanding about how tauwi social workers can move towards better fulfilling this commitment. This research aims to contribute to filling this gap by interviewing Pākehā social workers with a strong commitment to Te Tiriti o Waitangi about their learning experiences and processes.

The findings of this research add a picture of lived experience and holistic learning to the existing literature on Pākehā professionals and biculturalism. Particular aspects of this include; acquiring knowledge and cultural skills, maintaining change over time, processing emotions and one's own cultural lens, reflection and discussion, and relationship, love, joy, and spirituality. The research findings also add an increased emphasis on relational and whole-of-life learning, an understanding of the tensions involved in being a Pākehā practitioner who is committed to biculturalism, an awareness of the role silence and silencing play in maintaining institutional racism, and various specific ideas about how cultural competence can develop within a Treaty framework.

## Acknowledgements

Te mihi tuatahi, ki te Atua.

Te tuarua, ki ngā iwi taketake o Aotearoa nei.

This is for my sister, Adrienne, who started thinking about Treaty justice well before I did.

Thanks to the people who've shaped my thinking, especially classmates at Te Wānanga o Aotearoa, friends from my community Stillwaters/Te Wai Āio, colleagues, and Moana, Matewawe, Mel, Kyla, and Eleanor. Thanks to the people who've helped me through the researching and writing process, especially Mel, Kyla, Eleanor, Claire, Matewawe, Adrienne G., Anna, Steve, and Emma.

Thanks to three women who participated, for sharing your thoughts, experiences and wisdom, and for being willing to share missteps and embarrassing moments.

Thanks to my supervisor, Helen.

Ko Wai Au?

Nō tāwahi ōku tūpuna,

I te taha o tōku matua, nō Koterangi

I te taha o tōku whaea, nō Ingarangi.

I hūnuku ngā whānau ki Aotearoa, i noho ki tēnā pito, ki tēnā pito o ngā motu.

I tipu ake au ki Taitoko, kei te maru o Waiopehu.

Ko Sally rāua ko Ross Kerr ōku mātua, Ko Adrienne taku teina.

Ko Bronwyn Kerr tōku ingoa.

Nā reira, tēnā koutou katoa.

## Chapter One: Introduction

Me rehe te matau, me rehe te mauī

### *Background to the Research*

Pūao te Āta Tū, the report of the Ministerial Advisory committee on a Maori perspective for the Department of Social Welfare, was released in 1986. The report described the extent of Māori disaffection with social service provision, calling for a wide range of changes. Since Pūao te Āta Tū, there has been an increased emphasis on appropriate bicultural practice; practice that honours Te Tiriti o Waitangi, avoids mono-cultural bias, and is culturally responsive. Pūao te Āta Tū has been a significant guide for Māori social workers, however Pākehā social workers and ‘mainstream’ organisations have not placed the same emphasis on it (Hollis-English, 2012). For the social work profession and social workers themselves to truly be able to claim biculturalism, tangible change is needed at macro, meso, and micro levels.

As the whakataukī ‘me rehe te matau, me rehe te mauī’ reminds us, both sides in a partnership must be skilled. Acknowledging that most Māori social workers already have had to be bicultural and/or to become skilled in negotiating power issues with tauwiwi colleagues (Evans, Fitzgerald, Herbert, & Harvey, 2010), this research focuses on the learning needs and opportunities for Pākehā social workers to be able to engage with the call of Pūao te Āta Tū, towards being able to fulfil our side of Te Tiriti o Waitangi.

### *Personal Interest*

When I returned to Aotearoa/New Zealand from several years studying languages overseas, I went as support for my sister at her mahi rāanga class at Te Wānanga o Raukawa. The kaiako asked me ‘You are learning all these languages, but not the indigenous language of New Zealand?’

This was the genesis of my journey of learning te Reo Rangatira, one of two journeys I’ve taken in parallel; learning te reo me ōna tikanga; and becoming involved with organisations responding to domestic and sexual violence. This brought me into contact with beautiful activist women who deeply

consider the links between the practice of responding to gendered violence, and the wider struggle of resisting patriarchy.

I've been struck by the difficulties in translating this awareness of the connections between sexism and gendered violence, into an awareness of racism, and robust bicultural practice. In reo class I experience the beauty of tikanga and kaupapa Māori practices. At work, there are the struggles of individuals (myself included) and organisations to engage with Te Tiriti. Sometimes the problem is a lack of commitment, in other circumstances goodwill does not translate into action. Moreover, action can be counterproductive. In the words of a colleague of Samoan whakapapa, "There are white people who earnestly care, although sometimes that just makes them embarrassing to be around."

The motivation of this research is to explore learning that leads to tangible change.

While Pākehā social workers are the subject of this research, helping Pākehā is not the goal. This research will be beneficial if it supports Pākehā social workers to be allies, such as "people who support those more directly affected by a particular justice issue" (Margaret, 2013, p. 5), learning to support political change within Te Tiriti, work well alongside Māori colleagues and organisations, and practice in a way that is safer and life-giving for whānau Māori.

### *Aims of the Research*

Using Pūao te Āta Tū as a guide for understanding bicultural practice, this research explores the learning opportunities, needs, and processes for Pākehā social workers to support improved bicultural practice. It does this by drawing on existing research along with interviews with Pākehā social workers that have a strong commitment to Treaty-based practice.

### *Focus on Pākehā Social Workers*

Te Tiriti o Waitangi is the foundation of partnership between Māori as tangata whenua and tauwi, or all non-Māori. All tauwi social workers have an obligation to engage with Te Tiriti, but coming from the dominant culture, Pākehā social workers may have the most struggles in terms of learning to overcome mono-cultural bias and engage in power sharing. For this reason, and because I am Pākehā, the focus is on the learning needs of Pākehā social workers.

## *Structure of the Research Report*

This report is structured in the following way; a summary of the literature relevant to the topic, followed by an explanation of the research methodology, presentation of the research findings, analysis of the findings in comparison with previous literature, and finally conclusion and recommendations. Throughout the report, Pūao te Āta Tū will be used as a reference point and a basis for comparison.

Engaging deeply with Te Tiriti, and bringing that engagement to social work practice is a political, emotional, and spiritual journey as much as an academic one (Came, 2012). As such, a holistic model of deep change from Te Ao Māori has been chosen as a framework for analysis: the progression of mauri moe, mauri oho, mauri ora from Pohatu (2004) *Mauri – Rethinking Human Wellbeing*. Also sayings and whakataukī, from both tauīwi and Māori traditions, are included in relevant places.

## *Definitions and Language*

### *Te Tiriti o Waitangi, the Treaty of Waitangi, and Biculturalism*

Te Tiriti o Waitangi was an agreement signed between hapū and the British crown in 1840. I use the terms ‘Te Tiriti o Waitangi’ and ‘Te Tiriti’ interchangeably to refer to the Te Reo Māori version. I use the English word ‘Treaty’ in collocations such as ‘Treaty justice’, also to refer to the Māori version.

The term ‘biculturalism’, as it is used in this report, draws on the definition in Pūao te Āta Tū, which involves shared responsibility and authority for decision-making, correct consultation, social and cultural understanding, and active preservation of Māori culture and language. It is acknowledged that the word ‘biculturalism’ can sometimes be used in a watered-down form, which involves Pākehā retaining institutional power while being more culturally sensitive (Came, 2012).

### *Use of Te Reo Māori*

English and Te reo Māori are two of the three official languages of Aotearoa/New Zealand. As this research focuses on biculturalism, I attempt to honour both languages. The overall report is in English, but the deliberate inclusion of Te reo is ‘a response to kaupapa Māori theory and as a way of positioning Māori experience as ordinary’ (Came, 2012, p. 27). Moreover, some aspects of Pākehā

experience are difficult to express in Te reo Māori, while some thoughts and concepts to do with Te Ao Māori are most natural in Te reo.

Māori kupu or phrases are explained in a glossary at the end. These explanations are guides to meaning, but do not fully express concepts expressed in the original kupu (Came, 2012, p. 29).



## Chapter Two: Literature Review

### *Introduction*

This literature review explores research related to biculturalism within the social work profession. The review is grounded in the seminal call for treaty-focussed change in the social services; *Pūao te Āta Tū* (Ministerial Advisory Committee, 1986). *Pūao te Āta Tū*, and a Māori model of well-being and change, *Mauri*, will be used as frameworks for this research, and thus will be explored in some detail.

The review then uses the *Mauri* model's three stages of change to conceptualise the process of Pākehā social workers engaging with biculturalism. Literature is considered in terms of its contribution to understanding the learning needs of Pākehā at these different levels.

### *Frameworks: Pūao te Āta Tū and the Mauri Framework*

#### *Pūao te Āta Tū*

Te tōtara wahinga i waenganui o te pō rāua ko te awatea.

-Pūao te Āta Tū

*Pūao te Āta Tū*, a report on Māori perspectives of the Department of Social Welfare, was released in 1986. It was based on extensive consultation with Social Welfare Māori staff, Māori clients, and with Māori society more generally. *Pūao te Āta Tū* explored the inter-connected issues of historical and current injustice for Māori, and personal, cultural, and institutional racism in the social services. The report recommended; addressing racism; policy, staffing and training changes; protection for Te reo Māori and Māori values; proper consultation processes; and appropriate power and resource sharing. The report also emphasised the importance of understanding Māoritanga, and of working appropriately with whānau, hapū, and iwi (Ministerial Advisory Committee, 1986).

*Pūao te Āta Tū* remains relevant for the Aotearoa/New Zealand social work profession, despite the reforms that have been made since it was published, and the 29 intervening years. Keenan (1999) compared it to the more recent Government report on biculturalism, *Te Punga o Matahorua*, and considered *Pūao te Āta Tū* to represent a fuller commitment to biculturalism. Came (2012) has traced the influence of *Pūao te Āta Tū* since its publication. Several reforms on the legal, systems, and practice

level were implemented immediately, though many of these were dismantled during the 1990s. In terms of expressing a commitment to biculturalism, it is still seen as a 'gold standard'.

Pūao te Āta Tū has had a huge impact on Māori social workers, validating Māori ways of practising and the relevance of Te Tiriti o Waitangi to practice (Hollis-English, 2012). For Hollis-English, Pūao te Āta Tū remains "the benchmark for where services should aim" (p. 47). Tellingly, she points out that Pūao te Āta Tū has 'not been similarly embraced' by tauwi (p. 41).

The report, and the surrounding literature, give an idea of how biculturalism should look within the social work profession, and are a reminder of the distance still to travel. However, there is a dearth of literature exploring how Pākehā social workers can respond to the report, and learn more about the issues it represents.

### *Pohatu's Mauri – Rethinking Human Well-being Framework*

In exploring Pākehā processes of change towards biculturalism, I have made the decision to engage with a Māori model of change, Pohatu's *Mauri – Rethinking Human Wellbeing* (2004). Utilising indigenous practice models is a way of disrupting the dominance that European-derived models have on social work teaching (Dumbrill & Green, 2008). It also forces Pākehā practitioners to re-locate and re-find them/ourselves within an entirely different framework. This is the reverse of the process of 'othering', which often happens to Māori within academia (Walker, 2012). I am aware that engaging with these models as a Pākehā researcher is a risky business. As Banerjee & Tedmanson (2010, p. 148) point out, "There can be no innocent discourses about Indigenous people despite well intentioned attempts to include the Indigenous viewpoint." Using this framework is also a political decision: locating Pākehā racism or apathy as a form of 'mauri moe' requiring intervention.

For Pohatu (2004), mauri links people, relationships, and kaupapa. When there is a lack of well-being, mauri can be a connection towards positive change. In this framework, 'mauri moe' is seen as a state of apathy and lack of well-being, 'mauri oho' is an unstable state of potential, positive change, and risk, while 'mauri ora' is a sustainable state of positive action. A key concept in processes of change between different mauri states is that of 'tihē', points of connection, and "potential positions for reflection" (p. 8). Tihē happen when observing people, relationships and kaupapa, and "are moments of recognition, where levels of perception are revealed" (p. 8).

According to Pohatu (2004), mauri originates in the spiritual realm, with Io Matua Kore. Linked to all the faculties of the human person - hinengaro, ngākau, puku, manawa, wairua, and whatumanawa - mauri connects inwards to the “pure intent and purpose” (p. 2) of a relationship, and outwards into the practical application of undertaking kaupapa and forming relationships. This mauri connection carries analysis appropriate to the task, in this case learning about biculturalism. Learning guided by mauri is holistic, “these original ideas, ideals and principles require willing and committed participation from people over time, in the full variety of places and activities. In this fusion, the ‘tūhonohono’ process in action, a kaupapa and relationship-specific energy is engineered” (p. 2).

This framework will be returned to in each subsequent chapter, as the mauri stages will be used to group literature about Pākehā/majority culture professionals learning biculturalism, with a focus on tihē moments that encourage learning and change. There are potential tensions between this whakaaro Māori framework and Pākehā experiences, which may lead to distortions in either. Hopefully the tensions help offer ‘potential positions for reflection’ to shed a light on possibilities for bicultural practice. This tension cannot be avoided, in Linda Tuhiwai Smith’s words (as cited in in Pohatu, 2003, p. 2), European and Māori thought are “two intellectual bodies of knowledge that irritate one another.”

### *Mauri Moe: Institutional Racism and Monocultural Practice*

The white folks had sure brought their white to work with them that morning.

Chester Himes, *If He Hollers Let Him Go*

Mauri moe is the stage before “the conscious pursuit of kaupapa and respectful relationships” (Pohatu, 2004, p. 5). Its expressions are “isolation, withdrawal, non-attendance, flux and non-participation” (p. 4). For the kaupapa of this research, mauri moe can be seen as non-engagement with Te Tiriti o Waitangi. Pūao te Āta Tū emphasised the effect of ignorance of Te Tiriti, and of cultural racism, on Māori clients and communities. Literature in this section explores racism and monoculturalism, especially of majority culture helping professionals.

Came (2012, p. 1) surveyed institutional racism at various levels within the health system, and believes that multi-level systemic change is required as a response; “transforming institutional racism needs

to be driven by senior managers, professional bodies, unions, and by communities. Policies, practices and leadership that enable institutional racism need to be systematically eliminated from the health sector.” Further research exploring institutional racism connects client experiences to underlying professional attitudes. For example, research showing Māori Tangata whaiora receive poorer care reflects Johnston and Read’s (2000) study revealing racist attitudes amongst Pākehā psychiatrists. Poor institutional support for kaupapa Māori initiatives is reflected in research with psychology students showing that only a small minority support the resource-sharing with Māori (Sibley & Liu, 2004).

Emotions can also function as an impediment to change. Pākehā expressions of guilt can function to “maintain Pākehā dominance” of dialogue (Bell, 2004, p. 90), and prevent healthy engagement with the realities of colonisation. Open discussions of racism are difficult, as professionals will deny any view they hold is problematic. Particularly in feminist spaces, an emphasis on prioritising emotional ‘safety’ can be a block to white people dealing with the uncomfortable reality of racism (Hooks, 2003). In general, emphasis can be put on defending the appearance of anti-racism, rather than on genuine change (Augoustinos & Every, 2007).

This literature shows the pervasiveness and complexity of institutional and personal racism. Pūao te Āta Tū was clear that creating cultural change involves first ‘clearing the way’ of institutional and cultural racism. More research is needed into the best ways of shifting the block of Pākehā racism, and into what tihē moments can spark change for individuals and organisations.

### *Mauri Oho: Realising the Issues and Beginning to Change*

To Pākehā, biculturalism means being sensitive to Māori; to Māori it means power-sharing.

-Sir Paul Reeves

‘Mauri Oho’, is the state of ‘waking up’ and working for change. Moving into mauri oho, “something has happened to spark interest, a willingness to participate” (Pohatu, 2004, p. 6). This state requires courage, and the temptation of regressing to disengagement is a continual risk. For Pākehā professionals, mauri oho is realising the importance of Te Tiriti, and summoning the courage to engage. It can be an awkward stage, with multiple opportunities for getting it wrong. This tension

shows up in discussions about how culture should be included in curriculums, in particular in the tension between multicultural and anti-racist approaches (Nairn, Hardy, Parumal, & Williams, 2004).

A foundational step for bicultural or multicultural education is challenging racism. Anti-racist education needs to challenge students at all levels. In their social work anti-racism education, Simmons, Mafale'o, Webster, Jakobs, & Thomas (2008) deliberately create an environment where students are encouraged to bring their whole selves to learning. Some students will resist engaging with the issue of racism and revert to 'colour blindness' as a form of defensiveness (Aveling, 2002). To counter this, Came and da Silva (2011, p. 118) focus on the need for Pākehā professionals to develop "political competencies" to be aware of and challenge structural inequalities, as a necessary prerequisite for being able to make "informed ethical choices".

Alongside anti-racist learning, sits cultural competency. For Ronnau (1994) cultural competence involves being able to quickly learn to interact within a different culture, without defensiveness or disorientation. It also involves being aware of aspects of one's habits that are culturally bound and not universal. For helping professionals, cultural competency also involves being able to distinguish between cultural behaviours and behaviours that stem from difficulties or illness (Herbert, 2010). Many authors suggest a healthy caution when teaching cultural competency for work with indigenous peoples, acknowledging that teaching about this topic in mainstream universities always involves the risk of appropriating indigenous ideas into mainstream systems (Quayle & Sonn, 2013). This is a risk explored by Bertanees & Thornley (2004) in their reflections on teaching biculturalism to student teachers. They note that engaging students with Te reo Māori and taha Māori can result in Pākehā-centric teaching about Māori culture, further alienating Māori students.

Other literature links together the anti-racist, resource-sharing and cultural competency aspects of biculturalism, discussing the tensions between them. For Evans, Fitzgerald, Herbert, and Harvey (2010) cultural competence needs to be built on a foundation of power-sharing, and a wide definition of 'evidence-based practice'. Walker (2012) recommends a return to emphasis on cultural knowledge, firmly situated within a framework of understanding power, structural inequalities, and Te Tiriti o Waitangi. He points out that many graduates have a good understanding of Te Tiriti, but are unsure how to apply this at the meso and micro levels of practice. He recommends tauiwi students be taught

to approach Māori culture as ‘humble learners’, and gradually build knowledge of forms of expression and behaviour that are appropriate when working with Māori communities.

This literature comprehensively explores the tensions and crossovers between different approaches to teaching/learning biculturalism, especially around the danger of focussing on cultural skills without a foundational understanding of inequality and power. However, the focus is mostly on intellectual and academic learning. In particular, there are gaps in terms of exploring the connection between learning in class, and on-going learning in professional practice. Students are in a position of low institutional power, but the social work role carries power to hurt and to heal. More exploration is needed about how Pākehā professionals can safely maintain holistic learning.

*Mauri Ora: Pākehā Sustainably Contributing to Holistic Bicultural Practice*

Resistance is the secret of joy.

- Alice Walker, *Possessing the Secret of Joy*

Mauri ora is a state where “levels of certainty may now be reflected and acted upon” (Pohatu, 2004, p. 8). It involves ‘communal effort’ and ‘willingness to actively engage in the forging of a future’ (Pohatu, 2004, p. 7). This section reviews literature about Pākehā actively contributing to Treaty justice and bicultural practice.

Much of this literature has its origins in the Treaty Workers’ movement, which “focuses on shifting Pākehā society towards social justice for Māori and aims to neutralise resistance to Māori efforts for self-determination” (Margaret, 2013, p. 5). Huygens (2007) and Margaret (2013) focus on the experiences of tauwiwi chosen for their dedication to Treaty and ally work. Huygens’ research charts the collective efforts of the Treaty workers’ movement, and includes models of Pākehā change, comprising emotional, intellectual, and spiritual aspects. Margaret’s work focuses on interviews with individual activists with a long history of supporting indigenous rights. It looks at the detail of supporting indigenous justice, and forming just relationships. Both Huygens’ and Margaret’s research emphasise practical learning, grounded in the detail of particular relationships and kaupapa.

Focusing on the social work profession, several writers emphasise spirituality as a source of strength for engagement in decolonising practice. Coates (2013) recommends a holistic emphasis on

interdependence. This approach can be influenced by specific indigenous spiritualities, but the most important thing is spirituality as a source of strength in resisting ideas based in individualism and modernity, which impede effective cross-cultural work. Phillips (2014) explored how tauiwi social work graduates of Te Wānanga o Aotearoa draw on their spiritual experiences of education in a Māori environment in their bicultural practice, to build rapport with Māori clients and to resist workplace mono-culturalism.

A continuing gap in research is how Pākehā social workers can transfer knowledge of biculturalism into their practice. In the nursing profession, Richardson and Richardson (2010) explored the effect of cultural safety training on graduates. They found that many graduate nurses worked in environments that did not support cultural safety, and the success of cultural safety training was connected to nurses' ability to advocate for change within their institutions. Writing in the American context, Baltra-Ulloa (2013) advocates for decolonised social work to move into a 'third space', beyond both status quo and cross-culturalism, where dominant culture professionals learn to work in partnership with indigenous peoples, and both groups contribute to an 'ethic of care', characterised by 'relationships, reciprocity and mutuality', where all people are able both to give and receive care.

## *Conclusion*

While Pūao te Āta Tū did not shy away from the depth of the issues, the report was grounded in practical application and hope for change, "the angry sense of powerlessness is not matched with a sense of hopelessness" (Ministerial Advisory Committee, 1986, p. 17). Pohatu's (2004, p. 7) *Mauri* framework also emphasises hope and collaboration, or being "fully aware of transformative potential in our individual and group responsibilities." In the spirit of hope and change, this literature review has considered blocks and opportunities for Pākehā social workers learning practice grounded in Te Tiriti o Waitangi.

There is a range of literature exploring institutional racism, emotional and attitudinal reasons for this, and barriers to change. Further literature explores Pākehā activist responses to this situation, and an international body of literature exists which discusses the tensions and overlaps between anti-racist and cultural competency approaches to social service education. However, literature on these topics relating to the New Zealand context remains small. In particular, there is a gap in the literature around the lived experience of Pākehā professionals learning to apply biculturalism in practice. This is the gap

this research hopes to help fill, by exploring the question; ‘What are the learning needs, opportunities, and processes which help Pākehā social workers to engage well in Tiriti-based practice?’



## Chapter Three: Methodology

What may appear as the 'right', most desirable answer can still be judged incorrect. These questions are part of a longer series of judgements on criteria that a researcher cannot prepare for, such as: Is her spirit clear? Does he have a good heart? What other baggage are they carrying? Are they useful to us? Can they fix up our generator? Can they actually do anything?

- Linda Tuhiwai Smith, *Decolonizing Methodologies*

### *Introduction*

This chapter outlines the ideological influences on this research. It then describes the research design, the sample, data collection and analysis. The chapter then concludes with a discussion of ethical considerations and reflections on the tensions in researching biculturalism.

### *Philosophical Underpinnings*

This research sits in the tension between social constructionist approaches, and activist and kaupapa Māori research. Social constructionist approaches contribute the recognition that interactions of social worker, client, and context construct social work practice (Payne, 2005). Kaupapa Māori and activist perspectives give a commitment to considering outcomes, especially for Māori, and an awareness of the risk of monocultural blindness in Western research methodologies (Huygens, 2007).

Social constructionist research acknowledges that each individual brings their own lens of interpretation to experience (Berger & Luckmann, 1966; Patton, 2002). Each person has a subjective understanding of reality, thus the goal of research is to explore these understandings to form authentic shared constructions (Morris, 2006).

However, kaupapa Māori theorists have pointed out that social constructionist and post-modern approaches have often been harmful to Māori, by hiding monocultural blindness within claims to universality, by failing to acknowledge ongoing inequalities, and by side-lining Māori values such as interdependence and spirituality (Henry & Pene, 2001). Smith emphasises the need for critical awareness of the impact of research and writing on Māori, which goes beyond merely shifting from

modernist to postmodernist frameworks (Smith, 1999). Attempting to engage with these critiques, this research sits within an emerging body of research by activist Pākehā scholars who hold a decolonisation agenda, where the over-riding goal is to explore how reality can change to be more just, with a particular focus on outcomes which lead to justice for Māori (Came, 2012; Huygens, 2007).

Practically then, the methodology of this research has been designed drawing on social constructionism and kaupapa Māori theory. As a small-scale research project, inductive qualitative interviewing has been chosen as a method suitable to explore the learning experiences of Pākehā social workers. However, in order to locate the discussions within the context of awareness of outcomes for Māori clients and communities, the questions asked are based on the definitions and aims of Pūao te Āta Tū (Ministerial Advisory Committee, 1986), and will be analysed within Pohatu's *Mauri* framework of change.

### *The Sample*

Three female Pākehā participants were recruited for this project via purposive sampling.

Purposive sampling is a method of participant recruitment, based on the researcher's judgement about who will be useful to interview (Rubin & Babbie, 2010). In this research participants were recruited through relational networks; the researcher approached social workers she knew to have a commitment to biculturalism, and asked them to send information sheets to social and community workers they knew to also have a similar commitment. The goal of this process was to recruit participants committed to deeply considering the implications of Te Tiriti for their practice (Back & Solomos, 1993).

### *Data Collection*

Data for this research was collected through semi-structured interviews, a method chosen to allow both flexibility in exploring participants' ideas, and sufficient structure for data analysis (Whittaker, 2012). The topics discussed were chosen to reflect the goals of Pūao te Āta Tū, and holistic change processes discussed in the *Mauri* framework.

### *Data Results and Analysis*

The data obtained through the interviews was transcribed and explored for similar and contrasting themes. As participants reflected on progressive learning over years, their reflections were analysed according to the stages of mauri moe, mauri oho, and mauri ora. Participants did not directly mention this framework, so there is a risk that by using it I may have distorted their ideas. However, I believe that utilising this framework honours the participants' shared goal of ongoing learning towards biculturalism.

The participants' views were then compared with themes from the literature relevant to this topic, and explored in connection with the definitions of biculturalism and objectives of Pūao te Āta Tū. Finally, implications for social work practice and education were considered, along with gaps for further research.

### *Limitations*

As a small-scale research project, this research cannot be generalised to represent the experiences of all Pākehā social workers. Further interviews would need to be conducted to explore others' experiences, and to add further details and stories of change.

### *Ethical Considerations*

Considering ethical implications is a necessary part of the research process (Wilkinson, 2001). The research involved human participants, and so the Massey University human ethics application process was followed (Massey University, 2015). A Human Ethics Application, Screening Questionnaire, and Notification of Low-Risk Research were submitted. The research was evaluated by a panel of social work lecturers and was judged to be low-risk. Following Massey University's research ethical code of ethics (2013), the following concerns were considered: informed and voluntary consent, confidentiality and anonymity, and risk of harm.

Acknowledging that social services do not yet fully honour Te Tiriti o Waitangi, a further key ethical standpoint of this research is holding an activist orientation, i.e. aiming to produce research which can aid social workers in honouring Te Tiriti in their practice (Came, 2012).

*Informed and Voluntary Consent*

Informed consent means that participants have been sufficiently informed to be able to freely choose whether to participate in the research (Wilkinson, 2001). Participants were approached by a third party and given information about the research, and were free to decide whether to contact the researcher. Time was also set aside before the interview for any questions or concerns.

*Confidentiality and Anonymity*

In writing this research report, the researcher has endeavoured to ensure participants' confidentiality. Participants were given pseudonyms, and the opportunity to amend their transcripts. Locations, workplaces, and any other potentially identifying details were removed. Any exceptions to this were specifically discussed with the participants.

*Risk of Harm*

It was not expected that this study would cause discomfort or harm to participants. However, participants were reminded at the beginning of their rights: to stop the interview at any time, to stop the recording, or to withdraw from the study.

*Te Tiriti o Waitangi*

The ethical concerns explored above are primarily about a duty of care to the research participants. These concerns sit alongside the necessity of respecting Te Tiriti o Waitangi. There is a history of Pākehā researchers exploring topics to do with Te Ao Māori, in ways that have been criticised by Māori as invasive, biased, and shallow (Cram, 1993; Smith, 1999).

Conducted by a Pākehā researcher with Pākehā participants, this research attempts to be a response to kaupapa Māori critiques by contributing to change within Pākehā social work. As with Huygens' (2007) research, it aims to be a response to Te Tiriti, by in a small way contributing to a decolonisation agenda within the social work profession. My interactions, and participants' interactions, with Te Ao Māori inform each interview, and the overall analysis. However, I have not sought feedback from Māori colleagues or supervisors, as I believe it is a Pākehā responsibility to explore and own our positions and ideas (Margaret, 2013).

A way of integrating ethical responsibility to the participants and responsibility to Te Tiriti o Waitangi is to consider the ethical commitments of the participants themselves to Te Tiriti and biculturalism. In her research with development educators, Humble (2012, p. 81) talks of feeling,

Not the only duty associated with the research: I also felt that I had a duty of care. By this I do not mean the traditional notion of duty of care which is based on wellbeing and avoiding undue distress... Although this was important, I mean a duty of care towards the integrity of what those staff members were trying to achieve within and through development education, and a duty to care about their individual approaches to their work and the values and experiences that underpin those.

Following Humble, I felt a duty of care to participants' respect for Te Tiriti and Te Ao Māori. I have tried to honour this by situating participants' experiences within the wider frameworks of Pūao te Āta Tū and the *Mauri* framework.

### *Reflections on Process*

I chose this topic because I care deeply about it. And yet, I struggled when I tried to study. I naturally think in relationship and I felt lonely. I was worried about including spiritual concepts, and grappled to find ways of respectfully engaging with whakaaro Māori within a Western educational model. In her research engaging with cross-cultural development and spirituality, Sanderson (2012, p. 122-123) found her emotions to be an important source of guidance,

It was in paying attention to my own emotional experience that I was able to discern the norms and boundaries that my research relationships were indeed challenging and consequently make informed decisions about the challenges I wished my research to assert... I experienced a continual sense of deviancy in the crossing of, often unspoken, boundaries of secular normativity within my academic institution at the time. I feared challenges of inappropriateness and coerciveness surrounding what I was doing and consequently the possible rejection of my research. That experience of anxiety was accompanied by a frustration and anger, at the possibility that such a potential rejection would serve to further maintain these disciplinary norms which were rendering the lived reality of community development, within these communities, invisible.

In this process so much seemed backwards; removing myself from community networks and relationships to study right relationship with Māori; forcing ideas connected to Te Ao Māori into Te reo Pākehā and ‘Te reo Academia’; an ethics process which privileged preventing ‘inappropriateness and coerciveness’ over the risk and responsibility of promoting change; and the struggle to find ways of writing which acknowledge relationship and wairua.

Obviously, this reflects criticisms that Māori writers have made of Western research processes; that research should rather be a “a knowing born of time, connectedness, kinship”, (Bishop, 1999, p. 157) and should “uphold the mana of the community” (Cram, 1993, cited in Henry & Pene, 2001, p. 236), rather than focusing on individuals.

Serendipitously, a sense of being part of a network of relationships was a pleasure of the research process; all participants happened to mention the positive influence of people I know and admire, two participants mentioned the same kaupapa Māori supervisor as an inspiration, and two participants also specifically mentioned the Moutoa gardens protests as shaping them.

### *Conclusion*

This research draws on constructionist, activist and kaupapa Māori approaches as the basis for exploring Pākehā journeys of learning to practice well within Te Tiriti o Waitangi.

## Chapter Four: Results

### *Introduction*

This chapter investigates how Pākehā social workers can fulfil Pūao te Āta Tū, by exploring the experiences of three Pākehā professionals committed to Treaty-based practice. In these discussions some common themes emerged, which have been collated into three stages of learning: ‘mauri moe’, reflections on blocks to Pākehā engagement, ‘mauri oho’, learning processes at an initial stage of engagement, and ‘mauri ora’, ways of maintaining active learning and commitment.

### *Participants*

Three Pākehā women were interviewed for this project. They each talked of bicultural or treaty-based practice as a goal they aim for, not a standard they currently claim to be fulfilling. Megan provides academic and pastoral support to students of a Māori tertiary organisation, has worked in various education and community development roles, and has qualifications in Education. Violet is a social worker with 20 years’ experience. Judy first qualified as a counsellor, and more recently as a social worker.

### *Mauri Moe*

The participants discussed common impediments to tauwiwi engagement with biculturalism, namely: racism and apathy; marginalisation of diverse Māori voices, and Pākehā cultural lens as a block. They also spoke of two tihē moments that can wake Pākehā out of mauri moe: learning about Treaty injustice, and becoming aware of dynamics of racism and privilege.

### *Racism and Apathy of Pākehā Institutions*

All participants mentioned the tendency for Pākehā institutions to be inherently racist, with a layer of silence around colonisation and Te Tiriti. Megan had several stories of community organisations which had refused to engage in specific work with Māori, or who had put arbitrary blocks in place, such as insisting that a Te reo Māori initiative came under the job description of someone who didn’t feel confident to lead it.

### *Diverse Voices of Te Ao Māori Marginalised in Pākehā Spaces.*

The participants discussed the diversity of Māori experiences and identities they had experienced within largely Māori settings, and how pivotal this knowledge is to their practice. They reflected that this diversity is often silenced within Pākehā settings, blocking organisations' ability to engage well with diverse Māori communities. According to Violet,

*What happens in my experience in Pākehā settings, is that one, a person wouldn't be able to speak, and if they did, their view would be shut down.*

Megan compares this silence with working in a Māori institution;

*What I love about working in a Māori organisation is it's every day, so its noa, it's not tapu any more, it's not this special request... There's a lot of relief, I don't have to carry this responsibility, I don't feel weary.*

### *Pākehā Cultural Lens as a Block to Bicultural Practice*

The research participants also emphasised that Pākehā cultural ideas can be a block to partnership with Māori. The unwillingness of many Pākehā professionals to recognise their cultural blindness can be an impediment to Treaty-based practice. Issues raised included; agencies being unwilling to "see beyond the linear job description" (Megan) to harness opportunities, Pākehā taking over and wanting to lead Māori initiatives, and Pākehā being unwilling to work with Māori concepts of whānau. For Judy, Pākehā attitudes to time and meeting processes can be a barrier to effective work. Megan also emphasised the need for Pākehā to rethink attitudes to spirituality,

*Some of the complexity for Pākehā is that Te Ao Māori is very much metaphorical and allegorical, and being able to be ok with things sounding weird and intangible, and not needing to understand that and unpack it and be scientific and where's the evidence.*

### *Tihē Moment: Learning about Te Tiriti o Waitangi*

All three participants discussed Te Tiriti o Waitangi as the foundation of bicultural practice. They emphasised the importance of learning about Te Tiriti, and about injustice Māori communities have experienced since it was signed. Each of the three conceptualised this in different terms, but all agreed



that correct terminology was less important than the work of learning to apply Te Tiriti in various situations. To quote Megan,

*It's hard not to use those catchphrases but to describe [Treaty-based practice] properly.*

Megan and Violet both had a commitment to Te Tiriti o Waitangi as a basis for life in New Zealand, prior to work in their current profession. They have attempted to integrate this into their work life. Megan describes herself as “*he tangata Tiriti*”,

*It's an interesting way of describing myself because I like to think of myself as a Pākehā person who has a lot of bicultural awareness and so that starts by understanding impacts of the treaty, and the possibilities of the treaty, and the consequences of the treaty.*

Judy engaged deeply with Te Tiriti for the first time in her social work study,

*I knew about the Treaty, but I didn't know about the Treaty.*

She thinks about it in terms of how to apply the principles of partnership, participation, and protection in the detail of various fields of practice.

#### *Tihē Moment: Awareness of Racism & Privilege*

The participants also discussed the need to be aware of racism, as it affects clients they work with, and also in terms of institutional racism. Judy talked about prioritising responding proactively to racism, including with tauwiwi clients:

*Even though they're my clients and they're vulnerable, at the same time, if they're talking smack, then I say 'You're talking smack mate, cut it out.'*

The flipside of awareness of racism is being cognisant of Pākehā privilege, and its effect on relationships with Māori. Megan expands further on her identity as tangata tiriti;

*Having that awareness as 'he tangata tiriti' would mostly be seen through an understanding of white privilege, and the fact that as a majority culture person in Aotearoa, there's a lot that can be assumed, and presumed, and enforced without even realising it, those norms just get perpetuated and a power imbalance comes out... So I think awareness would be the first aspect of that and keeping that at the forefront of my mind.*

### *Mauri Oho*

Building on the tihē learning described above, participants discussed the next stage of their learning. Important aspects of the 'waking up' stage included; spending time in a non-Pākehā cultural environment; hearing the pain colonisation causes; and receiving feedback. Within these themes, participants experienced key tihē moments and relationships, which shifted the mauri of their engagement with biculturalism. These mauri changes coalesce into a task each participant had to negotiate; forming a healthy Pākehā identity and emotionality.

### *Being in a Non-Pākehā Cultural Environment*

Spending time in either Māori, or largely Māori and Pacific Island cultural contexts, has influenced all three participants. Both Violet and Judy studied social work in a programme where the majority of tutors and classmates were from non-Pākehā backgrounds. Violet and Megan both now have Māori family connections, Violet has spent parts of her life living in largely Māori environments, and Megan currently works in a kaupapa Māori institution. These experiences were pivotal, providing opportunities to experience diverse styles of interaction and conversation.

Working at a Māori educational institution, Megan talks of the pleasure of seeing the effect of that environment on Pākehā students,

*The privilege of being at Te Wānanga o Aotearoa in the social work program is seeing Pākehā come through and having that transformation experience, and be converted to biculturalism and realise how little they know and be encouraged about learning more.*

As a Pākehā staff member, she often finds that these students seek her out for advice. She emphasises to them the value of genuine experience over book learning,

*Go and call the kōhanga down the road, 'I'd like to come and do a working bee on the weekend, or can I come and make sandwiches at lunchtime or can I help cut up kumara for your hangi fundraiser?' Build authentic relationships that are scary, and you're the only white face there, and learn what it's like to be in the minority. Most Pākehā never have to do that.*

### *Hearing Pain (and Causing Pain)*

Hearing from classmates, tutors, or friends about the painful impacts of colonisation and racism helped participants connect theoretical knowledge of Treaty breaches to their social and community work practice. As Violet explains,

*It's the pain the person is speaking from, not necessarily pain on its own, it's pain and 'see me', which is partly pain, and it's the human reaction, 'don't stomp on me'.*

Hearing stories of pain increased their commitment to dealing with racist attitudes they found in themselves, and to challenging other Pākehā. Megan and Violet were both struck by the inherent wrongness of Māori having to show pain before Pākehā learn,

*I think how can it be different though... I think people shouldn't have to hear stories of pain to then change something (Megan).*

Violet and Megan also reflected on times they had caused pain, by acting in privileged or oblivious ways around Māori people they cared about. A key experience for Megan happened at the end of a Māori language hui,

*In my 20s being a geeky know-it-all I kept popping my hand up and asking lots of questions, wanting to say 'in the passive, doesn't it happen like this?' Being the language geek. An older whaea at the end of the hui, when the rāhui on English was lifted, let rip in the poroporoaki; she tore strips off me. She had been unable to speak Māori as a child. And she had come to a Māori educational institution, and a Pākehā was there... showing her up for being a slow learner in te reo, there was a lot of mamae there for her with me even just being there. And that was a really tough lesson for me to learn, but it was really important. So, learning enthusiasm isn't always good. It needs to be couched with humility. I'm just a bit eager...*

### *Important Relationships, and Feedback.*

Megan and Violet both strongly emphasised the influence that close Māori friends and relatives had on their understanding of supporting Treaty justice, while Judy had been deeply influenced by key Māori lecturers and tutors. For all three, relationships with Māori colleagues have been influential, both as a source of practice inspiration, and in terms of receiving feedback and suggestions. Each participant could remember particular tihē conversations that have stayed with them for years. Megan also talked of trying to find ways to provide those 'learning moments' for other Pākehā.

### *Emotionality & Healthy Pākehā Identity.*

Processing these experiences has involved forming a new Pākehā identity based in proactive response to injustice, and in realising that particular emotions or Pākehā cultural instincts can be barriers to effective biculturalism. A key step for participants was processing feelings of guilt and shame. For Megan, her hope is

*I want to use my resource and the privilege that that gives me, the luxury to be able to strip some of that back, and hopefully share some of that around.*

Judy talked of getting stuck in "white guilt" for a while, before channelling that into trying to do her job,

*With more balance, so that systems aren't inherently racist or unfair.*

Participants also discussed other emotions or Pākehā cultural instincts that they've learnt to be wary of. Megan talked about her desire for action can sometimes be harmful,

*I've driven things at pace that probably wasn't that respectful to the Māori people there who'd been plugging away solidly for years and were battle weary, and I could have been more of an ally or a kaitautoko.*

Connected to this, she also emphasised the importance of learning that just because you have knowledge doesn't mean you have to be the one to speak,

*It's very counter-cultural in terms of being a middle class Pākehā, who wants to get a gold star.*

Violet talked about how a common Pākehā desire to have 'lists' of what actions constitute bicultural practice can be a block to heart-level engagement.

### *Mauri Ora*

The participants were asked what they were currently doing to maintain and further their commitment to Treaty-based practice. The following themes emerged: a commitment to ako and action, in work and in the rest of their life, cultural skills applied in the detail of social work, balancing knowledge with the risk of being seen as 'safe expert', and spirituality, joy and love as a source of commitment.

### *Commitment to Ako and Action, in Professional and Personal Life*

Participants talked about the commitment to Treaty justice affecting all areas of life, and requiring an on-going commitment to their own and others' learning. Megan and Judy talked about this affecting how they vote, and spend their money. Megan talked about taking on extra study, especially in Te reo Māori. She and Violet also discussed thinking of different creative ways they could try and engage other Pākehā with thinking about Te Tiriti o Waitangi, for example creating a regular slot on the team agenda.

Participants particularly discussed seeking out ongoing learning about diversity within Te Ao Māori. Violet discussed being in a social work tutorial made up mostly of Māori students, and being present for interactions between students who were fluent in te reo, and students who carried deep pain over their inability to understand the language. This is an experience she continually reflects on in her current practice. Megan found that moving from a large city to a smaller community meant she had to reconsider her ideas about Treaty-based community development, because she moved from working with Māori who were generations removed from their iwi lands, to working with people who were intimately connected with their iwi and reo.

All three participants also talked of their processes of reflection; including reminding themselves of Māori cultural ideals that they'd learnt, checking their own cultural assumptions, and their use of privilege. In Megan's words,

*I have to constantly be pushing myself to step back and challenge my assumptions and my thinking just because I was raised to think this doesn't mean that's right.*

### *Cultural Skills Applied in the Details of Social Work*

For the participants, on-going bicultural development includes learning about Māori cultural practices, and appropriate ways of applying this knowledge as Pākehā practitioners. This included working with whānau dynamics; learning how to respectfully consult kaumātua; and ways of asking about and acknowledging whakapapa. Megan and Violet both emphasised a base-line need to learn to pronounce Te reo Māori names correctly, "so it doesn't hurt the ears of everybody."

As someone competent in Te reo Māori and tikanga, Megan reflects frequently on balancing knowledge and humility, within relationships and context. Violet emphasised the need to discuss cultural concepts in detail, and to keep them in mind.

*I think the full range of things needs to be spoken to... for example, manaakitanga, not just what do I know about it, but what am I doing because of that, or what am I doing with this particular person, and why am I doing that, because it doesn't look the same. That kind of critiquing. And, who am I to say 'I know manaakitanga'? Not in a paralysing way, in a keep on doing way... reflecting on it.*

Judy notices and seeks out Western social work or counselling theories that have resonance with whakaaro Māori concepts. She has explored equine therapy as a way of giving young people a chance to experience healthy mutuality, where different cultural responses can emerge. She also draws on constellation therapy, as a method that is respectful of the importance of whakapapa, and can be a framework for acknowledging the harm of colonisation.

### *Balancing Cultural Learning with Being Seen as Odd, or the 'Safe Expert'*

This commitment to cultural learning can be in tension with the risk of being seen as the 'safe expert' by Pākehā colleagues who are afraid to consult directly with Māori, or being tokenised as 'the one who does that'. Violet reflected that she had received support from Pākehā supervisors who might say "*What you're doing is great*", but weren't themselves proactively committed to improving their work with Māori. Megan has long felt that she's seen as "*the wierdo*", and this tension has become acute as she has learnt to kōrero Māori,

*What I find very often is other Pākehā feel more comfortable coming to me with their sometimes offensive, or certainly abrasive, questions about reo Māori, tikanga Māori, Māori spirituality, or whatever. They would never say those things or ask those things in that manner or that invasively to a Māori person... I often find myself feeling offended and taking advantage of.*

Megan and Violet lamented how rare it has been for them to have other Pākehā they can trust to discuss issues of racism and biculturalism with. Megan spoke of a sense of tiredness,

*I felt very tired after I guess 10 years of pushing that envelope as a Pākehā in Pākehā contexts.*

They also talked with fondness about rare times of having Pākehā friends and relatives who also had a lived commitment to biculturalism that they could unpack issues with. However, Judy has had a different experience. In her first social work job, she worked alongside both Māori and Pākehā colleagues who had a staunch commitment to Te Tiriti, and to advocating within wider systems for better support for whānau Māori using services.

### *Awkward Uncertainty*

Being at a stage of commitment does not imply that the participants feel they're 'arrived' or are always sure they're right. An ongoing sense of reflection, uncertainty, and needing to "*be reminded*" (Violet) mark the participants' stories. Judy's description of her process of working with people describes this dynamic uncertainty,

*You can't be dancing over here, and they're dancing over there, you won't get answers that are meaningful. You just kind of dance around with people.*

### *Spirituality, and a Sense of Joy, Celebration and Love*

The three participants all talked of people who have influenced them, with a sense of joy and love. This was evident in their tone of voice, and tendency to answer questions with a story about someone precious to them. In a previous role, Megan was part of a reo Māori and waiata learning group,

*It was like a support group for the Māori staff... and me, and it really just became a safe space as staff members for talking about bicultural issues, and that was really unexpected and really amazing. When I left that job, I was probably more gutted about leaving the language group and the waiata group, than I was about leaving the role.*

Spirituality has also been a source of joy and sustenance for the participants, although each of them spoke about this reticently. As Megan explained,

*Anglo culture is quite reserved, and spirituality is not something that naturally is easy to talk about so that can be really difficult.*

Judy emphasised a sense of holistic connectedness, and related this to more specifically Māori concepts of whakapapa and whenua. Megan talked about particular experiences that have sustained her, especially an experience of feeling supported and guided through learning karanga. Māori spiritual concepts, especially around connections between ngā Atua and whenua have become important to her, and are part of how she and her husband are raising their son. Violet spoke of wanting to be influenced by the spirituality of her kaupapa Māori supervisor,

*There were things about what she saying that... if I could have that in my heart, or close to, I just know that I would be a better person in general. I don't mean that in a wishy-washy way, I mean that directly around work with Māori as well.*



## *Conclusion*

Together, the participants' stories give a rich picture of learning over time, including relational, emotional, spiritual, and intellectual dimensions.

## Chapter Five: Analysis

### *Introduction*

The chapter looks at the learning needs and processes for Pākehā at each mauri stage, relating the research findings with the body of existing literature. Finally, both the literature and the findings are considered in comparison with the “benchmark” (Hollis-English, 2012, p. 47) of biculturalism: Pūao te Āta Tū.

### *Frameworks*

In Pūao te Āta Tū (Ministerial Advisory Committee, 1986), issues of racism, resource sharing, structural change, and understanding Māoritanga, are all seen as deeply inter-connected in their effect on Māori communities. The *Mauri* framework also sees the processes of change as complex, encompassing all aspects of people and communities (Pohatu, 2004), rather than narrowly focussing on knowledge acquisition.

This holism and complexity is not reflected in much of the literature, which often analyses one part of this picture in isolation, for example anti-racism teaching for students (Simmons, Mafale'o, Webster, Jakobs, & Thomas, 2008), or monocultural attitudes in professionals (Johnston & Read, 2000). However, the stories of participants reflect the complexity and depth of vision of Pūao te Āta Tū and the Mauri framework; their stories encompass head learning, emotionality, relationships and accountability both professional and personal, the importance of collective change, and spirituality. Their stories also reveal how each of these dimensions are intertwined within each aspect of their journey. An example of this is Megan's workplace waiata group, which had aspects of precious relationship, cultural learning, making a safe space for diverse voices, and advocating for change in the wider organisation.

Each participant emphasised particular incidents and relationships which radically shifted their perspective, and then on the work of maintaining the motivation and courage to 'remember' those moments. This aligns with the *Mauri* model of tihē moments which spark change, change which then takes courage and awareness to maintain (Pohatu, 2004).

### *Mauri Moe*

Mauri moe is a stage of “isolation, withdrawal and non-engagement” (Pohatu, 2004, p. 4). Pūao te Āta Tū described in detail the effect of Pākehā professionals’ mauri Moe (or non-engagement with Te Tiriti o Waitangi) on Māori communities. In the literature, the main dimensions of mauri moe were interlinked institutional and personal racism (Came, 2012), and attitudinal and emotional blocks to engagement (Augoustinos & Every, 2007; Bell, 2004; Hooks, 2003; Johnston & Read, 2000; Sibley & Liu, 2004). The participants’ stories of their own learning, and their observations of others, are detailed examples of how these aspects of mauri moe manifest in social service practice. In addition to themes found in the literature, the participants’ stories add an emphasis on the importance of relationship for change, and on the role silence and silencing plays in maintaining institutional racism.

All participants described gaining accurate knowledge of New Zealand history, and of recognising racism and privilege, as prime tihē moments for change. The three participants interviewed had experienced and engaged with these tihē moments, but many Pākehā professionals do not. Perhaps the ‘silence’ that participants reflected on is part of the reason for this. This silence includes a general reticence in discussing Te Tiriti o Waitangi and colonisation, and the silencing of diverse Māori voices. Being in non-Pākehā cultural environments, or in loving relationship with Māori friends, colleagues or whānau, was a whakaoho that forced/encouraged the participants to look behind this silence and engage.

For many professionals, their daily work is in a system with institutional racism at multiple levels (Came, 2012). This was true in the participants’ experiences, which included a lack of proactive support for change (Violet), and initiatives being blocked (Megan). Judy experienced support for Treaty-based practice within her immediate team, but the team as a whole still had to push back against wider policies that discriminate against Māori. The participants described various attitudinal blocks to change that matched those in the literature. For example, Sibley and Liu (2004) noting the unwillingness of Pākehā psychology students to share resources with Māori is reflected in Megan’s experiences of colleague’s organisations blocking initiatives that weren’t run by a staff member with a ‘Māori’ role.

Māori tutors, colleagues or friends, largely carried the work of moving the participants beyond this stage. As both Megan and Violet reflected, this especially involved the emotional work of teaching

and sharing painful stories. In their later reflections, the participants discussed their emerging ideas of how they could play this role for Pākehā still in mauri moe. The idea of 'Pākehā working with Pākehā for change' is discussed in the Treaty workers' literature, but has not been transferred to social services literature.

### *Mauri Oho*

Pohatu (2004) described mauri oho as a stage of potential, change, and instability. This tension between potentiality and potential dead-ends is evident in both the literature and the participants' stories, seen in the balance between political and cultural learning. However, the participants placed greater emphasis on whole of life learning. They also add understanding to the emotions of this stage, the need for love and relationship, and for courage and humility.

The literature at this stage sits in the tension between an emphasis on anti-racism education and cultural competence (Nairn, Hardy, Parumal, & Williams, 2004). Likewise, for the participants, becoming aware of the pain of colonisation, experiencing of Māori culture, and forming relationships, are intersecting and parallel journeys. However, the participants differ in emphasis from the literature, focusing on lived experience and on-going learning, rather than on academic scholarship. While the literature does discuss 'whole body' learning (e.g. Simmons, Mafile'o, Webster, Jakobs, & Thomas, 2008), the focus is on embodied learning within an academic context. In contrast, the participants focused on learning in a variety of contexts, including from friends and relatives, in activist groups, and in the workplace. For Violet and Judy, who cited their social work training as a source of inspiration, this was due to the environment, the culture of the teacher, and the culture of the other students. Overall, the participants' stories reveal their learning as very context-dependent, taking time, and involving emotions, relationship, and action.

Perhaps the article which most closely reflects the participants' stories of this stage is Walker (2012), *The teaching of Māori social work practice and theory to a predominantly Pākehā audience*. He emphasised Pākehā students learning micro and meso-level cultural skills, firmly situated within a Treaty framework. Students should be taught to approach Māori culture 'as humble learners' and encouraged to gradually build up skills of interaction. For each participant, their process of reflection includes continually remembering the political context of the treaty, and finding ways to bring that wider awareness into daily interactions. This is particularly evident in Megan's description of her

identity as “*he tāngata tiriti*” as the basis of learning and practice. The emphasis on humility is a potential antidote to inadvertent takahi of Māori colleagues, which is one of the risks of this stage. As Megan reflected,

*Learning enthusiasm isn't always good. It needs to be couched with humility. I'm just a bit eager.*

As with the *Mauri* framework, courage to engage and positive relationships were key factors in the participants accepting and moving through the discomfort of this stage. Rather than new knowledge, it was an emotional response to hearing the pain of colonisation, and caring relationship that motivated the participants' on-going engagement. This is evident in Judy's description of her earlier 'knowledge' of Te Tiriti,

*I knew about the Treaty, but I didn't know about the Treaty.*

### *Mauri Ora*

Mauri ora does not mean that well-being or positive relationship has been comprehensively achieved, rather it is a sustainable state of positive action (Pohatu, 2004). The participants' stories draw together the two streams of literature relevant to the mauri ora stage: Treaty-workers' movement research and social services-based research. As with the Treaty workers' literature, the participants also emphasised holistic, long-term learning in the context of relationship. Mutuality and spirituality are emerging in the body of social services literature as sources of strength in decolonising practice; the participants' reflections could also be seen as edging towards a similar emphasis. New themes include an emphasis on dealing with a sense of being alone, and finding ways to spread learning done 'in secret' so it can shift an organisational culture.

As with Huygens (2007) and Margaret (2013) research, the three participants also emphasised the importance of holistic learning, and a commitment to just relationships. In particular, Margaret's themes of 'addressing power', 'the ignorance of the white settler population', 'working cross-culturally', and 'building trust' align with themes of this project of learning about racism and privilege, the importance of gaining accurate knowledge about Te Tiriti o Waitangi, learning to apply cultural knowledge in practice, and building relationships. Also in line with this strand of literature, the

participants discussed interactions between learning in academic settings, learning in the workplace, and learning outside of the workplace. They stressed the need to have spaces to process and reflect on learning to help transfer it to new situations. The need for integrated, holistic learning is not reflected strongly in the social services literature. The existing body of literature tends to have a narrow focus either on professional training, or on workplace development.

While the Treaty workers' research focussed on activist and community development roles, the participants discussed work in the context of social services practice. Their explorations of cultural skills applied in the detail of work give a picture of what cultural competence can look like in the practice of helping individuals and whānau in distress. While the existing academic literature focuses on defining cultural competence and exploring how it can be taught, the participants' focus was on the details of what they had learnt, the situations in which they learnt it, and their strategies for applying learning to new situations and 'keeping it alive' and fresh in the practice.

Another theme that emerged strongly was the sense of aloneness committed Pākehā practitioners feel, and the need for safe spaces of support, and courage in the face of institutional racism. Richardson and Richardson's (2010) discussed this theme when reflecting on the experience of graduate nurses attempting to apply cultural safety skills. Megan and Violet both reflected on the rareness of other tauwiwi also committed to Te Tiriti, whereas Judy highlighted the value of beginning her social work practice in an environment where Te Tiriti was already respected and applied. A complicating factor in the sense of aloneness was the risk that by speaking up, they'd be silenced as odd, or be seen as the 'safe expert', thus removing responsibility of change from other Pākehā staff.

These risks reveal a gap between the participants' commitments, and the on-going apathy of many tauwiwi social services. Strikingly, many of the participants' stories were about tihē moments that happened in small groups, or culturally Māori environments. This learning was hard to transfer to wider organisations. This learning 'in secret', and struggling to use it to change organisational culture, could be seen as individual mauri ora practitioners existing within mauri moe systems. This reflects a tension Margaret (2013) emphasises, 'balancing working with your own people with relationships as an ally'. This is a gap that needs particular reflection; how Pākehā social workers can be committed not just to their personal mauri ora with regards to biculturalism, but also to the mauri ora of their organisation and profession.

Perhaps a clue in considering how to maintain and extend mauri ora practice could be in actions and learning which focuses on mutuality, relationship, and an expansive sense of spirituality. This is a theme that is emerging in literature about decolonised social work, namely Baltra-Ulloa's (2013) *Why Decolonized Social Work is more than crossculturalism*. The love and joy with which participants spoke of Māori colleagues, teachers, relatives, and friends provides concrete examples of the care ethic, characterised by reciprocity and mutuality, of which he speaks. The participants mentioned spirituality as a potentially important aspect of treaty-based social work, albeit diffidently. In Megan's words,

*Anglo culture is quite reserved, and spirituality is not something that naturally is easy to talk about so that can be really difficult.*

The sense that there is something ineffable but important in spirituality is reflected in Violet's description of her kaupapa Māori supervisor's spirituality,

*If I could have that in my heart, or close to, I just know that I would be a better person in general. I don't mean that in a wishy-washy way, I mean that directly around work with Māori as well.*

### *In Comparison with Pūao te Āta Tū - Implications for the Social Work Profession*

Pūao te Āta Tū (Ministerial Advisory Committee, 1986) described cultural and institutional racism in the social services, a lack of appropriate services for whānau Māori, and the consequent disaffection of Māori communities. It also described changes that would need to occur for social services to operate at a 'mauri ora' level of biculturalism, including: challenging racism and cultural blindness, appropriate consultation, resource-sharing, understanding the importance of whānau, hapū and iwi, and appropriate training in Māoritanga.

The experiences of the participants corroborate the on-going existence of the issues raised in Pūao te Āta Tū: including racism and apathy of tauwi organisations, the silencing of diverse Māori voices, and Pākehā cultural blindness as a block. The participants' stories also give a rich picture of the process of moving out of mauri moe, into mauri oho and mauri ora. This process involved a range of tihē

experiences, new knowledge, cultural experience, deep relationship, holistic learning, commitment, and courage.

Returning to Pūao te Āta Tū reveals the on-going gap between the goals of this report, and both the literature, and the participants' experiences. There is a sizeable body of literature exploring aspects of racism and how to influence majority culture professionals towards change, and on learning cultural competence. However, the literature is only just beginning to consider how these changes might affect social service practice and client experiences (Richardson & Richardson, 2010). Moreover, this body of research does not consider the details of what cultural knowledge social service practitioners need, or how to respond to other appeals of Pūao te Āta Tū, for example resource-sharing and appropriate consultation. Pūao te Āta Tū also emphasised the need for professionals to learn to work with whānau, hapū, and iwi processes, a need which isn't reflected in the literature.

The participants' stories are a partial response to some of these gaps. Their stories of learning about working with whānau, and endeavouring to properly consult with Māori colleagues give a picture of Pākehā professionals learning in practice, towards fulfilling Pūao te Āta Tū. In particular, their reflections on the effect on colleagues and clients of their actions and learning are the beginning of considering the interactions between learning for anti-racism, cultural learning, and social development outcomes.

However, considering both the literature and the participants' stories, there is still a long gap towards being able to properly fulfil Pūao te Āta Tū. Gaps that still remain range from the macro level, for example Pākehā groups learning to maintain appropriate consultation and resource-sharing with hapū and iwi, to the micro level, for example Pākehā practitioners learning to effectively incorporate understandings of racism, privilege, and Māoritanga practices into all aspects of client work.

The participants' stories are inspiring, however further research, learning, and activism, is required to help truly fulfil the vision of Pūao te Āta Tū, of social services as a whole implementing the breadth of biculturalism. This involves not just having a few more 'mauri ora' practitioners within systems which may be at mauri moe, but rather finding ways to lift the level of engagement of tauiwi at all three levels, in terms of knowledge, relationship, resource-sharing, and true consultation, and partnership.



## Chapter Six: Conclusion & Recommendations

*Working with white students on unlearning racism, one of the principles we strive to embody is the value of risk, honouring the fact that we may learn and grow in circumstances where we do not feel safe.*

*-Bell Hooks, Teaching Community*

### *Conclusion*

This research has explored three Pākehā women's learning experiences towards bicultural practice. These have been compared with relevant literature, and situated within the seminal call for Treaty focussed change in the social services, Pūao te Āta Tū.

Three stages of learning were identified, according to the stages of change described in Pohatu's (2004) *Mauri* model. Blocks and difficulties of each stage were identified, as well as learning tasks, opportunities, and processes. Common tihē moments, or experiences which cause a drastic change in perspective and action, were particularly emphasised.

The participants' stories add to the existing literature a rich picture of holistic learning in action; involving acquiring knowledge and cultural skills, maintaining change over time, making mistakes, processing emotions and one's own cultural lens, reflection and discussion, and relationship, love, joy, and spirituality. They add to the literature an increased emphasis on relational and whole-of-life learning, an understanding of the tensions involved in being a Pākehā practitioner committed to biculturalism, and some specific ideas about what cultural competence can look like within a framework of emerging bicultural practice.

### *Recommendations for Future Research*

Two limitations of this study were the small number of participants, and the lack of opportunity to seek Māori feedback. Further research could include deeper conversations with Pākehā practitioners to deepen understanding of learning needs and opportunities, and to explore possible links between academic teaching and whole of life learning. It could include examining why some Pākehā begin

change in response to these tihē and some stay stuck in mauri moe, or its expressions of guilt or defensive anger.

At the mauri ora level, themes to further explore could include; learning/teaching that supports forming mutuality in relationship with Māori colleagues and clients, ways Pākehā can actively contribute to wider organisational change, incorporating decolonising spirituality, and avoiding treating people as learning opportunities. The emerging themes could be checked with Māori social work practitioners, as part of a feedback process.

### *Recommendations for Social Workers and Social Work Educators*

Listening to participants' reflections, and examining them in the light of Pūao te Āta Tū was both exciting and depressing. Exciting, because of the spark and commitment of each participant, and the ideas they shared. Depressing, because of the gap until Pākehā social services practitioners in general "similarly embrace Pūao te Āta Tū" (Hollis-English, 2012, p. 41).

A specific challenge is for tauiwi practitioners and teachers to take a more active role in this process. The majority of relational tihē moments for the participants involved interactions with Māori, and stories of being influenced by Pākehā were few. A challenge is for Pākehā to lessen the burden for Māori in having to share knowledge, or stories of heartache.

Violet suggested this research conclude with questions for Pākehā social workers and educators to reflect on. Therefore:

- Where would you currently situate yourself in the Mauri framework?
- What could be the next step in your learning?
- Considering change towards bicultural practice holistically, what is a current strength of yours, and where is an opportunity for growth?
- What is one thing you could do to spark a tihē moment for someone else, or in your organisation?

## He Īnoi Whakamutunga

Dear God,

We pray for another way of being: another way of knowing.

Across the difficult terrain of our existence, we have attempted to build a highway and in so doing have lost our footpath.

God lead us to our footpath: Lead us there where in simplicity we made move at the speed of natural creatures and feel the earth's love beneath our feet.

Lead us there where step-by-step we may feel the movement of creation in our hearts.

And lead us there where side-by-side, we may feel the embrace of the common soul. Nothing can be loved at speed.

God lead us to the slow path; to the joyous insights of the pilgrim; another way of knowing: another way of being.

Amen.

-A prayer by Leunig, via the Stillwater's Prayer Book

## References

- Aveling, N. (2002). Student teachers' resistance to exploring racism: Reflections on 'doing' border pedagogy. *Asia-Pacific Journal of Teacher Education*, 30(2), 119-130. doi: 10.1080/13598660220135630
- Augoustinos, M., & Every, D. (2007). The language of "race" and prejudice: A discourse of denial, reason, and liberal-practical politics. *Journal of Language and Social Psychology*, 26(2), 123-141. doi: 10.1177/0261927X07300075
- Back, L., & Solomos, J. (1993). Doing research, writing politics: the dilemmas of political intervention in research on racism: Doing research, writing politics. *Economy and society*, 22(2), 178-199. doi: 10.1080/03085149300000010
- Baltra-Ulloa, A. (2013). Why decolonized social work is more than crossculturalism. In M. Gray, J. Coates, M. Y. Bird, & T. Hetherington (Eds.), *Decolonizing social work* (pp. 87-106). Surrey, UK: Ashgate.
- Banerjee, S., & Tedmanson, D. (2010). Grass burning under our feet: Indigenous enterprise development in a political economy of whiteness. *Management Learning*, 41(2), 147-165. doi: 10.1177/1350507609357391
- Bell, A. (2004). *'Cultural Vandalism' and politics of Pākehā guilt and responsibility*. Melbourne, Australia: Thomson/Dunmore Press.
- Bertanees, C., & Thornley, C. (2004). Negotiating colonial structures: Challenging the views of Pākehā student teachers. *Asia-Pacific Journal of Teacher Education*, 32(2), 81-93. doi: 10.1080/1359866042000234197
- Berger, P., & Luckmann, T. (1966). *The social construction of knowledge: A treatise in the sociology of knowledge*. Soho, NY: Open Road Media.
- Bishop, R. (1999). Kaupapa Maori research: An indigenous approach to creating knowledge. In N. Robertson(Ed), *Maori and psychology: Research and practice* (pp. 1-6). Hamilton, New Zealand: University of Waikato.
- Came, H. (2012). *Institutional racism and the dynamics of privilege in public health*. (Doctoral dissertation, University of Waikato, Hamilton, New Zealand).
- Came, H. A., & da Silva, S. (2011). Building political competencies for the transformation of racism in Aotearoa. *Kotuitui: New Zealand Journal of Social Sciences Online*, 6(1-2), 113-123. doi: 10.1080/1177083X.2011.615332

- Case, K. (2012). Discovering the privilege of whiteness: White women's reflections on anti-racist Identity and ally behavior. *Journal of Social Issues*, 68(1), 78-96. doi: 10.1111/j.1540-4560.2011.01737.x
- Coates, J. (2013). Ecospiritual approaches: A path to decolonizing social work. In M. Gray, J. Coates, M. Y. Bird, & T. Hetherington (Eds.), *Decolonizing social work* (pp. 63-86). Surrey, UK: Ashgate.
- Cram, F. (1993). Ethics in Maori research: Working paper. In L. W. Nikora (Ed.), *Cultural justice and ethics* (pp. 28-30). Wellington, New Zealand: University of Victoria.
- Dumbrill, G., & Green, J. (2008). Indigenous knowledge in the social work academy. *Social Work Education*, 27(5), 489-503. doi: 10.1080/02615470701379891
- Evans, I., Fitzgerald, J., Herbert, A., & Harvey, S. (2010). Cultural competence and power sharing: An international perspective on training clinical child psychologists. *The Journal of Mental Health Training, Education and Practice*, 5(4), 34 – 42.
- Henry, E., & Pene, H. (2001). Kaupapa Maori: Locating indigenous ontology. *Organization*, 8(2), 234-242. doi: 10.1177/1350508401082009
- Herbert, A. (2010). Treaty framework for a sustainable future for psychology: Cultural competencies in context. *Psychology Aotearoa*, 2, 106-111.
- Hollis-English, A. (2012). Pūao-te-Āta-tū: Informing Māori social work since 1986. *Aotearoa New Zealand Social Work*, 24(3/4), 41-48.
- Hooks, B. (2003). *Teaching community: A pedagogy of hope*. New York, NY: Psychology Press.
- Humble, D. (2012). "This isn't getting easier": Valuing emotion in development research. *Emotion, Space and Society*, 5(2), 78-85. doi: 10.1016/j.emospa.2011.04.001
- Huygens, I. (2007). *Processes of Pakeha Change in response to the treaty of Waitangi* (Doctoral dissertation, University of Waikato, Hamilton, New Zealand).
- Huygens, I. (2011) Developing a decolonisation practice for settler colonisers: A case study from Aotearoa New Zealand. *Settler Colonial Studies*, 1(2), 53-81. doi: 10.1080/2201473X.2011.10648812
- Johnston, K., & Read, J. (2000). Psychiatrists' recommendations for improving bicultural training and Maori mental health services: A New Zealand survey. *Australian and New Zealand Journal of Psychiatry*, 34(1), 135–145.
- Keenan, D. (1999). Anchors away: Assessing Te Punga o Matahorua - Our bicultural strategy for the nineties. *Social work review*, 11(4), 28-31.

- Kessarar, T. N. (2006). About being Mununga: Making covert group racism visible. *Journal of Community and Applied Social Psychology*, 16 (5), 347–362.
- Margaret, J. (2013) *Working as allies*. Auckland, New Zealand: Auckland Workers Education Association.
- Massey University. (2015). *Code of ethical conduct*. Retrieved from <http://www.massey.ac.nz/massey/research/research-ethics/human-ethics/code-ethical-conduct.cfm>
- Mezirow, J. (1994). Understanding transformation theory. *Adult education quarterly*, 44(4), 222-44.
- Mezirow, J. (1997). Transformative learning: Theory to practice. *New directions for adult and continuing education*, 1997(74), 5-12. doi: 10.1002/ace.7401
- Ministerial Advisory Committee. (1986). *Puao-te-Ata-tu: The report of the Ministerial Advisory Committee on a Maori perspective for the Department of Social Welfare*. Wellington, New Zealand: Department of Social Welfare.
- Morris, T. (2006). *Social work research methods: Four alternative paradigms*. Thousand Oaks, CA: Sage.
- Nairn, S., Hardy, C., Parumal, L., & Williams, G. A. (2004). Multicultural or anti-racist teaching in nurse education: A critical appraisal. *Nurse Education Today*, 24(3), 188-195.
- Payne, M. (2005) *Modern Social Work Theory* (3<sup>rd</sup> ed.). Basingstoke, UK: Palgrave Macmillan.
- Patton, M. (2002). Qualitative interviewing. *Qualitative research and evaluation methods*, 3, 344-347.
- Phillips, C. (2014). Spirituality and social work: Introducing a spiritual dimension into Social work education and practice. *Aotearoa New Zealand Social Work*, 26(4), 65-77.
- Pohatu T. W. (2003), Māori worldviews: Sources of innovative choices for social work practice. *Te Komako*, 15(3), 16–24.
- Pohatu, T. (2004). Āta: Growing respectful relationships. *He Pukenga korero*, 8(1), 1-8.
- Quayle, A. & Sonn, C. (2013). Explicating race privilege: Examining symbolic barriers to Aboriginal and non-indigenous partnership. *Social Identities*, 19(5), 552-570. doi: 10.1080/13504630.2013.796881
- Richardson, F. I., & Richardson, F. I. (2010). *Cultural safety in nursing education and practice in Aotearoa New Zealand* (Unpublished doctoral dissertation) Massey University, New Zealand.
- Ronnau, J. (1994). Teaching cultural competence: Practical ideas for social work educators. *Journal of Multicultural Social Work*, 3(1), 29-42. doi: 10.1300/J285v03n01\_04

- Rubin, A., & Babbie, E. (2010). *Research methods for social work*. Belmont, CA: Cengage/Brooks & Cole.
- Sanderson, E. (2012). Emotional engagement in the context of development and spirituality research. *Emotion, Space and Society*, 5(2), 122-130. doi: 10.1016/j.emospa.2010.09.006
- Sibley, C. G., & Liu, J. H. (2004). Attitudes towards biculturalism in New Zealand: Social dominance and Pakeha attitudes towards the general principles and resource-specific aspects of bicultural policy. *New Zealand Journal of Psychology*, 33(2), 88-99.
- Simmons, H., Mafire'o, T., Webster, J., Jakobs, J., & Thomas, C. (2008). He Wero: The challenge of putting your body on the line: Teaching and learning in anti-racist practice. *Social Work Education*, 27(4), 366-379. doi: 10.1080/02615470701380154
- Smith, L. W. (1999). *Decolonizing methodologies: Research and indigenous peoples*. London, UK: Zed books.
- Walker, S. (2012). The teaching of Maori social work practice and theory to a predominantly pakeha audience. *Aotearoa New Zealand Social Work*, 24(3/4), 65-74.
- Whittaker, A. (2012). *Research skills for social work*. London, UK: Sage.
- Wilkinson, T. M. (2001). The core ideas of research ethics. In M. Tolich (Ed.), *Research ethics in Aotearoa New Zealand: Concept, critique and practice* (pp. 13-24). Auckland, New Zealand: Reason Education.

## Glossary of Kupu Māori

Definitions for non-asterixed kupu were sourced from the online Te Aka Māori-English Dictionary. [www.maoridictionary.co.nz](http://www.maoridictionary.co.nz) Definitions for asterixed kupu are by the researcher, based on the context of the source being quoted.

Ako	to learn, study, instruct, teach, advise.
Aotearoa	North Island - now used as the Māori name for New Zealand
Hāngī	food cooked in an earth oven
Hapū	kinship group, clan, tribe, subtribe - section of a large kinship group and the primary political unit in traditional Māori society
Hauora	health, vigour
Hinengaro	mind, thought, intellect, consciousness, awareness.
Hui	gathering, meeting, assembly, seminar, conference
Io Matua Kore	Io-the-parentless-one - one of the names for the supreme being, Io
Irāmutu	nephew, niece.
Iwi	extended kinship group, tribe, nation, people, nationality, race - often refers to a large group of people descended from a common ancestor and associated with a distinct territory
Kaiako	teacher, instructor
Kaitautoko	supporter, sponsor, backer, advocate, benefactor, seconder (meeting)



Karakia	to recite ritual chants, say grace, pray, recite a prayer, chant
Kaupapa Māori	Māori approach, Māori topic, Māori customary practice, Māori institution, Māori agenda, Māori principles, Māori ideology - a philosophical doctrine, incorporating the knowledge, skills, attitudes and values of Māori society
Kōhanga	Māori language preschool
Kupu	word, vocabulary, saying, talk, message, statement, utterance, lyric
Mamae	ache, pain, injury, wound
Manawa	heart (seat of affections)
Mauri	life principle, vital essence, special nature, a material symbol of a life principle, source of emotions - the essential quality and vitality of a being or entity. Also used for a physical object, individual, ecosystem or social group in which this essence is located
Mihi whakatau	speech of greeting, official welcome speech - speech acknowledging those present at a gathering
Moe	to sleep, close (the eyes), dream
Ngā	the - plural of <i>te</i>
Ngākau	seat of affections, heart, mind
Noa	be free from the extensions of tapu, ordinary, unrestricted, void
Oho	be roused (including of feelings), awakened

Ora	be alive, well, safe, cured, recovered, healthy, fit, healed
Pākehā	New Zealander of European descent - probably originally applied to English-speaking Europeans living in Aotearoa/New Zealand
Poroporoaki	to take leave of, farewell, traditional call given by women as they approach the <i>marae</i>
Puku	swelling, tumour, lump, bubble, stomach, abdomen, centre, belly, tummy
Rāhui	to put in place a temporary ritual prohibition, closed season, ban, reserve
Rāranga	weaving
*Taha wairua	spiritual side of life
Takahi	to trample, tramp, stamp, tread, abuse, disregard
*Tāngata whaiora	client, person seeking healing
Tangi	rites for the dead, funeral - shortened form of <i>tangihanga</i>
Tapu	be sacred, prohibited, restricted, set apart, forbidden, under <i>atua</i> protection
Tauīwi	foreigner, European, non-Māori, colonist
*Te Ao Māori	The Māori world, Māori society
*Te Ao Pākehā	The Pākehā world, Pākehā society
Teina	younger brothers (of a male), younger sisters (of a female), cousins (of the same gender) of a junior line, junior relatives

*Te reo me ōna tikanga	The (Māori) language and associated customs
*Te Reo Rangatira	The chiefly language (Respectful term for the Māori language)
*Te Wānanga o Aotearoa	A national Māori tertiary educational institution
*Te Wānanga o Raukawa	A Māori tertiary educational institution, based in Ōtaki
Tihē (mauri ora)	sneeze of life, call to claim the right to speak
Tikanga	correct procedure, custom, habit, lore, method, manner, rule, way, code, meaning, plan, practice, convention, protocol - the customary system of values and practices that have developed over time and are deeply embedded in the social context
Tuakana	elder brother (of a male), elder sister (of a female), cousin (of the same gender from a more senior branch of the family), prefect
Tūhonohono	compact, linking
Waiata	song, chant, psalm
Wairua	spirit, soul - spirit of a person which exists beyond death. It is the non-physical spirit, distinct from the body and the <i>mauri</i>
Whaea	mother, aunt, aunty
*Whakaaro Māori	Māori thought
Whakaoho	to startle, awaken, rouse, start up (computer)
Whakawhānaungatanga	process of establishing relationships, relating well to others

Whānau	extended family, family group, a familiar term of address to a number of people - the primary economic unit of traditional Māori society. In the modern context the term is sometimes used to include friends who may not have any kinship ties to other members
Whatumanawa	seat of emotions, heart, mind

## Appendices

### *Appendix One: Participant Information Sheet*

#### Returning to Puao-te-Ata-Tū

#### Pākehā Social Workers Learning – To Fulfil our Side of the Agreement

##### Information Sheet

Tēnā koe,

I am a Master of Applied Social Work (MASW) student at Massey University. As part of this programme, I am undertaking a research project under the supervision of Helen Simmons. I am writing to invite you to take part in this research.

The purpose of the research is to explore how Pākehā social workers can learn to practise better within Tiriti-based and bicultural practice. In particular, the focus will be on learning needs, opportunities and processes which help Pākehā social workers engage well in Tiriti-based practice. I hope that this will contribute to giving social work educators and practitioners greater understanding about ways of improving Pākehā engagement with Tiriti-based practice.

I am hoping to interview 3-4 Pākehā social workers who have a commitment to Tiriti-based practice. The interview will take about 60 minutes, and will explore experiences that have helped you learn about bicultural practice, and what you see as current knowledge and practice gaps.

You have been approached on my behalf by someone who respects your commitment to biculturalism. It is up to you whether or not you contact me to participate. If you do, I appreciate your contribution, and I will conduct this research in the spirit of shared learning towards a goal of better social work practice. The interview will take place at a mutually agreed time and location.

### Participant's Rights

You are under no obligation to participate in this research. If you do, you will have the right to:

- Decline to answer any particular question;
- Withdraw from this study up until your release of transcript form has been released to me;
- Ask any questions about this research at any time before and during participation;
- Engage in this research with the understanding that your name will not be used, unless you give permission to the researcher;
- Be given a summary of research findings after the research has been concluded, and;
- Ask for the recorder to be turned off at any time during the interview.

### Data Management

- The identity of participants will be kept private, and will only be known by myself and by my supervisor.
- The names of individuals and their employers will not be used in the final report.
- All data related to this research will be deleted or destroyed upon completion and assessment of this research report.
- A summary of findings will be sent to all participants.

I have attached a copy of the interview schedule to give you an indication of the key themes I hope to discuss. If you are interested in participating, or have any questions, please contact me at;

Email: [email]

Phone: [phone number]

Additionally, if you have any concerns about this research, you may contact my supervisor, Helen Simmons;

Email: H. Simmons@massey.ac.nz

Phone: (06) 356-9099 xtn 83512

Thank you for your time, and for considering participating in this research,

Bronwyn Kerr

Student Researcher, Massey University

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 Dr. Brian Finch, Director, Research Ethics, telephone 06 356 9099 x 84459, email [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz)

## *Appendix Two: Interview Schedule*

### **Returning to Puao-te-Ata-Tū: Pākehā Social Workers Learning – To Fulfil our Side of the Agreement.**

Thank you very much for being willing to participate in this research project, and being willing to share your knowledge.

Based on information drawn from literature, particularly the 1988 report “*Puao-te-Ata-Tū*”, we will discuss different aspects of bicultural practice. We’ll focus on previous learning opportunities you’ve experienced, and your perception of what you still need to learn.

#### General questions

1. Please briefly describe the types of social work practice you have undertaken?
2. What is your understanding of treaty-based practice? How has this developed over time? Are there any understandings you’ve had to ‘unlearn’?

#### Aspects of Treaty-based Practice

3. Can you describe experiences you feel have most contributed to challenging/changing personal or cultural racism for you?
4. What have you learnt about ways you can contribute to challenging institutional racism?
5. How/what have you learnt about power sharing with Māori colleagues or organizations?
6. How/what have you learnt about appropriate consultation with Māori?
7. How/what have you learnt about cultural competence?
8. What do you think are current gaps in your knowledge on any of these topics?

#### Processes of Learning

9. Considering the different aspects of learning (intellectual, emotional, social, spiritual, embodied), are there any important learning experiences you’ve had that you’d like to mention?
10. Pōhatu conceptualizes mauri moe, mauri oho and mauri ora as stages of change. Could you describe how you think you or other Pākehā social workers can move along this continuum?



11. Literature on Pākehā working as allies for Māori often emphasizes the need for Pākehā to work together and educate each other. Have you had any experiences where tauīwi social workers have helped you improve your bicultural practice?
12. How do you think about your role in encouraging other Pākehā social workers to more fully practice within Treaty frameworks?

# **Empowering and enabling families?**

## **Social workers' experiences of the FGC process**

A research report presented in partial fulfilment of the requirements of the  
Degree of  
Master of Applied Social Work  
at Massey University  
New Zealand

Lucy Moore  
2015

## Abstract

Introduced by statute in 1989, family group conferences (FGCs) revolutionised care and protection proceedings positioning family and whānau as key partners in the decision-making process. Little has been done since this time to evaluate this process and consider the extent to which it fulfils this empowerment potential. This qualitative research project seeks to critically engage with the FGC model from a professional perspective and explores the extent to which it is an empowering process, which enables and supports families to develop their own solutions to child protection concerns. The data was gleaned from semi-structured interviews with four social workers that have experience of FGCs; their responses were then analysed thematically. The findings indicate that FGCs must be resourced adequately and backed up with a greater organisational commitment to social work engagement and negotiation to be a genuinely inclusive and consultative process that is both meaningful for families and capable of safeguarding the welfare of vulnerable children.

## Acknowledgements

My deep gratitude goes to the participants who gave their time to be interviewed for this project and spoke eloquently and honestly about their professional experiences.

Thank you to Dr Eileen Oak for guidance throughout.

Finally, *arohanui* to my family – Aaron, Stella, Finley, Mum, & Tom – for their belief and support.

## Chapter One: Introduction

When it was introduced in 1989, the FGC was fundamentally predicated on four philosophical strands – family responsibility, children’s rights, cultural acknowledgement, and partnership (Hassall, 1996) – and at its heart lay the notion of family empowerment. Family and whānau members were given a voice, an opportunity to be an integral and active part of the process that makes decisions and plans about child welfare. By widening the pool of people involved in the care and protection process and bringing them together in a solution focused forum, the FGC vision was for a more culturally sensitive approach that strengthened community and family relationships and enhanced protective capacities.

This research report will explore the FGC process, examine the way it is currently conceptualised and implemented within Aotearoa New Zealand, and the extent to which it is capable of fulfilling its legislative mandate. Empowerment has considerable theoretical, conceptual, and ideological imprecision and New Zealand has done little to evaluate its own innovation and explore whether the empowerment potential, discussed extensively in the literature, is realised in practice. By exploring the experiences and perspectives of social work professionals with relevant experience, the FGC process can be deconstructed and examined in more detail to see if it is connecting with, and harnessing, this empowerment potential in such a way that benefits families and vulnerable children.

## Chapter Two: Literature Review

### *The Legislative Background*

#### *The context for change and Puao-Te-Ata-Tu*

Prior to 1989, there was a growing dissatisfaction with the child protection system and a sense it was letting children down by allowing professionals to assess need and make decisions without any recourse to wider familial networks (Connolly, 1999). The publication of a report by a Ministerial Advisory Committee into the operations of the Department of Social Welfare – Puao-Te-Ata-Tu ('day break') – also crystallised many long-held complaints, grievances, and injustices held by Maori when it argued for significant ideological and policy change to enable self-determination.

The legislative response to these demands culminated in the passing of the Children, Young Person and their Families Act (CYPFA) 1989, which radically altered the statutory framework and, thus, the state response to child protection concerns. The family group conference (FGC) was one of the most far reaching and innovative aspects of the legislation (Lupton & Nixon, 1999). The principle of family engagement and consultation became explicit; "a child or young person's family, whānau, hapu or iwi and family group should participate in the making of decisions affecting that child or young person" (s. 5 (a)), and wherever possible these relationships should be "maintained and strengthened" (s. 5 (b) ). Thus, the family group conference, as mandated practice, was born and remains the primary decision-making mechanism in the resolution of child welfare issues unless immediate action is required.

#### *The structure of the FGC and the statutory provisions*

The FGC has three main phases – an initial information-sharing phase, the private deliberation phases (where all professionals depart) and, finally, the third phase where conference is brought together again to reach agreement on the plans developed by the family. The Act stipulates that a statutory agency can only legally intervene in the absence of an agreement or when a plan fails (s. 31).

The CYPFA was an unprecedented piece of legislation that revolutionised child protection social work (Levine, 2000) and attempted to ensure professional practice began to accord with the well-established family traditions of Māori (Morris & Connolly, 2012). The centrepiece of the Act remains

the FGC which endeavours to empower families – both Māori and non-Māori – by enabling them to have the first opportunity to develop their own solutions to the child welfare issues confronting them (Connolly, 2006).

### *FGCs and the nature of empowerment*

#### *Professionally led empowerment*

Much has been written about the FGC process with a great deal of commentary on the theme of family empowerment and the extent to which FGCs are capable of fulfilling this key objective. Holland and O'Neill (2006) emphasise empowerment as both a process and an outcome, and a number of national and international studies confirm that family members felt positive about participating in an FGC and, in most situations, agreed upon a plan (Lupton & Stevens, 2003; Pennell & Burford, 2000; Sheets et al., 2009). However, empowerment is not always a corollary of participation in this context (Holland & O'Neill, 2006) and whilst it can emancipate, it can also regulate (Connolly, 2006).

One Canadian study found some participants felt more subjugated than empowered as a result of professional manipulation of the meeting (Ney, Stoltz, & Maloney, 2011). FGCs are predicated on strengths-based practice (Jackson & Morris, 1999; Connolly, 2006; Olson, 2009), therefore, any professional prejudgement on the part of social workers is inconsistent with this framework (Gilling, Pattersen, & Walker, 1995). However, the reality of incorporating a strengths-based perspective in a mandated role is challenging (Murphy, Duggan, & Joseph, 2013; Oliver & Charles, 2015).

Love (2000) referred to the imposition of a bottom line as a strong indication that, at times, professionals still look to set the agenda, ensuring they get their preferred solution. One observational Australian study also indicated that families found it intimidating when professionals spoke first and for longer indicating their pre-eminence in, and control of, the process (Healy, Darlington, & Yellowlees, 2012). In contrast, Pakura (2005) asserts that FGCs can moderate the behaviour and influence of care and protection professionals and mitigate against their dominance of the decision-making process.

FGCs must not merely represent a form of “imposed empowerment” (Holland, Scourfield, O'Neill, & Pithouse, 2005, p. 69) reinforcing the perception of clients as essentially passive and lacking in self-determination (Lupton & Nixon, 1999). Indeed, professionally led empowerment is a contradiction in

terms (Lupton & Nixon, 1999) - there must be a willingness and ability of clients to become empowered. Whilst FGCs do provide families with an opportunity to develop their own unique constructions of both problem and solution, taking up the mantle of empowerment is challenging for many clients when they have effectively felt disempowered all their life (Ney, Stoltz, & Maloney, 2011).

### *Issues of culture and gender*

A family's presence at a conference does not necessarily translate into actual and meaningful participation. What the legislation envisages, and professionals see, as an anti-oppressive and empowering approach may not be seen as such by those involved (Ney, Stoltz, & Maloney, 2011; Connolly & Masson, 2014). The concept of family empowerment may conceal on-going gendered power relations, which have become entrenched in care and protection practice (McKenzie, 2009).

Many question the extent to which FGCs are about recognising the contribution of the indigenous Māori culture to the majority (Levine, 2000), and consider it an essentially tokenistic approach (Moyle, 2013; Love, 2000). Some see the FGC as a state-centred process within a monocultural welfare system - challenging this and empowering whānau requires something far more fundamental and far reaching than the current legislation permits (Moyle, 2013).

Whilst FGCs may permit a greater sharing of power, status, and influence along with an erosion of professional power (Ryburn & Atherton, 1996), this neglects the social construction of many power relationships, shaped by forces external to them (Biehal & Sainsbury, 1991). Empowerment from an indigenous perspective, therefore, is more than just enabling whānau to have their say; it must be backed up with a commitment to challenge and eradicate the injustice, oppression, and inequality experienced by the Māori community (Moyle, 2013). The same challenge is true from a feminist perspective (McKenzie, 2009).

## *Challenges and constraints – the contemporary context*

### *The discourse of child protection and the political context*

Commentators, almost universally, highlight the challenging dynamic of contemporary child protection practice as representing a context of competing voices and discourse. Agencies are highly pressured, under resourced, and increasingly risk averse (Littlechild, 2008). With a desire to manage



risk comes a move towards more professionally driven practices with the professional voice in the ascendancy (Connolly & Masson, 2014). The notion of empowerment has hybrid political appeal with the potential to liberate and regulate (Lupton & Nixon, 1999). In this context, practice ideals of family empowerment and participation have to compete with the more powerful, and ideologically dissimilar, discourse of risk and child protection (Connolly, 2009; Ney, Stoltz, & Maloney, 2011; Healy, Darlington & Yellowlees, 2012; Oak, 2015).

Neoliberalism has dominated economic and social policy in New Zealand over recent decades, jettisoning notions of collective and shared responsibility and replacing them with a focus on individual and family/whānau responsibility (O'Brien, 2013). It could be argued that the use of the FGC embodies this ideal of individualised responsibility (Ney, Stoltz, & Maloney, 2011) by removing the obligation of child welfare from the state, and placing it on members of the family and extended family.

#### *The impact of practitioner issues on the FGC process*

The integrity of the FGC process is undermined by a high turnover of social workers and frequent staff changes. Connolly (2006) draws attention to the need for a social worker attending an FGC to have engaged with the family over a period of time so that they have detailed knowledge and experience of them. Without it, a social worker is unable to participate meaningfully or support and prepare the family adequately prior to the conference. Moyle (2013, p. 60) also discusses the practice of “patch and despatch” by hard pressed, ever changing social workers working with Māori whānau. Assessed only in terms of their presenting issues, with little research into past and underlying issues, an FGC is often convened without a full and complete picture of the family being understood prior to, and then presented, at the conference.

Working with mandated clients can be challenging; a transparent approach, which is clear about roles and responsibilities, is crucial (Trotter, 2006). Littlechild's findings (2005) indicate worker effectiveness can be compromised when trying to combine the dual role of both family support and child protection. The need of high quality supervision to support the worker is widely identified (Beddoe, 2010; Beddoe, 2012; Littlechild, 2005; Office of the Children's Commissioner, 2015) to mitigate stress and burnout (Boyas, Wind, & Kang, 2012; Harris & Leather, 2012) and facilitate professional reflection (Beddoe, 2010; Beddoe, 2012)

### *The FGC coordinator*

The role of the FGC coordinator is an important one and can have a major impact on the process. Whilst Connolly (2006) found many coordinators feel a sense of satisfaction from their pivotal role of bringing families together to resolve the issues, many find an ever-increasing workload and deterioration in their status is putting them under enormous pressure. This compromises their ability to organise an effective conference with as many family members located and invited as possible and all relevant information shared with the family prior to the conference (Ryburn & Atherton, 1996). It is the coordinator who facilitates effective participation by all attendees, allowing everyone the opportunity to speak and be listened to ensuring key voices are heard (Ryburn & Atherton, 1996).

### *Resource issues*

In addition to staff turnover and demanding workloads, there are also significant resource issues. The FGC is a particularly resource intensive practice (Sieppert, Hudson, & Unrau, 2010) and, whilst sufficient funding was made available at the advent of the CYPFA, this has not been maintained over time (Pakura, 2005). There is often a lack of resources to find and transport family members to enable them to attend the conference. Moyle (2013) noted how many meetings didn't provide kai (food) and there is little time or inclination to look at holding the meeting in a neutral venue. Some families found going to agency premises an intimidating and disempowering experience (Aberdein, 2012; Healy, Darlington, & Yellowlees, 2012).

There is also the fundamental problem associated with the implementation of the family plans agreed at conference. Many (Connolly, 2006; Gilling, Patterson, & Walker, 1995; Moyle, 2013) state that better funding of the FGC's decision is imperative. The research indicates that nearly all FGCs end in agreement, but too much emphasis is placed on the decision-making aspect and relatively little is placed on reviewing decisions, checking on their implementation, and following up to ensure the family is getting the support it needs to implement them (Gilling, Patterson, & Walker, 1995; Kanyi, 2013; Lupton, 1998; Moyle, 2013).

### *Lack of evaluative research*

Given that FGCs are an Aotearoa New Zealand innovation, it has been relatively slow to develop research capable of evaluating the effectiveness of the FGC in safeguarding welfare. There have been

a number of small-scale studies conducted internationally (Berzin, 2006; Healy, Darlington, & Yellowlees, 2012; Malmberg-Heimonen & Johansen, 2014; Ney, Stoltz, & Maloney, 2011; Pennell & Burford, 2000; Sheets et al., 2009; Sundell & Vinnerjung, 2004), but none in the bicultural context of Aotearoa New Zealand where FGCs are mandated practice. Although challenging in the absence of an equivalent control group (Crampton, 2007), it is possible to conceptualise such a study and it is incumbent on social workers to demonstrate evidence based practice when in the field (Smith, 2001) which requires the dissemination of comprehensive evaluative data (Kanyi, 2013).

It may appear that conducting outcomes-oriented research on FGCs risks feeding into the neoliberal accountability and efficiency agenda (Frost, Abram, & Burgess, 2014), but it may no longer be enough to assume the FGC is empowering and inclusive without comprehensive research which indicates whether FGCs are capable of better protecting children from abuse and neglect (Kanyi, 2013). Some question the extent to which the FGC has developed an almost 'untouchable' and iconic status (Kanyi, 2013), and Moyle (2013) speculates that any evaluative research would expose the fact that FGCs are systematically failing Maori whānau and their children.

## Chapter Three: Methodology

### *The purpose of the research*

This purpose of this research project is to understand what social workers, who have experienced a number of FGCs, feel about the FGC process, the concept of empowerment, and the extent to which it is realised within the current model. The decision to discuss this issue with professionals rather than families ensures this project remains within the parameters of low-risk research.

Critical engagement with the FGC process from a professional perspective is an important guiding principle in this research. Critical thinking is a crucial element of evidence-based practice, which remains a key approach to social work (Marlow, 2011). The contemporary context demands greater accountability for social workers and what they do (Dudley, 2005), contributing to a need to identify interventions that have been tested empirically (Briggs & Rzepnicki, 2004 as cited in Marlow, 2011). Gambrill (2004) conceptualises this as a move away from authority-based practice, which requires a degree of scientific rigour, to guide interventions rather than being guided solely by a practitioner's past experience, intuition, or values.

Social workers are required increasingly to be consumers and producers of research. This is embedded in the ANZASW Code of Ethics (2013). Members, it is stipulated, must keep up-to-date with knowledge and social work literature relevant to their area of practice whilst maintaining a critical response to it (7.2). Such engagement continues professional development whilst maintaining skills, knowledge, and competence (7.3). It is hoped this research is a very small contribution to a body of knowledge that social workers can reflect on and use in their practice.

### *Research design*

To elicit the perspectives and experiences of social workers, a qualitative research design is necessary. This encompasses any kind of research that generates results without the use of statistical, numerical, and other quantification procedures (Corbin & Strauss, 2008). It is particularly appropriate when used for an exploratory study such as this and enables research to be conducted in natural settings.

Qualitative enquiry is an inductive process, uses words and phrases, and emphasises meanings and experience (Corcoran & Secret, 2013); it is rich with contextual detail and aims to gain an understanding into the subjective meaning that individuals attach to various phenomena, behaviours, and beliefs (Engel & Schutt, 2009).

## *Research method and technique*

### *Data collection strategy*

The research technique utilised in this study was a one-to-one, semi-structured interview with a small group of participants. This enabled the researcher to set the agenda for discussion by raising certain topics, indicating the kind of answer that would be pertinent for the study (Gilham, 2000). In this sense the researcher did exercise a degree of control over proceedings although what actual answers were and where the emphasis is placed was entirely the interviewee's prerogative (Gilham, 2000). A set of questions were prepared prior to the interview and were made available to participants. Supplementary questions, in the form of probes, were asked. Requesting clarification on certain key points or extending the narrative at other moments ensured that the natural fluidity of the interview did not prevent certain key points from being fully expounded.

There are limitations associated with one-to-one interviews that must not be overlooked. Consistency is hard to achieve and can be affected by the context and the participants involved which is particularly challenging for a novice researcher (Liamputtong, 2009). An interviewee only shares their reconstruction of events - and not how they may do, or have done, things (Liamputtong, 2009). It is incumbent upon the interviewer to be alert to this fact and not presuppose that the two automatically tally.

### *Phenomenology*

The research methodology used in this study borrows heavily from the tradition of phenomenology. As an approach to social work research, it is particularly useful since it places special emphasis on the individual's view, perceptions, and personal experiences (Denscomb, 2014). The study will not be looking to explain the cause of things, but instead will look to provide a description of how the FGC process is experienced first-hand by the social workers that are involved in them. It will privilege the voice of the participants, how they interpret events, and make sense of their 'lived' experience of the FGC process (Denscomb, 2014).

It is Shutz's conceptualisation of 'social phenomenology' that provides the philosophical and theoretical basis for the chosen research method. Shutz was the first to try to advance the idea that phenomenology is capable of providing a deeper understanding into the social world (Haralambos & Holborn 1995). His contribution to phenomenology was to look at how people make sense of the things they experience and the mental processes they used to do this (Denscomb, 2014).

This theory acknowledges the diversity of individual human experience and the fact that each person interprets and experiences the world slightly differently – despite many shared understandings (Haralambos & Holborn, 1995). Crucially then, this form of phenomenology places emphasis on providing a description that is true to the experience of those involved and, in doing so, is less concerned with looking for the essence of a phenomena (Denscomb, 2014). Drawing on this tradition, this study was content to describe individual experiences as worthy and significant in themselves rather than solely as a means to uncover the essence of the FGC phenomenon.

The phenomenological approach lends itself well to small-scale research projects, where data is collected from in-depth interviews with just a few participants. It is innately humanistic as a style of research (Denscomb, 2014) with the potential to offer an interesting, accessible, and authentic account of human experience. The FGC is a complex phenomenon, operating in risk-averse times and dealing with intimate issues in the private sphere of family life. The phenomenological approach does not gloss over complexities and contradictions or attempt to explain them away, but embraces them all as part of human experience (Denscomb, 2014).

### *Data analysis*

With phenomenology, there is a need to present the data as closely as possible to the way the participants understand it (Denscomb, 2014). However, there is still a need to analyse the data, search for meaning, and gain a greater understanding of the FGC experience using inductive reasoning (Denscomb, 2014). This was aided by the completion of a literature review in advance of the interview, which highlighted potential issues, topics, and broader conceptual themes. Once the interviews were transcribed, a close reading of the text enabled the researcher to start annotating the transcript identifying these themes, which was an important first step of the data analysis stage (Engel & Schutt, 2009).

Qualitative data analysis is iterative and demands repeatedly combing through the transcripts searching for themes or patterns from the words and narratives gained in the data collection stage (Rubin & Babbie, 2011). Whilst content analysis is the process of analysing and making inferences from the text (Engel & Schutt, 2009; Rubin & Babbie, 2011), the means by which this is achieved is by coding (Corcoran & Secret, 2013). Coding is about grouping key words, themes, and phrases into specific categories (Corcoran & Secret, 2013). It is effectively breaking the data down into smaller manageable units, which then permits comparisons to be made, and patterns to be identified (Gibbs & Taylor, 2010).

Phenomenology embraces multiple realities and accepts individuals can interpret the same phenomena differently; alternative versions and contradictions are valid (Denscomb, 2014). Repeated reviewing and rereading the data can lead to the discovery of something interesting and illuminating (O’Leary, 2014). It is the researcher’s responsibility to analyse, understand, and describe the subjective ways the participants have interpreted and made sense of their personal experiences (Denscomb, 2014). This requires an iterative re-engagement with their stories – the data.

### *Ethical issues and procedures*

This project was presented and peer reviewed by social work staff and students of Massey University. The project was judged to be low risk so a Low Risk Notification form was prepared and forwarded to the Massey University Human Ethics Committee (MUHEC). On 30<sup>th</sup> April 2015, notification was received that this project had been recorded on the Low Risk database and that approval had been given to proceed.

An information sheet was prepared which endeavoured to give a full and complete picture to the participants about the proposed research. It also outlined participants’ rights with regard to the project. A consent form was also prepared to complement this information sheet and ensure that once consent was given, it was fully informed. Participants were recruited voluntarily via personal networks and a notice placed on the ANZASW website.

Confidentiality is always an important issue to be considered when conducting research projects. All data, including transcripts, was stored on the hard drive of my password-protected computer. The

information sheet made it clear that the completed report would not use the participants' names or identify them in any way. The risk of harm or discomfort to the participants was minimised by making a list of the questions to be asked available prior to the interview. They also reviewed the transcript of the interview prior to its analysis.

This research project focuses on the process of the FGC and sharing of information about specific conferences is inevitable. A rigorous ethical approach demands that this information is kept to a minimum, used only to highlight key points, and is discussed in broad and generic terms thus protecting the identity and rights of the family involved. This is also in line with Treaty of Waitangi obligations, which demand that researchers carefully consider their research protocols where the project is relevant to Māori. It is acknowledged that many of the issues raised in this study are pertinent for Māori as they continue to be over-represented in FGCs. Protecting Māori individual and collective rights was an important guiding ethical principle. Although this project did not have a specific cultural focus, guidance was sought to ensure this project was both socially and culturally sensitive at every stage of the research process.



## Chapter Four: Findings

During the interviews, all four practitioners spoke frankly and the interviews lasted, on average, just over one hour. Although each interview worked from the same set of questions, this did not preclude the participants from developing the discussion in certain areas consistent with their perspective and experience. Commonalties and differences existed amongst this diversity of experience and the aim of this chapter is honour both in presenting the findings.

### *The participants*

PM works for an NGO that supports young people aged 11 – 18 and their families. She has attended three FGCs.

H works for an NGO that provides child and family support services. She has attended somewhere between 30 – 40 FGCs.

PT is a retired social worker who worked for CYFS for 12 years. She has attended upward of 30 FGCs.

S has been a social worker for CYFS for 15 years. She has attended many FGCs and is unable to quantify the exact number, although estimates it is not more than one hundred.

### *Interview themes*

Four broad themes emerged from the interviews as having a profound impact on the empowerment potential of the FGC. The first was engagement with the family, the second was the issue of resources, third was the role of the coordinator and, finally, the challenges inherent in the contemporary context.

### *Engagement with the family*

All participants acknowledged that FGCs are highly charged, often tense forums, but that quality engagement and ‘up front’ work with the family, prior to the conference, can mitigate this. The extent to which this happens, however, varies greatly.

*I've been to some [FGCs] where the social worker who is reading the report hasn't met the family before, or even just once (H).*

*Others I've been to... I'm like the fourth social worker they've had over a short period of time... They have no faith in the process and no real relationship with anyone in the room. It was tense, awkward (PT).*

*There's a number of things [that make a difference] ... but again it's pretty much down to the relationship between the social worker and the family (S).*

*There needs to be a lot more work done before the FGC and better explanations to those attending... adequate preparation changes the dynamic (PM).*

Lack of adequate engagement with the family perpetuates a sense of distrust between professionals and families and can make an FGC even more stressful for families who are already in a precarious position. One participant discussed a team she had worked on where several meetings with the family prior to the FGC was normal practice.

*We went through the FGC referral, looked at the options, discussed those, and then got some input about what the outcomes might be so that by the time they got to the FGC, it was just a case of doing the 'official bit' (H).*

Such an approach conceptualises the FGC as being at the end of a longer process of social work engagement with a family. Whilst such preparation is undoubtedly time consuming, one participant reflected that lack of adequate preparation is not always about time.

*Families are not well prepared in my experience and I think it's more about [social workers] not feeling comfortable about doing it. FGCs are terribly fraught. I hear recently about social workers talking about FGCs and about... how they feel unsafe or threatened (S).*

This implies that many social workers feel apprehensive and intimidated about their role in FGCs – and may need support in their preparations. Whilst this may reflect the involuntary nature of their

clients, it might also reflect the lack of genuine engagement with the family beforehand, which results in mutual distrust and potential antagonism.

Empowering families, therefore, requires preparation but also a degree of honesty and transparency with regards to the information that is going to be presented

*We've got a thing where we shouldn't have families having any surprises at the FGC – good, bad, or otherwise... If it is something they are hearing for the first time – I think it is hugely disrespectful (H).*

Most participants agreed that there is, more often than not, a non-negotiable 'bottom line' at FGCs. Whilst this does appear to constrain family empowerment, it is something that must be communicated with the family prior to the conference.

*Sometimes you're having to say a bottom line... it happens, you have to stick to that, but they shouldn't be hearing for the first time at a family group conference because how would we like it if it was us and we just found this out? (H)*

Ultimately, better preparation often leads to better decision-making. However, prior to the private family time, the information sharing stage also has a profound effect on the process and how it is perceived and experienced by families. All participants discussed issues of professional dominance extensively.

*There's little family input in the information stage... it's really all about the professionals reading their reports. It can take a while... I've seen a large number of professionals sit there not looking at the family, reading their report, and the family just sit and listen, looking angry, uncomfortable (PT).*

One FGC attended by a participant was in a small room with a particularly large number of professionals. It was tense and uncomfortable as a result. The mother subsequently complained that there were too many professionals present and that it had affected the dynamic. Another participant

felt having a range of other professionals present was often reassuring for the presenting social worker.

*I don't know if this is a personal thing or a social work thing, but it feels better to have someone else there saying the same stuff as you, so it's not just you being "the bad person in the room (S).*

It is not only the number of professionals present that can challenge notions of empowerment; the language they use can act as a significant barrier to families.

*Buzz words, certain phrases, they are not always understood by family members. You see some family members just not engage with what is being said because of the way it is presented (PT).*

### Resources

Most participants agreed that FGC resourcing was critically low which has an impact on the process as families experience it.

*During my time, I saw money dry up for FGCs – it wasn't overnight, but you could see it. There's no budget for food, coordinators swamped... it all makes the process seem a bit miserly in many ways (PT).*

The provision of food and drink helps to relax families and provide a more congenial atmosphere. Now families are expected to deliberate for long periods with little or no refreshments.

*Compared to when I first started going to FGCs 12 or 13 years ago and it was tea and lunches and now you give them a packet of biscuits for an all-day conference (H).*

One participant speculated whether there is a correlation between the length of conferences now and the provision of food.

*You know I think the fact that we don't supply food may have shortened the process. An FGC that goes for three or four hours now is considered a long one. And it could be because we don't break for food and people just want to get out of there (S).*

Empowering family and whānau depends on having as many members present as possible. The availability of resources to transport them to the conference is also limited.

*If you've got family that are local, then that's OK. If you've got family further away, good luck with that (H).*

However, the resources that are made available for travel are site specific as another participant reflected that this this aspect of the FGC was fairly well resourced in her office.

All participants agreed that as budgets have been increasingly tightened, coordinators have become increasingly under resourced. This has significantly impacted the choice of venue for FGCs – they are, almost always, held in CYFs or agency offices. One participant acknowledged that families were once consulted and community venues considered, but that is no longer the case.

*Coordinators are hugely under resourced... Part of it is their time resource to actually do the work and go out with the families and discuss where the FGC should happen. Another part is financial. I think it's a combination of the two. Generally speaking, it's resourcing... We probably don't do very well in that respect (H).*

The issue of site specific resourcing was also mentioned. Whilst all agreed that most families were offered additional services and resources to enable them to make their decision or support their decision, this varied depending on location.

*Of course, with budgets... the manager may say, 'I won't pay for anything in an FGC that hasn't been preapproved.' When you're coming up with a plan or discussing possibilities, unfortunately budgets are always in the forefront. You may not go for the best option because it's not the cheapest option (S).*

### *The role of the FGC coordinator*

All participants acknowledged the pivotal role of the coordinator in the FGC process, but that they were often overloaded with work and critically under resourced.

*The coordinators will do their bits, but my experience is that it is unrealistic to expect them to do too much – their workloads are enormous and I don't think they can fulfil what they are supposed to do (H).*

However, discussion didn't just focus on resourcing. Some participants also made reference to the impact that individual coordinators can have on the FGC process.

*You get some coordinators that are amazing and others – you see their names on the list and you think 'oh my God – that's going to be horrible' (S).*

One participant commented that the coordinator can influence the style and structure of the FGC. When presenting information to conference she commented:

*The more creative the better for me, but that will depend on your coordinator as well. Some coordinators are like 'Let's go with it, I'm happy to do anything', others are quite structured and to the book. I like the free thinking ones! (H)*

*We've got a good one [coordinator]... she has her strengths and weaknesses... you develop relationships. There are some social workers on site who hate working with her and probably avoid FGCs because they don't like the way she runs them (S).*

Skilled facilitation is crucial, but what that looks like means different things to different people.

*The FGC coordinator needs to be assertive. They're the one who sets the scene and both times [during FGCs I attended] I don't think that was done that well... Facilitation is key....and that definitely affects the process (PM).*

### *The contemporary context*

FGCs are an important process in statutory social work and operate in a highly politicised, ideologically driven, and risk-averse context – some participants reflected on this.

*The modern day child protection environment is tough, incredibly tough... We're often more about compliance than transforming lives (PT).*

*I don't want to be critical of CYFs... but the culture that they work under is constantly under resourced and I am not always sure good practice is the main motivation. I think it's really important to have hope for families that you're working with and sometimes it feels like we don't. We think that it's all too far gone (H).*

Organisational culture is also influential and two participants reflected on how it can, and does, influence the FGC process.

*I think much of it comes down to the social worker and the agency... the team that you're in and the culture around what you should do prior to FGCs (H).*

*I think there isn't enough preparation and training around social workers' role and their feelings about conferences... skilled supervision would unpick some of the issues, but that's not a strong point in Child, Youth and Family (S).*

The contemporary context is also one of welfare retrenchment and cuts in public spending with a more residual, minimalist role envisaged for the State. Resourcing for government agencies is tighter than ever before. One participant reflected on how this has impacted at an individual practitioner level.

*CYFs social workers' caseloads are astronomically high. So you are constantly prioritising and reprioritising families and their needs and deciding which one needs your immediate time and attention versus the ones that are holding it together (PT).*

The government imperative to adhere to strict budgetary constraints was highlighted by one practitioner.

*It's not individual social workers or even individual managers – they are told 'this is your budget, don't move beyond it' and they are constantly getting messages around finances and pressure and they absorb that... it's the MSD culture... and that's the pervasive message with this government approach, you know, cost effective services (S).*

Rationalisation of services and interventions is, therefore, an ever-present challenge. One participant noted that there is often a resistance to embark upon the FGC process until a family is at an acute stage of crisis - when the situation is sufficiently risky to justify an FGC.

*I think FGCs are not always used at the right time... I'm more in favour of using them earlier rather than later because the idea of getting family and whānau support around the child is helpful much earlier rather than at the point that we're going to take your kids (H).*

The implication of the four key themes that emerged from the interviews will be now be considered in more detail. By linking the findings of this research with previous studies and academic commentary, the empowerment potential of the FGC can be more fully explored.



## Chapter Five: Discussion and Recommendations

### *Discussion*

The interviews yielded many divergent and interesting professional insights into the FGC process and its empowerment potential. One of the consistent themes that emerged from the data was the amount of professional engagement with the family before, during, and after the FGC and the extent to which this can influence the process. From the responses, it appears that the relationship between social worker and family is often, at best, ambivalent (Ney, Stoltz, & Maloney, 2011) and, at times, adversarial.

There is no doubt that there is a unique and intense pressure on social workers during the FGC process (Connolly, 2006). Their social work practice is exposed throughout and, as one of the participants in this study noted, this vulnerability leads many practitioners to feel intimidated and anxious as a result. Connolly (2006) further notes this is only exacerbated in the contemporary child protection environment where high staff turnover often leads to a social worker having to justify the actions of a previous worker regardless of whether they agree with it or not.

The contemporary context is one where a forensic approach to social work predominates; risk assessments, information management, and accountability means less client-social worker contact (Antle, Barbee, Christensen, & Martin, 2012) and investigative procedures create a “role ambiguity” (Littlechild, 2005, p. 396) for workers which does little to enhance a sense of co-operation between family and worker. Turnell and Edwards (as cited in Oliver & Charles, 2015) characterise the relationship between social worker and client as the “principle vehicle for change” (p. 9) and, whilst this inherently complex relationship can often be conflicted, it should provide the foundation on which the FGC process is built. It is the “small increments of careful interaction” (Turnell & Edwards as cited in Oliver & Charles, 2015 p. 10) between client and worker prior to the FGC, which should foster a sense of participation and partnership.

However, this neglects to take into account the violence, aggression, and intimidation that are constant features for child protection practitioners, and the extent this can impact their practice (Littlechild, 2005). Practitioners routinely enter the personal sphere of a family’s life, impinging on the

power and control dynamics within it, which are often present in abusive situations (Littlechild, 2005). Dealing with threats, duplicity, and subterfuge is challenging, stressful, and disempowering for the worker and questions the extent to which ‘partnership’, as envisaged by the legislation, is always possible.

It is these sentiments that are often echoed by the participants in the study; words such as ‘fraught’, ‘tense’, and ‘awkward’ underline the sense that there is an uneasy tension at the heart of the current FGC process that creates the opportunity for a confrontational and adversarial dynamic. Relational practice has been severely undermined by the neoliberal agenda with its use of formal risk assessment tools in child protection practice. Uncertainty characterises the contemporary climate (Fook, 2010) with Beck’s (1992, p. 154) concept of “reflexive modernity” encapsulating the fluidity of social contexts. Despite this context, child protection risk assessment tools have sought to manage risk and eradicate any uncertainty by drawing on the positivist paradigm - with its qualities of control and predictability (Littlechild, 2008) - to determine causality (Oak, 2015).

This is embedded in the Tuituia Assessment Framework (TAF) used by CYFs. This kind of standardised risk assessment has eroded the practical-moral dimensions of social work, encouraging an excessively procedural defensive approach (Littlechild, 2008). Risk assessment tools do not enable the worker to capture the whole picture - human existence can be messy, complex, and contradictory - and cause and effect cannot be determined from a simple observation of certain events (Littlechild, 2008). The TAF merely squeezes the relational side of practice - which can itself mitigate risk (Oak, 2015) - whilst devaluing professional judgement, discretion and critical thinking (Oak, 2015). This precludes the opportunity for collaborative, proactive, and preventative work with families (Oak, 2015), which is counterproductive to the entire FGC process.

As one of the participants noted, she had been present at some “stunningly” good FGCs and some far less positive ones. What was clear from the responses is that successful FGCs have almost always been preceded by an intense period of work with a family that has created a “climate of honesty” (Connolly, 2006, p. 355). When it is possible, “respective engagement” (Healy, Darlington, & Yellowlees, 2012, p. 425) can enable practitioners to be upfront with families about care and safety concerns whilst also acknowledging and responding to their particular needs and expectations. Whilst it is an extremely

challenging process and a delicate balance to strike, transparency is one of the most critical factors to achieving this.

Transparency is, as Trotter (2006) points out, an on-going process, which goes beyond an initial explanation by the social worker of their purpose, role, and authority to a family. He advocates an on-going dialogue where the shifting nature of the relationship is laid bare; clients in child protection are invariably involuntary and the client-worker relationship is often characterised by issues of inequality and non-consensually. Being open and honest about this is critical and allows each to perform their role more effectively (Trotter, 2006). A Child, Youth & Family (CYF) social worker cannot negate their statutory mandate – and nor should they. What is critical to successful engagement, and subsequent empowerment of the family within the FGC process, is the ability of the worker to be honest about this and ensure the client is clear that this is a dual role - of surveillance and of helping.

Trotter's research (2006) indicated that those clients who perceived and understood this duality usually had better outcomes. In the absence of this, mistrust, misunderstanding, and antagonism can arise. Grafting an FGC onto this, with families already frustrated, defensive and disempowered, undermines the process. The implication is clear: social work outcomes are fundamentally affected by the relationship between client and worker – which are, in turn, affected by the latter's experience, approach, attitude, and skill (Frost, Abram, & Burgess, 2014). The level of skill involved is significant: as one study found, overcoming parents' initial feelings about their child protection social worker as controlling and critical and gaining their trust is far from easy (Littlechild, 2005).

With relationship building constrained in the current political climate, it appears that managers, at all levels, need to be more conscious than ever before about the increasingly difficult work that child protection social workers are expected to undertake. Social workers need support in the development of their practice; they require opportunities to deepen their understanding whilst refining their skill set to enhance their ability to engage effectively with families. Ruch (2007) commented that social workers rarely receive the kind of support that is necessary to enact relational practice in a context that is often overwhelmed by an acute and pervasive anxiety. Boyas et al. (2012) noted the extreme stress experienced by social workers where abuse and burnout are commonplace (Harris & Leather, 2012).

Regular and effective supervision would assist this, enabling workers the time and space to reflect on their practice. Described as “not a strength of CYFs” by one of the participants, lack of supervision was identified by a recent report as a key contributor to inconsistent and inadequate social work practice in CYFs (The Office of the Children’s Commissioner, 2015). Supervision is a core process in social work, which has been consistently undermined by the neoliberal agenda (Beddoe, 2012). Managerialism demands professional conformity (Oak, 2015) and compliance with supervision, the tool by which this can be achieved. As such, even when supervision is offered, it is not always facilitative and supportive of creative, intuitive, and reflective child protection practice, which further cements a reactive and mechanistic approach (Beddoe, 2010).

Even with a steadfast professional commitment to the philosophy and process of the FGC, research has indicated how challenging it can be for some social workers to “let go” enough to trust families to formulate a plan (Holland, O’Neill, Scourfield, & Pithouse, 2005). As a result, many workers endeavour to retain control both by direct and indirect means, compounded by a lack of quality engagement beforehand. What is clear from the participants’ responses in this study is that ‘bottom lines’ are often unavoidable, but that they must be discussed openly and frankly prior to the FGC. A lack of critical information provided to the family in advance of the conference makes it much harder for them to know where they stand and make informed choices and plans capable of meeting child protection concerns (Connelly, 2006).

Several participants stressed the difficulties of staying strengths-based in the FGC whilst presenting child welfare concerns. Original strengths-based theories locate expertise predominantly in the client, not the social worker, which do not reflect the realities of client or worker or respond to the delicate balance of collaboration and authority within child protection work (Murphy et al., 2013). Saleebey (2012) writes of the need to adopt a ‘both/and’ position that requires social workers to acknowledge and work with a family’s unique strengths and challenges. This is also a challenge in the current context as child protection workers are seen more like investigators, evidence gatherers, and reporters (Howe as cited in Littlechild, 2005) working against, not with, a family. This power is significant and must be acknowledged as having both a productive and oppressive quality (Oliver & Charles, 2015) - which can be felt acutely by clients.

To guard against this, it would seem there is a role for a family advocate. One participant spoke about meeting a client several weeks after an FGC who had no idea of what she had agreed to – she had given her assent to a variety of undertakings with little understanding of the implications in order to keep custody of her children. Her reflection on the FGC was: “I only agreed, because I thought I couldn’t disagree”. FGCs are highly charged, stressful, and emotional forums dealing with sensitive and intimate issues and the decisions made carry legal weight. Families are often beset by an array of structural factors – poverty, mental health, drug/alcohol misuse, family violence – that can make it difficult or impossible for key members of the family to advocate for themselves.

Intra-family relations can also be complex and conflictual, and there is a sense that the FGC does promote a rather optimistic view of such relations that does not always reflect the reality of some families (Holland, Scourfield, O’Neill, & Pithouse, 2005). In her study of FGCs, Moyle (2013) noted wahine Māori, who were experiencing family violence, felt “bullied” into FGC decisions, unable to speak up, yet blamed for not being able to protect their children. Another commentator noted how one woman described her experience in a Canadian FGC as putting her mothering ability “on trial” (Ney, Stoltz, & Maloney, 2011). Little research has been done into the female experience of the FGC and the extent to which it operates as form of gendered social control perpetuating patriarchal notions of parenting and reinforcing the feminisation of care (McKenzie, 2009; Ney, Stoltz, & Maloney, 2011).

There is also the issue of cultural competency within child protection practice. Moyle’s research (2013) found many Māori social workers taking on various roles alongside non-Māori colleagues – cultural advisor, translator, & teacher – to bridge a bicultural ‘gap’. This was echoed in a recent report by the Office of the Children’s Commissioner (2015), which also highlighted the lack of dedicated training opportunities for staff to develop culturally appropriate social work practice. Moyle (2013) questions the extent to which FGCs represent a tokenistic effort to achieve justice and social change for Māori within a monocultural child protection system, still administered by Pākehā, for Pākehā. One participant in this study acknowledged that the social workers at her site were “predominately Pākehā, very middle class, mainly women... almost all the same age”.

It is clear from the participants that a balance between professionals and family is not always achieved within FGCs. The FGC must represent and promote opportunities for family members to be heard and

their contributions valued. One observational study in Queensland (Healy, Darlington, & Yellowlees, 2012) observed professionally heavy dynamics noting the ‘chaos’ that ensued as professionals came and went and observed that, in the vast majority of meetings, professionals consistently spoke most frequently and for longest. This reflected the experience of participants in this study, all of whom described incidents of the kind of professional ‘coming and going’ within an FGC with one describing the “angry and uncomfortable” faces of the family as professionals dominated the information sharing stage.

Despite this, many international studies (Holland, Scourfield, O’Neill, & Pithouse, 2005; Pennell & Burford, 2000; Sundell & Vinnerjung, 2004) have indicated many families do have a high level of satisfaction with the model and welcome the opportunity to take a more active part in decision-making that affects the children and young people in their family. Research further highlights that democratic inter-personal relationships can be supported by the FGC process (Holland, Scourfield, O’Neill, & Pithouse, 2005). The extent to which this occurs within an individual FGC often comes down to skilful facilitation by the coordinator and there was general agreement by the participants that a good FGC depended on who ran it.

The interesting and pivotal role of the coordinator yielded many comments from all participants. There did appear to be an adversarial dynamic between social worker and coordinator at times, encapsulated by one participant who observed: “there’s always been a tension... who’s the big boss in the room? Is it the coordinator or the presenting social worker?” Whilst at times this may be reflective of a clash of style and personality, it also hints at something more fundamental. The legislation originally envisaged that the coordinator position would be senior to the social worker, but coordinators now are poorly resourced positions, they are often part-time and consequently overwhelmed with work. As a result, many coordinators feel a distinct downgrading of their status and a sense of being increasingly side lined (Connolly, 2006) alongside the stress of an ever-increasing workload. Despite such constraints, many coordinators feel protective of the FGC process and receive little support from CYF leaders as they endeavour to execute their legislative duties (Moyle, 2013).

There is a sense of professional disenchantment with the FGC process from the practitioner responses in this study. Whilst it is possible to see how bold and innovative a vision the FGC represented when it was introduced in 1989, it is notable how pervasive and damaging the issue of a lack of resources

has been on the FGC process over time. One participant used the term ‘miserly’ to describe a process that no longer provides a welcoming environment with refreshments and adequate space, transports family members, or looks to community venues to hold the meeting. One participant noted the disempowering effect of predetermined funding by CYF managers who insist they won’t resource any family plans unless they have been preapproved. This requires a social worker to pre-empt what a plan will look like and submit a funding proposal accordingly. A pressure on resources, which require the predetermined funding of FGCs, is, therefore, effectively predetermining the outcome (Moyle, 2013) - and disempowering the family in the process.

In addition to being starved of resources, one participant noted the lack of hope that seems to predominate in the child protection context. Risk assessments and computerised databases have reduced clients’ identities, experiences, circumstances, and relationships into a ‘risk score’, which is used as the basis for defensive, not collaborative practice (Oak, 2015, p. 5). Statutory agencies are now more accountable than ever before – not just to government – but are regularly held to account by media and the court of public opinion. As such, practice becomes future-orientated and procedures are invariably developed in response to social work ‘mistakes’ (Lupton & Nixon, 1999).

Navigating such conditions, managing one’s work load and still finding the kind of dedication and determination to engage with clients in a meaningful way places exigent demands on the shoulders of individual practitioners. FGC empowerment, however, cannot be realised at the individual practitioner level alone. It requires an organisational vision that moves beyond a mere risk management, containment role that pays lip service to possibilities, not deficits, and shows a commitment to something bolder and more transformative. Neoliberalism has assailed social service agencies, leaving the efficiency and accountability agenda firmly embedded in agency organisational ethos. Family empowerment in this context is as much about shifting the responsibility for child welfare away from the state in line with the prevailing ideology of personal responsibility and reduced state intervention in family life (Lupton & Nixon, 1999; O’Brien, 2013).

The FGC process is hamstrung by a lack of adequate resourcing and the ascendancy of a political ideology that triumphs efficiency over effectiveness, risk management over family empowerment. Aotearoa New Zealand led the world when it introduced the CYPFA 1989 and made an inclusive, participatory model of decision-making mandatory in child protection. By incorporating the views and

wishes of the family, including those not usually involved in this kind of decision-making, the FGC does represent a degree of family involvement not enjoyed in other jurisdictions.

FGC rhetoric can be alluringly transformative, but it also conceals the State's very real and coercive power over those deemed 'irresponsible' and workers must be cognisant of that at every stage of the FGC process (Connolly & McKenzie, 1999). In a culture of risk management, social workers face an unprecedented level of scrutiny, lack of trust, and a focus on outcomes that inevitability favours an adherence to procedural conformity over client empowerment.

There has been some criticism that no evaluative work has been undertaken in Aotearoa New Zealand to assess the effectiveness of FGCs in strengthening families and improving outcomes for children (Kanyi, 2013; Moyle, 2013). However, with a recent report into the work of CYFs casting doubt as to the effectiveness of state intervention in safeguarding welfare for vulnerable children (Office of the Children's Commissioner, 2015), it seems timely to advocate for a reinvention and revitalisation of the FGC process in Aotearoa New Zealand as part of a package of measures to improve how CYFs meets the needs of vulnerable children.

Somewhere along the drive for a more efficient model of social services, it was forgotten that social work is relational and that it cannot be done alone. There needs to be a change in organisational culture, which supports and encourages workers to be critically reflective practitioners with the necessary desire, skill, and cultural competency to be able to engage with families in order to facilitate change. For an FGC to begin to realise its empowerment potential, it must be part of an on-going process of engagement, advocacy, and support between worker and family with an organisational and individual professional commitment to this relationship before, during, and after the FGC. This is not a 'tick box' exercise, but an exercise in authenticity, the building of a working relationship with clients and families to protect children from abuse and neglect.

Governments impose unrealistic expectations on social work agencies that create a climate of fear and anxiety at every level of the organisation. The assessment and elimination of risk has become the holy grail of social work. Assessment frameworks militate against collaborative practice and are incapable of building a multi-dimensional picture of a family. There is a need to accept that social workers cannot get everything right all of the time, and that for capable, competent social workers to



continue work effectively, there needs to be a culture of support, not a culture of blame (Littlechild, 2008).

Inextricably linked to all of these issues and more, there is the question of resources. The FGC is undermined by the persistent and pernicious lack of money. Under resourcing prevents the FGC from fulfilling its legislative mandate when coordinators are required to stay within a budget that provides no choice around where to hold the FGC. Families are expected to deliberate for long periods of time with no sustenance, which does little to inspire good decision-making. The lack of refreshment erodes the FGCs claim to be a culturally inclusive forum; kai is an important part of tikanga and an essential part of any whānau hui.

The FGC remains an incredible opportunity to facilitate family empowerment, by widening the pool of people involved in the care and protection process and bringing them together in a solution-focused forum, which seeks to build community and strengthen family. However, in the contemporary child protection context, the scarcity of resources has imposed severe constraints on the FGC's ability to empower and enable families. Empowerment requires preliminary and ongoing support – it often receives neither. The culture of risk management has induced a crisis of self-confidence in the social work profession which is haunted by mistakes and oppressed by the politics of blame. Organisational culture reinforces this, making it difficult for workers to empower when they feel so disempowered themselves. An organisational overhaul is required, which clarifies vision, purpose, and direction, and is committed to building a culturally capable and resilient workforce supported and well connected to core social work values.

Until support for such a change is mobilised, the FGC will continue to flounder, unable to meet the challenge of family empowerment in the 21<sup>st</sup> century. The FGC is a significant and powerful legal process that can alter and impact vulnerable children's lives. Family empowerment is not an end in itself, but must be the means by which a child's welfare can be safeguarded and wellbeing enhanced. It is a commitment to this principal, which must be the driving force for change.

*Mehemea ka patai mai koe he aha  
te mea tino nui, ka whakahoki ahau,  
he tangata! he tangata! he tangata!*

You ask me what is the most  
important thing in all the world  
It is people! It is people! It is people!

### *Recommendations*

With such a relatively small cohort of social work professionals interviewed for this study, the results are not generalisable. However, many of the themes that emerge are consistent with those found in international research literature. This implies that further, more comprehensive research into the effectiveness of the FGC process to empower families and safeguard welfare in Aotearoa New Zealand, is long overdue. However, drawing on the findings of this research and studies conducted internationally, the following recommendations are also offered:

- Implement a model of pre-conference liaison training for social workers to support engagement and negotiation with families' FGCs. This could support greater transparency and role clarity for both worker and family (see Oliver & Charles, 2015; Trotter, 2006) prior to the FGC and ensure the referral and 'bottom lines' are discussed respectfully and honestly (see Healy, Darlington, & Yellowlees, 2012).
- Ensure an adequate level of social work resource to lower caseloads and facilitate more quality and direct engagement with families (see Office of the Children's Commissioner, 2015). This also applies to the FGC coordinator; the expectations of the role require clarification and sufficient resourcing.
- Provide on-going professional development for all staff and regular training opportunities to build cultural competency and capability (see Moyle 2013; Office of the Children's Commissioner, 2015).
- Provision of sufficient resources to enable the FGC process to include a minimum level of refreshments and kai and for alternative community venues to be considered when necessary (see Moyle, 2013).

## References

- Aberdein, J. (2012). *The family group conference – a model of empowerment*. (master's thesis, Massey University, Palmerston North, New Zealand). Retrieved from <http://libcontent.massey.ac.nz.ezproxy.massey.ac.nz/bitstream/123456789/429/1/Aberdein%2c%20j.pdf>
- Antle, B., Barbee, A., Christensen, D., & Martin, M. (2012). The impact of solution based casework (SBC) practice model on federal outcomes in public child welfare. *Child Abuse & Neglect*, 36(4), 342–353. doi: 10.1016/j.chiabu.2011.10.009
- Aotearoa New Zealand Association of Social Workers. (2013). Summary of the Code of Ethics. Retrieved from [http://anzasw.org.nz/documents/0000/0000/1776/Chapter\\_3\\_Code\\_of\\_Ethics.pdf](http://anzasw.org.nz/documents/0000/0000/1776/Chapter_3_Code_of_Ethics.pdf)
- Barbour, A. (1991). Family group conferences: Context and consequences. *Social Work Review*, 3(4), 31–42. doi: 10.1111/cfs.12047
- Beck, U. (1992). *Risk society: Towards a new modernity*. London, UK: Sage.
- Beddoe, L. (2010). Surveillance or reflection: Professional supervision in the 'risk society'. *British Journal of Social Work*, 40(4), 1279–1296. doi: 10.1093/bjsw/bcq018
- Beddoe, L. (2012). External supervision in social work: power, space, risk and the search for safety. *Australian Social Work*, 65(2), 197–213. doi: 10.1080/0312407X.2011.591187
- Bell, M., & Wilson, K. (2006). Children's views of family group conferences. *British Journal of Social Work*, 36(4), 671–681. doi: 10.1093/bjsw/bch421
- Berzin, S. C. (2006). Using sibling data to understand the impact of family group decision-making on child welfare outcomes. *Children & Youth Services Review*, 28(12), 1149–1458. doi: 10.1016/j.childyouth.2006.03.003
- Biehal, N. & Sainsbury, E. (1991). From values to rights in social work. *British Journal of Social Work*, 21(3), 245–247.
- Boyas, J., Wind, L., & Kang, S. (2012). Exploring the relationship between employment based social capital, job stress, burnout and intent to leave among child protection workers: an age-based path and analysis model. *Children and Youth Services Review* 34(1), 50–62. doi: 10.1016/j.childyouth.2011.08.033
- Brown, L. (2003). Mainstream or margin? The current use of family group conferences in child welfare practice in the UK. *Child & Family Social Work*, 8(4), 331–340.

- Children, Young Persons & Their Families Act No. 24 (1989). Retrieved from <http://www.legislation.govt.nz/act/public/1989/0024/latest/DLM147088.html?src=qs>
- Connolly, M., & McKenzie, M. (1999). *Effective participatory practice: Family group conferencing in child protection*. New York City, NY: Aldine de Gruyter.
- Connolly, M. (1994). An act of empowerment: The Children, Young Person and their Families Act 1989. *British Journal of Social Work*, 24(1), 87–100.
- Connolly, M. (2006). Up front and personal: Confronting dynamics in the family group conference. *Family Process* 45(3), 345–357.
- Connolly, M. (2009). Family group conferences in child welfare: The fit with restorative justice. *Contemporary Justice Review* 12(3), 309–312. doi: 10.1080/10282580903105822
- Connolly, M., & Masson, J. (2014). Private and public voices: Does family group conferencing privilege the voice of children and families in child welfare?. *Journal of Social Welfare & Family Law*, 36(4), 403–414. doi: 10.1080/09649069.2014.967989
- Corbin, J., & Strauss, A. (2008). *Basics of qualitative research* (3<sup>rd</sup> ed.). Thousand Oaks, CA: Sage.
- Corcoran, J., & Secret, M. (2013). *Social work research skills workbook*. New York City, NY: Oxford University Press.
- Crampton, D. (2007). Research review: family group decision-making – a promising practice in need for more programme theory and research. *Child & Family Social Work*, 12(2), 202–209. doi: 10.1111/j.1365-2206.2006.00442.x
- Denscomb, M. (2014). *The Good Research Guide* (4<sup>th</sup> ed.). Berkshire, UK: Open University Press.
- Dudley, J. (2005). *Research methods for social work*. Boston, MA: Pearson Education.
- Engel, R., & Schutt, R. (2013). *The practice of research in social work* (3<sup>rd</sup> ed.). Thousand Oaks, CA: Sage.
- Fook, J. (2010). Uncertainty – the defining characteristic of social work? In V. Cree (Ed), *Social work: A reader* (pp. 78–90). Oxford, England: Routledge.
- Frost, N., Abram, F., & Burgess, H. (2014). Family group conferences: evidence, outcomes & future research. *Child & Family Social Work* 19(4), 501–507. doi: 10.1111/cfs.12049
- Gambrill, E. (2004). Contributions of critical thinking and evidence based practice to the fulfilment of the ethical obligations of the professions. In H. Briggs & T. Rzepnicki (Eds.), *Using evidence in social work practice* (pp. 3–19). Chicago, IL: Lyceum.
- Gibbs, G., & Taylor, C. (2010). How and what to code. Retrieved from [http://onlineqda.hud.ac.uk/Intro\\_QDA/how\\_what\\_to\\_code.php](http://onlineqda.hud.ac.uk/Intro_QDA/how_what_to_code.php)

- Gilling, M., Pattersen, L. & Walker, B. (1995). Family members' experiences of the care and protection family group conference process. In *Social Policy Agency Study*. Wellington, New Zealand: Ministry of Social Development
- Haralambos, M., & Holborn, M. (1995). *Sociology – themes and perspectives* (4<sup>th</sup> ed.). London, UK: HarperCollins Publishers.
- Harris, B., & Leather, P. (2012). Levels and consequences of exposure to service user violence: Evidence from a sample of UK social care staff. *British Journal of Social Work* 42(5), 851–869. doi: 10.1093/bjsw/bcr128
- Hart, C. (2008). *Doing a literature review*. London, UK: Sage.
- Hassall, I. (1996). Origin and development of family group conferences. In J. Hudson, A. Morris, G. Maxwell, & B. Galaway (Eds.), *Family Group Conferences: Perspectives on policy and practice*. Sydney, Australia: The Federation Press Criminal Justice Press.
- Healy, K., Darlington, Y., & Yellowlees, J. (2012). Family participation in child protection practice: An observational study of family group meetings. *Child & Family Social Work*, 17(3), 1–12. doi: 10.1111/j.1365-2206.2011.00767.x
- Holland, S., & O'Neill, S. (2006). "We had to be there to make sure it was what we wanted" – enabling children's participation in family decision making through the family group conference. *Childhood* 13(1), 91–110. doi: 10.1177/0907568206059975
- Holland, S., O'Neill, S., Scourfield, J., & Pithouse, A. (2005). Democratising the family and the state? The case of family group conferences in child welfare. *Journal of Social Policy*, 34(1), 59–77.
- Jackson, S., & Morris, K. (1999). Family group conference – user empowerment or family self reliance? A development from Lupton. *British Journal of Social Work*, 29(4), 621–630.
- Kanyi, T. (2013). Lack of outcome research on New Zealand care and protection family group conferences. *Aotearoa New Zealand Social Work Review* 25(1), 35–42.
- Levine, M. (2000). The family group conference in the New Zealand Children, Young Person & their Families Act 1989: Review and evaluation. *Behavioural Sciences & the Law*, 18(4), 517–556.
- Littlechild, B. (2005). The nature and effects of violence against child protection workers: Providing effective support. *British Journal of Social Work*, 35(3), 287–401. doi: 10.1093/bjsw/bch188
- Littlechild, B. (2008). Child protection social work: Risk of fears and fears of risk-impossible tasks from impossible goals?. *Social Policy & Administration* 42(6), 662–675. doi: 10.1111/j.1467-9515.2008.00630.x

- Love, C. (2000). Family group conferencing: Cultural origins, sharing and appropriation: A Māori reflection. In G. Burford & J. Hudson (Eds.), *Family group conference - new directions in community centred child & family practice*. Rutgers University, NJ: Aldine Transaction.
- Liamputtong, P. (2009). *Qualitative research methods (3<sup>rd</sup> ed.)*. Melbourne, Australia: Oxford University Press.
- Lupton, C., & Nixon, P. (1999). *Empowering Practice? A critical appraisal of the family group conference approach*. Bristol, UK: Polity Press.
- Lupton, C., & Stevens, M. (1998). Family group conferencing: The UK experience. *Interdisciplinary Report on At-Risk Children & Families*, 1(2), 21–31.
- Lupton, C., & Stevens, M. (2003). Family outcomes: Following through on family group conferences. *Protecting Children*, 18(1 & 2), pp. 127-128.
- Malmberg-Heimenen, I., & Johansen, S. (2014). Understanding the longer term effects of family group conferences. *European Journal of Social Work*, 17(4), 556–571. doi: 10.1080/13691457.2013.818528
- Marlow, C. (2011). *Research methods for generalist social work (2<sup>nd</sup> ed.)*. Belmont, CA: Brooks/Cole.
- McKenzie, M. (2009). The family group conference in child welfare: A view from New Zealand. In B. Featherstone, C. Hooper, J. Scourfield, & J. Taylor. (2009). *Gender & child welfare in society* (pp. 223–246). Chichester, UK: Wiley Blackwell.
- Ministry of Social Development. (n.d.) *Strengths and evidence based perspective*. Retrieved from <http://www.practicecentre.cyf.govt.nz/knowledge-base-practice-frameworks/care-and-protection/perspectives/strengths-and-evidence-based.html>
- Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare. (1986). *Puao-te-Ata-tu (Daybreak)*. Wellington, New Zealand: Department of Social Welfare.
- Morris, K., & Connolly, M. (2012). Family decision-making in child welfare: challenges in developing a knowledge base for practice. *Child Abuse Review*, 21(4), 41–52. doi: 10.1002/car.1143
- Moyle, P. (2013). From family group conferencing to Whanau Ora: Māori social workers talk about their experiences (master's thesis, Massey University, Palmerston North, New Zealand). Retrieved from [http://mro.massey.ac.nz/bitstream/handle/10179/4731/02\\_whole.pdf?sequence=1&isAllo wed=y](http://mro.massey.ac.nz/bitstream/handle/10179/4731/02_whole.pdf?sequence=1&isAllo wed=y)

- Murphy, D., Duggan, M., & Joseph, S. (2013). Relationship based social work and its compatibility with the person centred approach: Principles versus instrumental perspectives. *British Journal of Social Work*, 43(4), 703–719. doi: 10.1093/bjsw/bcs003
- Ney, T., Stoltz, J., & Maloney, M. (2011). Voice, power and discourse: Experiences of participants in family group conferences in the context of child protection. *Journal of Social Work*, 13(2), 184–202. doi: 10.1177/1468017311410514
- Oak, E. (2015). A minority report for social work? The Predictive Risk Model (PRM) and the Tuituia Assessment Framework in addressing the needs of New Zealand’s vulnerable children. *British Journal of Social Work*, 1-15. doi: 10.1093/bjsw/bcv028
- O’Brien, M. (2013). Welfare reform in Aotearoa/New Zealand: from citizen to managed worker. *Social Policy & Administration*, 47(6), 729–748. doi: 10.1111/spol.12040
- Office of the Children’s Commissioner. (2015). *State of care*. Retrieved from <http://www.occ.org.nz/state-of-care>
- O’Leary, Z. (2014). *The essential guide to doing your research project* (2<sup>nd</sup> ed.). London, England: Sage.
- Oliver, C., & Charles, G. (2015). Enacting firm, fair and friendly practice: a model for strengths based child protection relationships?. *British Journal of Social Work*, 1–18. doi: 10.1093/bjsw/bcv015
- Olson, K. B. (2009). Family group conferencing and child protection mediation: Essential tools for prioritising family engagement in child welfare cases. *Family Court Review*, 47(1), 53–68. doi: 10.1111/j.1744-1617.2009.00239.x
- Pakura, S. (2005). The family group conference fourteen year journey – celebrating the success, learning the lessons, embracing the challenges. Retrieved from [http://www.iirp.edu/pdf/au05\\_pakura.pdf](http://www.iirp.edu/pdf/au05_pakura.pdf)
- Pennell, J., & Burford, G. (2000) Family group decision-making: protecting children and women. *Child Welfare*, 79(2), 131–158.
- Rubin, A., & Babbie, E. (2011). *Research methods for social work* (7<sup>th</sup> ed.). Belmont, CA: Brooks/Cole.
- Ruch, G. (2007). Reflective practice in contemporary child care social work: The role of containment. *British Journal of Social Work*, 37(4), 659–680. doi: 10.1093/bjsw/bch277
- Ryburn, M. & Atherton, C. (1996). Family group conferences: partnership in practice. *Adoption & Fostering*, 20(1), 16 – 23. doi: 10.1177/030857599602000105

- Saleebey, D. (2012). *The strengths perspective in social work practice* (6<sup>th</sup> ed.). New York City, NY: Longman.
- Sheets, J., Wittenstrom, K., Fong, R., Joyce, J., Tecci, M., Baumann, D., & Rodriguez, C. (2009). Evidence based practice in family group decision-making for Anglo, African American & Hispanic families. *Children & Youth Services Review*, 31, 1187–1191. doi: 10.1016/j.childyouth.2009.08.003
- Sieppert, J., Hudson, J., & Unrau, Y. (2010). Family group conferencing in child welfare: Lessons from a demonstration project. *Families in Society: The Journal of Contemporary Human Services*, 81(4), 382–391.
- Smith, C. (2001). Research and theory/practice interface. In M. Connolly (Ed.), *New Zealand social work: contexts and practice* (pp. 343–355). Auckland, New Zealand: Oxford University Press.
- Stevens, M. (2003). Reconstructions works? Constructing family perspectives of the outcomes of family group conferences. *Protecting Children*, 18(1) 30–41.
- Sundell, K. & Vinnerjung, B. (2004). Outcomes of family group conferencing in Sweden: a three year follow up. *Child Abuse & Neglect*, 28(3), 267–287.
- Trotter, C. (2006). *Working with involuntary clients: A guide to practice*. Thousand Oaks, CA: Sage.



## Appendices

### *Appendix One: Low-Risk Notification*



**MASSEY UNIVERSITY**  
ALBANY

30 April 2015

Lucy Moore C/O School of Social Work **Albany Campus**

Dear Lucy

**Re: Empowering and Enabling Families: Social Workers' experience of the FGC process**

Thank you for your Low Risk Notification which was received on 30 April 2015.

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

You are reminded that staff researchers and supervisors are fully responsible for ensuring that the information in the low risk notification has met the requirements and guidelines for submission of a low risk notification.

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 Dr Brian Finch, Director (Research Ethics), telephone 06 356 9099, extn 86015, e-mail [humanethics@massey.ac.nz](mailto: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

Brian T Finch (Dr)

**Chair, Human Ethics Chairs' Committee and Director (Research Ethics)**

A handwritten signature in blue ink, appearing to read 'B T Finch'.

*Appendix Two: Information Sheet*

Researcher: Lucy Moore  
Supervisor: Dr Eileen Oak  
Senior Lecturer  
School of Social Work  
Massey University – Albany Campus  
Tel: +64 (09) 414 0800 ext. 43356  
Email: E.B.Oak@massey.ac.nz

My name is Lucy Moore and I am a full time Masters of Applied Social Work student at Massey University attending the Albany campus. I am conducting a research project, worth 30 credit points, focusing on the FGC process as experienced by social workers

The aim of my project is to critically engage with the FGC process from a professional social work perspective. As mandated practice in care and protection, FGCs form an important part of social work practice in New Zealand and position families & whanāu as key partners in the decision-making process. As a social work professional, I would like to examine your experiences in relation to this consultative, partnership-orientated model of practice and explore how professionals view the empowerment potential implicit in FGCs.

As a social worker with experience of FGCs in Aotearoa New Zealand, your contribution and participation in this project would be invaluable.

I would like to recruit either practicing or retired social workers in the Auckland region. The selection criterion is that a social worker must have been part of at least 5 FGCs in a professional capacity. A maximum number of 3 - 4 social workers will be interviewed in the course of this research. The first people to make contact with me that fit the criteria will be accepted.

Whilst no formal compensation or reimbursement of expenses is offered, the location and timing of the interviews will be at the participants' convenience.

All participants will be interviewed in a semi structured way. I will have prepared a number of questions and these will be made available to you in advance of the interview if you choose to participate. These are not viewed as exhaustive, however, and do not preclude the participant from determining the direction of the interview in order to follow a particular line of enquiry. It is hoped that the interviews will as in depth as time permits and will last at least 1 hour.

The interview will be recorded then transcribed by me as soon as practicable after the interview. The transcripts will be sent to you for approval prior to their use in the research report to ensure their complete veracity. The transcripts will be kept in a locked filing cabinet in my personal study at home until the completion of the report. Following examination of the research project, the recorded and written data will be destroyed. A copy of the report will be made given to all participants to keep.

The completed research report will not use your name or identify individual participants in any way.

If you decide to participate in this research project, you have the right to:

- Withdraw from the project at any time until you have approved your transcript for inclusion in the report;
- Ask for the audio recording device to be turned off at any time during the interview;
- Decide on the time and location of the interviews;
- Ask any questions about the project at any time – before and after the interview – and have them answered to your satisfaction;
- Decline to answer any question, or any line of questioning, during the interview;
- Offer all answers with the clear understanding and guarantee that no participant's name will be used and they will not be identified in any way;
- Review a copy of the interview transcript and approve it prior to its use in the report; and,
- Be given a personal copy of the report once it has been completed and examined by Massey University.

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 – Lucy Moore – is 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, please contact Professor Dr. Brian Finch, Director (Research Ethics), telephone 06 356 9099, ext. 86015, e-mail [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz)

# **The Changing Nature of Social Work during the 1980s: The Journey of a Māori Social Work Practitioner**

A research report presented in partial fulfilment of the requirements of the  
Degree of  
Master of Applied Social Work  
at Massey University  
New Zealand

Shariann Rangitaawa  
2015

## Abstract

Amidst the widespread social upheavals of the 1980s, major developments transpired and have helped shape a social work profession that is unique to Aotearoa. This research report engages with one Māori social work practitioner to develop an understanding of her perspectives and experiences through the changing nature of social work during the 1980s. This report includes a particular focus on the emergence of Pūao-Te-Ata-Tū, the establishment of the Children, Young Persons and their Families Act 1989, and its impacts upon Māori historically and contemporarily. The methods used to inform this research consists of Kaupapa Māori research and qualitative methods of inquiry. One Māori social work practitioner of the Waikato Tainui region was interviewed to elicit the story of her journey and to provide valuable insights into social work during the 1980s. The findings show that challenges were heavily prevalent for the social service user, and social work practitioner during the 1980s and that these challenges still exist today, despite the emergence of Pūao-Te-Ata-Tū. The research report concludes with a short list of recommendations that stress the importance of implementing the recommendations of Pūao-Te-Ata-Tū to effectively respond to the cultural and social needs of Māori.

## Acknowledgements

I would like to acknowledge Cathy Holland and her whānau for their contributions not only to this research report, but also for their long service and dedication towards serving our Māori people.

I would like to extend my appreciation to my supervisor, Awhina English, for your continuous support throughout my research journey. Without you, this would not have been imaginable!

A special thank you to a woman who has a very special place in my heart, my beautiful mama, Taputu Pai Tangaroa Lester, who continues to guide me from above. I miss you every day nan. X

Nanny and Koro Rangitaawa, I felt your wairua throughout this beautiful journey of mine and I am privileged to have you both guiding and protecting me from above. Thank you.

To my parents and my papa, 'grumpy', all three of you have played significant parts in this wonderful journey of mine and I will forever love you both.

To my Aunty Maryanne and Uncle Jeremy who provided me with shelter, food, & free-editing services while attending Massey University, thank you!

Raniera Awatere you have shared this journey with me and have supported me every step of the way. I love you babe.

## Chapter One: Introduction

“Mā Te rongo, ka mōhio; Mā Te mōhio, ka mārama; Mā Te mārama, ka mātau; Mā Te mātau, ka ora.”

Through resonance comes cognisance; through cognisance comes understanding; through understanding comes knowledge; through knowledge comes life and well-being.

### *Introduction*

The arrival of European settlers, interested in the beautiful landscapes and resources that Aotearoa has to offer, led to the establishment of the Treaty of Waitangi and the destruction and devastation of the Māori population and culture. As the process of colonisation and assimilation took place, Māori were stripped of their lands, denied of their culture, and the Māori identity prohibited. The dominant culture of Western society took over and Māori were introduced to the European way of life. Despite Māori support systems that existed well before the arrival of European settlers, the early social welfare services adopted a mono-cultural form of social work practice from its British and American counterparts that later had major implications for those of other ethnic groups. However, the changing nature of social work in Aotearoa during the 1980s documents an era of radical transformations for the indigenous populace, shaping a unique Māori approach to social work. As a result of a number of devastating findings that have alienated the indigenous Māori for numerous decades, social work in Aotearoa New Zealand has undergone many changes in how it offers services to whānau Māori.

As a result of such findings, the Tania Cumberland report on Institutional Racism was released in 1985 and from that emerged Pūao-Te-Ata-Tū, a report presented in 1986 by the Ministerial Advisory Committee on a Māori Perspective, to the then Minister of Social Welfare. The report aimed to provide the Ministry of Social Welfare with several recommendations to better address the social needs of Māori (Hollis, 2005). Pūao-Te-Ata-Tū has become the founding document of social work in Aotearoa and is the first document to validate Māori methods of social work practice. The report also had a direct influence on the Children, Young Persons and their Families Act 1989 that incorporated Māori cultural values into practice.



## *The Research*

While an extensive amount of literature exists on the social work history of Aotearoa, there is very little record regarding the perceptions and experiences of Māori social workers who endured such changes. This formed the basis of this research report, which seeks to tell the story of a Māori social work practitioner and her journey through the social work profession. The researcher is a Cook Island and Māori social work student and beginning researcher with a great passion for people. Therefore, the well-being of Pacific Island and Māori families are of particular interest. In conducting this research, the researcher aims to create knowledge utilising Māori methods of research. Smith (1997) argues that three components of Kaupapa Māori theory exist. The first is conscientisation or 'revealing the reality', the second is resistance of 'oppositional actions' and the third is 'reflective change' (Smith, 1997). Through the utilisation of this methodology, the researcher aims to explore the changing nature of social work during the 1980s focusing particularly on its impacts upon Māori historically and contemporarily. Thus revealing the reality and highlighting the issues. Secondly, this research will respond to the "dominant structures of oppression, exploitation, manipulation and containment" which can be found throughout the report (Smith, 1997. p. 38). Lastly, this research aims to reflectively achieve a way forward through the report's recommendations (Eketone, 2008). Smith asserts:

Intrinsic to Kaupapa Māori Theory is an analysis of existing power structures and societal inequalities. Kaupapa Māori Theory therefore aligns with Critical Theory in the act of exposing underlying assumptions that serve to conceal the power relations that exist within society and the ways in which dominant groups construct concepts of 'common sense' and 'facts' to provide ad hoc justification for the maintenance of inequalities and the continued oppression of Māori people (as cited in Eketone, 2008. p. 3).

This research not only utilises Kaupapa Māori research methods to gather data but also is deeply grounded within the values and principles that inform Kaupapa Māori theory. Documenting the perspectives and experiences of a Māori practitioner and exploring the historic impacts upon Māori may shed light on how such changes are impacting upon Māori today and what changes may need to take place in the future.

### *Expectations*

It is expected that experiences of one Māori social work practitioner will correlate with the literature and will provide valuable insights into how the changing nature of social work during the 1980s impacted upon Māori historically and contemporarily. While the researcher acknowledges that the data retrieved through this research project cannot be generalised for the entire population of Māori, the researcher anticipates that the findings will also represent the perspectives of not only other Māori practitioners who endured the 1980s but also Maori practitioners in contemporary society who struggle with similar issues. The researcher also anticipates that recommendations will be drawn from the findings of the interview in hope that such recommendations will contribute to improving future outcomes for Māori.

### *Outline of the Research Report*

The following chapter will provide an overview of the history of Aotearoa, particularly focusing on the early provisions of social work practice and the transformations that further shaped the social service sector during the 1980s. Chapter three will outline the most appropriate methods required to conduct this research and will briefly discuss the research design, participant criteria, data collection and analysis, ethical considerations, and the limitations of the research. Chapter four will reveal the findings of the interview. Chapter five will present the analysis of these results and will draw on relevant literature to support the discussion. To conclude, chapter six will present a brief summary of the report, a short list of recommendations, and will identify areas for further research.

## Chapter Two: Literature Review

### *Introduction*

To set the stage for this research project, the following chapter will provide an introduction to the history of Te Ao Māori and the early provisions of social work practice in Aotearoa. Consequently, it is these historical events that shaped and influenced the social upheavals and developments later to arise during the 1980s. An analysis of the transformations of the 1980s will be discussed, focusing primarily on the emergence of the Institutional Racism and Pūao-Te-Ata-Tū reports and also the establishment of the Children, Young Persons and their Families Act 1989. This will allow the reader to examine the changing nature of social work during the 1980s and the significant events that have impacted on social work practice, and the indigenous Māori of Aotearoa New Zealand.

### *Te Ao Māori*

Upon discovering the shores of Aotearoa, the east Polynesian migrants penetrated the bountiful lands, beginning the first phase of the Māori colonial era (King, 2003). By the sixteenth century, the process of development had taken its course with the established phenomenon of tribal communities nationwide and the isolated development of a new culture, Te Ao Māori (King, 2003). Underpinning the social system of tribal society in Aotearoa, the basic social unit of whānau consisted of three generations and provided a workforce of hunters, gatherers, and fishers, all working towards the nourishment and survival of the collective (Walker, 2004). Expanding whānau units bound together through whakapapa (genealogy) acquired the status of hapū (sub-tribe) under the guidance of an emerging leader (Mead, 2003; Walker, 2004). Consisting of 200 to 300 people, the main function of the hapū was to control and defend its tribal territories from its enemies and to perform all ‘major tasks’ required for ‘group survival’ (Walker, 2004). However, Mead (2003) asserts that hapū could range in size from “several hundred people” to over “two thousand” (p. 215). Major projects included the development of cultural resources such as marae and waka and the smooth functioning of the economic, political, and social realms of the hapū (Mead, 2003). Hapū who shared kinship ties to a common ancestor then formed the most “effective political grouping”, the iwi (tribe) (Walker, 2004. p. 65). Iwi were significantly larger than hapū, richer in resources, and occupied a larger stretch of land (Mead, 2003). Some iwi were headed by a paramount chief who was responsible for the survival of the group and the defence of tribal territories against other iwi (Mead, 2003; Walker, 2004).

Māori occupied the lands of Aotearoa at least over 800 years before the arrival of Pākehā (white) explorers (Orange, 2004; Walker, 2004). The settlers' interests in the beautiful landscapes and resources of Aotearoa stimulated the arrival of seal hunters and whalers (Orange, 2004; Walker, 2004). By the 1830s, Māori had been introduced to the Pākehā lifestyle of alcoholism, prostitution, economic trade, and the devastation of European diseases (Walker, 2004. p. 80). The arrival of more Pākehā saw an immense growth in the "number and virulence of epidemics" (Walker, 2004. p. 80) and inter-tribal wars became increasingly deadly as Māori armed themselves with Pākehā muskets (Orange, 2004). By 1840, the Māori population declined to 40 percent (Mead, 2003; Walker, 2004) and according to Walker (2004), "it was these unseen bacterial invaders that softened up the Māori population for the human invasion that lay ahead" (p. 80).

### *Colonisation & Assimilation*

The proposed need to 'constitute' some form of governing system as a 'consequence' of the settlement of a number of the queens 'subjects' seemed to create the idea that British settlers will be controlled and the interests of Māori protected under the Treaty of Waitangi in 1840 (The Treaty of Waitangi). Despite the fact that Māori chiefs signed the Māori version of the Treaty which guaranteed them the 'absolute sovereignty' over their possessions, lands and villages, absolute sovereignty over Aotearoa was claimed by the British crown based on the English version of the Treaty (Walker, 2004. p. 93). The English version ceded all rights and power of sovereignty to the queen of England (Walker, 2004). However not all chiefs signed the Treaty, in fact the paramount chief of the Tainui tribes, Pōtatau Te Wherowhero, refused (Walker, 2004). Nevertheless, the Treaty marked the beginning of the cataclysmic events that lead to the dislocation, depopulation, and the destruction of the Māori people (Mead, 2003). As the arrival of settlers increased, the demand and desire for more land grew as Māori became more determined to retain what was left (Walker, 2004). Warfare, as a result of the radical and unjust Māori land confiscations, swept through the country, essentially annihilating several hapū (Mead, 2003; Walker, 2004). The establishment of the Kingitanga, led by Te Wherowhero, attempted to discontinue the bloodshed of Māori and the confiscation of Māori land (Orange, 2004; Walker, 2004). However, the king's movement was perceived as a threat to British authority and consequently, over 1000 Waikato Māori were murdered and "were punished by the confiscation of 1.3 million hectares of land" (King, 2003. p. 217). As Māori were stripped of their lands, they were forced to assimilate into the European culture and education was used as an "instrument of cultural

invasion” (Walker, 2004. p. 146). Māori were prohibited to speak Māori at school and by 1960, the “policy of suppression” and “white dominance” were well on their way to achieving the goals of assimilation as only 26 percent of young Māori could speak Te reo Māori (Walker, 2004. p. 146).

### *Early Māori Models of Welfare*

Prior to the signing of Te Tiriti o Waitangi in 1840, Māori models of welfare existed in Aotearoa and were practiced within the context of whānau, hapū and iwi (M. Nash, 1998). Māori maintained social control through the integrated system of hierarchy, ‘mana’ (status), ‘utu’ (reciprocity/revenge) and spiritual beliefs of ‘tapu’ (sacred), ‘mauri’ (life force), and ‘māku’ (spiritual power) (Walker, 2004). Dire consequences such as death were the penalties in place for breaking the law (Walker, 2004). Embedded within the creation, beliefs and values of Te Ao Māori, this traditional form of model operated within the concepts of whakapapa and whānaungatanga and was governed by tikanga (custom) and kaupapa Māori (Māori policies) (Nash, 1998). Māori operated within a society of responsibilities and rights, which provided a sense of security (Nash, 1998).

### *The Emergence of Social Work in Aotearoa*

Prior to 1840, welfare workers and “secular organisations” provided social services long before the development of the social work profession in Aotearoa (Nash, 1998. p. 5). However, Pākehā models of social welfare were “well-established” in Britain and were brought with settlers to Aotearoa (Nash, 1998. p. 365). Fundamentally, the amalgamation of philanthropic approaches and legislation were driven by the need to maintain public order, provide assistance to the vulnerable, and to control the ‘unruly’ of society” (Nash, 1998). However, welfare workers in Aotearoa lacked specific training and Nash (1998) points out that social work was “defined by those who employed social workers as much as by the social workers themselves” (p. 2).

The establishment of the School of Social Science at Victoria University in Wellington provided the first form of social work training in Aotearoa (Nash, 1998). However, this had major implications for indigenous ethnic groups in Aotearoa as this strongly reflected the mono-cultural values of Western society (Nash, 1998). Further defining the profession of social work, the New Zealand Association of Social Workers was founded fourteen years later (Nash, 1998). Nevertheless, policy makers further adopted processes from overseas through the Children and Young Persons Act 1974 which followed a ‘state knows best approach’ where statutory social workers were given the power to intervene to

protect children (Connolly, 1994). Connolly (1994) asserts that this often led to family disempowerment, alienation, and the undermining of the “cultural strength of whānau, hapū, and iwi” (Connolly, 1994. p. 89). As a large proportion of those within the social welfare system were predominantly Māori, there was an identified need to be able to deliver culturally appropriate services (Connolly, 1994).

Hollis (2005) further adds that in a Western context, social work “stems from an altruistic philosophy based on a humanitarian approach” and while recent post-modern methods have influenced the ‘emergence’ of ‘indigenous theories’, indigenous theoretical thought did not originate from the West (p. 2). While “indigenous theory has existed as long as the people themselves have existed” (Hollis, 2005. p. 2), the social service sector in Aotearoa has ‘alienated’ and ‘disadvantaged’ Māori people, the largest ethnic proportion of service users throughout the country (Nash, 1998).

### *Social Work in the 1980s & Institutional Racism*

We have, as a people, never felt more let down, more insecure, and more economically and socially deprived than we are today ... We will no longer tolerate policies which take no account of our language, customs and lifestyle, nor will we continue to accept being governed or administered by anyone who does not understand the way we think or appreciate our values ... We will master our own affairs, we must command our own destiny, and we want every acre of land wrongfully taken from us back (Matiu Rata as cited in Walker, 2004. pp. 227-228).

The 1980s can be described as a time where the policies and values of mono-cultural society dominated throughout Aotearoa and particularly within the Department of Social Welfare. The state had very little understanding of Māori cultural practices, values, and customs (Hollis, 2005). However, the 1980s also marked a significant era of change for Māori and the Department of Social Welfare (Hollis, 2005). Orange (2004) asserts that the residual attempt to eradicate the Māori identity sparked a wave of protests as urban Māori, both young and old, began to unite to raise “Pākehā awareness and acceptance of Māoritanga” and to confront the struggle against racism and government oppression (as cited in Rangitaawa, 2015. p. 3). Mirroring the social upheavals of the 1980s, Māori particularly began voicing their concerns regarding racism within the system of social welfare.

The powerfully prevalent aspects of racism within the then, Department of Social Welfare (DSW), were exposed through the Institutional Racism Report 1984 (Department of Social Welfare, 1985). A survey conducted within DSW identified that a large proportion of the staff members were of the Pākehā ethnicity, despite the large proportion of service users who were of Māori descent (Department of Social Welfare, 1985). Essentially, Pākehā outnumbered Māori 9:1 with English being the dominant language, being spoken by 99 percent of staff members (Department of Social Welfare, 1985). The recruitment process of new staff was outlined as being bias towards Pākehā particularly as Māori were often disadvantaged within the academic system, yet much emphasis was placed upon academic merit (Department of Social Welfare, 1985). Essentially, the Institutional Racism Report identified that DSW followed a western, mono-cultural form of practice that was culturally inappropriate, oppressive, and racist towards the indigenous people of Aotearoa (Department of Social Welfare, 1985).

### *Pūao Te Ata Tū & the CYP&F Act 1989*

Pūao Te Ata Tū, written by the Ministerial Advisory Committee on a Māori perspective for the Department of Social Welfare, provided substantial insights into the department responsible for the delivery of social services throughout Aotearoa. The committee brought to light the departments “highly centralized bureaucracy insensitive to the needs of many of its clients” and outlined the institutional racism reflected within the department and also within New Zealand society itself (Pūao Te Ata Tū, 1988. p. 7). Several recommendations were made to the areas of policies, service delivery, communication, and the appointment, promotion, and training practices of staff members (Pūao Te Ata Tū, 1988). A significant proportion of the clientele within (DSW) and also within the social justice system were predominantly Māori. Ultimately, the report set out to bring these facts to the forefront along with the situations that “give rise to them” (Pūao Te Ata Tū, 1988. p. 7). The report identified that “the young people who come to the attention of the Police and DSW invariably bring with them histories of substandard housing, health deficiencies, abysmal education records, and an inability to break out of the ranks of the unemployed” (Pūao Te Ata Tū, 1988. p. 8). As a result of the radical activism of the 1980s and the complex political dealings from an increasing population of urban Māori, “New Zealand governments began to address Māori grievances and aspirations by implementing a policy of biculturalism” (Levine, 2001. p. 163).

From the recommendations of Pūao Te Ata Tū, the Children, Young Person's and their Families Act 1989 was introduced to empower whānau, hapū, iwi, and their tamariki (The Children, Young Persons and their Families Act, 1989). The Act was designed to incorporate Māori cultural values into practice by including whānau, hapū, and iwi within the decision-making process of the care and protection system (Connolly, 1994). Connolly (1994) purports that the act implemented several changes and established a new initiative called the Family Group Conference (FGC). The FGC process was described as an "innovative legal process which is based on traditional Māori decision-making practices" that provides opportunities for whānau members to make decisions and/or recommendations and to "formulate plans for the future" (Connolly, 1994. pp. 90-91). The development of the social work profession in Aotearoa has been largely influenced by the developments that took place during the 1980s, which have provided a "special character" to the area of social work in Aotearoa (p. 2). Despite the fact that Māori methods of practice have always been used by Māori practitioners in Aotearoa, it is now more accepted and formally recognised within mainstream society (Hollis, 2012).

### *Conclusions*

This chapter provides the reader with an introduction into Te Ao Māori and the evolving nature of the social welfare services during the 1980s. It discusses the detriments of New Zealand history and also the impacts of institutional racism on the indigenous populace of Aotearoa. However, this chapter also illustrates the strength and resilience of Māori to overcome such barriers through their contributions towards a bi-cultural form of social work practice in Aotearoa New Zealand. While it appears that beneficial outcomes for Māori were achieved during the 1980s, this research will focus on the perceptions of a Māori social work professional and her journey through the 1980s. This report will also discuss her perceptions on whether Māori development in the social services is continuing to take place or whether that was merely a feature of the past.



## Chapter Three: Methodology

### *Introduction*

Research is an active process of inquiry seeking to find the answers to questions. Research methods however, can be identified as a tool useful for guiding the process of inquiry and valuable in investigating and interpreting information (Graziano & Raulin, 2004; Hollis, 2005). Vast selections of methods exist, however choosing the most effective method depends on a variety of factors including “practical and ethical constraints and the desire to obtain the most valid answers possible” (Graziano & Raulin, 2004. p. 339). This chapter outlines the methodological approach and the research methods adopted to generate data for this research project including the research design, participant criteria, data collection and analysis, ethical considerations, and the limitations of the research.

### *A Qualitative Approach*

A qualitative methodological approach has been selected for this research project as qualitative research seeks to understand human knowledge and experiences of the world, which also aligns with the purpose of this research project (Savin-Baden & Major, 2013). Qualitative inquiries examine how people construct meanings (Patton, 2015) and attempts to make sense of or interpret phenomena in terms of the meanings people bring to them (Ritchie, Lewis, Nicholls, & Ormston, 2014). Qualitative research is interpretive and naturalistic in nature and is fundamentally more concerned with meanings rather than numbers and quality as a measure of worth rather than quantity (Dey, 1993).

Qualitative research encompasses a wide range of approaches and techniques and is fundamentally diverse in nature (Savin-Baden & Major, 2013). Research has identified that social researchers tend to select techniques and methods that fit with their ideologies, philosophies, and interpretations of social reality (Savin-Baden & Major, 2013). Therefore, qualitative techniques are considerably compatible with social science research and are consequently ideally suited to the researcher and this research project (Hollis, 2005; Ritchie et al., 2014; Savin-Bowden & Major, 2013).

Furthermore, Merriam (2009) points out that “research focused on discovery, insight and understanding from the perspectives of those being studied offers the greatest promise of making a

difference in people's lives" (p. 1). While this research project is limited in size, it is hoped that this research will contribute towards making a difference.

### *Kaupapa Māori Research*

Kaupapa Māori research as a methodological approach has been recognised as the most appropriate method when conducting research with Māori. Kaupapa Māori methods provide the opportunity for Māori researchers to "engage in dialogue about setting new directions for the priorities, policies and practices of research for Māori, by Māori and with Māori" (Smith, 2012. p. 185).

Kaupapa Māori research stands as a challenge to the mono-cultural norms and assumptions that are heavily prevalent throughout the literature in regards to the construction of knowledge and serves its purpose by creating understandings from a Māori worldview (Barnes, 2000). Embedded within tikanga and mātauranga Māori, Kaupapa Māori research essentially guides the way in which researchers are required to act and interact within Māori environments, and therefore is the most culturally appropriate way to carry out this research (Hollis, 2005).

### *Research Design*

A semi-structured interview was conducted to explore in-depth, one's experiences and perspectives about how the changing nature of social work during the 1980s impacted upon Māori historically and contemporarily. As cited in Ritchie et al. (2014), "in-depth interviews are a powerful method for generating description and interpretation of people's social worlds" (p. 178) and semi-structured interviews provide flexibility when eliciting information from participants (Merriam, 2009). For the purpose of this research, oral history as a method of data collection was also employed to elicit experiential knowledge and to emphasise the perspectives of the participant (Leavy, 2011). Oral history as a qualitative method provides narratives of in-depth knowledge that are most suited to this research project (Leavy, 2011).

### *Selecting Participants*

This research project required one Māori social work practitioner of the Waikato region who held at least twenty years' experience within the field of social work practice, either intermittently or consecutively. This period of service was decided upon to ensure the participant was acquainted with Pūao-Te Ata-Tū and the Children, Young Persons and their Families Act 1989. It was also important

that the participant was able to describe and speak about tikanga and mātauranga Māori from their own experiences as this research report was to examine one's journey through the 1980's from a Māori worldview. The sample consisted of one participant to allow for the oral history approach, providing more of an in-depth study into one's journey of the 1980s. The expected length of the report would not allow for the in-depth study of any additional participants.

The most appropriate tool for selecting a participant for this research project was that of purposive sampling. Purposive sampling is a selection tool that allows the researcher to deliberately select key informants based on the qualities and values they possess (Tongco, 2007). Key informants can be defined as "individuals whose role or experiences result in them having relevant information or knowledge they are willing to share with a researcher" (O'Leary, 2014. p. 191). While purposive sampling will not allow for the sample group to be representative of the general population, it has however allowed for the voice of the most appropriate and suitable informant to be heard, particularly in an area where scarce literature exists around the voices of Māori social workers during the 1980s.

Once the full ethics application had been peer-reviewed by staff at Massey University in May 2015, a low risk notification was sent to the Massey University Ethics Committee (MUHEC). This application was formally approved in June 2015 and recruitment began at the end of that month. An invitation (Appendix One) was sent via a third party to the key informant. An information sheet (Appendix Two), a consent form, and a questionnaire (Appendix Three) also accompanied the invitation.

### *My Position as Researcher*

According to Smith (2012), Kaupapa Māori research can only be carried out by a Māori researcher, "not a researcher that happens to be Māori" (p. 186). This implies that only those knowledgeable within the area can do Kaupapa Māori research. However, the researcher acknowledges that the participant is the expert within this research and therefore will take the position of a mokopuna rather than that of an expert and acknowledges that this work will reflect that of a beginning research student.

### *Data Collection*

As a means of collecting data, one face to face semi-structured interview was conducted involving the participant and the researcher. Interviewing can be described as a systematic social form of inquiry

(Silverman, 2004) or more simply as a “conversation with a purpose” (Ritchie et al., 2014) that aims to generate empirical data about the social world (Silverman, 2004).

Pre-determined questions were generated to help guide the topic of discussion when required (see Appendix Three), however the interview essentially followed the journey of the participant, and therefore was structured around the participant’s sequence of thought. The participant was known to the researcher prior to the research as colleagues but also through the concept of tuakana/teina (younger/older sibling) as the participant is of an older generation to the researcher.

Encouraging probes were not required during the interview as the participant spoke freely about her journey and the researcher wanted to refrain from interrupting the participant’s train of thought.

Upon completion of the interview, kai was provided for the participant and a koha in the form of a gift was presented to the participant to thank her for her contributions not only to this research but to the whānau Māori whom she has served throughout her social work journey and the whānau she will continue to serve through this research. This allowed for the participant and researcher to further develop their relationship and for the researcher to reciprocate or give something back for the contributions made to this research, which is a significant part of Kaupapa Māori research.

The questionnaire was sent to the participant prior to the interview to ascertain informed consent and to ensure the participant was familiar with the areas of discussion that were most relevant to this research topic.

The interview was sound recorded on a portable recording device to capture all elements of the interview between the participant and the researcher.

### *Data Analysis*

The data was analysed using a narrative approach in conjunction with Pūrākau, a kaupapa Māori method of analysis that seeks to create “methodological space for a culturally responsive narrative approach” (Lee, 2009). Pūrākau is a term commonly used to refer to Māori myths and legends and can be identified as “a traditional form of Māori narrative” that encompasses “philosophical thought, epistemological constructs, cultural codes and worldviews” imperative to the identity of Māori (Lee,

2009. p. 1). Similar to that of Pūrākau, narrative research seeks to understand the meaning of one's story and contains "a complex set of analysis steps" most useful for the re-telling of a story from the original raw data (Ollerenshaw & Creswell, 2002. p. 330). Such steps involve analysing the transcribed data for key elements of the story (time, place, plot, and scene) and then re-writing the story in chronological sequence (Ollerenshaw & Creswell, 2002).

Both methods worked collaboratively well together and also aligned with the principles of Kaupapa Māori research, ensuring the participant's involvement throughout the research and analysis process. Therefore, once the interview was transcribed, the transcript was sent to the participant to make changes and to provide consent for the data to be used in the report. The participant was also notified that an electronic copy of the final report would be sent once graded.

### *Ethical Considerations*

Prior to the commencement of the interview, the following ethical issues were considered:

#### *Conflict of Interest*

The researcher completed a student placement within a non-government organisation in which the key informant was the former Chief Executive Officer. Therefore, the participant is known to the researcher. However, it was not expected that any form of conflict of interest would arise as the researcher was not in any position of power with the potential participant and does not have an on-going relationship with them.

#### *Informed and Voluntary Consent*

To minimise the possibility of the participant feeling obliged to participate and to ensure the participant was free from coercion, the invitation of participation was delivered to the potential participant via a third-party known to the researcher. The potential participant was also reminded of their rights of participation prior to the commencement of the interview.

#### *Respect for privacy and confidentiality*

Interview recordings were stored on a password-protected computer in the researcher's home in which only the researcher had access to.

Consent forms were stored in a lockable safe in the researcher's home and all recorded and printed data was kept within a lockable area in which only the researcher had access to.

The participant consented to her identity being exposed within the final research report and therefore all identifying factors were not removed, however the participant was given the opportunity to edit and amend the transcript that was used in the final report. Following the examination of this research report, the recorded data will be destroyed by the researcher.

### *Limitations*

The in-depth nature of qualitative research and the tendency for qualitative study to involve fewer participants indicates that the data cannot be generalised or cannot claim to represent the experiences and perspectives of all Māori social workers of the 1980s. However, it is likely that the findings will correspond with the perspectives of other Māori social work practitioners and possibly even Māori elders who received social services during the 1980s.

### *Conclusions*

This chapter outlines the methodological approach and the research methods employed to explore changing nature of social work during the 1980s and its impacts upon Māori historically and contemporarily. This chapter has also discussed the ethical issues and limitations that must be considered when reviewing the research. The following chapter presents the results of the research.

## Chapter Four: Research Findings

### *Background*

For the purpose of this research report, data was collated through a one-hour interview with Cathy Holland, an amazing leader of Waikato, Tainui. Cathy also strongly affiliates to Ngāti toa, Kai Tahu, Kātimāmoe, Ngāti Hikairu, Ngāti Puhiaue, and Ngāti Māhuta. Cathy was raised in what was termed by her grandfather as, “a family of service”, a whānau deeply entrenched in the desire to rectify Māori issues and enhance and empower Māori families during times of oppression, cultural diminishment, and the illegal confiscation of Māori land. As members of the Māori Women’s Welfare League, Māori Methodist Church, Department of Māori Affairs, Ministry of Justice, Māori Land Court, and as a strong advocate of Waikato, Tainui, Cathy’s parents and grandparents were well-educated, political, labourites who paved a strong foundation for Cathy to follow in their footsteps.

*I came from a family where there was talk around the dinner table about things like the confiscation of Māori land and concerns about what was happening to our family members, particularly back here in the Waikato.*

Cathy has experience as a front-line social and community worker within the health sector and also within the area of Māori Affairs. She was a member of the Tangata Whenua Caucus as part of NZASW (New Zealand Association of Social Workers) and was also on the Care and Protection Panel in the late 1980s. Cathy worked as Chief Executive Officer of a non-government organisation delivering therapy, counselling, and social services to children of the Waikato region and is currently the Chief Executive of the board of directors of the Hamilton Children’s Team.

### *Entry into the Social Work Profession*

As young Māori women raised by whānau whom were dedicated to serving Māori, it was no surprise that Cathy’s career aspirations began in the School of Law at Victoria University. Irrespective of the fact that this experience was short-lived, the opportunities that were to follow have provided Cathy with a wealth of knowledge and experience through the changing nature of social work during the 1980s.

Cathy's initial entrance into the human services sector transpired when she gained employment as an Assistant Community Worker within The Department of Māori Affairs in 1972. Fortunately, Cathy worked alongside a number of 'old storewards' of knowledge who had been in the department for many years and whom also provided her with valuable learning experiences:

*I think, for the time that I was employed with Māori Affairs in Wellington... I was really, really fortunate. My immediate supervisor when I joined the department, I think I might have been around about 21ish, 22 at the time, was Iritana Tawhiwhiranga. I sat in a room with Te Paeru Tereora, a Cook Island community welfare officer, with Aunty Anne Delamare, and next door was Phil Tamahori. So those were some real old and respected stalwarts who had been involved in, particularly in the Department of Māori Affairs for many, many years. I remember that I used to have daily supervision sessions from those kuia. And so from that perspective I think I was very lucky to be in that place at that particular time.*

Cathy continued working within the Department of Māori Affairs with children, young people, and also with youth gangs in Wellington for approximately six years. This experience was highly influential in shaping Cathy's career path within the social services. Therefore, following the completion of her Bachelor's Degree of Social Work at Victoria University, Cathy decided to return to the Department of Māori Affairs to continue with the work that established her career foundation. However, her return to the department was not as pleasant as she had expected:

*After I came back into the office after Victoria, after being at Uni, I started to get a bit,. I guess I was questioning of the role of the Department of Māori Affairs and I think that what dawned on me that whilst I was wanting to be a strong proponent of Māori, that in actual fact it took me a while to realise that actually I was working as an agent of the crown. And so the interest of the crown was not always at the forefront of where Māori aspirations were. So that was a bit of a, I suppose a realisation, but it was also a bit of a shock to me that in some respects I was, I was carrying the message of the government knowing that it didn't, it would never ever, it was never ever directed towards us being independent and it certainly wasn't designed to give us long-term sustainability.*



Cathy soon found herself questioning whether her employment aligned with her personal values and her passion and purpose to want to serve whānau Māori. Cathy spoke compassionately about her experience with an elderly Māori couple that strongly influenced her change in employment:

*And so I would have been a young, fresh, 20 plus, going into a home where effectively it was a kaumatua and a kuia. And I had to ask to see their marriage certificate and of course there was no marriage certificate. Just to be in that predicament and as soon as, as soon as I walked into that house and realised what I was being asked to do by the crown, I think that's where I just really lost it, in terms of wanting to stay in the Department of Māori Affairs.*

However, this was not the only incident that forced Cathy to think about her role within the Department of Māori Affairs.

Towards the end of the 1970's, Cathy decided to return home to the Waikato, where she gained employment at Waikato Hospital. While acknowledging her valued experience within the hospital setting, this was yet another stage in her career that she quickly became 'disillusioned' about.

*At that time, and it probably still exists, doctors were at the top of the pecking order, and everyone else was their hand maidens. So that applied to the nurses but it also applied to social workers. And so it wasn't long before again, I started to question my practice. And what I felt I was doing was just merely managing families from crisis to crisis. There was no enduring work that was done to change or to improve the lifestyle or the position of a family.*

Irrespectively Cathy was fortunate to be able to work alongside paediatricians and other staff in the medical wards. Cathy spoke of her appreciation and her treasured experiences at Waikato Hospital.

### *Institutional Racism & Pūao-Te-Ata-Tū*

During her time as senior supervisor within the psychiatric ward at Waikato Hospital, Cathy reported that political action began to sweep swiftly across Aotearoa as a result of the social upheavals of the time. During that time, there were very few Māori involved in the New Zealand Social Workers Association (NZASW), however numbers quickly grew and a critical mass of Māori social workers began meeting regularly. The Tania Cumberland Report, Institutional Racism, was also published

which highlighted the racism towards Māori that was heavily prevalent within the Department of Social Welfare. Cathy reports that:

*All Māori social workers were, we were drawn to that, because we could see that racism, irrespective of what sector you were working in, was alive and well.*

From this came the publication of Pūao-Te-Ata-Tū. This provided Māori with confirmation of all their frustrations, but was also seen as a leading light for the indigenous Māori of Aotearoa. Cathy spoke ardently about Pūao-Te-Ata-Tū and the rights it provided for Māori to be content with being Māori, which also stimulated the “Māori social work paternity”. However Cathy also pointed out that this did not come without its challenge. Aspects of cynicism was heavily prevalent, particularly within the hospital setting:

*At this time, because of the scarcity of qualified Maori social workers we employed Maori social workers who had no qualifications, but they were really, really good with working with our people. Otherwise all the other staff were non-Māori. As you would expect, there were a group of visible supporters and there were a group of invisible critics. So it raised the issue of the quality of practice of non-Māori social workers with Māori and specifically around the need to up-skill, to recognise the existing skills of Māori practitioners and their ability to work with Māori clients. But also raised the need for some up-skilling for a really big dollop of workforce development for Māori practitioners. It raised the issue of power sharing, of partnership, it raised the principles of the Treaty.*

Cathy further discussed the impact this had on the Treaty of Waitangi and its implementation within social work practice. Pūao-Te-Ata-Tū forced people to think about the principles of Te Tiriti o Waitangi and encouraged them to move them from intent to practice. While Cathy acknowledged that this was no easy task, she spoke with great disappointment about the fact that while many began to acknowledge the Treaty, they simply disregarded its implementation in their practice.

*Because that is something really, really hard to do, it allows people to scatter out from underneath so that they were still able to say, ‘No we acknowledge the treaty but nobody’s told us how we might implement it. We’ll just wait, we’ll just hang around and wait until we*

*get clearer guidelines of how we're going to do this.' Yeah, but I think it, it was more about what a partnership was about and how you share power.*

After the launch of Pūao-Te-Ata-Tū, Cathy spoke in length about a huge conference that was held at Turangawaewae Marae where a 'vocal' and 'articulate' contingent of Māori gathered to discuss the Treaty, partnership, and biculturalism. Cathy spoke with dignity about the significant impact this had on Māori social workers, but more importantly NZASW:

*They presented a paper or a position in acknowledging the principles of the Treaty and the Tangata Whenua caucus was asked to review it. The Tangata Whenua caucus left the whare to discuss the matter. There were probably about 25 of us. We went out and I think the question was, there was a remit on the floor, and it was something around, would we endorse or did we see NZASW as representing the interests of Māori? It was something like that and I'll have to go back and have a look at the notes that recorded the event. Anyway what I do remember is that we all walked back into the dining room into Kimiora and we made a statement by turning our backs on the rest of the hui. And it caused chaos. Absolute chaos. And it was even more significant, I think we, most of us were in black anyway, but it was kind of this huge wall across the front of the dining room, all turned their backs to the rest of them. But out of that came, straight away the non-Māori contingent proposed that if we were going to be a partnership with NZASW, that we would have both the Tangata Whenua caucus and a tauiwi caucus. I think NZASW started thinking about acting on the thinking to establish a partnership with Māori.*

Cathy was part of the Māori caucus where there was great confidence in their work and it was the first time she felt as though she was doing something right and for the right reasons. Ultimately her work was to develop and introduce a Māori framework that was culturally appropriate and relevant to working with whānau Māori.

After working in the hospital for a number of years, Cathy decided to end her career as a front-line social work practitioner. Cathy spoke briefly about her passion that further developed throughout her career:

*The opportunity for me was I ended up managing public health nurses and in health education. And the attraction for me was that under that regime they had embraced the concept of community health development, which to me, that's what I wanted in the Department of Māori Affairs.*

*I think the common thread for me throughout my career, if that's what you want to call it, has been working with kids and strengthening whānau. And not to say that I haven't been on the fringe of social work, I mean my work at Parentline definitely had a social work focus, this work here with the Children's Team definitely has a social work focus.*

### *The CYP&F Act 1989*

Cathy was on the care and protection panel as a consequence of the Children, Young Persons and their Families Act 1989 and spoke briefly about her perspectives around its emergence:

*At the beginning I think I was really, I was pleased to see the development. I thought it was an opportunity for Māori to voice, particularly Māori family members to voice their interests in the child in order to protect the child. I thought the process of the care and protection panels allowed much more relevant information to be gathered about Māori families and also an opportunity for Māori people to make comment on the issues affecting the needs of their families. I was really heartened by all of that new development at that time. At that time!... I'm not sure about now. About how well it has ended up for Māori kids. It had the potential to work really well.*

### *Continuation of Developments or Momentary?*

After taking several moments to think about this question, Cathy replied:

*I think it was momentary, there were high levels of support, high levels of enthusiasm, people were motivated to make changes but I don't think it has been sustained well. And if it was, we wouldn't be in this predicament that we are currently in. We wouldn't have the same statistics that we've got. If I wanted to be really cynical about it, it was kind of like a panacea to relieve the immediate pain, but the pain is still there.*

Cathy provided several examples of challenges she has recently been confronted with in striving to further enhance social work practice with whānau Māori and in defining the term vulnerability for those of the Waikato Tainui region.

### *Recommendations of Pūao-Te-Ata-Tū*

In discussing the recommendations of Pūao-Te-Ata-Tū, Cathy made it very clear that they largely have not been implemented and have merely been ‘tinkered’ with:

*We have been liaising with Māori stakeholders and talking to them about what their aspirations are in terms of their own practice, and how the sectors can better meet the needs of Māori. The Children’s Team is a government strategy. At a recent Hui everyone talked about, it’s time for us to develop a paradigm of practice that is distinctly unique to Māori. Everyone’s on board with what we want to do. There is a huge groundswell to develop a Māori framework, a Māori concept, that is difficult to articulate at a policy level. We are trying progress the development of a Māori framework of the way that we practise. But you see even then you have issues because there are other of our fellow colleagues who still adhere to the principles of bi-culturalism. I think we’re actually now at a point where we’re saying, ‘No, biculturalism was supposed to be about sharing, a partnership, that hasn’t happened, we are now promoting a practice based on Te Ao Māori.’ So yeah, I think there have been some bonuses, I think it has strengthened us as Māori practitioners to support and advocate for a concept that meets our needs based on Te Ao Māori.*

### *4.7 Summary*

Cathy reflected on her career journey and shared her experiences through the changing nature of social work during the 1980s and discussed how this impacted upon her and Māori social work practitioners in general. While Cathy was easily able to identify the immediate and positive impacts of the Institutional Racism Report, Pūao-Te-Ata-Tū, and the Children, Young Persons and their Families Act 1989, it has become evident that such changes were merely momentary. The recommendations of Pūao-Te-Ata-Tū have been considerably ignored and Māori social work practitioners continue to struggle to rectify the many predicaments whānau Māori find themselves in today that are a direct result of colonisation, institutional racism, and cultural oppression.

## Chapter Five: Analysis of Findings

### *Introduction*

In her reflections Cathy spoke at great length about the experiences that have strongly influenced her career decisions and that initially guided her towards the profession of social work during the early 1970s. Like many great Waikato Māori leaders before her who have dedicated their lives to reviving the indigenous people of this land, Cathy became deeply disheartened by the racism, destruction, and cultural oppression of Māori and she too decided that she would strive to serve her people. Cathy's contributions to Māori society have been made within the helping profession of the social services.

This chapter provides an analysis of the key points identified within Cathy's kōrero and is discussed in relation to relevant literature. The chapter begins by highlighting some of Cathy's key challenges throughout her social work journey prior to and throughout the 1980s. This is then followed by the key developments that took place during the 1980s and then critically evaluates whether such developments for Māori have achieved the proposed outcomes.

### *Challenges in Social Work*

In reflecting on her journey through social work prior to the 1980s, Cathy felt as though during her time as a frontline social worker, particularly within the Department of Māori Affairs, she was merely an instrument of the crown within a system that often disadvantaged Māori. This suggests that the system was not only unresponsive and culturally insensitive to the needs of Māori service users, but also to the needs of Māori practitioners. Moyle (2014) asserts:

The role and identity of the indigenous social worker is continuously negotiated alongside the professional social work identity that is dominated by western discourse. An indigenous practitioner walks the tight rope between two world views whilst at the same time managing their own personal and professional identity... unlike their non-Māori counterparts they face the double burden of professional and cultural expectations in organisations as well as from communities (p. 56).

Furthermore, Moyle's (2014) findings show that the lack of Māori professionals within the social services has meant that Māori practitioners often found themselves having to "walk in te ao Māori (Maori world) me te ao Pākehā (non-Māori world)" in supporting non-Māori to be able to work with, and to produce better outcomes for whānau (p. 56). The lack of practitioners within the field and the widespread bi-cultural incapability has been a longstanding issue that has prevailed since colonization (Moyle, 2014).

The challenging experiences that Cathy faced throughout her social work journey often left her questioning her practice and her personal values. Her desire to serve Māori simply did not fit with the practice that was required of her. However, Love's (2002) illustration shows that this has been an on-going issue for Māori professionals. Love (2002) proclaims that

Battling a system from within is a role that consumes enormous energy and can limit vision. It can leave the social worker vulnerable to both organisation and the community. This position leaves Māori social workers exposed to being individually demonised and labelled by institutional representatives as incompetent or unprofessional, if we do not conform to institutional mores (p. 32).

Cathy spoke compassionately about a time where she had to question the marriage of a kaumatua and kuia and effectively felt as though this was an act of disrespect towards her elders. Effectively disrespectful acts in Te Ao Māori can be seen as a breach of tikanga. Mead (2003) describes tikanga Māori as 'Māori ethic' concerned with right or wrong and defines tikanga as a set of moral judgements that govern "appropriate ways of behaving" in everyday life (Mead, 2003. p. 6). In Māori society, every individual is tapu (sacred) and hold varying degrees of mana (power) (Bowden, 1979). Furthermore, Mead (2003) proclaims that older siblings hold more mana than their younger siblings and therefore "persons of older generations would be accorded more respect because of their mana as elders" (p. 52). The violation of tapu held dire consequences in traditional Māori society and still holds adverse outcomes in contemporary society (Bowden, 1979). Essentially, Cathy's reluctance to carry out tasks that are seen as a violation of tikanga Māori simply do not align with her values, beliefs, and purpose as to why she entered the profession of social work in the first instance. Furthermore, Mead (2003) asserts that "respect for others is an ideal we must try to achieve in practice" (p. 51).

### *Institutional Racism and Pūao-Te-Ata-Tū*

In her reflections Cathy explored the changes that took place during the 1980s and recognised quickly the changes that unfolded within the social services after the emergence of the Institutional Racism Report and Pūao-Te-Ata-Tū. Orange (2004) adds weight to Cathy's experiences as she states that "the continuing loss of land and other problems were drawing Māori – both young and old – together", triggering a wave of protest throughout the country (p. 146). Orange (2004) states that:

Māori leaders in general were expressing a right to a voice in government circles. This was apparent in June 1986, when a departmental advisory committee chaired by John Rangihau submitted a report, Pūao-Te-Ata-Tū: Report of the Ministerial Committee on a Māori Perspective for the Department of Social Welfare (p. 161).

Cathy initially noticed changes within the workplace and claims that the reports caused a division, identifying a group of 'supporters' and a group of 'invisible critics'. However, Cathy also quickly recognised that the report was a 'leading light' in terms of the influence it had on the social policy directions that quickly followed the release of the report. Cheyne, O'Brien, and Belgrave (2008) support Cathy's account of events and described the late 1980s and early 1990s as a "period of upheaval" which activated the transformation of social policy in Aotearoa (p. 119). The Treaty of Waitangi was given more thought during the 1980s than ever before and was identified as one of the foundations of social policy (Cheyne, O'Brien, & Belgrave, 2008). According to Cheyne, O'Brien, and Belgrave (2008),

Directions in social policy in the present decade are fundamentally shaped by changes that took place in the public sector from the mid-1980s, and debates that occurred in the late 1980s and into the 1990s about the respective roles of the state, market, community and voluntary organisations, family, and individual in meeting people's needs and promoting individual and social well-being (p. 121).

However, in reflecting on the recommendations of Pūao-Te-Ata-Tū, Cathy is disheartened by the fact that they have largely not been implemented and is concerned at the fact that they have merely been 'tinkered' with. Hollis (2005) adds weight to this argument as her research also highlights the fact that the recommendations have not been implemented and further urges the need to address the



implementation of the report. Nevertheless, in recognising the need for indigenous practice models, Pūao-Te-Ata-Tū had a significant influence on the development on the Children, Young Persons and their Families Act 1989 (Connolly & Harms, 2009).

### *The CYP&F Act 1989*

As a member of the care and protection panel after the emergence of the act, Cathy initially had envisioned its potential to empower whānau Māori. The vision of the act was that it would be culturally relevant, culturally empowering of whānau, hapū, and iwi and that it would particularly address the needs of Māori which early legislation had simply failed to do (Connolly, 1994). The legislation was significantly influenced by the cultural values of Māori with the aim of producing better outcomes for children and their whānau who come into contact with the statutory agency of Child, Youth and Family (Connolly, 1994). The Children, Young Persons and their Families Act 1989 is grounded within a whānau-based decision making model that strongly identifies the whānau as “the institution that will provide care and protection for children when required” (Connolly, 1994. p. 204).

However, despite feeling ‘heartened’ and excited about the developments that took place during the 1980s, Cathy is not convinced that the act had achieved what it set out to do and no longer feels the same way she felt upon its emergence. Cathy initially believed that “it had the potential to work really well” and the change in her perspective is consistent with findings that were produced out of the ‘State of Care Report 2015’. Despite the promising policies and frameworks of the Act, the State of Care Report found that there is still a lack of cultural capability across the entire organisation of Child, Youth and Family and therefore “the effort that had been made to build cultural capability was not sufficient to produce improved outcomes for mokopuna Māori” (Office of the Children’s Commissioner, 2015). The report has questioned whether children who come into contact with the agency are better off as a result and the findings suggest that the life outcomes for children in state care are quite concerning (Office of the Children’s Commissioner, 2015).

### *Continuation of Developments through the 1980’s or Momentary?*

In discussing these major developments of the 1980s, Cathy came to the conclusion that such developments were momentary and while there were high levels of motivation and enthusiasm, such developments have not been sustained well. The literature adds further weight to this argument as research shows that racial discrimination towards Māori is still heavily prevalent in Aotearoa (Statistics

New Zealand, 2012) and Māori continue to be over-represented in poor socio-economic statistics (Statistics New Zealand, 2014). Therefore, the overall life satisfaction and expected life outcomes for Māori are significantly poor in comparison to the Pākehā population of Aotearoa (Statistics New Zealand, 2014):

Despite Maori enjoying substantial absolute and relative socio-economic gains throughout the twentieth-century, it remains a well-established fact that significant socio-economic gaps still remain between Maori and non-Maori in New Zealand in education, health, income and labour market status... Being Maori is implicitly a good predictor and a key cause of disadvantage, although the mechanisms by which ethnicity causes disadvantage are rarely rigorously explored.

Research findings support Cathy's perspective that Māori as a population haven't moved very far at all.

### *Summary*

Cathy's experiences and perspectives surrounding her social work journey strongly reflect the voices found within the literature. Irrespective of the developments that took place during the 1980s, it is evident that the proposed outcomes of such developments have not been achieved and the recommendations of Pūao-Te-Ata-Tū have not been implemented. The recommendations of Pūao-Te-Ata-Tū have been considerably ignored and Māori continue to find themselves within predicaments that are a direct result of colonisation, institutional racism and cultural oppression. This chapter shows that within the political systems of Aotearoa, Māori continue to be disadvantaged.

## Chapter Six: Conclusion

### *Introduction*

This research report followed the journey of one Māori social work practitioner of the Waikato Tainui region to examine the changing nature of social work during the 1980s with the focus of exploring its impacts upon Māori. The researcher was particularly interested in exploring the influences that the Pūao-Te-Ata-Tū report and the Children, Young Persons and their Families Act 1989 had on the experiences of Māori practitioners. The researcher was also interested to ascertain whether the major developments of the 1980s had contributed to a continuation of positive changes for Māori or whether such developments were merely momentary and a feature of the past. Through the use of one qualitative semi-structured interview, the researcher was fortunate to engage with one great Māori woman to ascertain her perspectives and experiences and to be able to reflect on how this corresponds with the literature. The use of Kaupapa Māori research also guided the researcher's engagement with the participant and facilitated in providing a culturally safe space for the interview to be conducted. While her kōrero cannot be generalised, it is certain that her comments are well supported by literature and it is likely that her experiences are similar to those of other Māori practitioners who endured the challenges of the 1980s in Aotearoa. However, the researcher acknowledges that from this interview, different individuals can draw upon several conclusions therefore it is important to acknowledge that the conclusions presented in this research report reflects the opinions of the researcher alone. This chapter presents an analysis and discussion of the data gathered to develop conclusions and recommendations.

### *Research Conclusion*

It is evident from the interview with Cathy that a number of significant developments unravelled during the 1980s in response to the many challenges and oppressive forces that Māori endured since the Colonisation of Aotearoa in 1840. Considerable changes, particularly after the emergence of the Institutional Racism report and the Pūao-Te-Ata-Tū report, swept swiftly throughout the country as Māori began to speak up about the aspects of racism that were heavily prevalent throughout the then Department of Social Welfare. A number of recommendations were made to ensure that Māori had the opportunity to receive culturally appropriate services and to ensure Māori were able to practice in a culturally responsive way. While such changes seemed promising and while many were extremely

enthusiastic about its implementation, the findings within this report show that recommendations have largely been ignored, bi-cultural incapability still exists and Māori continue to be disadvantaged in the Western systems of Aotearoa. The findings reveal that the developments of the 1980s were merely momentary. The 1980s can be described, as Cathy put it, as a “panacea to relieve the immediate pain” and points out that if the recommendations of Pūao-Te-Ata-Tū had been implemented, Māori would not be in the predicament they find themselves within today. Such predicaments are a direct result of colonisation, institutional racism, and cultural oppression. The following recommendations are intended for the social workers, tertiary institutions, policy makers, and social service employers of Aotearoa who are passionate about empowering and improving outcomes for whānau Māori.

### *Recommendations*

The first recommendation is directed toward the powers of New Zealand society and pertains to the implementation of Pūao-Te-Ata-Tū. The implementation of the report not only informs best practice when working with whānau Māori but also ensures those in positions of power are held accountable for ensuring the services delivered are culturally responsive to its users. When speaking of those in positions of power, the researcher is referring to policy makers, managers, and supervisors.

The second recommendation is to ensure students completing social work qualifications are well informed of the implications of Te Tiriti o Waitangi and are well aware of the values and principles that inform tikanga Māori. This recommendation is directed towards tertiary institutions who may need to re-structure education programs ensuring bi-cultural capability is a fundamental requirement of any social work qualification.

The third recommendation is to Māori social workers to continue bringing these issues to the forefront. For too long, disparities for Māori have been swept under the carpet. I encourage frontline Māori practitioners to engage in research to continue bringing these issues to light with the intention of generating possible solutions. Evidently in the past, social upheaval in conjunction with ground-breaking research has influenced policy making within this country. Therefore, the future of Māori is heavily dependent upon Māori.

*Future Research*

While it is evident that the major developments of the 1980s emerged as a result of the issues that are still heavily prevalent today, we cannot dismiss the fact that some positive changes have come about for Māori and it is important to acknowledge that many individuals like Cathy are still striving to improve outcomes for the indigenous people of this land. Therefore, it will be valuable to continue further research following the journeys of our Māori practitioners, bringing light to the challenges they face in contemporary society, sharing their knowledge, and exposing their achievements. The recording and documenting of the life journeys and careers of Māori social workers will not only add to the body of literature, but will also shed light on the gaps in our system, which in future is likely to lead to sound solutions.

It will also be of significant interest to conduct research with Māori social service users to evaluate the quality of services they receive and to gather feedback for future developments. It is important that services are regularly reviewed to ensure best practice and this is something that research has to offer the social services.

## References

- Barnes, H. M. (2000). Kaupapa Māori: explaining the ordinary. *Pacific Health Dialog*, 7(1), 13-16.
- Bell, J. (2005). *Doing your research project: A guide for first-time researchers in education, health and social science* (4<sup>th</sup> ed.). Birkshire, UK: Open University Press.
- Bowden, R. (1979). Tapu and mana: Ritual authority and political power in traditional Māori society. *Journal of Pacific History*, 14(1), 50-61.
- Cheyne, C., O'Brien, M., & Belgrave, M. (2008). *Social policy in Aotearoa New Zealand* (4<sup>th</sup> ed.). Victoria, Australia: Oxford University Press.
- Connolly, M. (1994). An act of empowerment: The Children, Young Persons and their Families Act 1989. *British Association of Social Workers*, 24(1), 87-100.
- Connolly, M., & Harms, L. (2009). *Social work: contexts and practice* (2<sup>nd</sup> ed.). Victoria, Australia: Oxford University Press.
- Department of Social Welfare. (1985). *Institutional racism in the Department of Social Welfare Tamaki-Makau-Rau*. Retrieved from <http://www.trc.org.nz/sites/trc.org.nz/files/Institutional%20Racism%20WARAG.pdf>
- Dey, I. (1993). *Qualitative data analysis: a user-friendly guide for social scientists*. New York City, NY: Routledge.
- Eketone, A. (2008). Theoretical underpinnings of Kaupapa Māori directed practice. *MAI Review*, 1, 1-13.
- Graziano, A. M., & Raulin, M. L. (2004). *Research methods: A process of inquiry*. Boston, MA: Pearson.
- Hollis, A. (2005). *Pūao Te Ata Tū and Māori social work methods*. University of Otago, Dunedin, New Zealand.
- Hollis-English, A. (2012). Pūao-Te-Ata-Tū: Informing Māori social work since 1986. *Aotearoa New Zealand Social Work*, 24(3/4), 41-48.
- King, M. (2003). *The penguin history of New Zealand*. Auckland, New Zealand: Penguin.
- Leavy, P. (2011). *Oral history: Understanding qualitative research*. New York City, NY: Oxford University Press.
- Lee, J. (2009). Decolonising Māori narratives: Pūrākau as a method. *MAI Review*, 3(2), 1-12.

- Levine, H. B. (2001). Can a voluntary organisation be a treaty partner? The case of Te Whānau o Waipareira Trust. *Social Policy Journal of New Zealand*, 17(1), 161-170.
- Love, C. (2002). *Māori perspectives on collaboration and colonisation in contemporary Aotearoa/New Zealand child and family welfare policies and practices. Partnerships for children and families project*. Onatario, Canada: Wilfred Laurier University.
- Mead, H. M. (2003). *Tikanga Māori: Living by Māori values*. Wellington, New Zealand: Huia Publishers.
- Merriam, S. B. (2009). *Qualitative research: a guide to design and implementation*. San Francisco, CA: Jossey-Bass.
- Moyle, P. (2014). Māori social workers' experiences of care and protection: A selection of findings. *Aotearoa New Zealand Social Work*, 26(1), pp. 55-64.
- Nash, E. (1998). *Peoples, policies and practice: social work education in Aotearoa/New Zealand from 1949-1995* (Unpublished doctoral dissertation). Massey University, New Zealand.
- Nash, M. (1998). The development of professional social work in New Zealand. In M. Connolly & L. Harms (Eds.), *Social work: contexts and practice* (pp. 365-376). Victoria, Australia: Oxford University Press.
- O'Leary, Z. (2014). *The essential guide to doing your research project* (2<sup>nd</sup> ed.). Singapore: Sage Publications.
- Office of the Children's Commissioner. (2015). *State of care 2015*. Retrieved from <http://www.occ.org.nz/assets/Publications/OCC-State-of-Care-2015.pdf>.
- Ollerenshaw, J. A., & Creswell, J. W. (2002). Narrative research: a comparison of two restoring data analysis approaches. *Qualitative Inquiry*, 8(3), 329-347.
- Orange, C. (2004). *An illustrated history of the Treaty of Waitangi*. Wellington, NZ: Bridget Williams Books.
- Patton, M. Q. (2015). *Qualitative research and evaluation methods: Integrating theory and practice* (4<sup>th</sup> ed.). Los Angeles, CA: Sage.
- Pūao-Te-Ata-Tū. (1988). *The report of the ministerial advisory committee on Māori perspective for the Department of Social Welfare*. Wellington, New Zealand.
- Ritchie, J., Lewis, J., Nicholls, C. M., & Ormston, R. (2013). *Qualitative research practice: A guide for social science students and researchers*. Singapore: Sage.

- Savin-Baden, M., & Major, C. H. (2013). *Qualitative research: The essential guide to theory and practice*. Oxfordshire, UK: Routledge.
- Silverman, D. (2004). *Qualitative research: Theory, method and practice*. London, UK: Sage.
- Smith, G. H. (1997). *The development of Kaupapa Māori: Theory and Praxis*. Auckland, NZ: University of Auckland.
- Smith, L. T. (2012). *Decolonising methodologies: Research and indigenous people* (2<sup>nd</sup> ed.). London, UK, Zed Books.
- Statistics New Zealand. (2012). *Working together: Racial discrimination in New Zealand*. Retrieved from [http://www.stats.govt.nz/browse\\_for\\_stats/people\\_and\\_communities/asian-peoples/racial-discrimination-in-nz.aspx](http://www.stats.govt.nz/browse_for_stats/people_and_communities/asian-peoples/racial-discrimination-in-nz.aspx)
- Statistics New Zealand. (2014). *New Zealand social survey 2014*. Retrieved from [http://www.stats.govt.nz/browse\\_for\\_stats/people\\_and\\_communities/Households/nzgss\\_HOTP2014.aspx](http://www.stats.govt.nz/browse_for_stats/people_and_communities/Households/nzgss_HOTP2014.aspx)
- The Children, Young Persons and their Families Act, No. 24. (1989). Retrieved from <http://www.legislation.govt.nz/act/public/1989/0024/latest/DLM147088.html>
- Tongco, M. D. C. (2007). *Purposive sampling as a tool for informant selection*. Retrieved from <http://scholarspace.manoa.hawaii.edu/bitstream/handle/10125/227/11547-3465-05-147.pdf>
- Walker, R. (2004). *Ka whawhai tonu matou: struggle without end*. Auckland, NZ: Penguin.



## Glossary

Aotearoa	New Zealand
Conscientisation	critical consciousness
Hapū	sub-tribe
Hui	meeting
Iwi	Tribal affiliation group
Kaumatua	Respected elder, male
Kaupapa Māori	Māori policies
Kingitanga	king movement
Kōrero	communication
Kuia	Respected elder, female
Mākutu	spiritual force
Mana	status
Mauri	life force
Pākehā	European
Tapu	sacred
Te ao Māori	the Māori world
Te reo Māori	the Māori language
Tikanga	custom
Treaty of Waitangi	Founding document of New Zealand
Utu	reciprocity/revenge
Whakapapa	genealogy
Whānau	family
Whānaungatanga	Kinship
Whare	house

## Appendices

### *Appendix One: Letter of Request to Participant*

Re: Massey University Research

To Cathy Holland

Tēnā koe, my name is Shariann Rangitaawa and I am currently completing the Masters of Applied Social Work (MASW) at Massey University. As part of the Masters programme I am conducting a research project that seeks to explore the changing nature of social work during the 1980s and to examine its impacts upon Māori through the lens of a Māori social work practitioner. It is anticipated that these perspectives will provide valuable insights into the 1980s, contributing to the growing body of literature surrounding the history of social work in Aotearoa and also providing ideas for further research in this area. This research will be carried out under the supervision and guidance of Dr Awhina English (Hollis) ([A.English@massey.ac.nz](mailto:A.English@massey.ac.nz)).

I would like to conduct an interview following your social work journey through the 1980s and I am particularly interested to hear your perceptions surrounding the impacts of the 1980s on Māori historically and contemporarily. I have attached an information sheet explaining what participation will involve and more information regarding the research project.

An electronic copy of the final report will be provided to you upon completion of the project.

I appreciate you taking the time to assist me with my research. If you are interested and would like to discuss this further, please contact me directly.

Yours sincerely,

Shariann Rangitaawa

P: 0212168291

E: [sharz.rie02@yahoo.co.nz](mailto:sharz.rie02@yahoo.co.nz)

## *Appendix Two: Information Sheet*

### **The changing nature of social work during the 1980s: The journey of a Māori social work practitioner of the Waikato region**

#### **Information sheet**

Kia Ora Cathy,

My name is Shariann Rangitaawa and I am undertaking a research project as part of the requirements for the Masters of Applied Social Work (MASW) degree at Massey University. I am undertaking this research under the supervision of Dr Awhina English (Hollis) and I am writing to invite you to take part in this research project.

The purpose of the research is to explore the changing nature of social work during the 1980s and to examine its impacts upon Māori historically and contemporarily. It is anticipated that these perspectives will provide valuable insights into the 1980s, contributing to the growing body of literature surrounding the history of social work in Aotearoa and also providing ideas for further research in this area.

I would like to conduct an interview following your social work journey through the 1980s and I am particularly interested to hear your perceptions surrounding the impacts upon Māori.

If you accept, you will participate in a 90 minute qualitative, semi-structured interview with me at a mutually convenient time and place. The interview will be sound recorded and transcribed. The transcriptions will be sent to you following the interview for you to review and amend as you please. The recorded interview and transcripts will be kept in lockable areas within my home that only I will have access to.

#### **Participants Rights**

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

- Decline to answer any particular interview question;
- Withdraw from this study up until the edited transcription is signed;
- Ask any questions related to this study at any time prior and during participation;

- Provide information in the understanding that your name will not be used unless you give permission to the researcher
- Ask for the recorder to be turned off at any time during the interview; and,
- Be provided with an electronic copy of the report upon completion of the project.

#### Data Management

- The identity of participants will be maintained and only known by me and my supervisor unless given permission to be identified within the final research report
- The participant will be given a pseudonym in the final written report to protect their identity if they do not wish to be identified
- The employing agency of the participant will not be identified in the research, however the employing agency may be known if the participant agrees to be identified within the final research report.
- All data relating to this research will be deleted or destroyed upon completion and assessment of the research report

The interval schedule is attached to give you an indication of the key themes I hope to discuss in the interview. If this research interests you or if you have any questions, please contact me directly.

Email:

Phone:

If you have any concerns regarding this research you may contact my supervisor, Awhina English.

Email: [A.English@massey.ac.nz](mailto:A.English@massey.ac.nz)

Phone: (06) 356 9099 ext 83503

Thank you for your time and consideration,

Student Researcher,

Shariann Rangitaawa

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.

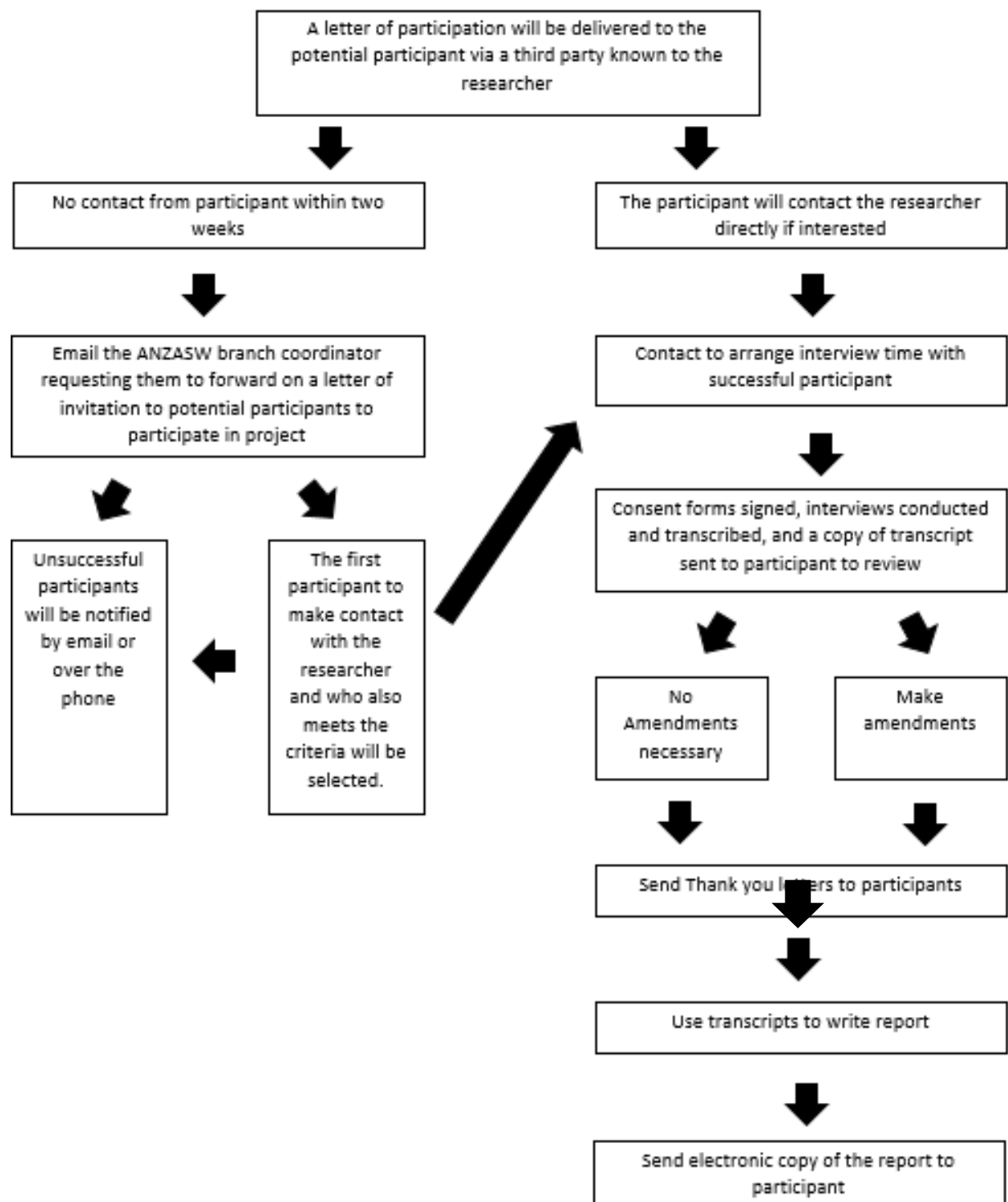
If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Professor John O'Neill, Director, Research Ethics, telephone 06 350 5249, email [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz)

### *Appendix Three: Interview Schedule*

#### **The changing nature of social work during the 1980s: The journey of a Māori social work practitioner of the Waikato region**

1. Whānaungatanga (Ko wai koe? No whea koe?, etc.)
2. What social work qualifications do you hold?
3. What brought you to the profession of social work?
4. What was it like being a Māori social worker during the 1980s
5. What challenges did you face as a Māori social worker prior to the emergence of the institutional racism report and Pūao-Te-Ata-Tū?
6. What changes did you see within the profession of social work during the 1980s
7. What were your initial thoughts on the emergence of the Children, Young Persons and their Families Act 1989?
8. How do you think these changes impacted upon Māori during that time and also afterwards during the 1990s?
9. What impacts do you think it has on Māori today?
10. It seemed as though addressing some of those major issues for Māori society during the 1980s has had significant and positive impacts for Māori, do you believe the recommendations of Pūao-Te-Ata-Tū have been fulfilled?
11. What direction do you believe Māori are heading in, backwards or forwards?
12. Do you have any other comments you would like to add about being a Māori social worker during the 1980's?

## Appendix Four: Flow Chart



## **Applying cultural competency with Muslims: An insider-outsider perspective**

A research report presented in partial fulfilment of the requirements of the

Degree of

Master of Applied Social Work

at Massey University, Albany

New Zealand

Sahar Abbas

2015

## Acknowledgements

First and foremost, I would like to give a big thank you to my supervisor, Mark Henrickson, without whom this project would not be what it is. I am appreciative of the time and knowledge my supervisor shared with me challenging me to think outside of the box and offering me continuous guidance and feedback. Thank you to my sister, we've had a tough year but you've been my rock and I will forever cherish your love and support. Thank you also to my participants for their contribution to this project.



## Abstract

This qualitative project uses an emic perspective to understand how Muslim mental health professionals work within their own community. Three Muslim mental health professionals in three different settings were interviewed in order to identify knowledge and skills that could be useful for non-Muslim professionals. The researcher shares an insider position with the participants and drew heavily from her own experiences as a Muslim during the research process. The participants felt sufficiently comfortable with the researcher's insider position to share with her their knowledge on how culture and religion are integrated for Muslims, their understanding of cultural competency, and their experiences or their clients' experiences of being "othered". At the same time participants perceived the researcher as an intrusive outsider who could present negative stereotypes of Muslims therefore they did not discuss how ethnic and denominational differences amongst their Muslim clients impacted on their helping relationships. The researcher-participant relationship paralleled that of a practitioner-client, identifying certain tensions and dilemmas underlying the relationship regardless of whether the researcher-participant/practitioner-client is culturally or religiously the same or different. This research concludes by advocating for relational social work practice and research with participants and clients based on establishing rapport and effective communication for mutual learning. Recommendations from this study encourage continued interrogation of how the researcher impacts the research process.

## Chapter One: Introduction

There are approximately 40,000 and counting Muslims in Aotearoa New Zealand and they all vary in their ethnic, denominational, gender, age, sexuality, and acculturation within New Zealand society (Shah & Culbertson, 2011). Unfortunately, the never-ending war on terror, the escalating geo-political conflicts in the Middle East, and the formation of the 'Daesh' or 'The Islamic State' fuels the media's essentialist and stereotypical image of Muslims as terrorists adding to the public fear and hostility towards Muslims (Afshar, 2013; Beck & Wahab, 2015; Said, 1997). Social workers, like other health professionals, are not immune to popular negative stereotypes of Muslims. A response to managing misrepresentations, prejudice, and preventing bias towards Muslims has been by employing health professionals who are Muslim or from similar cultural backgrounds. This however assumes uniformity or homogeneity within the Muslim population. Therefore, this research is aimed at identifying how Muslims perceive other Muslims and how they negotiate their identities to that of their Muslim clients.

Interestingly, during the research process it became apparent that somewhere located within the research is an identity known as the 'outsider'. This outsider is perceived from within a Muslim viewpoint and is equated with a Westerner, someone who does not believe in the oneness of God and his last messenger, curtly a kaffir or infidel (Iqbal, 2009). This is a position that many social workers and researchers find themselves in and perhaps even the reader of this report will identify as an outsider to the Muslim community. Ironically, although I am Muslim myself, the participants also related to me as an outsider. This realisation about my hyphenated identity as both an insider and outsider of the Muslim community shook my sense of belonging allowing me to firstly recognise and reflect on my researcher positioning, and then becoming reflexive in using my insider-outsider positioning to relate to the Muslim participants of the study and the readers of this report. Personally, the research process has been the core aspect of my learning during the course of this project. Although initially, the focus of this study was on the practical aspects of social work, during the data collection and analysis of the findings this shifted towards the relationship between myself and the participants. Recognisably this research relationship paralleled that of a practitioner-client relationship sharing similar dynamics and tensions. Ultimately identifying the use of researcher reflexivity within insider research.

### *Aims and significance of the study*

The aim of this research is to explore how Muslim practitioners understand cultural competence. Exploring how they manage the ethnic and denominational differences between their Muslim clients with the hope that this research will provide some extra knowledge on the skills needed to work with Muslims clients.

While there is an abundance of literature that offers the benefits of applying cultural competency with Muslim mental health clients, there is no precise definition of how to apply the model to Muslims from varying cultures. There is no research on how Muslim practitioners understanding and utilise cultural competency within their own religious group. This research report aims to gain clarity on how Muslim practitioners mediate cultural competency to meet the religious-cultural needs of their Muslim clients.

In this research report, I will explore the perception and conceptualisation of cultural competency of Muslim practitioners working within their own cultural and religious communities. This research also examines how the inter-religious and inter-ethnic differences within the Muslim community impact on the relationship between Muslim workers and their Muslim clients.

This research report should be of interest to social workers, social work students, community support workers, and Muslim practitioners as well as Muslim consumers and their families as it will give them an insight of how cultural competence is utilised when working with Muslims. I am also hoping that I can bring my experiences as a Muslim, a social work student, and a Community support worker into understanding the challenges of working within my own cultural and religious community. I have chosen this research topic because I am interested in how practitioners from ethnic minority backgrounds work within their own cultural and religious communities.

### *Research Design*

This small research project used a qualitative approach that involved semi-structured interviews of two males and one female Muslim practitioners in a range of mental health settings. A qualitative approach was used to best capture the subjective realities of the participants as they explored their experiences working within their communities (Fortune, Reid, & Miller, 2013). This approach enabled me to capture how the participants construct their knowledge and skills about culture, religion, and

Muslims but also to explore any possible dilemmas that may arise from working within their own community (Drisko, 2013; Healy, 2014).

### *Structure of the report*

This report is organised in chapters, beginning with the literature review that provides a range of debates and arguments on cultural competency. Next is the methodology chapter, which outlines the methods and processes used to conduct the research. The researcher positioning chapter is a brief account of my reflections as a researcher during the process of data collection. In the findings chapter, I have presented the results and the analysis together to clarify the participants' responses with interpretations. The discussion chapter provides an in-depth exploration of the findings. The final chapter concludes the findings of the research and provides limitations of the study and recommendations for the future.

## Chapter Two: Literature Review

While there is an abundance of literature on using cultural competence when working with Muslim clients, the literature presents a singular view of the role of Islam in the lives of Muslims. This view does not take into account the differing worldviews of Muslims and the impact this has on the social work relationship. Current research on working with Muslims focuses on the cross-cultural relationship between a social worker from a Western background and their ethnic Muslim client. There is little research on how Muslim social workers work within their own community and the barriers they may face. Furthermore, there is a lack of ‘insider’ research conducted within the Muslim population. The literature reviewed in this chapter accomplishes several purposes: (a) to understand and bring forth the many understandings of cultural competence, (b) to outline the critiques of cultural competence, (c) to present the available literature on using cultural competence with Muslims receiving mental health services, and (d) to outline an understanding of culturally competent research.

### *Cultural competence*

Within the helping professions there is significance placed on cultural competence for working with ethnic and racial minorities (Harrison & Turner, 2011). Defining and conceptualising the term however, is subject to much debate within the literature as the nature of the concept continues to evolve in both social work academia and practice (Harrison & Turner, 2011; Perry & Tate-Manning, 2006; Williams, 2006). Though a broad concept, simplified cultural competence refers to acquiring knowledge and awareness on the cultures of clients for safe and effective helping relationships with ethnic clients (Garren & Rozas, 2013; Lum, 2011). An underlying element of cultural competence is the practitioner’s awareness of their client’s culture, but also the awareness of their own culture in relation to that of their clients (Lum, 2011; Perry & Tate-Manning, 2006). The aim of cultural competence for the social worker is to make them aware of their assumptions, biases, and stereotypes that they may hold about their client’s culture and to prevent their biases from affecting the social work relationship (Diller, 2015; Perry & Tate-Manning, 2006). Cultural competency focuses on the ethno-cultural differences between practitioners from Western backgrounds and their minority clients (Diller, 2015). There is scant research or literature on social workers or practitioners with shared cultural and religious backgrounds as their clients (Yan, 2008a).

Within the literature there are several paradigms which attempt to clarify the definition of cultural competence within social work discourse. These include constructivist, critical race theory, and postmodern frameworks (Healy, 2014; Laird, 2008; Lum, 2011; Williams, 2006). In the constructivist paradigm, the individual is a product of the behaviours and expectations of their cultural group, their ethnic/cultural identity should be affirmed within the social work relationship (Williams, 2006). Individuals are seen as active agents in how they create meaning about their lives. A constructivist view emphasises that a group of people will have shared collective norms as a result of how they interact and react to their social and cultural environments (Healy, 2014). Enmeshed within this paradigm is also the notion that people of ethnic minorities 'know' about their own cultures and can share the heuristic and epistemological frameworks with their ethnic clients. This study incorporates the constructivist view to explore whether ethnic practitioners are indeed more capable for providing culturally competent services to clients with whom they share cultural and religious backgrounds (Lum, 2011; Williams, 2006).

Next, in critical race theory cultural competence includes an awareness of how historical events of marginalisation and oppression of certain cultural groups, by dominant cultural groups, pervade society today and affect the lives of ethnic clients (Abrams & Moio, 2009; Healy, 2014; Laird, 2008). The origins of cultural competence can be traced back to the development of critical race theory which emerged to challenge the Eurocentric bias within social work and advocated for people of colour to have a voice and presence in social work education and practice (Abrams & Moio, 2009; Healy, 2014). In this tradition, cultural competence is concerned with challenging discrimination, empowering minority groups to use available resources for a better life, creating knowledge of social inequalities, both past and present, and fostering mutual support and advocacy (Abrams & Moio, 2009; Laird, 2008; Suarez, Newman, & Reed, 2008). With the aim to increase participation and inclusion in decision-making for minority groups in the political, social, and economic environments (Abrams & Moio, 2009; Laird, 2008).

Finally, in the postmodern paradigm, the focus shifts from the collectivist values, beliefs, and experiences to individual perspectives and worldviews (Healy, 2014; Suarez et al., 2008; Williams, 2006). Both, in constructivist and critical race theory, culture is deterministic of the values, beliefs, and experiences of ethnic people (Williams, 2006). Postmodern cultural competence however, is concerned with how the individual perceives his reality and how he or she constructs their identity,

not necessarily how culture determines their thinking and behaviour (Garren & Rozas, 2013; Williams, 2006). Suarez et al. (2008) bring to the fore the complexities of clients lives, recognising the intersection of gender, sexuality, ethnicity, religion, social class, and other markers of diversity on an individual's subjective experience and the impact this has on social work practice. This perspective also influences this study.

Defining cultural competence is one story, understanding the operationalisation of cultural competency is another. Here, competence refers to the ideas or the conceptualisations that shape the understanding of cultural competence, whereas competency refers to the skills or standards that can be measured and assessed (Harrison & Turner, 2011). As cultural competence is a difficult concept to define, cultural competencies cannot be easily delineated for practice (Harrison & Turner, 2011; Lum, 2011). Just as there is no set definition of cultural competence, there is no set standard of measuring the outcomes of cultural competency (Garren & Rozas, 2013; Harrison & Turner, 2011; Lum, 2011).

### *Critiques of cultural competence*

The literature is rife with criticisms of cultural competence. It is a debatable construct within social work discourse, practice, and pedagogy (Garren & Rozas, 2013; Harrison & Turner, 2011; Johnson & Munch, 2009). Beginning with the term 'culture' in cultural competence, the research is critical of how 'culture' is perceived through an essentialist perspective and becomes deterministic of behaviours and attitudes of people from coloured and minority groups (Harrison & Turner, 2011; Laird, 2008). Kamali (2015) argues that embedded within the concept of cultural competency is an ideology of 'cultural difference', where clients from ethnic, immigrant, and refugee groups need to be treated differently to clients from the majority group. Such an essentialist and reductionist view of culture distorts the complexities of client's lives and assumes the position of 'expert' for the social worker (Lum, 2011). Arguing against this notion of social workers as experts of their clients culture, Dean (2001) posits cultural competence is flawed and a myth because it supposes a know-all attitude about clients cultures and subsequently their lives. She advocates for a stance of "lack of competence", where a social worker assumes a position of 'not knowing' or "informed ignorance" to create an openness for learning in the social work relationship (Dean, 2001, pp. 628-629).

Similarly, there are conceptual contradictions as noted by Johnson and Munch (2009). They identify four epistemological and conceptual tensions; their first contradiction has already been discussed in the previous paragraph, that social workers cannot really 'know' the cultures of their clients. That instead, social workers should utilise self-awareness to the point of knowing that they do not know about their client's lived experience and be willing to learn about the client's culture from the client (Dean, 2001; Johnson & Munch, 2009; Lum, 2011). Their second contradiction recognises that cultural competence cannot capture the many manifestations of group belonging, as expressed by individual identities (Johnson & Munch, 2009; Lum, 2011). They caution social workers on generalising their perceptions of culture on their clients (Johnson & Munch, 2009). Their third contradiction relates to how conflated identities of an individual can be overridden by a single collective identity (Johnson & Munch, 2009). Their last contradiction augments whether cultural competency is achievable, questioning the possibility to be a culturally competent social worker, when there is no coherent understanding of the term and its practice (Johnson & Munch, 2009; Lum, 2011).

These criticisms of cultural competency outline the conceptual, epistemological, and lack of coherence for standards in social work practice. These open up developments for a new theoretical and practical understanding of cultural competency. Most of the literature on cultural competency relates to how social workers from a majority group apply cultural competence with their ethnic or minority clients. There is scant research on the challenges and barriers of ethnic social workers working with other ethnic clients (Yan, 2008a). Furthermore, there is a lack of literature exploring the experiences of cultural competency from the perspective of ethnic and minority social workers.

### *Cultural competency with Muslims*

The current literature on working with Muslims offers knowledge on certain values and belief systems of Muslims as they are found within the Islamic discourse and practiced (Ahmed & Amer, 2012; Graham, Bradshaw, & Trew, 2009). There are at least four cultural values and practices predominantly identified by literature when working with Muslims: the value of the community, family values, faith/spirituality, and gender (Ahmed & Amer, 2012; Graham et al., 2009). For a Muslim, the value of the community, Ummah, and the family unit encompasses both a sense of belonging and responsibility (Graham et al., 2009). A practising Muslim will observe the five pillars of Islam and will strive to perfect his Iman or faith (Ahmed & Amer, 2012). Gender roles and segregation are determined in Islamic societies, where a man will have the role as the head of the family and women



will have more domesticated duties, this is justified as creating harmony within the family and community structure (Ahmed & Amer, 2012; Graham et al., 2009). Most of the literature intends to provide knowledge and recommendations for non-Muslim practitioners (Ahmed & Amer, 2012; Graham et al., 2009; Yan, 2008b). The literature offers no guidelines to Muslim practitioners when they are confronted with professional responsibilities that contradict with their Islamic values, beliefs, and actions (Yan, 2008a).

The literature on Muslim mental health outlines the conceptualisation of mental health and mental illness from within an Islamic framework (Ahmed & Amer, 2012; Keshavarzi & Haque, 2013). Muslims attribute mental health and illness to biological, psychological, environmental, spiritual or supernatural causes (Keshavarzi & Haque, 2013; Khalifa, Hardie, Latif, Jamil, & Walker, 2011). The literature overemphasises spiritual and supernatural causes attributed to mental illness making the biological, psychological, and environmental causes seem unrelated (Ahmed & Amer, 2012). The most common supernatural cause of mental illness is known as 'demonic possession' or a 'Djinn possession'; this is usually associated with schizophrenic symptomology (Dein, 2013). Other supernatural causes include consequences for past sins or hexing under the evil eye (Ahmed & Amer, 2012; Khalifa et al., 2011).

For treatment of such causes, Muslims, like individuals of similar faiths, have always turned to spiritual healing practices and spiritual healers, shamans, fakirs, and Imams to dispel them of their suffering (Ahmed & Amer, 2012; Khalifa et al., 2011). Whilst for some Muslims spiritual and supernatural causes may be the only explanation for mental illness, and thus the only path for a cure, Islamic discourse argues for Muslims to understand and treat illness from a bio-medical as well as a spiritual point of view (Ahmed & Amer, 2012; Keshavarzi & Haque, 2013). Studies recommend working with Imams and other spiritual healers to meet the religious and cultural needs of Muslims' suffering with mental illness (Ahmed & Amer, 2012; Khalifa et al., 2011; Shah & Culbertson, 2011). The literature provides knowledge about the Islamic worldview but disregards how individual Muslims may differ in their social realities and experiences.

### *Culturally competent research*

In the past, culturally competent research has aimed to address cultural bias and insensitivity as methodological and ethical issues especially in regards to conducting cross-cultural research (Casado,

Negi, & Hong, 2012). Social work research has been concerned with developing cultural competence instruments or skills for effective social worker-client relationships (Lum, 2011). In this respect, social work has studied culture objectively with the aim of identifying certain knowledge and skills for cross-cultural social work, intentionally excluding the subjective realm of the researcher/social worker (Casado et al., 2012; Lee & Zaharlick, 2013; Yan, 2008b). However, as social work practice began to note the importance of self-awareness and reflexivity in cultural competence; qualitative social work research also began to explore the subjective involvement of the researcher during all the phases of the research process, from the research design to the dissemination of research findings (Gould, 2015; Lee & Zaharlick, 2013; Roberts & McGinty, 1995).

Lee & Zaharlick (2013) describe the aim of culturally competent research as seeking:

Answers to questions through an examination of various sociocultural settings; the views, perspectives, and experiences of the participants in those settings; and the structure and meanings people give to their lives and experiences. Culturally competent research provides a way of understanding how social realities come about, function, and affect groups and individuals. It allows researchers to access the inner experiences of people and to describe the process of actions, non-actions, inter-actions, and emotions resulting from events or situations (pp. 67-68).

Within the literature, there is the understanding that “researchers are always implicated as persons in the research process” (Khawaja & Morck, 2009, p. 29). The researcher’s actions and reactions during the research process are a significant part of the sociocultural environment and should be considered as a contribution to the research process (Khawaja & Morck, 2009; Lee & Zaharlick, 2013). In doing so, the research will capture the cultural dynamics and subjective realities of both researcher and participant as they occur during the research process (Lee & Zaharlick, 2013). This is especially the case when conducting insider research (Voloder & Kirpitchenko, 2014). Researchers who share cultural and religious experiences and identities with their participants bring across their own implicit assumptions and value judgements (Kanuha, 2000; Voloder & Kirpitchenko, 2014).

The literature suggests, researchers who share an insider perspective with their participants can relate with the identities, language, and at times, emotional reactions with their participants, being less likely

to misrepresent the findings and their research participants (Voloder & Kirpitchenko, 2014). Consequently, it is significant for the researcher to have an awareness and reflect upon on how their insider researcher positioning influences their relation to the participants and the topic of study (Khawaja & Morck, 2009; Voloder & Kirpitchenko, 2014). Reflexivity in research is thus concerned with analysing researcher positioning to understand how the multiple voices, perspectives, and social categories (gender, ethnicity, religion, acculturation) intersect and impact on the research process (Gould, 2015; Lee & Zaharlick, 2013; Roberts & McGinty, 1995; Voloder & Kirpitchenko, 2014). This study draws on this approach to culturally competent research, insider research, and the use of researcher positioning and reflexivity to justify the use of my researcher positioning experience during the research process.

### *Conclusion*

This chapter has presented literature on a range of conceptualisations of cultural competence including the constructivist, critical race theory and post-modern paradigms. The critiques on cultural competence demonstrate the epistemological and conceptual contradictions within the concept of cultural competence. The literature on cultural competence with Muslims provides information for cross-cultural social work but offers no guidelines to Muslim social workers on how to manage the denominational and ethnic differences amongst Muslims. Finally, the literature on culturally competent research has laid out the basis of using the researcher's experience during the research process as a finding of this study. Within the literature there is a gap of knowledge regarding cultural competency as experienced by ethnic social workers. Therefore, this study aims to address the issue of understanding and applying cultural competency as perceived by Muslim mental health practitioners.

## Chapter Three: Methodology

### *Introduction*

Initially, the aim of this research project was to gain an insight into how Muslim mental health professionals with culturally similar backgrounds as their clients utilise their cultural knowledge to work effectively with their clients. Consequently, identifying certain knowledge and skills for non-Muslim practitioners. During the research process, however, issues of insider-outsider researcher positioning emerged. Shifting the focus towards the use of reflexivity of the researcher in relation to the participants and the research process. This methodology chapter will include that process and outline the research design and processes.

### *Research design*

This research applied a qualitative approach. Qualitative research best captures the perspectives and experiences of Muslim mental health professionals as they discuss their knowledge and skills about Muslim mental health and cultural competency (Fortune et al., 2013; Savin-Baden & Major, 2013). As this research dealt with the construction and application of knowledge held by participants about Muslim mental health and cultural competency, it has drawn on a constructivist research approach for its philosophical and methodological basis (Drisko, 2013). The constructivist approach comes from the “epistemological stance that social knowledge is the active product of human knowers” and that individuals have different ways of comprehending and creating meaning of their experiences (Drisko, 2013, p. 82). Furthermore, within the constructivist approach, I was able to use my participants’ subjective interpretations not as a source of bias but as a way of “understanding how people ‘accomplish’ social reality” about culture, religion, and mental health (Marvasti, 2003, p. 5).

This research has been conducted from an emic perspective, meaning that it is informed by the subjective and “influential stand point of the researcher” (Kanuha, 2000, p. 441). My Pakistani and Muslim heritage gave me an advantage in understanding the cultural and religious worldviews of the participants and establishing trusting relationships with the participants. Moreover, my analysis and interpretation of the data cannot be misrepresented. Because I am endowed with similar cultural and religious knowledge as the participants, my knowledge and experience could not be excluded from the research process. I was hoping that my insider knowledge would enable me to recognise and gain

further knowledge about Muslim mental health and cultural competency than a non-Muslim researcher. However, because of this insider position, I had to be reflexive of my own value-base, biases, and assumptions that I may hold about Islam, Muslims, and people from the sub-Indian continent. Reflexivity, in the context of this research, applies to how I have positioned myself in the research process and how I have used my personal and professional self in response to the complexities and dilemmas that emerged during the processes of data collection and data analysis (Savin-Baden, 2004).

### *Study Sample*

This research report sought three English-speaking Muslim mental health professionals working in three different mental health settings, with at least two years of experience. Participants were recruited through convenience sampling; I was able to contact my participants through personal networks and pass on the information sheet (see Appendix Two). After receiving the information, I was contacted by the three participants, eager to be involved in the project. The first to contact me was the female participant; having recently completed her social work qualification from a local University, and was employed by a mental health Non-Governmental Organization (NGO). I was then contacted by the two male participants, one of whom was working at a District Health Board and the other, a qualified and registered social worker employed by a mental health NGO. Two participants were of Pakistani heritage, one male and one female, and the second male of Sri Lankan descent. These participants worked in three different mental health settings with varying roles to represent a small range of mental health settings and a range of experiences. The participants fitted into the criteria of: being Muslim, having sound knowledge about their religion and culture along with an understanding of cultural competency, and extensive experience working with Muslims in mental health. My small sample size is justified by the fact that I wanted to focus solely on their knowledge and experience on the topic of Muslim mental health and cultural competency.

### *Data collection*

Three participants were interviewed face-to-face for approximately an hour using semi-structured interviews at locations recommended by the participants. Open-ended questions were asked in the interview. Beginning with asking standard background questions, followed by questions related to the research aims. The semi-structured interviews allowed for a more fluid interaction between researcher and participant (Bold, 2012). As the researcher, I allowed for an informal and

conversational style of the interviews. This let the participants feel comfortable in sharing their knowledge with an 'insider' who is there not to judge but to understand how they interpret and experience the realities of working with Muslims. With the permission of the participants, the interviews were recorded.

During the data collection process, it also became obvious how the attributes of the researcher, (including her religion, culture, gender, age, acculturation to Western society) and her own interpretation of religion, culture, and cultural competency played a role in the research process. The researcher's presence as an 'insider' – someone from the same religious and cultural community as the participants - allowed for the participants to not only feel comfortable during data collection but to co-construct knowledge about culture, religion, and cultural competency. The relationship between the researcher and the participants captured multiple voices within the research context. The participants also felt comfortable enough to speak about their own or their clients' experiences of being marginalised due to their religion and culture. This inter-subjectivity enabled the researcher to analyse how – as Muslims - we construct knowledge about ourselves and other Muslims.

### *Data Analysis*

A thematic analysis was conducted on the data. The three interviews were first transcribed, followed by coding the data and identifying themes. The data was coded by highlighting the responses relevant to my research aims or other interesting ideas expressed by the participants. Once the themes were identified they were compared among the three interviews to find similarities or differences between each participants' response. Because I wanted to capture the subjective stand points of my participants and of myself as an insider-outsider researcher, I approached the data analysis without any predetermined ideas or concepts of what I was going to find but was not prepared to face my own assumptions and biases towards the participants. After identifying themes, I analysed them by associating the ideas to literature. During the data analysis, I noted my own reactions during the data collection and discussed the reactions with my supervisor. During the data analysis, I became aware of my position as both an insider and an outsider and how this impacted on the research process. The researcher positioning chapter is an in-depth account of my experience being an insider-outsider researcher.

### *Ethical Considerations*

A Human Ethics Low Risk Notification was submitted for this report. The research proposal was reviewed by the research supervisor, by peers, and was judged to be low risk. A letter provided by the University's Human Ethics Committee, deemed this project to be low Risk (see Appendix One). Certain steps were taken to ensure confidentiality and anonymity of the participants. Before the interviews began I provided the participants with a consent form, which they read and signed. I recorded the interviews and explained to them that the recordings will be used as data for the research project. After the interviews, I collected the consent forms and gave them to my supervisor, who kept them safe in his locked drawer at university. Once I transcribed the interviews, I deleted the audio recordings from the recorder and my computer. Because I am working within my own community, I had to maintain the confidentiality and anonymity of my participants after this research report has been submitted.

One of the ethical considerations was to ensure that I maintain my professionalism if any of my participants disclosed any unethical practice. Ironically, I encountered an experience where one of my participants expressed his views on homosexuality that I did not agree with, however during the interview I maintained my composure and did not counteract his views with mine to avoid conflict.

Another ethical consideration is the conflicts that can arise from the intersection of my identity, values, and beliefs with those of the participants. In my culture, your elders are to be respected regardless of how they treat you and during the interviews one of my participants had a very patronising attitude towards me. As a researcher and a young Muslim woman, I accepted his attitude towards me and continued the interview for the sake of this project.

As part of maintaining the ethics of this research, supervision has been utilised during the research process and the writing of this report. The learning conversations and supervisory dialogue during supervision has been incremental in developing my sense of self during the research process. It has also helped to utilise reflexivity when understanding the relationship between myself and the participants, managing the dilemmas that ensued from the differences of values and beliefs between myself and the participants and conducting data analysis (Lee, 2012; Savin-Baden, 2004).

### *Limitations of the research*

This study is not without its limitations. A limitation of this research project is that it is very mono-cultural; I was not able to get a rich array of Muslim practitioners from different ethnicities and denominations. This however enabled me to focus and be reflexive on my position during the research process. Another limitation is the findings or truths of this project cannot be validated. Meaning that the study is not replicable, it will be difficult to find another young South-Asian Muslim woman, who holds the same values, beliefs, and experiences as me to replicate this project. Nonetheless, I took this opportunity to focus on how my position as an insider-outsider researcher and the participants' perception of me as a young Muslim woman, allowed me to recognise the 'Western gaze' that Muslims are often too familiar with. This helped to understand how the researcher is positioned during the research process.

Another limitation of this study has been the difficulty with conceptualising whether this study is research-focused or practice-focused. While attempts are made to focus on both, the research relationship of myself with the participants has been used as an example for a client-practitioner relationship. Similarly, conceptualising terms such as 'culture', 'ethnicity', and 'denominations within Islam' has also been difficult mainly due to fact that it is beyond the scope of this study.

### *Conclusion*

In this chapter I have outlined the methodology and method of this research project. I have also highlighted how the research began by asking questions about culture, religion, and mental health to exploring the complexities of the researcher-participant relationship. In the following chapter, I will explore the tensions, dilemmas, and complexities of my researcher identity as both an 'insider' with intimate knowledge of Muslims and Islam, and an outsider, a researcher.



## Chapter Four: Researcher Positioning

In this chapter, I explore my experiences as a researcher, how my presence impacted on the research process and how the research impacted on me. As I undertook and reflected on the data collection process, it became increasingly clear that my identity was a part of the data collection process. This was important for the integrity of this project to acknowledge and to be reflexive on my involvement in a transparent and thoughtful way. This brief chapter is intended to reflect on that process.

Although I began the research focusing on Muslim mental health, my position in relation to my participants and the topic of Muslim mental health gave me an active voice in the research process. My position as a researcher is of a female, Pakistani, Muslim, social work student with three years' experience in the field of mental health. In my research, I have actively used my position as a Muslim Pakistani woman to relate to my participants. Because I shared with my participants the same cultural and religious backgrounds, I expected to be perceived as an insider. Before the data collection, I assumed that my position as an 'insider' would be constant and my participants would be more likely to open up to me as someone who could identify closely with their heuristic and epistemological framework. I found, however, that my position was fluid; I was an insider at times where my participants felt comfortable to talk to me about Muslim mental health; but they treated me as an 'outsider' when they perceived me challenging them on their perceptions of Muslims from other Islamic denominations and ethnicities than their own.

I had assumed that my insider position would allow my participants to be relatively uninhibited in sharing their knowledge and experiences about the challenges and barriers of working with other Muslims from different ethnicities and denominations. However, my experience during the recorded interviews was that participants spoke cautiously and 'for the record', rather than in the more open and relaxed manner I expected. During the interview process, I became at times confused and frustrated with my participants for not opening up to me, and instead viewing me as a researcher, an outsider, when answering those probing questions. At the same time, I had a sense of implicit presumption that my participants held about me that as a Muslim and ethnic person I would agree with their decision not to present a negative image of Muslims in my research project.

In addition to this implicit assumption that I would concur with their decision to present only positive aspects of Islam in this project, I became aware during the interviews that the two male participants were acutely sensitive to the fact that I was a woman. Gender and social roles are traditionally defined for Muslims, and as participant 1 stated “gender segregation is a huge, huge thing in the Muslim, religiously and culturally as well...” I was reminded of my status as a woman constantly throughout my interviews. When talking about their experiences of working with Muslim clients, the male participants only ever used the pronouns ‘he’ or ‘him’ and never ‘she’ unless they were talking about their wives, daughters, and female colleagues. Participants 2 and 3, both men, had different reactions to me being a Muslim woman and not wearing the hijab. During the interview, participant 3 expressed his views about the hijab stating that “especially for the sisters or Muslim women who come from all parts of the world mostly the Europe or the Middle East or Asia or South East Asia, it is their choice but it is their culture, they know that **in Islamic culture they are required to cover their head...**” (emphasis added). I heard this as an indirect but clear admonition from him that my head should have been covered. I experienced a strong reaction to participant 3, because, although he stated that “being a registered social worker, I have to respect the law of the land... I am bound to follow the legal requirements and regardless of my own faith, my own ego and my own values”, he continuously intimidated his religious views which I perceived were a kind of judgment of me. I also felt that his private views were at odds with social work values and ethics. I was troubled by this inconsistency, in particular because after the recorder had been turned off, I was an ‘insider’ again, and I perceived that his judgment of me increased when he began to discuss with me how people change when they find the right path, go to Mecca, and become proper Muslims. Participant 3 angered me during and after the interview; I found his judgements of me untoward and undermining me as an intelligent and open-minded woman.

Participant 2 however, was the opposite, although I perceived that he was sensitive to the fact that I was a woman, he was also, careful not to judge me or undermine me. He did not directly or indirectly express his religious views and was non-judgemental. To test him I asked him, “How comfortable would you feel working with a woman, like with mental health issues?”. His answer was, “Would depend on how comfortable the woman would feel because sometimes it’s hard for them to communicate especially when there is a mental health issues or other family related issues but I haven’t worked with a female with mental health issues myself but for me I will feel comfortable if she’s okay with me.” I perceived his response to be that of a reflective practitioner. However, when

the interview was over and I was on my drive back home, participant 2 sent me a text message that read: “Salam i am sorry i did a horrible interview i should have read the information sheet properly, anyway best of luck with ur studies and hope u can do justice to da topic and **present a positive picture** thanks” (emphasis added). I read the last part of his text as advice on how to present my data. He may have written this because after the recorder had turned off we began to share our experiences in the field of Muslim mental health.

Participant 1, however, a woman who herself wears a hijab, was more circumspect about not imposing her views of wearing a hijab on others. She stated: “I am really conscious in that case [about hijab] because I myself wear a hijab and a lot of people think that the people who wear hijab are termed the ‘hijab police’, that they are going to judge us. So that’s a big sensitive issue... have to be careful.” I also perceived an implicit message in this comment, although in the case of this participant the message was one of non-judgment rather than judgment.

The participants’ narratives are embedded with their perceptions of me, how they replied to my questions, and what they said, was shaped by their implicit evaluation of me as a young Muslim woman and then as a researcher. Two of the participant’s responses reflected their level of professionalism and non-judgement of me as a Muslim woman. They gave my researcher role significance over my identity as a young Muslim woman. One of the participants however, whose patronising voice reflected not only his judgment of me as a young Muslim woman in a western society but his lack of reflective practice and professionalism. This bothered me throughout the process of data collection and data analysis, because his attitude and reactions towards me signified to me his lack of ability to create positive and safe relationships with his clients. Therefore, during the data collection and data analysis process, because it was difficult for me to ignore the discomfort of his reactions and judgments of me, I brought my professional and researcher self forward and was reflexive of my thoughts, reactions, and value judgements. I eventually accepted his perception of me as flawed but significant in understanding his worldview.

## *Conclusion*

In this chapter, I have demonstrated how the identity of the researcher impacts on the research process and the significance of situating oneself in relation to the participants and the research process. In the following chapters, I will present my analysis and discussion in relation to my research

question and aims but also examine the multiple voices and perspectives that exists between the relationships of a researcher with their participants.

## Chapter Five: Findings

In this chapter the results and analysis are presented together to capture the voices, experiences, and worldviews of my participants. First, I will explore my participants' views on culture, religion, and mental health. I will also delve into their understanding of cultural competency. Then I will extrapolate on their experiences of being 'othered'.

I interviewed two males and one female participants, all between the ages of 35 and 60. They are all Muslim and from the Indian sub-continent. The participants are referred to here by unique numerical digits in order to protect their identity. Each participant was asked to provide their interpretation of the terms 'religion' and 'culture', to identify the differences between the terms, and to expound on whether the concept and model of cultural competency is useful when working with Muslims in mental health. Following this, I also asked them about the challenges of working and building rapport with their Muslim clients from a different denomination and ethnic identities than their own.

### *Muslim mental health*

Each participant was asked to identify the differences between religion and culture and whether one or both make a significant impact on Muslim mental health. All the participants agreed that culture and religion for Muslims is connected, that one cannot be seen without the other.

*There's different ways... a culture can be influenced by different ethnicities, there are some minor differences but in regards to Muslim culture, I think, Islam predominantly influence the culture so it's hard to differentiate at time... I think both are interlinked, so be both, yeah (Participant 2).*

*I am Muslim, for me personally we don't differentiate our religion and culture for us it's both are same, because we think that Islam is the core of life, we need to practice daily... so culture and religion is most, mostly... most integrated in culture... Muslims they don't you know the say the separate religion and culture so even when you talk about religion it's already covered with the culture, if you talk about culture it's already covered the religion (Participant 3).*

For participants, religion and culture are integrated, they hold the belief that regardless of skin colour, ethnicity, differences in language, Islam is a unifying factor. The participants further elaborated on the role of religion in mental health as a coping strategy, where Islamic principles and practices underlie the healing process.

*Well, I think religion is the most important thing in the treatment of the client... for example, the chanting therapies... the purpose of chanting therapies is to disengage thinking from the past or the future but to focus on what they are chanting and be mindful in the present moment, mindfulness actually comes from a very old tradition of Muraqabbah (Participant 1).*

*The healing power of the Qur'an, spiritual wellbeing, how the Qur'an plays a key role in the lifestyles of the Muslims, and how we believe that Allah, the almighty is our counsellor... through the prayers, every day we are communicating through our prayers... how it gives us a refreshing of our feelings, our Iman, and our emotions and all those kinds of stuff (Participant 3).*

When asked from where the participants acquired their knowledge about Islam, they all identified Islamic theology or principles as a frame of reference for their knowledge construction.

*Mostly I think that based on the Qur'an and the Hadith, the teachings of the prophet Muhammad (PBUH) is the core teachings of Islam... and you can find most information from there (Participant 2).*

*I got in touch with some very good local scholars and I basically learnt from the teachers who follow the unbroken chain of transmission of knowledge from the prophet Muhammad (PBUH) (Participant 1).*

The findings are consistent with research that advocates for Islamic principles such as, the oneness of God and the belief in the prophet Muhammad as the last messenger, preceding cultural expectations and underpinning clinical intervention (Ahmed & Amer, 2012; Rassool, 2014).

### *Participants' understanding of cultural competency*

When asked to define culturally competent practice, the participants replied:

*I think having a good understanding of the client's cultural background and acknowledging like Muslim client might have strong belief about his mental health, like he's being possessed or cursed or just acknowledging that might be the case in his case but also making sure that he is properly treated, just... just finding a balance between the two (Participant 2).*

*Yeah... cultural competency is very important for the people who are working in with clients who need some sort of culturally appropriate services, especially, the people who come from overseas, they get bit of culture shock, language barriers, even the treatment... so there are a lot of grey areas that how that people can be approached to educate and understand this mainstream health system (Participant 3).*

*Well cultural competency means to be aware... not to know all the intricate details but to be aware of the basic beliefs of the client, the basic practices of the clients that we work with (Participant 1).*

It is apparent that each participant has their own interpretation of culturally competent practice. There was however, a common understanding that cultural competence is a relational and dialogical process, where practitioners use their awareness of Muslim mental health to “acknowledge that might be the case in his case but also making sure that he is properly treated, just finding a balance between the two” (Participant 1). The participants are of the view that cultural competency functions to create a “participatory relationship” between Muslim clients and professionals in mental health. That cultural competency is not a reference for understanding Muslim mental health, rather it is an act of communication and understanding that occurs between the practitioner and Muslim client (Lum, 2011, p. 3; Yan & Wong, 2005).

Participants, recognising that cultural competency does not fully represent a knowledge base for working with Muslims, indirectly spoke of their obligation to speak out or provide correct information to professionals either through facilitating training or questioning facilitators to provide accurate

information about Islam and Muslims. Participant 1 is a facilitator who provides Muslim mental health training to professionals, she reflects:

*The feedback, the 100% feedback that I have got so far is that all the professionals say that they need more of the cultural competency training in working with the Muslim clients and it is very important to ensure the safety of the clients and also the clients engage with them. Otherwise there is a problem with the engagement between the client and the non-Muslim professionals (Participant 1).*

*I've been personally working volunteer basis on a project for a DHB, it's a Muslim for a Muslim cultural, mental health awareness in the Muslim community and also have been doing trainings here for the health professionals... it's explaining the importance of religion and culture in mental health (Participant 2).*

Participant 1 is perceptive in that she is aware of how cultural competency simplifies and generalises the Muslim population. For her, positioning all Muslims under the term 'culture' ignores the diversities of Islam and disregards the various ethnicities of Muslims.

*Like one size doesn't fit all the Muslims, they are not a homogenous group, they are a heterogeneous group, so much variations among them. Like say for example in some of the cultures people would just shake hands across genders, so the practitioners [are] also confused, 'What's going on here?' So there is no particular standard, some people are trying to fit in, some are trying to be orthodox and the cultural competency model actually there is need for more understanding and elaboration on that model that what does it actually mean... but I definitely think that there is a lot more that could be added to the cultural competency model and framework (Participant 1).*

My participants, realising that the cultural competency model does not wholly capture the Muslim experience, have developed their own individual Muslim models based on their own experiences, knowledge and interpretation of Islam and Muslims. Interestingly, participants 1 and 2 related a Muslim mental health model to that of Mason Durie's Te Whare Tapa Wha:



*I studied Te Whare Tapa Wha and I found that is closely related to the Muslim beliefs of health, like the four cornerstones of health and wellbeing. There's a close link between, from the Muslim perspective, between spiritual wellbeing and the physical, like the mind, the self, and the soul... that is the available model. There is no such model, from the Muslim developed by the Muslim... that was the one I could find closely related (Participant 2).*

*I think that working with Muslim clients and say if we are using the Te Whare Tapa Wha model, we can still incorporate mindfulness practices into that one and a lot of clients would be happy in engaging with mindfulness practices. I have been thinking about the different model like say for example the triangle, that Islam suggests about the physical, mental, and spiritual health, so that triangle... always has to be in a state of equilibrium. When that triangle is in the state of equilibrium that suggests that the physical, mental, and spiritual, all health's are perfectly intact but when there is a problem with any of those ends then there is a disequilibrium then it... the problem can easily be detected (Participant 1).*

*I have integrated [Muslim model] ... It's basically, as I said, briefly introduction to Muslims in New Zealand, and says about basic articles of Islam, the faith, the beliefs and the practices as I mentioned to you before. Then it lead on about the Muslim dress code, and the Ramadhan fasting, Muslims food... you know the Halal and Haram, certain things allowed in Muslim culture, and certain things are not allowed; for example taking alcohol, eating pork or ham, those kind of basic stuff... and involvement of the family, the whānau. We are almost like Māori culture in that area, our culture is matching mostly, most towards the Māori culture than the European, because we are also family orientated people (Participant 3).*

The point to note here is that the participants feel the need to create their own models of Muslim mental health, without specifically being aware that the models they have developed are their individual interpretations of Islam and representations of Muslims. Again, these models created by the participants are not for Muslim practitioners but for Non-Muslim practitioners to bridge the cultural and religious and barriers, it is a way for these participants to provide the practitioners with a for Muslim by Muslims model, because as participant 2 states, "I think it's the lack of awareness and it's our responsibility to make people aware of what we are and what our religion is about."

### *Experiences of otherness*

Throughout the interviews, the participants discussed their experiences of being 'othered', as it happened to them or to their clients. The concept of being the 'other' is adapted here from Edward Said's theory on Orientalism; the 'oriental' other as differentiated from the 'normative' occident (Beck & Wahab, 2015). Participant 3 discusses a clients' experience of being othered:

*So we had a case.... he said that uh, 'I don't want to meet one of my Christian nurses and case workers.' I asked him 'why?' He is from Iraq... he said that the caseworker questioned why you guys are killing the Christians over there. I asked him, 'Can you please give me some more explanations?' He said, 'I am Arab Muslim, my next door neighbour was a Christian Arab, we both were good friend, they came to my home for Ramadhan... I went to their house for their Christian parties for their Christmas. We both are very good friends, so when that nurse was questioning me, 'Why you hate the Christians, why you are killing? I was so traumatised.' So which clearly explains to us, lack of understanding, lack of knowledge will create a big gap between the mainstream treatment and the Muslim appropriate treatment here (Participant 3).*

Similarly, Participant 1 also recalls how she was treated being a Muslim woman wearing the Hijab at her student placement.

*Because I cover my head some people thought that I am not brilliant enough... and maybe I am just doing a certificate course at Wānanga or something like that and people were mostly quite shocked to know that I am doing Masters of Social Work from Auckland University, and I hold a master's degree previously as well. And then they would practically put me in testing situations to... just to... you know... get that thing that, you know, she is capable enough of doing that or not, so I think that there is a lot of pressure and challenges for Muslim practitioners who are training in New Zealand.*

For Participant 2, it was a matter of challenging and deconstructing stereotypes:

*A question was asked by a... participant in the training saying that about the, what you call it, the honour killing and... and her lack of understanding. She was saying that it is a Muslim*

*practice but my... my explanation to her was like it could be an ethnic specific practice but the religion is very clear about such thing like you can't take the law into your hands and you're not allowed to. There's no such thing as ... the best you would do is to separate from the wife... if it comes to the wife... but there is no such thing in Islam in the religion.*

My participants' experiences of being 'othered' reflect how religion and culture connote power, privilege, and oppression (Khawaja & Morck, 2009). Within these experiences of being 'othered' exist a dichotomy of an 'us' and 'them', a 'dominant' and 'dominated', the 'West' and the 'East' (Beck & Wahab, 2015; Kamali, 2015). Particularly in the case of my third participant, whose Iraqi client is blatantly accused by a health professional of hating and killing the Christians he has never met. Similarly, Participant 1 is objectified by her colleagues who perceive her to be less intelligent because of her hijab. Participant 2 also deals with Western objectifications of Islam. All these experiences reveal a sense of powerlessness or disempowerment of my participants and their struggle to reclaim that power and voice.

### *Conclusion*

In this chapter, I have gathered the results and analysed the data to present the findings. Three themes emerged from the data, the first was the participants understanding of Muslim mental health. The second, their conceptualisation of cultural competency and the last their experiences of being 'othered'. The participants however, did not discuss the challenges for working within their own communities. The reason for this will be explored in the following chapter, along with discussing the findings and relating them to the literature.

## Chapter Six: Discussion

In this chapter, I will provide an in-depth analysis of my findings along with relating my results with the themes and ideas in my literature review. Considering that the participants perceived me as an 'insider' on the topics of Muslim mental health, cultural competency, and experiences of being othered, I will be critically reflexive in discussing my findings. I will begin by discussing the findings on culture and religion in Muslim mental health, understanding, and critiques of cultural competency, discovering why and how my contested position as an insider-outsider impacted on the research process and discovering why my participants chose not to extrapolate on the challenges and barriers of working with Muslims from different Islamic denominations and ethnicities. This will lead me to understanding the cultural tension that can exist between a Muslim worker and their Muslim clients, a Muslim worker with their non-Muslim colleagues, a Muslim worker with their non-Muslim clients, and a non-Muslim worker with their Muslim clients.

The views and interpretations of the participants on religion and culture are consistent with those found in literature. As Ahmed and Amer (2012) state, "Religion is very difficult to separate from culture, because religious teachings are often interpreted through cultural and historical lenses, and the practice of religion can be shaped by local culture" (p. 316). Moreover, for Muslims the concept of Ummah or community supersedes cultural and ethnic differences among Muslims (Ahmed & Amer, 2012; Graham et al., 2009; Rassool, 2014). The participants' emphasis on religious teachings and practices in the recovery and healing of mental suffering is also consistent with the abundance of literature on integrating religion and spirituality that advocates for spiritual and faith-based therapies across all faiths and spiritualities (Bhui, 2013; Gilligan & Furness, 2006; Koenig, 2005; Pieper & Uden, 2005).

The participants' understanding and critiques of cultural competency are reflected within literature as well. Cultural competency for the participants is an awareness of an ethnic client's culture, but more importantly it is a dialogic relationship, where the social worker no longer has the responsibility to 'know' the culture of their clients but to create an understanding of culture as perceived by their client in that particular relationship (Lum, 2011; Yan & Wong, 2005).

Not only were my participants able to give their own interpretations of cultural competency, they were also able to question the epistemological basis of the concept of cultural competency. A particular insight of the first participant identifies one of the major contradictions of cultural competency, that the stereotypical classification of Muslims under the term 'culture' disregards and ignores the varying ethnic and religious identities of Muslims (Johnson & Munch, 2009; Lum, 2011). The participants were aware that the model of cultural competency is inadequate in providing an accurate picture of the Muslim experience. They have thus constructed their own models; these models however are their own interpretations and representations of Muslims based on their experiences and subjective realities (Garren & Rozas, 2013; Healy, 2014). Each participant has their own perception of working with Muslims influenced by their identities as male or female, their social class, ethnicity, and level of religiosity which discredits the assumption that Muslims are a homogenous group and that matching a Muslim worker with a Muslim client will result in an effective helping relationship (Lee, 2010). However, there is a common perception amongst the participants that the Islamic values, such as the oneness of God and the belief in his last messenger the Prophet Muhammad (PBUH), the five pillars of Islam and the six articles of faith all hold value for Muslims in one way or the other (Ahmed & Amer, 2012; Rassool, 2014).

The participants' willingness to share their experiences of being 'othered' affirmed my insider status as a Muslim. During the three interviews, I could relate to their existential experiences of being 'othered' and at those moments I found myself mirroring their emotions. My participants were at ease knowing that I was also Muslim because then they did not have to explain exactly what the Qur'an says about mental health or what the terms 'Hadith' and 'Sunnah' mean. My insider knowledge was an asset but at times created anxiety for me especially when I challenged and questioned their perceptions of Muslims and Islam. This tension shifted my status from an insider to an outsider and as I became a researcher, I realised that there are some topics that are off-limits for researching when it comes to understanding Muslims and Islam. My status as an outsider was also associated with a 'Western researcher' seeking to gain knowledge for the "Western gaze" (Beck & Wahab, 2015; Kanuha, 2000). This "gaze" relates to how Western society has historically created Muslims as the 'other' and attained its hegemonic position of dominator (Beck & Wahab, 2015). Hence, the reason why my participants presented an image of Muslims for a public arena (while the recorder was on) and a different image of Muslims in a private setting (while the recorder was off) (Ismail, 2008). By avoiding discussing the politicised topic of denominational and ethnic differences, my participants

gained control over how Muslims are perceived and positioned in Western society (Beck & Wahab, 2015; Ismail, 2008). Just as they gain control over how knowledge about Muslims are constructed by creating their own models for working with Muslims.

My insider-outsider positioning during the data collection and data analysis process embodies a similar relationship in social work, that between a Muslim practitioner and Muslim client. While it is true that social workers with a shared cultural background can have a better understanding about their ethnic client's cultural and religious worldviews, it is an assumption however that they are more effective in working within their own cultural groups (Lee, 2010; Yan, 2008a). For example, as my 'insider' status changed to an 'outsider-researcher', a sense of mistrust between myself and the participants emerged because they knew, and are guilty in this matter, that working in our own communities blurs professional boundaries and compromises confidentiality (Yan, 2008a). Their decision not to discuss the matter was also influenced by their experiences of being discriminated against. As Muslims we are consciously aware of our position as the 'other' in a Western society and the impact this has on non-Muslim colleagues and clients (Afshar, 2013). Therefore, Muslim workers, like the participants of this study, feel obligated to protect and construct a Muslim identity that negates the kind of subjects projected by Western stereotypes of Muslims, this concept is known as a "self-negating subjectification" (Khawaja & Morck, 2009).

A concern for professional practice is how a Muslim worker's obligation to protect the image of Islam interferes with his/her relationship with non-Muslim colleagues and clients. More importantly, my experience as an insider-outsider researcher questions how one Muslim social worker engages with another Muslim social worker who differs in respect to their gender, ethnicity, language, acculturation, and sexuality. Does his/her responsibility to conform to religious practices and beliefs override his/her obligation to upholding social work values and beliefs? In my case, being a young Muslim woman, I was indirectly admonished for not wearing a hijab by one of the male participants and endured his patriarchal perspective of me. But the other two participants demonstrated that they valued their professional standards more than their religious responsibilities.

The recognition that cultural tensions exist within a social worker-client relationship, regardless of being culturally same or different, emphasises that although religion can be an influential part of clients' lives and worldviews. The role of the social worker however is not to narrow their perspective

on their client's culture, religion, or ethnicity but to be mindful of the multiple identities and perspectives which can change depending on the situation and circumstances during the course of their relationship (Garren & Rozas, 2013; Yan, 2008a). It does not matter whether the Social worker is from the same religion or culture as their clients; what matters is the recovery and wellbeing of clients. For this to happen, social workers or researchers whether they do or do not share the same cultural/religious backgrounds as their clients need to be aware of the multiple voices, perspectives, and identities that exist in their interactions with their clients and colleagues (Garren & Rozas, 2013). In this sense cultural competency is a mutable concept, one that is a relational and dynamic process of interlocations and hermeneutics between researcher and participant or practitioner-client rather than a competency for social workers to meet certain standards of practice (Lee, 2010; Yan & Wong, 2005).

### *Conclusion*

In this chapter, I have explored the findings of the research and related them to literature. The findings on the participant's experiences of being 'othered' led me to understand why they did not openly discuss the inter-religious and inter-ethnic differences amongst Muslims. By using my experience as a key finding, I have also been able to explore the cultural tensions that can exist in within a Muslim worker-Muslim client relationship.

## Chapter Seven: Conclusion

### *Aims of the research*

The initial aim of this research was to explore Muslim practitioners understanding and experience of cultural competence when working with other Muslims. Another aim was to identify the differences between culture and religion through the perspective of Muslim practitioners so as to provide new knowledge for non-Muslim practitioners. Understanding how Muslims work with the varying differences of their Muslim clients' ethnicities and religious denominations was intended to shed light on how to use cultural competence effectively when working with Muslims. However, during the research process, the researcher's positioning within the data collection and data analysis process emerged as a critical feature that demonstrated the tensions that exist between a researcher-participant who have similar cultural and religious backgrounds. Furthermore, as the participants shared their experiences of being 'othered', they emphasised on how their Muslim identity impacts on their relationship between non-Muslim colleagues and clients.

### *Research findings*

The basis of this study was to find out how practitioners who identify closely with their clients' cultural and religious backgrounds deal with the tensions that may arise because of the inter-ethnic and inter-religious differences. I focused on Muslims because they are a heterogeneous group who are often stereotyped and assumed to be a homogenous group. My participants, however avoided answering questions about the challenges of working with other Muslims. This self-negating subjectification is used by Muslims to protect Islam and the Muslim identity from the gaze of Western society. Because of this, however, I was not able to answer my original research question definitively. Instead my experience as an insider (Muslim) and outsider (researcher) during the research process became itself a key finding. My experience gave me an advantage where I was able to recognise how my identity as a young Muslim woman who is very much acculturated into Western culture impacted and created tensions with the identities of the participants. During the process of data collection and data analysis, it became obvious that regardless of being a Muslim who can closely identify with the participants' cultural and religious backgrounds, what mattered more during the research relationship was how I managed my own multiple identities and perspectives that conflicted with those of the participant's. In any social worker-client, researcher-participant relationship there are bound to be conflicts



between identities, how one manages these conflicts is what relationship-based or relational social work practice is concerned with. This research has come to the final conclusion that social work practice and research with Muslims, or in fact any other ethnic and religious group, regardless of it being from an insider or outsider perspective, should focus on the interpersonal process of establishing rapport and effective communication for the co-construction of knowledge (Lee & Zaharlick, 2013; Rosenberger, 2014).

### *Recommendations*

The recommendations from this study, then, are research-focused rather than practice focused. Considering the findings of this research project, the following are recommendations for future research:

- Understanding how the attributes of the researcher impacts on the relationship between researcher-participant and how data is conceptualised, collected and analysed during the research process.
- Exploring the role of reflexivity for the insider researcher during the research process.
- Examining how the multiple voices, identities and perspectives of the researcher and participant develop and contribute to the research process.

This research began in the hope of discovering the challenges faced by Muslim practitioners working within their own community. During the process of conducting the research however, the focus shifted towards understanding how the subjective involvement of the researcher impacts and creates tension with the subjective experiences and realities of the participants. As a result, I learned how my identity as a young ‘Westernised’ Muslim woman impacted on the research relationship between myself and the Muslim participants, inadvertently learning the complexities of Muslims working within their own community.

## References

- Abrams, L. S., & Moio, J. A. (2009). Critical race theory and the cultural competence dilemma in social work education. *Journal of Social Work Education, 45*(2), 245-261. doi: 10.5175/JSWE.2009.200700109
- Afshar, H. (2013). The politics of fear: What does it mean to those who are otherized and feared? *Ethnic and Racial Studies, 36*(1), 9-27. doi: 1080/01419870.2013.738821
- Ahmed, S., & Amer, M. A. (Eds.). (2012). *Counseling Muslims: Handbook of mental health issues and interventions*. New York, NY: Routledge.
- Beck, E., & Wahab, S. (2015). Orientalism, oppression, and contemporary social work. *International Encyclopedia of the Social & Behavioral Sciences, 17*(2), 428-434.
- Bhui, K. (Ed.). (2013). *Elements of culture and mental health: Critical questions for clinicians*. London, UK: RCPsych Publications.
- Bold, C. (2012). *Using narrative in research*. London, UK: Sage.
- Casado, B. L., Negi, N. J., & Hong, M. (2012). Culturally competent social work research: Methodological considerations for research with language minorities. *Social Work, 57*(1), 1-10.
- Dean, R. G. (2001). The myth of cross-cultural competence. *Families in Society, 83*(6), 623-630.
- Dein, S. (2013). Jinn and mental health: Looking at jinn possession in modern psychiatric practice. *The Psychiatrist, 37*(9), 290-293. doi: 10.1192/pb.bp.113.042721
- Diller, J. V. (2015). *Cultural diversity: A primer for the human services* (5th ed.). Stamford, CT: Cengage Learning.
- Drisko, J. W. (2013). Constructivist research in social work. In A. E. Fortune, W. J. Reid, J. Robert, & L. Miller (Eds.), *Qualitative research in social work* (2nd ed., pp. 81-106). New York, NY: Columbia University Press.
- Fortune, A. E., Reid, W. J., & Miller, R. L. (Eds.). (2013). *Qualitative research in social work* (2nd ed.). New York, NY: Columbia University Press.
- Garren, A. M., & Rozas, L. W. (2013). Cultural competence revisited. *Journal of Ethnic & Cultural Diversity in Social Work, 22*(2), 97-111. doi: 10.1080/15313204.2013.785337
- Gilligan, P., & Furness, S. (2006). The role of religion and spirituality in social work practice: Views and experiences of social workers and students. *British Journal of Social Work, 36*(4), 617-637. doi: 10.1093/bjsw/bch252

- Gould, N. (2015). Reflexivity. *International Encyclopedia of the Social & Behavioral Sciences*, 20(2), 82-87.
- Graham, J. R., Bradshaw, C., & Trew, J. L. (2009). Adapting social work in working with Muslim clients. *Social Work Education: The International Journal*, 28(5), 544-561. doi: 10.1080/02615470802400729
- Harrison, G., & Turner, R. (2011). Being a 'culturally competent' social worker: Making sense of a murky concept in practice. *British Journal of Social Work*, 41(2), 333-350. doi: 10.1093/bjsw/bcq101
- Healy, K. (2014). *Social work theories in context: Creating frameworks for practice*. New York, NY: Palgrave Macmillan.
- Iqbal, M. (2009). The Quran and its disbelievers. *Islam & Science*, 7(2), 87-126.
- Ismail, S. (2008). Muslim public self-presentation: Interrogating the liberal public sphere. *Political Science and Politics*, 29(2), 255-405.
- Johnson, Y. M., & Munch, S. (2009). Fundamental contradictions in cultural competence. *Social Work*, 54(3), 220-231.
- Kamali, M. (2015). *War, violence and social justice theories for social work*. Farnham, UK: Ashgate.
- Kanuha, V. K. (2000). "Being" native versus "going native": Conducting social work research as an insider. *Social Work*, 45(5), 439-447. doi: 10.1093/sw/45.5.439
- Keshavarzi, H., & Haque, A. (2013). Outlining a psychotherapy model for enhancing Muslim mental health within an Islamic context. *The International Journal for the Psychology of Religion*, 23(3), 230-249. doi: 10.1080/10508619.2012.712000
- Khalifa, N., Hardie, T., Latif, S., Jamil, I., & Walker, D. M. (2011). Beliefs about jinn, black magic and the evil eye among Muslims: Age, gender and first language influences. *International Journal of Culture and Mental Health*, 4(1), 68-77. doi: 10.1080/17542863.2010.503051
- Khawaja, I., & Morck, L. L. (2009). Researcher positioning: Muslim "othering" and beyond. *Qualitative Research in Psychology*, 6(1-2), 28-45. doi: 10.1080/14780880902900713
- Koenig, H. G. (2005). *Faith and mental health: Religious resources for healing*. Philadelphia, PA: Templeton Foundation Press.
- Laird, S. E. (2008). *Anti-oppressive social work: A guide for developing cultural competence*. Los Angeles, CA: Sage.

- Lee, A. (2012). *Successful research supervision: Advising students doing research*. New York, NY: Routledge.
- Lee, E. (2010). Revisioning cultural competencies in clinical social work practice. *Families in Society*, 91(3), 272-279.
- Lee, M. Y., & Zaharlick, A. (2013). *Culturally competent research: Using ethnography as a meta-framework*. New York, NY: Oxford University Press.
- Lum, D. (Ed.). (2011). *Culturally competent practice: A framework for understanding diverse groups and justice issues* (4th ed.). Belmont, CA: Brooks/Cole.
- Marvasti, A. B. (2003). *Qualitative research in sociology: An introduction*. London, UK: Sage.
- Perry, C., & Tate-Manning, L. (2006). Unravelling cultural constructions in social work education: Journeying toward cultural competence. *Social Work Education*, 25(7), 735-748. doi: 10.1080/02615470600905986
- Pieper, J., & Uden, M. V. (2005). *Religion and coping in mental health care*. New York, NY: Rodopi.
- Rassool, G. H. (Ed.). (2014). *Cultural competence in caring for Muslim patients*. New York, NY: Palgrave Macmillan.
- Roberts, S., & McGinty, S. (1995). Awareness of presence: Developing the researcher self. *Anthropology & Education Quarterly*, 26(1), 112-122. doi: 10.1525/aeq.1995.26.1.04x0789i
- Rosenberger, J. B. (Ed.). (2014). *Relational social work practice with diverse populations*. New York, NY: Springer.
- Said, E. W. (1997). *Covering Islam: How the media and the experts determine how we see the rest of the world* (Rev. ed.). New York, NY: Vintage Books.
- Savin-Baden, M. (2004). Achieving reflexivity: Moving researchers from analysis to interpretation in collaborative inquiry. *Journal of Social Work Practice*, 18(3), 365-378. doi: 10.1080/0265053042000314438
- Savin-Baden, M., & Major, C. H. (2013). *Qualitative research: The essential guide to theory and practice*. New York, NY: Routledge.
- Shah, K., & Culbertson, P. (2011). Mental health awareness among imams serving New Zealand's Muslim population. *New Zealand Journal of Counselling*, 31(1), 87-97.
- Suarez, Z. E., Newman, P. A., & Reed, B. G. (2008). Critical consciousness and cross-cultural/intersectional social work practice: A case analysis. *Families in Society*, 89(3), 407-417.

- Voloder, L., & Kirpitchenko, L. (Eds.). (2014). *Insider research on migration and mobility: International perspectives on researcher positioning*. Surrey, UK: Ashgate.
- Williams, C. C. (2006). The epistemology of cultural competence. *Families in Society*, 87(2), 209-220.
- Yan, M. C. (2008a). Exploring cultural tensions in cross-cultural social work practice. *Social Work*, 53(4), 317-328.
- Yan, M. C. (2008b). Exploring the meaning of crossing and culture: An empirical understanding from practitioners' everyday experience. *Families in Society*, 89(2), 282-292.
- Yan, M. C., & Wong, Y. L. R. (2005). Rethinking self-awareness in cultural competence: Toward a dialogic self in cross-cultural social work. *Families in Society*, 86(2), 181-188.

## Appendices

### Appendix One: Low-Risk Notification Approval Letter



#### MASSEY UNIVERSITY ALBANY

20 April 2015

Sahar Abbas  
C/O School of Social Work  
Albany Campus

Dear Sahar

**Re: The impact of culture and religion on Muslim Mental Health: Perspectives of mental health workers**

Thank you for your Low Risk Notification which was received on 20 April 2015.

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

You are reminded that staff researchers and supervisors are fully responsible for ensuring that the information in the low risk notification has met the requirements and guidelines for submission of a low risk notification.

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 Dr Brian Finch, Director (Research Ethics), telephone 06 356 9099, extn 86015, e-mail [humanethics@massey.ac.nz](mailto: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

A handwritten signature in blue ink, appearing to read 'B T Finch'.

Brian T Finch (Dr)  
Chair, Human Ethics Chairs' Committee and  
Director (Research Ethics)

cc	Associate Professor Mark Henrickson School of Social Work Albany Campus	Associate Professor Kieran O'Donoghue Head of School, School of Social Work Turitea campus
----	---	--

---

Massey University Human Ethics Committee  
Accredited by the Health Research Council

## Appendix Two: Information sheet



MASSEY UNIVERSITY  
COLLEGE OF HEALTH  
TE KURA HAUORA TANGATA

### Muslim Mental Health Information Sheet

Research Title: The Impact of culture and religion on Muslim mental health: Perspectives of Muslim Mental health workers

#### Invitation to participate

This is an invitation for you to participate in this small Research project.

#### About the project

This is a student research project designed and conducted by Sahar Abbas as part of the Masters of Applied Social work. Supervising this project is Mark Henrickson, Associate Professor for Social work at Massey University.

While there is an array of literature and research identifying the importance of integrating religious and spiritual beliefs in Social work practice, there is however a lack of research on understanding the relation between culture, religion and mental health. Thus, this research aims to:

- Explore the relations between culture, religion and mental health for Muslim service-users
- Understand how mental health workers accommodate cultural and religious factors for effective engagement and intervention with their Muslim Mental Health clients. Explore the epistemological assumptions underlying practice with Muslim clients from diverse cultural and religious backgrounds.

This research aims to understand how mental health workers apply knowledge and skills related to best practice with their Muslim Mental health clients. In effect, this will extend knowledge and skills to clinical practitioners to utilize in their practice.

The research questions underpinning this research project is: *What role does religion and culture play in the engagement and recovery of Muslim mental health service-users? And what strategies are used by mental health workers to accommodate cultural and religious beliefs within their practice when working with Muslim service-users?*

#### How are participants selected?

You are invited to participate in this research because you have been working for at least 2 years in mental health as a Support worker, community support worker, Cultural liaison officer, or Clinical practitioner.

#### What will happen in this study?

Te Kunenga  
ki Pūrehuroa

School of Social Work  
Private Bag 102904, North Shore, Auckland 0745, New Zealand [www.massey.ac.nz](http://www.massey.ac.nz)

For this study, you will be involved in one-on-one interviews with the researcher. The researcher will ask open-ended, semi-structured questions about your experiences working with Muslim clients. You are welcome to share how you engage and build relationships with your Muslim clients, how you employ certain religious and cultural knowledge and practices with your clients, what worked and what didn't work? Your interview will be recorded and you may ask for the recorder to be turned off at any time during the interview.

The researcher will then discern and analyse the themes present in your answers. This will help to identify and understand the cultural factors that influence religion and mental health. Also, to understand how to adapt practice when working with Muslim Mental health clients to meet best practice standards.

How much time will it take?

The interviews will be an hour long and can be conducted at a location convenient to you.

Confidentiality and Anonymity

The researcher will do her best to keep information about you private and confidentiality. Your real name will not be used; instead a pseudonym will be used to keep anonymity.

Your Rights as a Participant

If you decide to participate in this research, you have the right to:

- Decline to answer any particular question;
- Withdraw from the study
- 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;
- Be given access to a summary of the project findings when it is concluded

What happens if I wish to participate in the research?

Your participation and contribution are appreciated and valued. Should you choose to participate, please contact me to arrange a date, time and location outside of work hours to discuss what needs to happen next. My contact details are:

Sahar Abbas

Email:

Phone:

Supervisor:

Mark Henrickson

*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 Dr Brian Finch, Director (Research Ethics), telephone 06 356 9099, extn 86015, e-mail [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz).*

Thank you for Reading and I look forward to hearing from you!!

# **Research on Good Death: Social Workers' Experience with Chinese in Palliative care**

A research report presented in partial fulfilment of the requirements of the  
Degree of  
Master of Applied Social Work  
at Massey University, Albany  
New Zealand

Anqi Chen (Angel)

2015

## Abstract

Recent statistics has shown that in New Zealand, the number of Chinese who might be benefit from palliative care would increase. However, the perception of a good death varies in different cultures and occupations. Within a qualitative methodology and basic interpretative research design, this research aims to investigate social workers' perceptions of a Chinese good death and how social workers provide palliative care services to Chinese patients and families in New Zealand. Four experienced registered social workers with at least two years' experience in palliative care were found via research advertisements and my personal networks. Data were collected by conducting semi-structured interviews. Inductive thematic analysis identified three main trends in social workers' perceptions of a Chinese good death: the focus on family, sense of peace, and the importance of dignity. There are seven social work interventions before the patient's death, which can be summarised into two main goals: information exchange and family support. After the patient's death, social workers usually refer the family to bereavement counselling if necessary, provide funeral support and bereavement follow up. The findings conceptualised a Chinese good death model and a framework for palliative social work before the patient's death, which might contribute to future studies and development of a palliative social work assessment tool targeted towards the Chinese population. The social workers' roles/interventions identified in this research are consistent with previous research in non-ethnic centric studies. This study found that social workers might be underutilised in palliative care. To improve the quality of palliative care services to Chinese, further development should also focus on developing resources in Chinese language and Chinese centric services in New Zealand.

## Acknowledgments

My gratitude goes to the social workers who participated in this research project. Thank you very much for offering your valuable time out of your busy work and sharing your experience with me. I really appreciate all of your support and sharing relevant research articles/information within your network with me, which helped me greatly in my research journey.

To my parents – thank you for giving me the opportunity to study in New Zealand and fully supporting me financially, emotionally, and mentally. I would not have been able to complete this degree without your support and sacrifices.

To my best friend, teacher, and partner – Ben Wilkie Smith, who supported me without reservation throughout this journey. Thank you for enduring many sacrifices as a result of my study.

To my grandfather – you are the bravest soldier in my mind. May you rest in peace and thank you for inspiring me to explore the palliative care field.

My appreciation also goes to my research supervisor, Dr. Shirley Jülich; thank you very much for your guidance and support.

## Chapter One: Introduction

My interest in this area started from my nursing placement in China. When faced with terminally ill patients as a nurse, I questioned what makes a good death and what else I can do to support those patients with life-threatening illness. After I finished my nursing degree, I chose to study social work in New Zealand. As a Chinese, I am interested in how palliative care services can be provided to Chinese in a culturally appropriate way in New Zealand. This chapter will outline the aims of this research, define palliative care, and provide background information about palliative care services in New Zealand.

### *Research objectives*

This research aims to investigate what a good death means to Chinese in New Zealand, and how to support Chinese who are facing death. It focuses on social workers' perspectives and experience. Two research questions will be investigated:

- According to social workers' experience, what do they think a good death means for Chinese patients and their families?
- How do social workers support Chinese patients and their families in their end life in New Zealand?

### *Definition of palliative care*

When it comes to defining palliative care, most literature refers to the definition proposed by the World Health Organisation (WHO). In summary, the WHO (2015) defines palliative care as a holistic approach that focuses on improving quality of life for patients with life-threatening illness. It covers pain and symptoms management, and cares for physical, psychosocial, spiritual, cultural, and other needs.

Different from the traditional disease modifying model which aims at curing, the focus of palliative care is to relief suffering and support the best quality of life possible for the families and patients (Bruera & Yennurajalingam, 2011). Similar with the emphasis on holistic care and relief suffering, however, the definition of palliative care by the Ministry of Health in New Zealand (2001) emphasises

that palliative care is only for people who are dying due to active and progressive diseases “when curative or disease-modifying treatment has come to an end” (p. 2).

## *Background*

### *Increased population*

The National Health Needs Assessment for Palliative Care (referred to as HNA) (Palliative Care Council of New Zealand, 2013) showed that 15,452 adults and 272 children and young people would benefit from palliative care services each year. It is estimated that by 2026, this number of adults will increase by 23.5% and children by 5%.

There is a growing Chinese population in New Zealand. According to Statistics New Zealand (2014a), the Chinese population has increased by 16.2% between 2006 and 2013, composing over 35% of the Asian population in New Zealand. Over 80% of Chinese consider Chinese as their only cultural identity (Statistics New Zealand, 2014b). Consequently, with a growing Chinese population, the number of Chinese faced with death and potentially benefiting from palliative care might also increase. It is estimated that over 2,000 Asians per year might die from 2026 onwards compared with only 600 per year in 2008 (Statistics New Zealand, 2008). Therefore, it is essential for social workers to understand how to assist Chinese to achieve a good death.

### *Palliative care services in New Zealand*

Currently in New Zealand, palliative care is provided at different levels according to the intensity of needs: by primary palliative care providers only, by primary palliative care providers with specialist support, and by palliative care specialists. Palliative care specialists are those who provide palliative care service as their only clinical component, consist of a multi-disciplinary team with expertise in palliative care and whose staff had accredited qualification/training in palliative care, such as hospices. Primary palliative care providers are those who provide palliative care as only one of their daily clinical components, for example GPs and residential care facilities (Palliative Care Council of New Zealand, 2013).

*Working with differences*

The Palliative Care Strategy (Ministry of Health, 2001) addressed the importance of providing culturally appropriate end-of-life care. However, from the history of hospice development, the concept of palliative care itself reflected Eurocentric attitudes towards death and dying, which might not be appropriate or shared by other cultures (Thomas, Wilson, Justice, Birch, & Sheps, 2008). The modern hospice movement started in the 1960s in the UK (Munley, 1983), and followers of the hospice movement were predominantly countries where the European population was in the majority. Palliative care service was not introduced in Asian countries until quite recently; Hong Kong in 1982 (Wong & Chan, 2007) and mainland China in 1987 (Hsu, O'Connor, & Lee, 2005). Zou, O'Connor, Peters, and Jiejun (2013) suggested that Chinese attitudes and philosophy towards death and palliative care – for example seeing death as the failure of medicine and the result of wrong-doings – restrict the development of palliative care services in mainland China. Therefore, the concept of palliative care might not fit in well straight away for the Chinese population in New Zealand and thus palliative services might need to be tailored according to their culture.

The definition of a good death varies in different cultures and occupations. In an American study about the meaning of a good death, Aleksandrova-Yankulovska and ten Have (2015) suggested that patients' families consider dying without physical suffering or pain as the most important component of a good death. By contrast, a Chinese study by Huang, Hongjuan, Tieying, & Xuemei (2015) found that the majority of Chinese value good family relationships and connectedness the most when faced with death. Aleksandrova-Yankulovska and ten Have. (2015) have also found that there are differences between hospice staff and patients' families in the perceptions of patients' good death. It is possible that different understandings of a good death might result in different palliative care focuses and interventions. Therefore, it is vital to understand what social workers in New Zealand think a good death means in Chinese culture according to their experience.

This chapter has identified increasing demands and needs for palliative care among Chinese population in New Zealand. It has also explored the definition of palliative care and how palliative care services are currently delivered in New Zealand. It highlights that Chinese perceptions of a good death and palliative care services might be different. Therefore, to provide culturally appropriate services, it is necessary to tailor palliative care services according to Chinese culture and values. Research in the

following chapters will explore social workers' perceptions of a Chinese good death and how social workers provide palliative care services to Chinese in New Zealand.



## Chapter Two: Literature Review

This chapter reviews previous studies of the definition of a good death in Chinese culture and palliative social work practice. The literature was searched on the databases of Massey University Library. I used key words, such as: palliative care, palliative social work, end of life, Chinese good death, and Chinese end of life, when searching. Some articles and theses came from participants' and my professional networks.

### *About good death*

Chinese culture is deeply influenced by Confucianism, which shapes Chinese perceptions of what it means to have a good death. Confucianism emphasises the importance of fulfilling social and family responsibilities and maintaining hierarchical social relationships. It sees people in multiple social relations rather than as an isolated individual. A moral and good person will be ready to sacrifice for the family and the country, respect seniority, and fulfil social and familial responsibilities (Hsiao, Gau, Ingleton, Ryan, & Shih, 2011; Mok, Wong, & Wong, 2010; Hui & Leung, 2012). This section will review research and study about a Chinese good death. The literature is discussed under three headings: family is the core, decision making and physical comfort.

### *Family is the core*

Family is one of the important components of a good death for Chinese. According to Huang et al. (2015), maintaining good relationships with family forms a part of a good death among Chinese. Hui and Leung (2012) agreed on the importance of family in a good death and explained that it is essential for Chinese to have family members around them during the final stage of their life. They argued that the importance of family in end of life comes from Confucianism. Similarly, Ho et al. (2013) stated that for Chinese terminal cancer patients, a good death means restoring family connectedness. This involves being able to express appreciation towards family members, maintaining familial bonds, and fulfilling family obligations. In studies conducted in Hong Kong and Taiwan, family connectedness was found to play an essential part in the patient's spiritual peace in end of life (Hsiao et al., 2011; Mok et al., 2010). Chan and Epstein (2011) found that family anxiety and a lack of family acceptance of the patient's situation are related to poorer psychosocial outcomes and increased physical symptoms of the patient.

Although patients wish to maintain family connectedness and involve their family members in the process, Chan, Epstein, Reese, and Chan (2009) suggested that the patient usually worries about being a burden to their family members. Huang et al.'s (2015) research agreed with this finding and the survey showed that not being a burden to others is one of the components of a good death to Chinese general public.

The achievement of familial and social obligations usually forms the concept of a good death in Chinese culture. According to Ho et al. (2013), Chinese terminal cancer patients consider being able to fulfil familial obligations as one of the key components of a good death. Fang-Long (2010) emphasised that a good death for Chinese means being able to become an ancestor after death and part of the family line. This requires one to fulfil social and family obligations: to be married, and have male heirs. Similarly, Chan and Epstein (2011) found that the psychosocial factors, such as age and the patients' number of children, are related to a good death in Hong Kong.

### *Decision-making*

Although family plays an important part at the end of Chinese patient's life, there is a debate about the importance of personal autonomy in a good death. Hui and Leung (2012) suggested that patients are usually happy to let family members to make care or medical decisions for them. Huang et al. (2015) said that in mainland China, health professionals usually discuss medical diagnosis and treatment plans with the patients' families first and tend to avoid disclosing the diagnosis or prognosis to the patient. Similarly, Bellamy and Gott (2013) found that family involvement in decision making is fundamental in delivering satisfactory healthcare services to Chinese in New Zealand.

However, a survey by Huang et al. (2015) noted that Chinese patients actually want to be informed of their health situation and be involved in care planning when they are faced with death. Chan (2014) suggested that if the patient is unaware of his/her prognosis and diagnosis, some physical symptoms may occur. A study by Ho et al. (2013) showed that Chinese Hong Kong patients consider being informed and involved in care decisions as an element of a good death. Patients also think that being able to regain control and plan for the future is essential for a good death (Ho et al., 2013). However, in the study of Huang et al. (2015) in mainland China, it showed that regaining control and planning

for the future are not the most important in conceptualising a good death for the Chinese general public.

### *Physical comfort*

Chinese consider physical comfort as part of a good death. However, it is not considered to be the most important element. Huang et al. (2015) found that physical comfort only ranked seventh among the ten components of a good death while it was found to be the most important part of a good death in an American study (Aleksandrova-Yankulovska & ten-Have, 2015). Hui and Leung (2012) explained that this might be influenced by Confucianism where pain and suffering are considered as an unavoidable part of life and becoming a great person. Under this belief, it is likely that the patient might normalise physical symptoms and be unwilling to report physical symptoms to their physician (Hui & Leung, 2012). In Chan's study (2014), some psychosocial factors, such as patient's anxiety and personal beliefs, are associated with some physical symptoms.

### *Palliative social work*

There are some studies focusing on palliative social work practice. In palliative care, social work skills can greatly contribute to analysing a patient's suffering across multiple levels, incorporating patient's cultural and spiritual needs into a care plan and providing education to inform care options (Mulkerin, 2011). Blacker and Christ (2011) suggested that major contributions social work could bring in palliative care practice include education, intervention with patients and families, and multidisciplinary teamwork. Cadell, Johnston, Bosma, and Wainwright (2010) stated that the key roles of palliative social workers include advocacy, assessment, decision-making, information sharing, care planning, and interdisciplinary teamwork. Similarly, Cullen (2013) noted that palliative social workers play a unique part in facilitating effective communication, decision-making, and multidisciplinary teamwork. In addition to the above roles, Weisenfluh (2011) said that palliative social workers should participate in education, interdisciplinary consultation and counselling in grief, loss, suicide, and financial issues.

Although social work skills can greatly contribute to palliative care, social workers are found to be underutilised in palliative care in reality. An older survey conducted by Kulys and Davis (1986) in the USA suggested that social workers are under-utilised and only 2 out of 27 social services offered in

hospices are considered as the unique roles of social workers: financial counselling and civil legal assistance. A similar result was also found in MacDonald's study (1991). The awareness of social workers' roles in the USA has developed in the last two decades and a recent survey in the USA suggested that 12 out of 24 social services in hospices are perceived as social workers' roles by hospice staff, including financial counselling, referrals, suicide counselling, social emotion assessment, and community outreach (Reese, 2011). However, Reese suggested that social workers are actually trained to provide most of the services in hospice rather than just 12 out of 24 and social workers are still underutilised in palliative care setting.

Instead of seeing patients with multiple needs under the current multi-disciplinary model, Brown and Walter (2014), on the other hand, proposed a social model in which social workers should see clients as being embedded within relationships, support networks, and resources. Similarly, Cullen (2013) recognised that one of the unique contributions social workers bring in palliative care is the ability to build on clients' strengths.

To provide effective palliative care to families, Chan et al. (2009) proposed a framework based on a Chinese context. This framework suggested that social workers should ensure the well-being of family members while also helping family members to find alternative and diverse ways of showing support towards the patient. Kehl's study (2015) found that to prepare families, palliative care staff should provide families with information, including symptoms and signs of death, meaning of those symptoms, what should be expected next, expected time to patients' death, and advice about what to do. Fineberg (2010) suggested that family group conferences can also improve the effectiveness of family communications.

When providing Chinese migrants with palliative care, it is important to recognise and understand Chinese culture and values. An Australian study noted that Chinese migrants in Australia tend to hold back their concerns to palliative care professionals because the clients' family members are unsure whether health professionals will understand their cultural values (Heidenreich, Koo, & White, 2014). Other studies showed that patients prefer to have someone from the same culture to provide care (Diver, Molassiotis, & Weeks, 2003; Randhawa, Owens, Fitches, & Khan, 2003). Bellamy and Gott (2013) stated that in Chinese culture, the family has an essential role in providing care and decision making. Therefore, health care providers should relinquish their role as experts and respect family

preferences. However, Bellamy and Gott (2013) said that while cultural competency and understanding are important, it is necessary for professionals to avoid stereotyping individual clients and to recognise individual differences and preferences.

In the palliative care system, Payne (2010) contended that people with lower social-economic status usually have more difficulty getting service. Therefore, social workers should not only focus on individual patients and economic needs, but also their family, community, and other needs such as need for intimacy as well. Chan et al. (2009) agreed that families are closely related to patients' psychosocial outcomes which might be associated with patients' experience of physical symptoms in their end of life (Chan et al. 2014). Payne (2010) argued that the needs of cultural minority groups might not be addressed properly as the assessment tools are usually based on the European population. Agnew, Manktelow, Haynes, & Jones (2011) agreed that the reliability of assessment tools is one of the challenges for palliative social workers.

Although previous studies have looked at the meaning of a good death in Chinese context, there is little research about social workers' perceptions of a Chinese good death, especially in the New Zealand context. Further studies in palliative care should look at issues surrounding cultural minority groups, such as Chinese in New Zealand. Research has been done to find out how social workers work with families genetically. However, little research focuses on how New Zealand palliative social workers work with Chinese patients and their families. The next chapter outlines methodology, research design, and the method used in this research.

## Chapter Three: Methodology

### *Research design*

This research adopted the qualitative methodology and a basic interpretative research design. Qualitative research allows in-depth investigation and more detailed information from participants (Merriam, 2002). I considered this approach more appropriate than quantitative methodology as it can allow me to seek in-depth information from social workers, explore the context of the gathered information, and provide a comprehensive understanding of social workers' experience.

The basic interpretative paradigm was suitable for this research because it sought to investigate the meaning of a life experience (good death) and the process of palliative social work practice from the perspectives of social workers (Merriam, 2002). Similar research design and method were also applied to investigate the meaning of a good death and how palliative professionals work with families in recent studies (Ho et al., 2013; Heidenreich, Koo, & White, 2014; Kehl, 2015).

### *Participants recruitment*

This research was conducted among registered social workers in palliative care services all over New Zealand. The two main criteria for participants were:

- Registered social workers with at least 2 years' working experience in palliative care services. Palliative services include both specialist palliative care agencies and general healthcare services where caring patients with terminal illness is integrated in their clinical practice.
- Have experience working with Chinese patients and their families. Chinese patients are defined as adults who self-define Chinese as their only cultural identity and have been diagnosed with terminal illnesses.

I firstly advertised this research via Aotearoa New Zealand Association of Social Workers (ANZASW). ANZASW identified registered social workers in health organisations as potential participants and then sent them an advertisement email (Appendix One) on my behalf. Two participants who considered themselves as meeting the criteria initiated contact with me via email over a two-month period. I also advertised my research via my personal network, from which I recruited one participant. The research

was also verbally advertised in a professional workshop and one participant contacted me after the workshop.

It is essential in basic interpretative research to find participants who can share rich and descriptive information (Henn, Weinstein, & Foard, 2006; Merriam, 2002). Therefore, at least two years of palliative care working experience was considered as a necessary pre-requisite for participating in this research project. During the recruitment and advertising process, there were some responses from potential participants that they had met all of the recruitment criteria but did not want to participate because they did not think they had enough experience with Chinese to be included in this research. Also, social work registration was included in the criteria so as to ensure participants in this research have recognised social work competencies and/or education and knowledge.

### *Data collection*

Data was collected through individual semi-structured interviews. Two interviews were conducted via phone with participants who lived outside of the Auckland region. Face-to-face individual interviews were used for the other two participants within the Auckland region. To ensure the effectiveness of interviews and prepare for unexpected situations, a pilot interview both by phone and face-to-face was conducted with my friend before the first formal interview with the eligible participants. An interview structure (Table 1) that listed the main topics was provided to the participants prior to the interviews. This allowed participants to prepare for the interviews. Participants were reminded that they could withdraw from the research at any stage if interview topics caused any discomfort for them. The interview structure was drafted based on the relevant literature and my knowledge of Chinese culture and traditions. To avoid participants from giving more socially accepted answers rather than actual opinions, the interviews were semi-structured and the interview structure given to the participants only listed the interview topics instead of the actual questions. Moreover, semi-structured interviews allowed me to investigate the designed topics, and were flexible enough to further explore what the participants found interesting to share.

**Table one: Interview structure**

Sections	Topics
Part I: About the participant	<ol style="list-style-type: none"> <li>1. A bit about yourself</li> <li>2. Your role as a social worker</li> </ol>
Part II: Experience with Chinese	<ol style="list-style-type: none"> <li>1. Your perspectives about what a good death means to Chinese</li> <li>2. Your working experience with Chinese</li> <li>3. How to work with Chinese before and after death</li> </ol>
Part III: Suggestions	<ol style="list-style-type: none"> <li>1. Your suggestions to social work students/a new staff in your team</li> <li>2. Your suggestions in a governmental/policy-making level.</li> </ol>

Interviews were scheduled at a time (and place if face-to-face interview) that suited the participants. The two phone interviews were conducted in a secured and locked room with only me inside. As for the participants' side, they chose their preferred interview place. Both face-to-face interviews were conducted in a quiet and private place with one in the participant's workplace and the other at the participant's home. Of the four interviews, three were audio-recorded and transcribed by me. The process of transcribing the interviews allowed me to become familiar with the transcripts and avoided any premature judgements. One recording failed because I failed to set up the phone recording facility properly. However, detailed notes were taken during the interview. An interview summary according to the notes was completed as soon as the interview finished and sent back to the participant for checking.

Interviews lasted around 50 minutes to 1.5 hours. During the interview, I aimed to be neutral and allow participants to share their experience. I asked open questions, such as "What do you mean by...?" and "By saying..., how do you achieve it?", to clarify or explore the information they shared.

### *Data analysis*

On completion of interview transcription, I grouped the data according to the following four topics: about good death, what the social worker does before the patient's death, what the social worker does after the patient's death, and participants' suggestions. This helped me to arrange the data in a



manageable size (Guest, MacQueen, & Namey, 2012). I summarised the participant's response in the above topics and organised an interview summary. The interview summaries were sent back to participants for checking. This process allowed me to investigate each interview as an individual event and avoid misunderstanding. As for the interview that was not successfully recorded, the interview summary was already organised into the above four topics according to the notes and had been previously checked by the participant.

Inductive thematic analysis was used to find out common themes among the interviews. There was no hypothesis set ahead and findings were totally informed by common themes which emerged from the data. Codes and themes were developed by summarising and constantly comparing the responses across the four interview summaries. The meanings/definitions of each code and theme were defined during this process to ensure consistency. To test the validity of the codes and themes, I then went back to the original transcripts to examine the context of the participants' responses. This allowed me to test if what the participants said matched the meaning of the code and themes. If the response was consistent with the meaning of the identified code, I cut and pasted the quote under the identified theme and the code in Microsoft Word. Otherwise, either the codes and themes would be modified or the participant's response might fall into another code (Braun & Clarke, 2006; Guest, MacQueen, & Namey, 2012; Merriam, 2002; Henn, Weinstein, & Foard, 2006; Markovic, 2006). I also engaged in an on-going dialogue with my supervisor throughout the data analysis process.

Due to the failure of recording one of the phone interviews, I was not able to provide a direct quote from that participant to support the themes and codes in the finding section. Therefore, I used the interview summary checked by the participant instead.

### *Ethical issues and procedures*

This research was recorded on the Low-Risk Database at Massey University (Appendix Two) and supervised by Dr Shirley Jülich. Potential ethical issues for this research were presented to and discussed with a panel of independent academics and my peers. Any ethical issues raised during the research were discussed with my supervisor.

Prior to the research, potential participants were provided with an information sheet (Appendix Three) outlining the purpose and process of this research. Participants were volunteers and fully

consented. With regards to risk of participants' discomfort of discussing death and dying, participants could withdraw from the research at any time. Consent forms were signed and permission to interview recordings was asked before the interviews. The participants were fully informed of the starting and ending point of the audio recording in both phone and face-to-face interviews. Any information that might potentially identify the participants or their organisations was coded with subjective numbers in all interview transcripts and records identification. Recorded materials were securely held by me. On the completion of the research report, all research materials were deleted. Consent forms and electronic copies of the data were deposited with Massey University for secure storage for five years when it will be destroyed.

### *Limitations*

Two interviews were conducted via phone. By using phone interviews instead of face-to-face interviews, visual cues, such as facial expressions and gestures, were not captured. Also, the researcher could not control the interview environment and it was up to the participants to choose the interview place that they felt comfortable with. Therefore, any incident on the participant's side that might have happened in the background and potentially influenced the interview was unknown.

For the two phone interviews, both participants chose to use their work landlines instead of their personal phones. Therefore, it was possible that the phone interviews were taken place in their workplaces rather than a neutral place. This might potentially result in more socially-accepted answers instead of actual opinions, which might also be the limitation of the face-to-face interview conducted in a participant's workplace.

Attempts had been made to compensate for the failure of one of the phone recordings. However, it was likely that some important details of the interview were missed. The notes taken might potentially reflect my personal bias (what I thought was important) rather than the actual opinions of the participant.

Although pilot interviews were conducted with my friend, the effectiveness of the interviews might have been improved by learning more interview skills. If the interviews had been analysed as soon as they were completed, I could have reflected on my interview skills, improved my interview guide based on the analysis, and then potentially improved the quality of the following interviews.

There were only four participants in this research. Therefore, the results cannot be generalised across a broader population. The focus of this qualitative research was to gather the in-depth perspectives from palliative social workers rather than generalisation. Another critique of interpretative qualitative research is subjectivity and the data analysis can be affected by my personal interpretation and bias (Krysik & Finn, 2010).

## Chapter Four: Findings

This research focuses on social workers' perspectives of a Chinese good death and how to support Chinese in their end of life. This chapter will firstly describe the participants and then summarise the findings from four interviews with experienced registered social workers. Three topics are explored in the findings: about good death, social work support, and participants' suggestions. The social work support section discusses how social workers usually support the Chinese patient and family before and after the patient's death.

### *Participants*

All of the four participants are registered social workers with at least seven years working experience. Two of the participants work in hospitals and palliative care is not the only component of their daily practice. The other two participants work in specialist palliative care services. None of the participants self-identified themselves as Chinese.

Table Two: About participants

Participant	Years of experience in current workplace	Workplace	Interview method
Participant 1	Over 10 years	Local District Health Board	Phone interview
Participant 2	Nearly 20 years	Hospice	Phone interview
Participant 3	Over 30 years	Local District Health Board	Face-to-face interview
Participant 4	7 years	Hospice	Face-to-face interview

### *About good death*

In this section, I have explored what a good death means to Chinese according to the participants' experience. Three main themes were found to conceptualise a good death for Chinese: family focus, sense of peace, and dignity. However, participants also emphasised individual differences among Chinese and the necessity to avoid stereotyping. This section will also discuss what participants said

are the differences of the perception of a good death between the local population (Pākehā and Māori) and Chinese.

### *Family focus*

All participants agreed that family is the core for Chinese and plays an essential part in the end of life. And this can be understood from the following three dimensions: family involvement, maintaining family connections, and fulfilling family obligations.

### *Family involvement*

Two participants revealed that it is quite important to allow the family to participate in the patient's care. Participant 1 found that some Chinese families prefer the patient to die at home and take care of the patient for as long as possible. He also suggested that:

*I think allowing families to provide as much physical care and food as possible is really important, you know, if the person is still able to eat, then they get to eat what the family provides not what the hospital provides (Participant 1).*

Two participants found that the Chinese family plays an important part in decision-making. Therefore, it is important to allow family to have control of the situation and decision-making.

### *Maintain family connection*

Three participants acknowledge the importance of family connection in the Chinese end of life. Chinese patients would like to maintain their bonds with family, although some of their family members might be overseas or in China. Two participants mentioned that they might use Internet and Skype to connect patients with their overseas family members.

*I think reconciliation with family, like having family present or sometimes we arranged to skype families in China, if there's family can't get across... I think that connection with family is important (Participant 4).*

### *Fulfil family obligations*

All participants agreed that Chinese have a strong sense of family responsibility. Chinese patients in their end of life would like to feel that they have fulfilled social and family responsibilities, and have made contributions towards their families.

*I think they think a lot about the care for the next generation... I think they [have] tried very hard to fulfil their responsibility to their spouses... [participant gave an example of a dying Chinese patient trying very hard at his end of life to take care of his wife with dementia]... They are not especially self-focused (Participant 3).*

Meanwhile, the family members would like to feel that they have met their social and family responsibilities towards the patient as well.

*I guess the filial duty, the piety, the respect for the parents, and doing the most for the parents, I think this is huge, when the family wants to do the best for their parents, do the best care, I think that is important (Participant 4).*

### *Sense of peace*

All participants agreed on the importance of peace in a Chinese patient's end of life. Peace means the patient can feel calm, quiet, and be free from disturbance, regrets, and worries. This 'sense of peace' is made up of four components: sense of completion, tried every possibility, physical comfort, and spiritual peace.

### *Sense of completion*

Two participants mentioned that Chinese patients would like to feel that everything is finished, completed, and tidied up. And if that is not possible in reality, they would like to have plans in place for unfinished business before death so that they could feel less worried and have less regrets.

*And from my own experience with Chinese has been that... having things completed, having a sense that things have been tidied up in terms of things and issues and plans for their future (Participant 4).*

*Tried every possibility*

Chinese patients would like to feel like they have tried and done everything they possibly can for themselves and/or for the family. They do not want to feel regretful because they have not done something before death.

*I think that sense maybe... they have done everything, they have spoken to family, they... you know, things like.... There is nothing more to be done (Participant 4).*

Participant 1 shared that he got a sense from his colleagues that Chinese families would prefer to have more rather than less done in terms of treatments.

*Physical comfort*

Three participants stated that physical comfort is part of a good death and Chinese patients would like to have their pain and symptoms controlled.

*I think people want to be kept out of pain (Participant 3).*

Participant 2 also commented that sometimes, however, the patient's care for the family might overtake needs of physical comfort.

*Having their symptom managed. Patients sometimes choose to put up with their symptoms because they do not want to worry or frighten their family (Participant 2).*

*Spiritual peace*

Three participants stated the importance of spiritual peace for Chinese during end of life. Spirituality in this case is something related to the human spirit and soul. Spiritual peace means that the important essence of the patient is cared for, not challenged or disturbed.

*I think it's also religious, if the family... the religious has been important to them during the life, then what is going to be important during the death or dying process... so therefore, the ministers... priest or their monks...or you know (Participant 3).*

### *Dignity*

All participants agreed that Chinese patients would like to have a sense of self-pride and a feeling of being respected and honoured in their end of life. Participant 2 said that dignity in a Chinese end of life means that contributions towards family were acknowledged. Participants 3 and 4 both stated that it is about valuing privacy and modesty.

*I think often that, I don't know what you call that value, but I think the family don't want their information out in public. In fact, I think they value their privacy, and I think it is around their dignity, they don't want their information out there (Participant 4).*

Participant 3 also commented on the importance of respecting the modesty of elderly Chinese women and gave an example of a Chinese woman refusing to be showered by a male caregiver.

### *Individualised perceptions*

Participants all agreed that the understandings of a good death can have individual differences among Chinese.

*It is also important to be sensitive about the variation of Chinese culture itself. Not every Chinese are the same and not to assume anything (Participant 2).*

### *Differences compared to local population*

During the interview, all participants were asked about what they think are the differences between Chinese perceptions of a good death and those of Pākehā, European, or Māori population in New Zealand. There were different opinions among the participants. Participant 1 could not think of a definite answer. Participant 2 thought that Chinese patients might be less afraid of and have more acceptance of death due to their spirituality. In Participant 3's opinion, there are more similarities than differences, but this might just be a question of degree. Similar to Participant 3's response,



Participant 4 agreed that it might be the same, but maybe the sense of completion is more important in the Chinese population.

### *Social work support*

In this section, I will discuss what participants think a social worker should do to support the Chinese patient and family before and after the patient's death. Before death, the participants said that social workers have seven roles: assist with family communication, interdisciplinary teamwork, advocacy, building rapport and trust, identify and resolve issues/concerns, support family/caregivers, and education. After the patient passed away, the palliative social worker might need to make referrals for bereavement counselling, bereavement follow-up, and support the family with funeral arrangements.

#### *Before death*

##### *Assist with family communication*

Three participants said that social workers should support family communication, ensuring that information gets through to every family member. In addition, Participants 1 and 2 identified the value of holding family meetings in resolving conflicted opinions within the family and getting every family member on the same page.

*Facilitate opportunities for families and the patients to talk things through and explore alternative options... if they (patient and the family) have different opinions or needs, it is very important that the patient and the family, including doctors and nurses, are in the same room to have family meetings (Participant 2).*

##### *Interdisciplinary teamwork*

Three participants acknowledged the importance of working cooperatively with other health professionals. Participant 1 stated that social workers have a role in facilitating opportunities for health professionals to discuss the patient's situation with the family. The other two participants suggested that working cooperatively with other health professionals allows social workers to better understand a patient's medical situation, which has great value in supporting and preparing the whole family for the patient's death.

*To get to know the prognosis, and to know about the life expectancy... you know... we have to do that quite often in our work here, to get to know some kind of estimate, so that we can help families with planning and what is going to happen so (Participant 4).*

### Advocacy

Participants all agreed that social workers have an advocacy role in palliative care. This includes making sure that patients and their families' voices are heard by other health professionals and that the patient's or other family members' opinions can be heard within the family.

In Participant 1's experience, Chinese might be less willing to express their preference because they might have the culture of respecting the authority of doctors. He commented that sometimes Chinese are less willing to speak up for themselves. Therefore, social workers have a role in allowing their opinions to be heard.

Participant 3 said that advocacy is also about making sure the patient's or other family members' voices are heard within the family.

*As a social worker, we have to be very careful that people have rights to speak for themselves and are protected... Sometimes, in Chinese families, we can see that the decisions are made for the older people. And we try and check out if that is what they want (Participant 3).*

However, participant 3 commented that it is the patient and the family who make the decision. And once the voices are heard within the family, she respected whatever decision is made.

### Building rapport and trust

Participants 2, 3, and 4 felt that to it is very essential to build rapport and trust with Chinese patients and families. Participants found that without trust, it is very hard to work with the Chinese patients and families.

*Just being there for them... let the family feel comfortable with the social worker. Let them know that we are there for the patient and the family... It is about building trust and relationships (Participant 2).*

Participant 4 said that it is easier for someone from the Chinese culture to build relationships and to work with Chinese patients as the common cultural understandings help to build the trust. She added that some Chinese families refused to use interpreters because they do not trust the interpreters, which could become another barrier for social workers from a non-Chinese culture to work with Chinese.

#### Identify and resolve issues/concerns

All participants mentioned that part of their job is to identify the family's concerns and issues, and assist family to resolve those identified issues and concerns by coordinating community resources and/or identifying family resources.

*You just hearing what those concerns are from the patients and their families, and then help them to try and work out with plans of what they want to do, and what they want you to do, what would be helpful... so just finding out what are the things that are meaningful for that person, quite often, it is just practical stuff (Participant 4).*

Participants noted that some of those issues arise because they are migrants in New Zealand. In Participant 1's experience, some of the Chinese patients have very limited extended family and support in New Zealand. And the main carer has to juggle with various family and working responsibilities at the same time. Participants 3 and 4 agreed that Chinese patients might not be familiar with New Zealand's health system and have different expectations. Participant 3 acknowledged that there might be language barriers for some Chinese patients and their families.

#### Support family/caregivers

Two participants emphasised the importance of supporting family members and patients' caregivers. Participant 1 mentioned that social workers should not assume a family's capacity of caring for the patient, which might require social workers to coordinate resources to support the needs of the family/caregivers. As for Participant 3, her work usually focuses on relieving caregivers' stress.

*But often, I go into the family... my attitudes are how can I help the caregivers, because if the caregivers are alright, and their needs are being met, then usually the care for the older person is on the way (Participant 3).*

### Education

All participants agreed that there is a role for the social worker to educate and provide information to families. Participants 1 and 3 both commented on the importance of laying out all the alternatives/options in front of the family. Participant 1 shared that:

*I think it would be the type of support I would provide is... enabling opportunities for them to find out as much information as they wanted, that would be number one (Participant 1).*

### After death

#### Bereavement counselling

Three participants mentioned that after the death of the patient, they would refer the family to bereavement counselling if they think it is appropriate. However, Participant 1 and 4 noted that counselling resources for the Chinese population are lacking. And Participant 1 commented that it is important for the Chinese family to be able to talk to the counsellor in their own language.

*What I've found really difficult is that finding Asian counselling services... And I've even looked up at that handbook, that counselling directory, there was nothing... I thought that was really terrible but... it was quite annoying; I couldn't find anything to fit this particular family. So I think the language is a huge barrier, and I think it needs to be in their own language of course (Participant 1).*

### Funeral support

Three participants mentioned that they might assist the family with funeral arrangements, funeral-related benefits, and Participant 2 said that she would attend the funeral after the patient's death if appropriate. Participant 3 commented that attending a patient's funeral is more for showing respect at a humanity level than for therapeutic purposes.

### Bereavement follow-up

Three participants stated that they might provide follow-up support for families after the patient's death. Participant 2 shared that she would get in touch with the family firstly after four weeks and then in four months to check if the family needs any support. She also mentioned that families have different bereavement needs and it is very important to let the family lead the process. Participants 3 stated that she would sometimes be in touch via phone or mailing cards, but this can sometimes be restrained by her workload and limited time. Similar to Participant 2's experience, Participant 4 would also do bereavement home visits. During the visits, she mentioned that it is important to allow the family to ask questions so that they could make sense of what happened. She would also give the family some bereavement handouts. However, for a Chinese family, this can be restricted by the limited resources in Chinese.

*We have bereavement support, we follow up with visits and go and talk to them and we send out information. A lot of them are unfortunately English. We got some resources in Cantonese and Mandarin, but mainly English. So we don't offer a lot of bereavement support, we have a bereavement councillor, but again it's English speaking. So for families, that could be very difficult if they got ongoing issues that they want to talk about (Participant 4).*

### Participants' suggestions

At the end of the interview, each participant was asked about what they think, as a new graduate social worker and as government, could do better to support Chinese in their end of life. Their responses are organised into three themes.

#### Develop language resources

Three participants suggested that there should be more resources in bridging the language barrier. Participants 2 and 3 advised that there should be more Chinese brochures to provide essential information, such as about the New Zealand health system and patients' rights. Participants 1 and 3 commented on the importance of developing interpreting services.

*Interpreters within [the] DHB has been squeezed financially and one of the squeezes has been hmmm... we can use the interpreters over the phone... my experience has been that it's useless... hmm... that and it has been inappropriate, and it has been a waste of time, and I just get really fed up with using phone interpreters (Participant 1).*

#### *Provide Chinese-centric services*

Participants 1 and 4 agreed that further development should focus on increasing services that are provided by and targeted to Chinese.

*I think there should be a palliative care team and private hospitals to cater specifically for Chinese communities... there should be Asian-centric services being provided, there's nothing wrong with culturally centric services as long as I see (Participant 1).*

Participant 4 also realised the importance of having cultural support staff in healthcare services.

*I do think that health providers like us or hospitals need to acknowledge the importance of cultural support in healthcare, and we need to have more cultural support workers... I think we should have them right across the board.*

#### *Seek cultural advice*

Participants 1 and 2 both suggested that, as for a newly graduated social worker, to better work with the Chinese population, it is important to seek cultural advice. That cultural advice can be gathered from both the local Chinese community and the Chinese staff within the agency.

## Chapter Five: Discussion

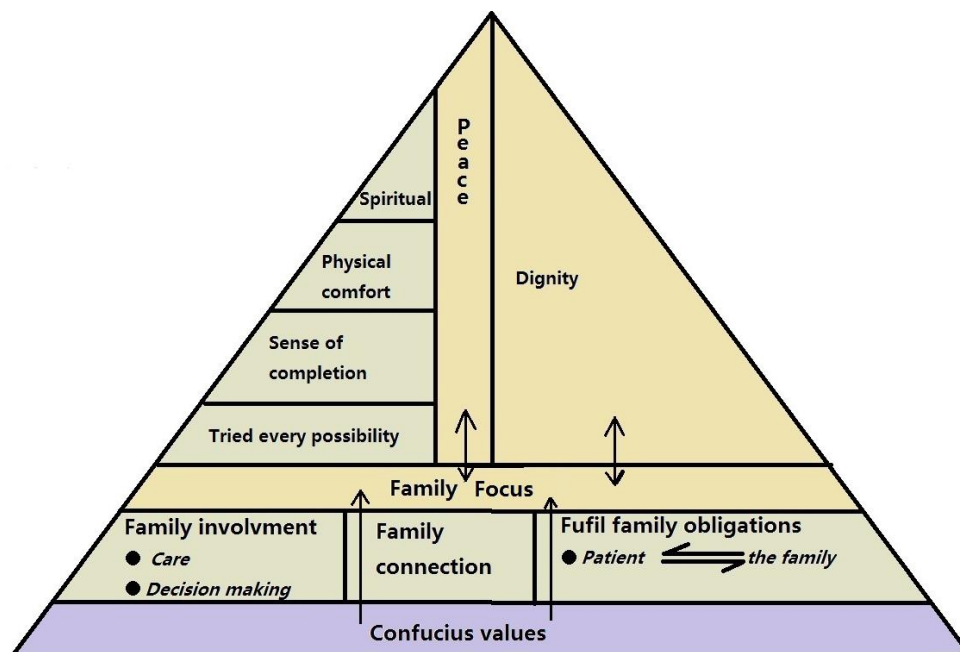
This section will firstly discuss the relationships between the identified themes in the Findings section. The themes will then be compared with previous studies. The first section will focus on Chinese good death. In the second section, it will examine how social workers work with Chinese and explore the roles of social workers in palliative care.

### *About good death*

Three main elements are identified in the findings to conceptualise a Chinese good death from social workers' point of view: family focus, sense of peace, and dignity. To better understand the relationship between the three elements, I developed a Chinese good death model (see Figure one). Payne (2010) and Agnew et al. (2011) questioned the reliability of assessment tools for cultural minority groups in palliative care as the assessments are usually developed based on the European population. This model can provide reference for future studies and for developing palliative social work assessment tools targeted to Chinese population.

The three elements are not isolated but are actually interconnected. Family is a fundamental element and influences the other two elements. Participants mentioned the importance of physical comfort in end of life. However, Chinese patients sometimes choose to put up with physical discomfort to avoid worrying their family. Chan and Epstein (2011) also found that family anxiety and a lack of family acceptance of the patient's situation might be the cause of some of the patient's physical symptoms. In the research, participants stated that part of the patient's dignity is having their contributions towards the family recognised.

The idea of family-focus in a Chinese good death can also be found in Confucius values. Confucianism emphasises the importance of fulfilling social and familial responsibilities. It sees people embedded with multiple social relationship rather than isolated individuals. Similarly, in this research, it is found that family obligations, family involvement, and maintaining family connections are very important in a Chinese end of life.

**Figure One: Chinese good death model**

There is no consensus among participants about the different perceptions of a good death between Chinese and the local populations. However, all participants acknowledged the importance of family and maintaining dignity in Chinese end of life. Huang et al. (2015) suggested that maintaining good relationships and the sense of being respected are both important elements of a good death. Participants agreed that Chinese families like to be involved in patient's care and decision-making, which is consistent with previous research (Hui & Leung, 2012; Huang et al, 2015). Bellamy and Gott (2013) stated that Chinese families in New Zealand would like to be involved in patient's hands-on care. They suggested that health professionals should allow more space for families to undertake hands on care for patients.

Some research has argued that patients actually want to be involved in decision-making and informed of their health conditions (Chan, 2014; Ho et al., 2013; Huang et al. 2015). Participants in this research mentioned the importance of advocacy in palliative social work. Participant 3 stated that sometimes decisions are made for the patient but she would like to check if that is what the patient wants.

Previous research noted that the achievement of familial and social obligations usually forms the concept of a good death in Chinese culture (Chan & Epstein, 2011; Fang-Long, 2010; Ho et al., 2013).



All participants in this research agreed that Chinese have a strong sense of family responsibility and would like to feel those familial and social responsibilities are completed before death.

Participants mentioned in the research that the sense of completion and opportunities to try every possibility can allow the patient to die with peace. In Chan and Epstein's study (2011), the authors agreed that sense of completion is one of the seven elements of a good death. Participant 1 also shared that Chinese families might want more treatment. However, in a survey conducted by Huang et al. (2015), the sense of completion and having enough treatment are seen as less important by the general Chinese public in mainland China.

Previous studies found that physical comfort is not the most important for Chinese in end of life, which might be affected by Confucianism (Huang et al., 2015; Hui & Leung, 2012). This research found that physical comfort is one of the elements of a good death for Chinese. Participant 2 mentioned that sometimes the Chinese patient would choose to put up with the symptoms to avoid worrying the family instead of due to the influences of Confucianism suggested by Hui and Leung (2012). These different findings might be because the participants of this research are social workers rather than Chinese patients. It might also be because the previous study was conducted in China and this research is based in a New Zealand context.

Participants in this research mentioned that spiritual peace is an important element in a Chinese good death. This is consistent with studies conducted in Taiwan, Hong Kong, and New Zealand (Angelo & Wilson, 2014; Hsiao et al., 2011; Mok et al., 2010). However, in Huang et al.'s (2015) research conducted in mainland China, spiritual comfort, "having a faith, being supported by religion and feeling protected by higher power," (p. 223) is one of the least important factors in conceptualising a good death.

Several reasons might contribute to this difference. Firstly, it might be the result of regional and political differences between mainland China and the rest of the world. The importance of spiritual care might be related to people's religious beliefs. Zhai's (2010) research found that in mainland China, seven out of ten Chinese were reported to be non-religious compared to only 20% in Taiwan. The Bureau of Democracy, Human Rights, and Labor U.S. Department of State (2003) criticised the lack of religious freedom in People Republic of China. The limited religious freedom in mainland China might

restrict the number of Chinese with religious beliefs, and thus the importance of spiritual care might be less of an importance in end of life care in mainland China.

The different definitions of spirituality may also contribute to this difference. In Huang et al.'s (2015) study, the definition of spiritual comfort is related to religions. In the studies conducted in Hong Kong and Taiwan, spirituality is more than just religious beliefs but also includes important personal and cultural values (Hsiao et al., 2011; Mok et al., 2010). For example, the study of Mok et al. (2010) in Hong Kong found that family connectedness and responsibilities are part of the spiritual peace for Chinese patients in end of life. And these two elements are also found to be important in the study of Huang et al. (2015) and this research (Hsiao et al., 2011; Hui & Leung, 2012; Mok et al., 2010).

### *Palliative social work*

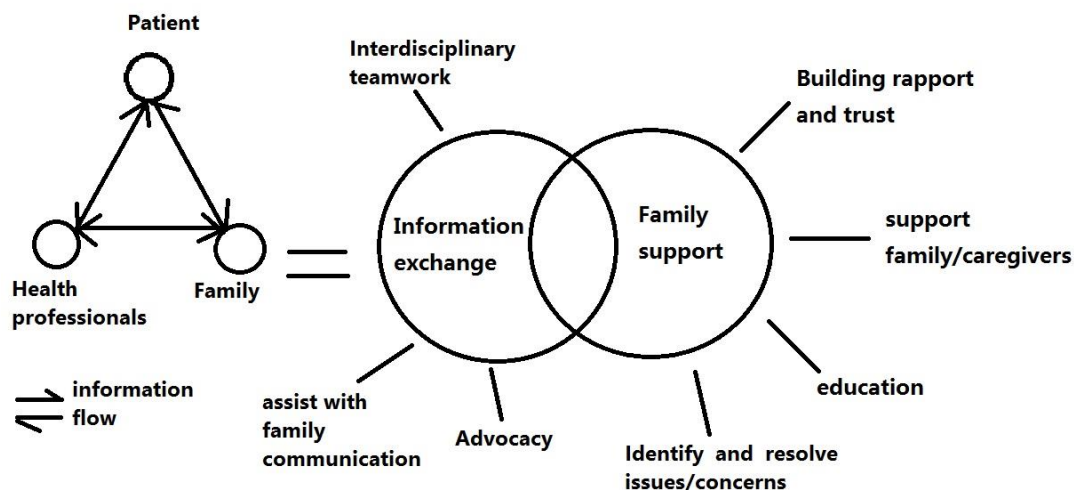
There are seven social work interventions before the patient's death. A palliative social work model before the patient's death (Figure two) is developed in this study in order to understand the relationships among the seven interventions. The seven social work interventions can be summarised into two main goals: information exchange and family support.

Social workers play an essential part in ensuring important information gets through smoothly and accurately to health professionals, family members and the patient. Therefore, by working with other health professionals (interdisciplinary teamwork), social workers facilitate opportunities to allow important information to get through from health professionals to the family and the patient. In the role of advocacy, they assist information exchange on behalf of the patient to the health professionals as well as between the patient and other family members. In other words, social workers ensure the voices of the three parties (the patient, the family, and other health professionals) can be heard by each other. Every family member and the patient can be on the same page with the social worker's assistance in family communication. A good example of this is facilitating family meetings.

The other goal of social work interventions is ensuring that the family and the patient are well supported. This involves establishing a trusting working relationship with the family and the patient, providing relevant and important information to the family (education), supporting caregivers/family, and resolving problem/issues. These two goals are actually integrated rather than isolated. For

example, to provide relevant and important information to the family, such as the patient's prognosis, social workers might need to work with other health professionals (interdisciplinary teamwork).

**Figure Two: Palliative social work model before the patient's death**



From the participants' responses, there is a strong focus of providing service to patients and their families as a whole rather than to individual patients. This is consistent with Chinese perceptions of a good death: family focus instead of individualism. Participants' responses might also be influenced by the holistic palliative care approach which suggests that family and the patient is the centre of the care (Ministry of Health, 2001). Therefore, it remains unclear whether participants' responses were affected by the holistic palliative care approach or an adjustment towards Chinese values.

The findings of this research and previous studies agree on the importance of accommodating Chinese cultural needs in palliative care services. Participant 4 stated that cultural barriers are not only limited to language. She found that it is easier to have a Chinese staff member to work with Chinese as this could help to bridge the cultural gap and establish trusting relationships. Participant 1 suggested that there should be further developments on Asian-centric services in New Zealand. An Australia study found that Chinese migrants tend to hold back their concerns to palliative care professionals because the clients' family members are concerned that health professionals could not understand their

cultural values (Heidenreich et al., 2014). Other studies also found that patients prefer to have someone from the same culture to provide care (Diver et al., 2003; Randhawa et al., 2003).

When working with Chinese, participants identified ten social work roles, with seven before patient's death and three after patient's death. These roles are consistent with palliative social workers' roles and competencies identified in previous research with no ethnicity focus (Bosma et al., 2010; Weisenfluh, 2011). Participants stated the importance of acknowledging individual differences and avoiding stereotyping when working with Chinese, which is similar to suggestions made in Bellamy and Gott's study in New Zealand (2013).

Blacker and Christ (2011) suggest that social workers in the palliative care sector could take on the following roles: education, intervention with patients and families, and multidisciplinary teamwork. This research also identified that social workers have a role in assisting family communication, working in a team with other health professionals and provide education to patients and family when supporting Chinese in end of life. In addition to the above roles, Weisenfluh (2011) stated that palliative social workers should participate in policy consultation. Bosma et al. (2010) study added that palliative social workers should take part in community development and research. However, in this study, the roles identified by participants did not consist of community development, social policy making, or conducting research.

Reese's research (2011) found that palliative social workers are underutilised in hospices in the USA. Although social workers are trained to provide most of the hospice services, her research found that social workers are perceived as the most qualified to deliver only half of those services by other health professionals within the multidisciplinary team. It is likely that palliative social workers in New Zealand are also underutilised. However, the questions I asked participants in this research focused on how social workers provide palliative care services to individual Chinese patients. It did not contain questions about providing services to the wider Chinese community as a whole in New Zealand. This might be another reason why participants did not mention community development, policy making, and research as one of their roles in this research.

## Chapter Six: Conclusions and Recommendations

This research has investigated what a good death means to Chinese from the perspective of social workers in New Zealand, and how social workers support Chinese in palliative care. Using a qualitative and interpretative research design, this research interviewed four experienced registered social workers. Findings were analysed and discussed in the context of current literatures. This chapter will outline the main conclusions and recommendations.

### *Research conclusions*

According to social workers' experience, a Chinese good death model is conceptualised as depicted in Figure one. The three main elements in this model are interactive. This model can contribute to future studies about the Chinese population and develop a palliative social work assessment tool targeted towards the Chinese population. It explains and outlines what is important for Chinese in end of life from social workers' perspectives. Similar to previous research, family is perceived as one of the most important element in a Chinese good death by social workers. Participants in this research acknowledged the importance of fulfilling social and familial obligations in a Chinese patient's good death. Social workers in this research believe that it is essential to allow Chinese family to participate in decision-making, providing care, and to maintain family bonds with the Chinese patient. It remains unsettled whether personal or familial autonomy is more important in Chinese end of life care. And in this research, social workers identified their advocacy role, which allow patient's preference to be heard within health professionals and the family in New Zealand. Social workers recognised the importance of avoiding stereotyping and acknowledging individual preferences.

The importance of spiritual care for Chinese might be different among regions which might be influenced by the local political and social context. However, Confucianism deeply affects and shapes Chinese values and cultures. Although it might not be seen as a religion, the Chinese perceptions of a good death unavoidably reflect Confucian values and beliefs, such as family centric values and importance of fulfilling familial and social obligations before death. Spirituality should include more than just religious beliefs, but also the essence of a person, important personal and cultural values.

Previous study in China did not identify physical comfort as the most important element in a good death (Huang et al., 2015; Hui & Leung, 2012). Participants in this research included physical comfort in a Chinese good death. The regional and occupational differences might result in different perceptions of a good death.

Participants identified a sense of completion as part of a good death in this research. However, it remains unclear in the literature how important the sense of completion is for Chinese at the end of life. There is no consensus among participants about the different perceptions of a good death between local and Chinese populations.

In this study, a palliative social work model before the patient's death has been developed (Figure two). Participants agreed that family and the patient should be the centre of the care, which is consistent with the Chinese family centric values. Social workers are trained to work with differences. The roles participants identified are consistent with previous studies without ethnical focus (Bosma et al., 2010; Weisenfluh, 2011). Although social workers have essential skills to contribute in palliative care, it is likely that social workers are underutilised in palliative care in New Zealand.

The lack of resources for Chinese in palliative care might restrict the quality of palliative care service Chinese can receive. The participants in the research suggest further development in Chinese resources and Chinese-centric services is needed in order to cater to Chinese cultural needs.

### *Recommendations*

In order to improve the quality of palliative services to the Chinese population, more resources should be developed to cater to Chinese cultural needs, such as developing Chinese-centric services and having a Chinese cultural advisor within the agency. Further development should also focus on resources in Chinese language, such as information brochures.

Although this research conceptualised a Chinese good death model, participants in this research did not identify themselves as Chinese. Their opinions only represent generic social workers' perspectives, which might not be the same as Chinese patients' perspectives. Further research should focus on

Chinese patients' perceptions of a good death in the New Zealand context and how Chinese patients would like to be cared for in New Zealand at the end of life.

This research is not able to justify how important physical comfort and the sense of completion are for Chinese patients. Further research should investigate the degree of importance of different elements of a good death generated in this research from the perspectives of Chinese patients. This might contribute to developing culturally appropriate palliative care services for the Chinese population.

Participants in this research cannot agree on the different perceptions of a good death between the local and Chinese populations. It remains unclear what the differences might be and whether or not differences might appear. Future study should investigate and compare perceptions of a good death among different ethnicities.

Social workers have essential skills to contribute in palliative care. However, this research shows that it is likely that social workers are underutilised in palliative care. Further research should investigate social workers' roles in palliative care and what other health professionals think of social workers in palliative care in New Zealand.

## References

- Agnew, A., Manktelow, R., Haynes, T., & Jones, L. (2011). Bereavement assessment practice in hospice settings: Challenges for palliative care social workers. *British Journal of Social Work, 41*(1), 111-130. doi: 10.1093/bjsw/bcq055
- Aleksandrova-Yankulovska, S., & ten-Have, H. (2015). Survey of staff and family members of patients in Bulgarian hospices on the concept of 'good death'. *American Journal of Hospice & Palliative Medicine, 32*(2), 226-232. doi: 10.1177/1049909113516185
- Angelo, J., & Wilson, L. (2014). Exploring occupation roles of hospice family caregivers from Māori, Chinese and Tongan ethnic backgrounds living in New Zealand. *Occupational Therapy International, 21*(2), 81-90. doi: 10.1002/oti.1367
- Bellamy, G., & Gott, M. (2013). What are the priorities for developing culturally appropriate palliative and end-of-life care for older people? The views of healthcare staff working in New Zealand. *Health & Social Care in the Community, 21*(1), 26-34. doi: 10.1111/j.1365-2524.2012.01083.x
- Blacker, S., & Christ, G. H. (2011). Defining social work's role and leadership contribution in palliative care. In S. Otis-Green, & T. Altilio (Eds.), *Oxford Textbook of Palliative Social Work* (pp.21-30). New York, NY: Oxford University Press.
- Bosma, H. F., Johnston, M., Cadell, S., Wainwright, W., Abernethy, N., Feron, A., Kelley, M. L., Nelson, F. (2010). Creating social work competencies for practice in hospice palliative care. *Palliative Medicine, 24*(1), 79-87. doi: 10.1177/0269216309346596
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. doi:10.1191/1478088706qp063oa
- Brown, L., & Walter, T. (2014). Towards a social model of end-of-life Care. *British Journal of Social Work, 44*(8), 2375-2390.
- Bruera, E., & Yennurajalingam, S. (2011). *Oxford American Handbook of Hospice and Palliative Medicine*. Oxford, England: Oxford University Press.
- Bureau of Democracy, Human Rights, and Labor U.S. Department of State. (2003). International religious freedom report on mainland china. *Chinese Law & Government, 36*(3), 21-48.
- Cadell, S., Johnston, M., Bosma, H., & Wainwright, W. (2010). An overview of contemporary social work practice in palliative care. *Progress in Palliative Care, 18*(4), 205-211. doi: 10.1179/096992610X12775428636700



- Chan, W. H. (2014). Relationships between psycho-social issues and physical symptoms of Hong Kong Chinese palliative care patients: Insights into social workers' role in symptoms management. *British Journal of Social Work, 44*(8), 2342-2359.
- Chan, W. H., & Epstein, I. (2011). Researching "good death" in a Hong Kong palliative care program: A clinical data-mining study. *Omega: Journal of Death & Dying, 64*(3), 203-222.
- Chan, W., Epstein, I., Reese, D., & Chan, C. (2009). Family predictors of psychosocial outcomes among Hong Kong Chinese cancer patients in palliative care: Living and dying with the "support paradox". *Social Work in Health Care, 48*(5), 519-532.
- Cullen, A. F. (2013). 'Leaders in our own lives': Suggested indications for social work leadership from a study of social work practice in a palliative care setting. *British Journal of Social Work, 43*(8), 1527-1544.
- Diver, F., Molassiotis, A., & Weeks, L. (2003). The palliative care needs of ethnic minority patients attending a day-care centre: A qualitative study. *International Journal of Palliative Nursing, 9*(9), 389-396.
- Fang-Long, S. (2010). Chinese 'bad death' practices in Taiwan: Maidens and modernity. *Mortality, 15*(2), 122-137.
- Fineberg, I. (2010). Social work perspectives on family communication and family conferences in palliative care. *Progress in Palliative Care, 18*(4), 213-220. doi: 10.1179/096992610X12624290277105
- Guest, G., MacQueen, K. M., & Namey, E. E. (2012). *Applied thematic analysis*. Los Angeles, CA: Sage.
- Heidenreich, M. T., Koo, F. K., & White, K. (2014). The experience of Chinese immigrant women in caring for a terminally ill family member in Australia. *Collegian, 21*(4), 275-285. doi: 10.1016/j.colegn.2013.06.002
- Henn, M., Weinstein, M., & Foard, N. (2009). *A critical introduction to social research*. Los Angeles, CA: Sage.
- Ho, A. Y., Leung, P. Y., Tse, D. W., Pang, S. C., Chochinov, H. M., Neimeyer, R. A., & Chan, C. W. (2013). Dignity amidst liminality: Healing within suffering among Chinese terminal cancer patients. *Death Studies, 37*(10), 953-970.
- Hsiao, S., Gau, M., Ingleton, C., Ryan, T., & Shih, F. (2011). An exploration of spiritual needs of Taiwanese patients with advanced cancer during the therapeutic processes. *Journal of Clinical Nursing, 20*(7/8), 950-959. doi: 10.1111/j.1365-2702.2010.03278.x

- Hsu, C., O'Connor, M., & Lee, S. (2005). Issues affecting access to palliative care services for older Chinese people in Australia. *ACCNS Journal for Community Nurses*, 10(3), 9-11.
- Huang, H., Hongjuan, L., Tieying, Z., & Xuemei, P. (2015). Preference of Chinese general public and healthcare providers for a good death. *Nursing Ethics*, 22(2), 217-227.
- Hui, E. C., & Leung, D. C. (2012). Chinese religions and hospice care. In K. I. Stajduhar & H. G. Coward (Eds.), *Religious understandings of a good death in hospice palliative care* (pp.145-167). Albany, NY: State University of New York Press.
- Kehl, K. A. (2015). How hospice staff members prepare family caregivers for the patient's final days of life: An exploratory study. *Palliative Medicine*, 29(2), 128-137. doi: 10.1177/0269216314551320
- Krysik, J., & Finn, J. (2013). *Research for effective social work practice*. New York, NY: Routledge.
- Kulys, R., & Davis, M. A. (1986). An analysis of social services in hospices. *Social Work*, 31(6), 448.
- MacDonald, D. (1991). Hospice social work: A search for identity. *Health & Social Work*, 16(4), 274-280.
- Markovic, M. (2006). Analyzing qualitative data: Health care experiences of women with gynecological cancer. *Field Methods*, 18(4), 413-429. doi:10.1177/1525822X06293126
- Merriam, S. B. (Ed.) (2002). *Qualitative research in practice: Examples for discussion and analysis*. San Francisco, CA: Jossey-Bass.
- Ministry of Health. (2001). *The New Zealand palliative care strategy*. Wellington, New Zealand: Ministry of Health.
- Mok, E., Wong, F., & Wong, D. (2010). The meaning of spirituality and spiritual care among the Hong Kong Chinese terminally ill. *Journal of Advanced Nursing*, 66(2), 360-370. doi:10.1111/j.1365-2648.2009.05193.x
- Mulkerin, C. (2011). Palliative care consultation. In S. Otis-Green & T. Altilio (Eds), *Oxford textbook of palliative social work* (pp. 43-51). New York, NY: Oxford University Press.
- Munley, A. (1983). *The hospice alternative: A new context for death and dying*. New York, NY: Basic Books.
- Palliative Care Council of New Zealand. (2013). *National health needs assessment for palliative care phase 2 Report: Palliative care capacity and capability in New Zealand*. Wellington, New Zealand: Cancer Control New Zealand.
- Payne, M. (2010). Inequalities, end-of-life care and social work. *Progress in Palliative Care*, 18(4), 221. doi: 10.1179/096992610X12624290277187

- Randhawa, G., Owens, A., Fitches, R., & Khan, Z. (2003). Communication in the development of culturally competent palliative care services in the UK: A case study. *International Journal of Palliative Nursing*, 9(1), 24-31.
- Reese, D. J. (2011). Interdisciplinary perceptions of the social work role in hospice: Building upon the classic Kulys and Davis study. *Journal of Social Work in End-Of-Life & Palliative Care*, 7(4), 383-406. doi: 10.1080/15524256.2011.623474
- Statistics New Zealand. (2008). *National ethnic population projections: 2006(base)-2026*. Wellington, New Zealand: Statistics New Zealand.
- Statistics New Zealand. (2014a). 2013 census quickStats about culture and identity. Retrieved from <http://www.stats.govt.nz/Census/2013-census/profile-and-summary-reports/quickstats-culture-identity/asian.aspx>
- Statistics New Zealand. (2014b). 2013 Census ethnic group profiles: Chinese. Retrieved from [http://www.stats.govt.nz/Census/2013-census/profile-and-summary-reports/ethnic-profiles.aspx?request\\_value=24737&tabname=Keyfacts](http://www.stats.govt.nz/Census/2013-census/profile-and-summary-reports/ethnic-profiles.aspx?request_value=24737&tabname=Keyfacts)
- Thomas, R., Wilson, D., Justice, C., Birch, S., & Sheps, S. (2008). A literature review of preferences of end-of-life care in developed countries by individuals with different cultural affiliations and ethnicity. *Journal of Hospice and Palliative Nursing*, 10(3), 142-161.
- Weisenfluh, S. (2011). Social work and palliative care in hospice. In S. Otis-Green & T. Altilio (Eds), *Oxford textbook of palliative social work* (pp.71-78). New York, NY: Oxford University Press.
- Wong, M., & Chan, S. (2007). The experiences of Chinese family members of terminally ill patients – a qualitative study. *Journal of Clinical Nursing*, 16(12), 2357-2364. doi: 10.1111/j.1365-2702.2007.01943.x
- World Health Organisation (WHO). (2009). *WHO definition of palliative care*. Retrieved from <http://www.who.int/cancer/palliative/definition/en/>
- Zhai, J. E. (2010). Contrasting trends of religious markets in contemporary mainland China and in Taiwan. *Journal of Church & State*, 52(1), 94-111.
- Zou, M., O'Connor, M., Peters, L., & Jiejun, W. (2013). Palliative care in mainland China. *Asia Pacific Journal of Health Management*, 8(1), 9-13.

## Appendices

### Appendix One: Advertisement



#### Research on Good Death: Social Workers' Experience with Chinese in Palliative care

***Do you know anyone who might be a registered social worker with experience working with Chinese in palliative care? You might be able to help in this research.***

I am Anqi Chen, a student studying towards a Master of Applied Social Work at Massey University. In recent years, the number of Chinese migrants in New Zealand has grown, which means that there will be more Chinese migrants accessing end of life care. However, the definition of a good death varies according to cultures, religions and so on. Therefore, I am investigating what a good death means to Chinese in New Zealand and how to support Chinese in their end of life from the perspectives of palliative social workers in New Zealand. The findings of this research will provide important information to those working in this particular area. This research is recorded on the Low Risk Database at Massey University Human Ethics Committee.

Potential participants will ideally be:

- **Registered social workers with at least 2 years working experience in New Zealand's palliative care services.** Palliative services includes both **specialist palliative care agencies and general healthcare services** where catering for patients with terminal illnesses is integrated into their clinical practice.
- **Experience working with Chinese clients in New Zealand and their families.** Chinese clients are defined as adults who self-define Chinese as their only cultural identity and have been diagnosed with a terminal illness.

If you fit the above description then your participation and contribution towards this research will be much appreciated. ***This research involves a one-hour interview.*** Please contact me if you wish to take part in this project. I will be appreciated if you could also please pass this research invitation to someone you know who might fit in the above recruitment criteria. If you have any questions in regards to this project, please feel free to contact me or my supervisor Dr Shirley Jülich. Thank you very much for your help.

- **Researcher**

Anqi Chen (Angel) Mobile: [REDACTED] Email:

- **Supervisor**

Dr Shirley Jülich ph: +64 9 414 0800 extn 43359 Email:

[S.J.Julich@massey.ac.nz](mailto:S.J.Julich@massey.ac.nz)



## Appendix Two: Low-risk approval



### MASSEY UNIVERSITY ALBANY

21 April 2015

Anqi Chen  
C/O Department of Social Work  
Albany campus

Dear Anqi

**Re: Research on Good Death: Palliative Workers Experience with Chinese in New Zealand**

Thank you for your Low Risk Notification which was received on 21 April 2015.

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

You are reminded that staff researchers and supervisors are fully responsible for ensuring that the information in the low risk notification has met the requirements and guidelines for submission of a low risk notification.

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 Dr Brian Finch, Director (Research Ethics), telephone 06 356 9099, extn 86015, e-mail [humanethics@massey.ac.nz](mailto: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

A handwritten signature in blue ink, appearing to read 'B T Finch'.

Brian T Finch (Dr)  
**Chair, Human Ethics Chairs' Committee and  
Director (Research Ethics)**

cc Dr Shirley Julich  
School of Social Work  
Albany

Associate Professor Kieran O Donoghue  
Head of School, School of Social Work  
Palmerston North

---

Massey University Human Ethics Committee  
Accredited by the Health Research Council

## Appendix Three: Information sheet



MASSEY UNIVERSITY  
COLLEGE OF HEALTH  
TE KURA HAUORA TANGATA

# ***Research on Good Death: Social Workers' Experience with Chinese in New Zealand***

## INFORMATION SHEET

### **Researcher(s) Introduction**

I am Anqi Chen, a student studying towards a Master of Applied Social Work at Massey University. In recent years, the number of Chinese migrants in New Zealand is growing, which means that there will be more Chinese migrants accessing end of life care. However, the definition of good death varies according to cultures, religions and so on. Therefore, it is essential for social workers to understand what good death means to Chinese and how to assist Chinese migrants in their end of life. I am investigating what a good death means to Chinese migrants in New Zealand from the perspective of those working in New Zealand's palliative care. I also want to hear about palliative social workers' experience of working with Chinese migrants. The findings of this research will provide important information to those working in this particular area.

### **Project Description and Invitation**

This research is conducted among palliative social workers. I will have an individual interview with you. You will be asked about your experience working with Chinese migrants in palliative care and what you think good death means to Chinese migrants. Participation will be voluntary. And I would like to sincerely invite you to join this research. Your participation and contribution towards this project will be very much appreciated.

### **Participant Identification and Recruitment**

A purposive sampling strategy will be used in this research. I hope to interview 3-5 participants. I am advertising on the ANZASW (Aotearoa New Zealand Association of Social workers) website.

Recruitment criteria include:

- Registered social workers with at least 2 years working experience in New Zealand's palliative care services. Palliative services includes both specialist palliative care agencies and general healthcare services where catering for patients with terminal illnesses is integrated into their clinical practice.
- Experience working with Chinese clients in New Zealand and their families. Chinese clients are defined as adults who self-define Chinese as their only cultural identity and have been diagnosed with a terminal illness. Chinese families in this research include members who are defined as part of their close families by the clients.

In order to prevent conflicts of interests, participants who are working within the same agency as me will be excluded.

It is possible that you might feel discomfort discussing about death and end of life care. However, you can stop the interview or withdraw from the research anytime if you feel uncomfortable. You can also refuse to answer the question you do not feel comfortable with.

### **Project Procedures**

If you agree to participate in this research, you will be asked to sign a consent form. We will arrange a place and time for the interview that is convenient for you. I anticipate that the interview might last about one hour. Prior to the interview, I will provide you with an interview guide outlining the interview topics. I will then ask you to choose a pseudonym (false name) to ensure that your identity is confidential. During the interview, if you experience any discomfort in regards to the discussion of end of life or death, the interview will be stopped. You will be offered time out and chance to seek support. You are free to withdraw at any point during the interview. After the interview, I will transcribe the

For this study, you will be involved in one-on-one interviews with the researcher. The researcher will ask open-ended, semi-structured questions about your experiences working with Muslim clients. You are welcome to share how you engage and build relationships with your Muslim clients, how you employ certain religious and cultural knowledge and practices with your clients, what worked and what didn't work? Your interview will be recorded and you may ask for the recorder to be turned off at any time during the interview.

The researcher will then discern and analyse the themes present in your answers. This will help to identify and understand the cultural factors that influence religion and mental health. Also, to understand how to adapt practice when working with Muslim Mental health clients to meet best

interview and provide you a copy for your approval. The data will be analysed to identify common themes. I might use direct quotes in the final report, but any information that could potentially identify you or your organisation will not be used in the report.

### Data Management

All information you provide to me will be kept confidential at all time, will only be accessed by me or my supervisor and will be kept in a secure place. On completion of the report, I will submit all research material to Massey University to be securely held for 5 years when they will be destroyed. All other copies held by me will be destroyed. A summary of the research findings will be available to you on completion of the project.

### Participant's 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;
- withdraw from the study anytime;
- 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;
- be given access to a summary of the project findings when it is concluded.
- ask for the recorder to be turned off at any time during the interview.

### Project Contacts

- Researcher's Contact details  
Anqi Chen (Angel) Mobile: [REDACTED] Email:
- Supervisor's contact details:  
Dr Shirley Jülich ph: +64 9 414 0800 extn 43359 Email: [S.J.Julich@massey.ac.nz](mailto:S.J.Julich@massey.ac.nz)

If you have any questions in regards to this research, please do not hesitate to contact me or my supervisor. If you think you meet the recruitment criteria and are interested in this project, please feel free to contact me and your participation will be very much appreciated.

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 John O'Neill, Director, Research Ethics, telephone 06 350 5249, email [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz).

*reviewed by one of the University's Human Ethics Committees. The researcher(s) named above are responsible for the ethical conduct of this research.*

# **Binge-Drinking & Sexual Consent in New Zealand: Tertiary students' perspectives**

A research report presented in partial fulfilment of the requirements of the  
Degree of  
Master of Applied Social Work  
at Massey University, Palmerston North  
New Zealand

Sarah Kitchen  
2015



## Acknowledgements

I would like to acknowledge and thank the three young tertiary students who volunteered to take time out of their lives and make it possible to complete this research report.

Additionally, I would like to thank my research supervisor, Dr. Tracie Mafile'o, for being a significant support to me through the duration of this research project.

Finally, I would like to thank my mother, Vicki, for her constant support and encouragement throughout the final year of my studies.

## Abstract

This research explores tertiary students' perceptions of binge-drinking and sexual consent in New Zealand. The existing literature surrounding the relationship between binge-drinking and sexual consent is primarily concerned with establishing causal links between alcohol consumption and ranges of sexual activity. Therefore, the specific aim of this study was to identify young peoples' conceptualisations of how binge-drinking affects the ability to consent to sexual activity. The study was qualitative in nature and incorporated three semi-structured interviews with young tertiary students. The study found the key motivators towards binge-drinking to be increased confidence, social facilitation, and the individual pleasure associated with intoxication. In terms of binge-drinking affecting sexual activity, participants reported how intoxication facilitated the decrease of inhibitions and judgement and the increase of confidence when it came to making decisions about engaging in subsequent sexual activity subsequent to excessive alcohol consumption. In addressing the primary research objectives, participants were able to identify what they perceived to be the issues associated with binge-drinking affecting consent. Issues stemmed from the differing contexts that affect and negate an individual's ability to consent to sexual activity and how alcohol has the ability to alter these conceptualisations. Further emphasis was placed on the differing gender conceptualisations of consent and how this can lead to miscommunication or confusion about what circumstances actually convey consent. Overall, the findings of this study represent a valuable addition to the growing body of literature concerned with establishing the varying issues relating to alcohol consumption affecting consent. These young student's perceptions have the potential to influence initiatives and interventions that seek to challenge the existing appeal and normality of binge-drinking in New Zealand society and in return, address the implications this behaviour has on overall well-being.

## Chapter One: Introduction

Binge-drinking is a growing epidemic in New Zealand society, especially among young adults within a tertiary setting (Cashell-Smith, Connor, & Kyrpri, 2007). Additionally, there has been increased emphasis placed on how excessive alcohol consumption affects someone's ability to consent to sexual activity (Cowan, 2008). This emphasis stems from the significant issues relating to how reports of unwanted sexual activity are responded to, both officially and publically, in contexts where alcohol is involved. Questions are often raised in regards to the validity of sexual assault claims, with differing perceptions of what constitutes sexual consent when individuals are intoxicated (Cowan, 2008).

### *Focus of the study*

The purpose of this research was to explore tertiary students' perceptions of binge-drinking and sexual consent in New Zealand. In addition, the primary research question centred on highlighting how tertiary students perceive binge-drinking to affect sexual consent.

My interest in these issues stems from being a young tertiary student myself and being exposed to the negative outcomes that excessive alcohol consumption has had on my peers in terms of their overall well-being. Furthermore, I have always been interested in how sexual consent is conceptualised in different contexts and the differing societal perceptions of the influences that affect someone's ability or capacity to consent to sexual activity. Finally, I wanted to explore a topic which would be beneficial for my future development as a social work practitioner.

### *Rationale for the research*

While there is vast research that highlights causal relationships between alcohol consumption and ranges of sexual activity (Cashell-Smith, Connor, & Kyrpri, 2007; Klein, Geaghan, & MacDonald, 2007; McGee & Kypri, 2004), there are few attempts to identify how young adults actually conceptualise intoxication to affect sexual consent. Understanding these conceptualisations has the potential to contribute to practice interventions that aim to challenge the appeal of binge-drinking culture within tertiary settings and support attempts to reduce the harmful outcomes of this behaviour for the well-being of New Zealand's student population.

### *Outline of the report*

*Chapter Two begins with a literature review that highlights the findings from relevant studies on binge-drinking and sexual consent. The subsequent methodology section, Chapter Three, provides an in-depth overview of the design framework adopted to carry out this research before reporting the findings, Chapter Four. The findings were then subsequently analysed in Chapter Five in terms of their relevance to the existing literature. The report concludes in Chapter Six with an examination of the findings in relation to their implications for social work practice and policy before providing a suggested framework for future research.*

## Chapter Two: Literature Review

### *Introduction*

The following literature review explores the existing research surrounding binge-drinking and sexual consent. For the purposes of clarification, the first section focuses on providing definitions for the key concepts of binge-drinking, intoxication, and sexual consent that will be referred to throughout the remaining of the report. Secondly, the identified literature will be thematically analysed in order to outline the extent of the research that has already been approached and further, how these studies have been carried out. To conclude, this review highlights the limitations and gaps in the existing literature that in turn, provides a framework to address unanswered questions relating to current aims of the remaining of the research.

### *Definitions*

#### *Binge-drinking & intoxication*

When considering formal definitions of binge-drinking, New Zealand's Health Promotion Agency (2015) defines binge-drinking for a young person, aged 18-24, to be consuming five or more standard drinks on one occasion, in a short period of time. As this research is examining binge-drinking as alcohol consumption to the point of intoxication, it is further important to clarify what is specifically meant by the term 'intoxication'. Cowan (2008) provides a clear explanation for the concept which classifies intoxication as an individual's mental and physical capacities being altered substantially from an individual's sober state through the ingestion of intoxicating substances such as alcohol. Therefore, this study defines binge-drinking to be the excessive consumption of alcohol to the point of intoxication.

#### *Sexual consent*

From review of the literature, defining the notion of sexual consent is a contentious process with different theorists debating whether consent should be conceptualised as a state of mind or rather, as a culmination of behaviours that are auctioned in a certain way (Cowan, 2008). This difficulty in defining sexual consent can also be attributed to the portrayal of the concept in New Zealand Law, whereby there is no formal definition stipulated for sexual consent. Instead of providing a definition

of sexual consent, the Crimes Act 1961 defines the concept by listing a set of circumstances that does not constitute consent. Although, the following circumstances are considered to convey a 'negative definition' of consent and do not amount to consent, they communicate that certain activity is non-consensual if a person is:

Subject to or fearful of force, affected by an intellectual, mental or physical condition or impairment that they cannot consent or refuse to consent, allows consent because of mistaken identity, is asleep or unconscious and if the activity occurs when they are affected by substance that impairs the ability to consent or refuse consent (Ministry of Justice, 2015).

The final aspect of this definition is significant to the purpose of this research and will be the definition of sexual consent utilised for the remainder of the report.

## *Binge-drinking*

### *Motivations & attitudes*

The first theme identified when examining the literature surrounding binge-drinking was the large extent of quantitative research dedicated to exploring student's attitudes and motivations towards excessive alcohol consumption. Morton and Tighe (2011) in their qualitative study aimed at determining both the prevalence of and factors influencing binge-drinking among tertiary students established three main reasons for consuming alcohol in this manner. The key facilitators towards binge-drinking included: the desire to socialise confidently, the individual 'buzz' or pleasure attributed to intoxication, and to conform to the overall student culture that facilitates the promotion of alcohol-related activities (Morton & Tighe, 2011).

These conclusions were in agreement with earlier research conducted by Norman, Bennett, and Lewis (1998) and their application of the theory of planned behaviour in conceptualising university students' motivations towards binge-drinking. The basic components of this study design consisted of quantitative questionnaires, sampling 136 Welsh undergraduate students on both their individual drinking behaviour, and their beliefs about binge-drinking. The theory of planned behaviour was utilised as a mechanism in evaluating the relationship between student's attitudes towards binge-drinking and their actual behaviour (Norman, Bennett, & Lewis, 1998). This study was particularly

useful as it researched across genders in an attempt to distinguish the differences in attitudes towards the consequences that result from binge-drinking. The study found that male respondents primarily held positive perceptions of binge-drinking and were more likely to engage in this behaviour when compared to female respondents. Furthermore, and significant to the aims of the current research, the study concluded that participants that held positive portrayals and recognised the facilitators of binge-drinking were more likely to believe that intoxication was more likely to lead to the positive outcomes of increased confidence in social situations and individual 'buzz' (Norman, Bennett, & Lewis, 1998). Overall, these studies demonstrated that tertiary students being immersed in a heavily social environment significantly promoted motivations and attitudes towards binge-drinking.

### Consequences of binge-drinking

Additionally, a common trend that was highlighted in the literature concerning binge-drinking among tertiary students was the numerous studies dedicated to establishing the relationship between binge-drinking and the negative outcomes that often accompany the aftermath of excessive alcohol consumption. McGee and Kypri's (2004) study that examined the reported problems associated with alcohol use in a large sample of New Zealand university students is significant in highlighting the negative consequences attributed to binge-drinking. The researchers' response to their internet survey revealed that the potential consequence associated with binge-drinking in tertiary settings are widespread and vary in terms of health, interpersonal relationships, and academic consequences (McGee & Kypri, 2004).

From their qualitative study involving 64 in-depth one-to-one interviews that examined what young people perceived were the motivations for binge-drinking and the associated harmful outcomes, Coleman and Cater (2005; 2007) further categorised the negative outcomes into two groups: health consequences and personal safety. Health consequences were characterised as harmful physical and psychological impacts, physical accidents or altercations, and unsafe sexual behaviour (Coleman & Cater, 2007). In comparison, physical safety was regarded as individuals subjecting themselves to risky behaviour whilst intoxicated, such as walking home alone.

### Binge-drinking & sexual activity

The following section briefly examines the literature surrounding the general relationship of binge-drinking and its influence on sexual activity in general. The majority of the literature that explores this

relationship is based on establishing causal links between alcohol consumption and unwanted sexual activity. Although examining this link specifically is beyond the scope of the present research, these studies are generally useful in highlighting students' attitudes towards binge-drinking and its influence on subsequent sexual activity.

The link between excessive alcohol consumption and a variety of risky sexual behaviours was examined in a survey-based study assessing patterns of alcohol consumption and sexual activity among young adults that frequent nightclubs (Wells, Kelly, Sarit, Golub, & Parsons, 2010). The study researched across both genders where both male and female respondents reported that they were more likely to engage in sexual activity subsequent to binge-drinking with 62 percent of survey participants reporting recent sexual experiences under the influence (Wells, Kelly, Sarit, Golub, & Parsons, 2010). The participants attributed this link to the excessive nature of alcohol they were consuming before going to the nightclubs. Consistent findings were found by Poulin and Graham (2001), Cashell-Smith, Connor, and Kypri (2007) and Klein, Geaghan, and MacDonald (2007) in their studies that examined the correlations between binge-drinking and subsequent sexual behaviour among tertiary students. These studies established how students were more likely to report unplanned sexual activity and then later regret it whilst intoxicated. In addition, participants revealed that intoxication was more likely to result in them being unsafe sexually.

### Binge-drinking & sexual consent

While the primary focus of the literature exploring the links between alcohol consumption and sexual consent is based on establishing causal links between intoxication and sexual assault, these studies provide insight into how intoxication affects someone's ability to consent to sexual activity. Intoxicated consent to sexual activity has increasingly become emphasised as a significant risk among Western nations (Cowan, 2008). In referring to the differing perspectives of meanings attributed to sexual consent highlighted in the beginning of this review, examining whether sexual consent should be conceptualised as a 'state of mind' or 'series of actions', intoxication has the ability to substantially alter consent (Cowan, 2008). Cowan's (2008) research that addresses the issues with criminal law regarding intoxication and sexual consent is useful in exploring the contemporary concerns associated with responding to cases of sexual assault that incorporate this notion of 'intoxicated consent'. Cowan (2008) highlights fundamental questions that should be addressed when examining dominant ideologies surrounding alcohol's influence on consent. These questions centre on examining in what



contexts does alcohol affect and negate an individual's ability and capacity to consent, what do the terms ability and capacity connote in this context and overall, and how do these factors impact on consent (Cowan, 2008). A considerable issue that was further drawn from this research was the leading perception that 'drunken' consent was still regarded as consent. This notion raises issues with how sexual assault victims are responded to, both officially and publically in incidents involving intoxicated parties (Cowan, 2008).

Jozkowski and Peterson's (2013) research additionally explores students' interpretations of sexual consent and how they determine sexual consent to be communicated. This study provided narrative responses to how students conceptualise, communicate, and indicate sexual consent with their partners. This study was useful in highlighting unique gender differences in perceptions of consent and external facilitators like alcohol that have the potential to influence these interpretations. Overall, the study concluded that male respondents were more likely to communicate their consent verbally and in contrast, interpret their partner's consent non-verbally in terms of behaviour (Jozkowski & Peterson, 2013). The authors found this emphasis on non-verbal indicators of sexual consent to be a significant issue as it leaves room for miscommunication or confusion relating to the circumstances that actually convey consent, especially in contexts that involve excessive alcohol consumption (Jozkowski & Peterson, 2013).

### *Limitations, conclusions, and future research*

The first limitation associated with the identified literature surrounding binge-drinking and sexual consent is that the majority of research is conducted in a tertiary setting. While studies have shown that binge-drinking behaviour is more prevalent among young tertiary students, the research cannot be generalised to the broader population. Furthermore, the literature has emphasised female conceptualisations of sexual consent and the influences that negate or impede their ability to consent instead of researching across genders. The scarce research that actually explores conceptualisations of the relationship between binge-drinking and sexual consent highlights the need for research that examines the in-depth understandings of young tertiary students as this behaviour is more prevalent amongst this population (Cashell-Smith, Connor, & Kyrpri, 2007; Jozkowski & Peterson, 2013; Kyrpos, Langley, McGee, Saunders, & Williams, 2002).

This literature review has identified the common themes highlighted when examining the relationship between binge-drinking and sexual consent. While the majority of this literature has been approached separately, generally the studies will pay attention to the corresponding topics in terms of influences and impacts. Furthermore, the literature primarily focuses on establishing causal relationships between binge-drinking and sexual activity in general. Therefore, there is little substantial research that actually explores conceptualisations of this relationship. In becoming aware of these understandings, recommendations for initiatives can be based on challenging the appeal and normality of binge-drinking in order to minimise the risk of harm for New Zealand's young populations. The current study addresses these identified gaps in the literature by providing in-depth conceptualisations of the implications binge-drinking has on sexual consent and the subsequent issues that arise from this relationship.

## Chapter Three: Methodology

### *Introduction*

The following chapter will outline the methodology used in this research project, beginning with detailing how participants were selected, how the research was conducted and subsequently analysed, before moving on to discuss the ethical considerations and limitations that were raised and addressed during this process. The aim of this research was to explore young tertiary student's perceptions of binge-drinking and sexual consent in New Zealand. The primary research question emphasised addressing how participants conceptualise binge-drinking to affect sexual consent.

### *Research design*

The methodological framework that was chosen for this research report was qualitative in nature. Qualitative approaches to research are underpinned by both social constructionist and interpretivist theories and are motivated by a research question rather than a hypothesis, which allows the researcher to be more flexible in approach (Braun & Clarke, 2006). Although quantitative research is useful in establishing causal determinations between phenomena, the purpose of this research was dedicated to exploring participants' in-depth conceptualisations of the presenting issues (Bell, 2010). While there was considerable quantitative research identified in the literature review that established causal connections between alcohol consumption and negative outcomes, there was scarce qualitative research that emphasised any conceptualisations of these links. In summary, the aim of this research was centred on understanding, rather than identifying causal determinations.

### *Selecting the participants*

A purposive sampling method with defined criteria was utilised in the process of selecting participants for this research project exploring tertiary students' perceptions of binge-drinking and sexual consent. Qualitative research requires the researcher to provide a clear rationale for the selection method adopted when recruiting participants and to be transparent in this decision making process (Barusch, Gringewri, & George, 2011). For this reason, purposive sampling was chosen for this research in order to focus on specific characteristics of the New Zealand tertiary population that would enable sufficient data to answer the research objectives. Participants were voluntarily recruited via purposive sampling,

where interested participants responded directly to advertisements that were posted on various social media websites where tertiary students frequent. The participants selected were tertiary students, 18 to 24 years of age, and were residing in the Manawatu region. Three participants were recruited for this study and this number was selected to enable sufficient data to be collected to form a balanced response within the given time limits for this study.

<u>Participant (pseudonym)</u>	<u>Gender</u>	<u>Age</u>
Genie	Female	20
Riley	Male	23
Kylie	Female	21

### *Conducting the research*

The aim of this research project was to explore in-depth conceptualisations of how binge-drinking affects sexual consent. Therefore, this research adopted the use of semi-structured interviews, incorporating questions that were designed to explore these conceptualisations. Interviews are a method of data collection that involve researchers pursuing open-ended answers to a series of questions developed from identified topics, ideas, or themes (O'Leary, 2010).

This research adopted the use of semi-structured in-depth interviews as they were the most appropriate data collecting technique for the specific aims of the study. Semi-structured interviews are a proven efficient method of qualitative data collection, as they are flexible to allow for change but also employ a target focus (O'Leary, 2010). Additionally, this method is conserved to be most useful when the purposes of the research are to obtain participants' different interpretations of their own experiences and understandings of social issues (Bell, 2010).

The interviews ranged from 45 minutes to an hour in duration and were conducted at mutually agreed upon times and locations. The researcher carried out the interviews and they were additionally audio-recorded on two different recording devices in order to minimise any potential for loss of data through technical error. Subsequent to the interviews, the researcher transcribed the interviews in full. These

transcriptions were then sent to the participants for review and if they were satisfied with the accuracy, they then signed the release of transcripts documentation.

In order to assist the interview process, the researcher employed the use of an interview schedule (see Appendix One). In general, an interview schedule is beneficial to researchers as the method facilitates consistency throughout the research process by dictating the order in which different concepts will be discussed (O'Leary, 2010). Additionally, the use of an interview schedule allows the researcher to utilise the established structure, in order to attend more fully to the responder (O'Leary, 2010). An interview schedule was further sent to the recruited participants prior to the interview, which allowed them to be fully informed about what questions were going to be addressed during the interview. This process enables participants to start to think critically about their responses prior to the interview, which created a sense of flow in the interview. The process of developing an interview schedule stemmed from identifying the key themes outlined in the literature review phase of the data collection (Carr, 2011). As a result, key questions that had the potential to prompt the participants' views regarding these themes drawn from the literature were developed. The development of an interview schedule was further significant to the process of coding and analysing. This process allowed the data to be organised fluently by aligning the data with a pre-established framework.

### *Data analysis*

Data analysis in qualitative research is fundamentally an interpretative and inductive process; this signifies the identification of themes from the data, rather than the themes being outlined by the researcher prior to data collection (Braun & Clarke, 2006). This research employed an inductive thematic approach to analyse the collected data. Thematic analysis is the most commonly utilised tool for qualitative data analysis and offers a theoretically flexible approach to examining the data (Braun & Clarke, 2006). This approach was employed as it connects significantly with the purposes of this research. Thematic analysis is a tool for identifying, interpreting, and reporting patterns or themes within the data (Braun & Clarke, 2006). A theme resembles something important and is prevalent within the literature and relates to an aspect of the research in a reoccurring role (Braun & Clarke, 2006). This process requires the researcher to play an active judgement role in determining which themes are of relevance and should be referenced back to the initial data collected. As mentioned, an inductive approach to thematic analysis is data facilitated, whereby the process of coding is conducted without attempting to fit the data into any pre-existing frameworks. However, it is important to

acknowledge the significance of researcher interpretation in identifying and analysing the themes and processes taken to minimise any biases that may arise during this process.

### *Ethical considerations*

Ethical issues were considered and subsequently addressed according to the criteria stipulated by both the Aotearoa New Zealand Association of Social Workers (ANZASW) and the Massey University Human Ethics Committee.

A full Human Ethics application was submitted by the researcher which was reviewed by two academic staff members of the Massey University School of Social Work. The researcher then responded to the feedback, amended recommendations, and the application was submitted and assessed as Low Risk. Ethical approval was granted on the 6<sup>th</sup> July 2015 (see Appendix Two).

The researcher obtained informed and voluntary consent from all participants. Interested participants responded to advertisements by contacting the researcher directly and were subsequently provided with either an electronic or paper-based information sheet. This information sheet outlined the purpose of the research, methods, and requirements of the participants and the responsibilities of the researcher. Prior to the commencement of the interviews, the participants were fully briefed about this process again to ensure they were fully informed. Written consent to participate was given to the researcher by all participants prior to the commencement of the interviews.

There was unlikely to be any harm or discomfort for the participants during the interviews. However, prior to the interviews taking place, it was acknowledged that 'sexual consent' had the potential to be a sensitive topic, which may have raised emotions for the participants. To ensure any harm was minimised, the researcher made sure that participants were fully informed about the nature of the research (see Appendix Three for information sheet) before voluntary consent was obtained. Additionally, the researcher took all measures to ensure that confidentiality was adequately maintained through the research process. If any participants were to become obviously uncomfortable, the researcher had planned to either ask the participant whether they would like to decline to answer a question or instead, terminate the interview. If this had occurred, a subsequent discussion would have been had between the researcher and the assigned supervisor.

In addition, it was unlikely that there would be any risk of harm to the researcher as the research topic and questions were of no personal nature. However, personal safety needs to be acknowledged, and the subsequent steps were taken to ensure the researcher's safety whilst conducting the interviews. The researcher informed a nominated person of the time and location of each interview, contacted the nominated person prior to and at the end of the interview and further, informed the nominated person to advise them if the interview was taking longer than expected.

As this research was qualitative in nature, and the research utilised face-to-face interviews, the participants were not anonymous to the researcher. However, in order to ensure confidentiality, the names and any other identifying information that could link participants back to specific institutions are not mentioned in the final report (only pseudonyms are used). All written and printed information was stored in a locked drawer in the researchers home as well as electronic data being stored on the researcher's personal computer and 'back-up' USB with password-only access.

Following the examination of this research project, if participants have requested transcripts they will be returned to them or, alternatively destroyed. The Head of the School of Social Work of their nominee will dispose of all data. In addition, any information that has been stored electronically by the researcher will be deleted.

Although Māori are not the primary focus of the project, ethical research requires consideration of the Treaty of Waitangi. There is the potential for respondents to identify as Māori, and like all participants, prior to the interview, they will give informed consent and have the opportunities to choose whether or not they wish to participate.

Finally, there were no conflicts of roles or interest throughout conducting this research as the researcher did not interview any participants that were previously known to them.

### *Limitations*

Although this research contributes to the growing body of literature on binge-drinking and its affects, it is necessary to acknowledge the limitations of this research methodology and the strategies the researcher took to minimise these. The key limitation stems from the small-scaled nature of this research project and its inability to be truly reflective of the targeted cohort. Although the study's

findings cannot be generalised, they provide a framework that outlines the discourses surrounding these issues for future development.

Furthermore, due to the nature of this research, it is important to acknowledge that qualitative research is subjective and therefore, the researcher played a significant role in the interpretation of the data. Consequently, the value of this research needs to be evaluated in relation to the social work profession and its influence in regards to promoting well-being and social justice (Barusch, Gringewri, & George, 2011). This research has identified dominant discourses surrounding binge-drinking and its various impacts, and therefore has the ability to influence future initiatives that seek to minimise the social risks raised in terms of well-being.



## Chapter Four: Findings

### *Introduction*

The following chapter outlines the data collected from three semi-structured interviews with young tertiary students aged from 18 to 24 on their perspectives of binge-drinking and sexual consent in New Zealand. More specifically, questions were directed to highlight how the participants conceptualised binge-drinking to affect sexual consent. Subsequent to the interviews, several themes were identified from the collected data. The first section of this chapter outlines how the participants define the key concepts of binge-drinking and sexual consent, before highlighting several themes that demonstrate the relationship between binge-drinking and sexual consent. Lastly, the participant's portrayals of other issues relating to these subjects, that were not specifically addressed in the interview questions, will be presented.

### *The Data*

#### *Definitions*

##### *Binge-drinking:*

From the students' perspectives there were varying ways of defining the concept of 'binge-drinking', however all the ideas presented shared the commonality that binge-drinking behaviour involved drinking to excess, or to complete intoxication where individuals lose an element of control:

*Binge-drinking for me would be very excessive consumption of alcohol to the point where it becomes a predominant factor or influence on your life (Kylie).*

*Binge-drinking involves drinking to excess which affects your ability to function (Genie).*

One of the participants associated binge-drinking as an activity that stems from the financial struggles associated with student culture. Binge-drinking is considered to be something students did directly before heading to town in order to be intoxicated to a level where there would be no need to purchase more alcohol in town:

*Binge-drinking is... just before town, everyone just gets every single bit of alcohol we've got and just guzzle. It's just us wanting to get really wasted before town, us being poor, nobody has the money to buy alcohol in town, so we binge drink before we go out (Riley).*

#### *Sexual consent:*

Participants were further asked to describe what they thought when they heard the words 'sexual consent'. All participants conceptualised sexual consent to refer specifically to two people that are not influenced by any external factors, individually agreeing to have sex with one another. One of the participants perceived sexual consent quite directly by simply stating:

*Sexual consent for me is, yes, you may have sex with me, yes (Genie).*

Whilst other participants outlined how sexual consent was a consensual agreement indicated by both parties engaged in the sexual activity that was not hindered by any kind of influence:

*Two people agreeing to have sex, that aren't hindered by or influenced, or controlled by anyone else (Kylie).*

*I think it's just somebody that is of their own mind, agreeing to have sex with somebody on an equal playing field (Riley).*

#### *Motivations towards binge-drinking*

From the students' perspectives, there were various facilitators that they believed motivated students towards engaging in binge-drinking behaviour. These can be generalised into three different categories: to socialise confidently, student culture, and New Zealand's binge-drinking culture in general.

#### *Socialise confidently*

One of the predominate themes highlighted in the data was how students perceive binge-drinking to facilitate socialising in a more confident way. Participants associated intoxication with individual

pleasure or the ‘buzz’ that lead to increased confidence in interacting with others, along with increased enjoyment that would not be obtained if they were sober:

*You can't go to town sober, it's just impossible, it's definitely a social thing, like the more fun we get, the drunker we are (Riley).*

### *Student culture*

Student culture was a further facilitator in motivating participants towards binge-drinking. Firstly, in regards to the financial struggles that often accompany being a student. The cheap nature of the alcohol that students frequently buy from supermarkets and liquor stores before going out is a key incentive that a participant perceived to motivate students towards binge-drinking:

*I was watching this interview when they were talking about how students do this thing now where they buy lots of alcohol from the supermarket and then drink it before town, they call it "pre-loading", no it's called "I'm broke, and I want to get wasted", it's not a new thing, everyone is doing it because you don't want to spend all your money in town because you drink every weekend (Riley).*

A participant further associated binge-drinking with an element of peer pressure and the individual desire to ‘fit in’ within the stereotypical ideals of student culture:

*I think students binge drink because of the need to 'fit in' and I guess it's all a part of being young and a student I guess. I think there is a lot of peer pressure when it comes to drinking these days, you don't usually go out and not drink, you sort of feel like you are expected to (Genie).*

### *Binge-drinking culture in New Zealand:*

A final common motivator that students associated with binge-drinking was New Zealand's binge-drinking culture in general:

*I think there is certainly a binge-drinking culture in New Zealand that has been established for a while now, it's become socially acceptable (Kylie).*

Participants perceived binge-drinking to be an issue among all populations within New Zealand and further, this type of behaviour should not be just associated with the student population.

*I think as a whole, with binge-drinking in general, in New Zealand we do have a problem, young or old (Genie).*

*Students are constantly worried that they are going to become alcoholics, but it's the quiet drinkers that drink regularly that we need to worry about, we are the ones that don't drink all week, but then drink about four bottles of wine in the weekend and then wake up and be like, who am I? (Riley).*

New Zealand's binge-drinking culture was considered to be embedded in the frequent societal promotion of alcohol related events:

*The promotion of binge-drinking seems to fall back into every sort of event, if we are talking about sport; we go out and drinking, like it seems to be part of our culture now (Genie).*

*It is also something people witness in day to day life, if you got to a family friendly concert, 9 times out of 10 you will see one drunken person. There is always some really drunk person, and people take their children there (Kylie).*

### *Influence of binge-drinking and sexual activity*

There were many opinions highlighted in the interviews that outlined students' perceptions of the influence that binge-drinking and intoxication has on subsequent sexual activity in general. These understandings of the causal associations between alcohol and sexual activity can be generalised into three categories: increased confidence, decreased inhibitions and judgement, and lastly, binge-drinking increasing the likelihood of students either subjecting themselves or being subjected to risky sexual behaviour.

### Increased confidence:

All students associated binge-drinking with an increase of sexual confidence. Students perceived alcohol to assist with confidence levels in social interactions that were more likely to lead to subsequent sexual activity. Furthermore, students believed that the majority of 'hook-ups' within their population were facilitated by, or a result of, excessive alcohol consumption:

*I guess it has changed with like Tinder and stuff, but I think that 90% of the time that hooking up happens, it's because you are drunk, and alcohol definitely increases confidence and libido (Riley).*

*You feel this sort of 'sexualness' in the air, it's almost like drinking and sex are sort of on par with each other, there is definitely a relationship between the two (Genie).*

### Decreased inhibitions and judgement:

A common belief among the students was that binge-drinking facilitates a decrease in one's inhibitions and judgment when associated with sexual activity:

*Drinking causes decreased inhibitions, and you sort of lose your moral perspectives, like you do things at night and you don't think about what it is going to be like in the morning, until you wake up and you are like 'oh' [laughs]. (Genie)*

Participants discussed how young people were more likely to engage in unplanned sexual activity whilst intoxicated and were further more likely to regret the occurrence the morning after. Regret was portrayed in a humorous way with the students perceiving feelings of regret to be more frequent after getting with someone considered to be unattractive whilst under the influence of alcohol:

*I think alcohol lowers our judgements in thinking someone is relatively attractive, like if you saw them in the supermarket, you would be thinking a different story, but then you see them in [states nightclub] and you're post four bottles and you're like [wolf-whistles] and then it's all over (Riley).*

Students were aware that their concept of potential consequences was more likely to diminish after binge-drinking:

*You don't think about the consequences when you are drunk and you just go, 'oh yup, I'll do this, this will be fun', but reality tomorrow tells a different story, so it takes away your concept of consequences (Kylie).*

### Risky sexual behaviour:

A final theme that was generated from the data was the correlations that a student made between binge-drinking and what can be referred to as 'risky' sexual behaviour. This behaviour referred to specifically females, subjecting themselves to risk by consuming excessive amounts of alcohol as a result of binge-drinking. Risk was associated with individuals not being able to exert control and becoming vulnerable in contexts where intoxicated males have the ability to take advantage:

*How many times has one of our girlfriends in the morning and said, "I don't know what happened last night, I woke up in some random guy's house, I didn't know what street I was on, I didn't know how I had got there." These are real issues, people are drinking to excess, that they lose the ability to control themselves, and that is what is putting them and others in danger (Kylie).*

### *Influence of binge-drinking on sexual consent*

The students were further asked for their opinions of how they perceived binge-drinking to influence sexual consent. Specifically, students were asked for their views of how intoxication affects someone's ability to consent to sexual activity. The participants discussed differing perspectives of how intoxication has the ability to alter consent, whether they viewed 'drunken' consent to still be consent and finally, how there is the risk of miscommunication or confusion relating to consent when coupled with excess alcohol consumption.

### *Is 'drunken' consent still consent?*

Students discussed what they believed to be the certain contexts that binge-drinking affects and negates an individual's ability to consent to sexual activity. In discussing this, the students often referred to how an individual's ability to consent was dependent on differing levels of intoxication:

*It depends, because there are different levels of intoxication, and if you are past the point of knowing where you are, or which way is up, or you are falling over and vomiting, it is impossible for someone to consent (Genie).*

*If we are talking about binge-drinking to its truest form, to complete intoxication, I don't believe you can give sexual consent if you are utterly drunk, but that is not always what binge-drinking is, so it depends on the level of intoxication (Kylie).*

*If we have lost control of ourselves, how can we consent to something? (Kylie)*

Both Kylie and Genie related back to their own personal experiences whereby they highlighted what they viewed to be real issues in conceptualising how binge-drinking affects sexual consent. The students discussed how alcohol had influenced their own experiences in situations where they would not have consented to the activity if they were not under the influence of alcohol:

*When I was considerably younger, the second time I had ever got drunk, I woke up next to someone and I had no idea who they were, how could I have possibly given consent, I might have said yes, but I wasn't of a sound mind, I was under the influence of alcohol, I didn't understand what I was doing, I didn't remember the next day. That's a big issue, because I know I am not the only one (Kylie).*

*For me personally, if I was sober when I had sex for the first time, I wouldn't have consented, and I think alcohol definitely acted as a facilitator (Genie).*

### Miscommunication of consent

Discussion was further centred on how intoxication frequently resulted in miscommunication or confusion relating to consent. This concept of miscommunication was associated with certain actions and behaviours that individuals often exhibit subsequent to binge-drinking:

*I think that a lot of the time, especially when we are drunk, so many of the things we do can be misconstrued as us wanting to have sex (Riley).*

*It's like a lot of the time you are doing things, and sometimes your actions are saying something that you are not actually feeling, they are projecting something that you aren't actually thinking about" (Kylie).*

### *Differences in gender conceptualisations of consent*

Following on from the above data, students discussed whether they perceived there to be gender differences in conceptualisations of sexual consent. In other words, students described their own opinions of how males and females interpret understandings of consent. In general, the students believed there to be gender differences in perceptions of consent and the external factors, like alcohol that often affects these interpretations. The students viewed female interpretations of their male partner's consent to be more physical in nature, whereby consent is indicated in a physical sense, rather than verbally:

*It's very easy to know when a man wants to consent to sexual interactions, it is entirely physical (Kylie).*

*You can just tell by the look on their faces that they have decided and that they will pursue, I even think that this is a lot more consensual because you are on an equal playing field and you have both decided (Riley).*

Additionally, both Riley and Genie believed the issues relating to miscommunication of consent was more prevalent among young males interpreting consent within a night club situation:

*Young males seem to take advantage of women more often in terms of them consenting to sex when they are vulnerable, under the influence of alcohol (Genie).*

*I think guys take things quite literally, if a guy wants something, he will just outright say, and so he takes everything really directly as well, whereas I don't think girls really operate that way (Riley).*



*Girls do things in the moment, when they are having fun, but that doesn't mean that they have actually consented or said, 'I want to have sex with you' (Riley).*

### *Gender differences in motivations*

The students were additionally asked whether they believed there were any further issues relating to binge-drinking and sexual consent. One of the students was passionate in highlighting how he viewed there to be a significant issue with gender differences relating to how and why young adults were drinking. Riley outlined how he thought young males were quite calculated in their drinking habits, and how subsequent sexual activity was a direct motivator towards intoxication:

*Guys are very calculated, they won't get that drunk, whereas girls get to the point where they are wasted, and I think that is because it is the guy's intention to hook up. Like males have this competitive pride testosterone thing, I don't think girls go out to intentionally sleep with someone, unlike guys (Riley).*

*I'm a guy, guys are constantly congratulating themselves for going home and sleeping with a wasted girl, like they have accomplished something, I mean that's like getting a f\*\*\*\*\* bag of Doritos out of a vending machine, stop high-fiving yourselves, idiots (Riley).*

### *Female 'victim-blaming'*

Furthermore, student's discussed how they viewed societal perceptions and responses to sexual assault victims that were under the influence during the incident to be a significant issue facing present New Zealand society. Emphasis was placed on the shifting of blame away from female victims and put on their perpetrators:

*I think the main issue is our perception of date rape, like the blame is constantly shifted on to the 'drunk' girl, like it's their responsibility to not get raped (Genie).*

*It's like complete victim-blaming, like it should be so shameful, we do not shame male perpetrators enough, we don't make guys feel bad about it, we make girls feel bad (Kylie).*

The students discussed how there are real issues with how the public perceive and respond to incidents of sexual assault. The students viewed society to be very quick to ask questions of assault victims that related to how drunk she was, what she was wearing, why she was walking alone, as a way of minimising what had happened:

*I mean it's not your body; you don't have a right to somebody else's body, no matter what they were wearing or how they are acting, no is no (Riley).*

Riley further discussed how he believed these perceptions were more commonly perpetuated by the older populations:

*Older people still blame females, like it's the girls fault, like why were you so drunk, when they should be asking, 'why is he a rapist? Why do you think that it is okay to help yourselves to somebody else's body without their consent?' Why is that less shocking than a girl being drunk? (Riley).*

## Conclusion

This chapter has outlined the main themes generated from the interviews conducted with three tertiary students on their perceptions of binge-drinking and sexual consent in New Zealand. This chapter initially outlined how the students defined the main concepts of binge-drinking and sexual consent before highlighting what they perceived to be the main facilitators towards binge-drinking. Students believed that binge-drinking had a significant affect in influencing subsequent sexual activity by increasing confidence, lowering inhibitions and judgement, as well as acting as a facilitator toward what was considered to be risky sexual behaviour. Additionally, students perceived binge-drinking and intoxication to have a substantial effect on someone's ability to consent to sexual activity by altering judgement and contributing to confusion surrounding or the miscommunication of consent. The students further expressed their opinions relating to the differing gender conceptualisations of consent with concern being placed on how young males interpret consent when coupled with excessive alcohol consumption. This chapter concluded with the students outlining what they perceived to be further issues associated with binge-drinking and consent which centred on societal perceptions and responses to female victims of sexual assault that were under the influence. The

subsequent chapter will provide a discussion that analyses these findings in relevance with the existing literature.

## Chapter Five: Discussion & Analysis

### *Introduction*

The purpose of this research was to examine young tertiary students' perceptions of binge-drinking and sexual consent. The primary aim of this research was to identify how tertiary students conceptualised binge-drinking to affect sexual consent. The findings have been subsequently analysed and compared with the identified literature on binge-drinking and sexual activity. The following chapter provides a preliminary interpretation and discussion of the key themes highlighted in the findings. The framework for this chapter is structured thematically, highlighting the following themes: binge-drinking, binge-drinking and sexual activity, binge-drinking affecting sexual consent, student perceptions of female 'victim-blaming', and implications for general social work practice, tertiary providers, and other social services that support young students.

### *Binge-drinking*

The participants perceived binge-drinking generally to involve drinking to excess or to complete intoxication. Furthermore, participants viewed this behaviour to be primarily facilitated by an overall 'binge-drinking' culture perpetuated by New Zealand society. Other motivators towards binge-drinking that emerged from the data included the stereotypical associations between binge-drinking and student culture, financial motivators, and the desire to socialise confidently.

When considering formal definitions of binge-drinking, reference is primarily associated with the consumption of a certain number of standard drinks, for a particular age group, in a short period of time (New Zealand's Health Promotion Agency, 2015). For example, binge-drinking for a young person, aged 18-24, is defined as consuming five or more standard drinks on one occasion (New Zealand's Health Promotion Agency, 2015). In contrast, when examining the students' perceptions of the concept of 'binge-drinking', in this study, the primary conceptualisations centred on binge-drinking involving drinking an excessive amount of alcohol, in a short period of time and subsequently losing an element of control. These conceptualisations are more consistent with literature defining intoxication whereby, intoxication can be characterised as an individual's mental and physical capacities being substantially altered as a result of ingesting substances (Cowan, 2008). From analysis

of these conceptualisations, it is clear that participants predominantly associate binge-drinking to be drinking to the point of intoxication, rather than a separate phenomenon.

In terms of the participants' perceptions on the motivations and attitudes towards binge-drinking, the common facilitator towards this behaviour that emerged from the findings was the desire to socialise confidently as a result of the individual pleasure associated with alcohol use. Participants perceived alcohol consumption to be associated with increased confidence and enjoyment that they would not be able to obtain in their sober state. This is consistent with research conducted by Morton and Tighe (2011) that determined the primary factors influencing students towards binge-drinking to be alcohol acting as a facilitator to socialise confidently and to advance individual pleasure or 'buzz'.

Findings were further consistent with research carried out by Norman, Bennett, and Lewis (1998) that focused on establishing the differences in gender motivators towards binge-drinking among student populations. Norman, Bennett, and Lewis' research concluded that male students were more likely to maintain positive portrayals of binge-drinking and be more prevalent in identifying the positive attributes of alcohol consumption when compared to their female counterparts. However, these conclusions were inconsistent with the findings of the current research. Regardless of the small-scaled nature of the current research, it does incorporate both male and female perspectives, whereby there were no significant differences in terms of gender conceptualisations on the facilitators towards alcohol consumption. Both genders were able to identify the common motivators towards binge-drinking and recognise the general positive and negative consequences of engaging in this behaviour. Positive conceptualisations were centred on binge-drinking facilitating confidence in social settings and alleviating the financial struggles of purchasing alcohol in a nightclub scenario. In contrast, negative conceptualisations primarily emphasised students engaging in sexual activity they were more likely to regret and the risk young females put themselves at in terms of unwanted sexual advances.

The primary association that participants made between student culture and its influence in motivating students towards binge-drinking was how financial struggles prompted them to buy alcohol cheap from off-license liquor suppliers in order to consume a large amount before going out and therefore, not having to purchase expensive alcohol that is relative of the nightclub scene. Although the majority of the literature attributed binge-drinking to be perpetuated by student culture, all participants viewed the promotion of this behaviour to be reflective of New Zealand society in

general. Participants explained how the established binge-drinking culture in New Zealand that incorporates the promotion of alcohol related activities, is a significant motivator towards young adults engaging in binge-drinking behaviour, and how this is not distinctive of the student population, but a widespread issue that needs addressing. The notion that New Zealand's young population perceive binge-drinking to be a real problem within society, should promote social change efforts in regards to implementing policy that effectively challenges the normality of binge-drinking. The mere fact that all participants consider New Zealand's binge-drinking culture to be normal suggests the extent of the issue within society. Cashell-Smith, Connor, and Kypri (2007) explain how effective prevention policies should centre on addressing the ease and levels of alcohol availability and the promotion of alcohol and alcohol related activities in New Zealand society as a whole. Social interventions that aim to influence the 'safer' consumption of alcohol could be achieved through media channels, education programmes that model appropriate drinking behaviour and overall initiatives that focus on addressing the various negative outcomes of binge-drinking that do not just emphasis the prediction of risk (Norman, Bennett, & Lewis, 1998).

### *Binge-drinking affecting sexual activity*

The second theme examined the general relationship between engaging in sexual activity as a consequence of binge-drinking. The initial literature review highlighted how the majority of literature dedicated to examining this relationship is based on establishing causal links between alcohol consumption and subsequent sexual activity, particularly sexual assault (Cashell-Smith, Connor, & Kypri, 2007; Klein, Geaghan, & MacDonald, 2007; Poulin & Graham, 2001).

There was little attention given to focusing on individual conceptualisations, attitudes, and experiences of this relationship. The following section compares and discusses the scarce literature highlighting students' perceptions with the findings from the present research. The specific links between binge-drinking and sexual consent identified by participants were: an increase in sexual confidence, decreased inhibitions and judgment, and increasing the likelihood of individuals engaging in what can be referred to as 'risky' sexual behaviour.

The notion that young adults were more likely to engage in sexual activity under the influence of alcohol is generally supported by the literature (Poulin & Graham, 2001; Wells, Kelly, Sarit, Golub, & Parsons, 2010). Initially, participants attributed this correlation to be a result of alcohol facilitating an

increase of sexual confidence. The participants shared a common perception that alcohol is a predominate catalyst in increasing confidence levels in social situations, which was then more likely to lead to subsequent sexual activity. One participant viewed this relationship as causal, explaining how sexual activity is a socially acceptable, and prevalent result of binge-drinking culture.

Additionally, all participants viewed binge-drinking to be associated with a decrease in individual inhibition and judgement when it came to making decisions concerning engaging in sexual activity whilst under the influence. Participants explained how people were more likely to regret their sexual experiences whilst intoxicated. Furthermore, this regret was primarily associated with becoming sexually involved with someone subsequent to binge-drinking, which they would not do in their sober state. This concept was further reinforced by the participants when discussing how their concept of potential consequences is often diminished, when coupled with excessive alcohol consumption. The relationship of binge-drinking facilitating an individual decrease in inhibitions and judgement was largely missing from the literature examining these links. The only mention of this influence was in Poulin and Graham's (2001) study that concluded students were more likely to engage in sexual activity and then later regret it. Cashell-Smith, Connor, and Kypri (2007) and Poulin and Graham (2001) both categorised this correlation as binge-drinking actively facilitating the prevalence of students subjecting themselves, or being subject to risky sexual behaviour. These studies determined risky sexual behaviour as individuals under the influence either engaging in sexual activity that is unprotected, or which would be later regretted.

### *Binge-drinking and sexual consent*

The next theme is significant in answering the primary aims of this research in identifying how young tertiary students perceive binge-drinking to affect sexual consent. The existing literature highlighted how there has been few attempts at identifying these conceptualisations whereby, literature has focused mainly at identifying causal links between alcohol consumption and sexual activity in general. Initially, the following section will examine what meaning the participants give to informed sexual consent before identifying the various issues they perceived to be associated with binge-drinking and sexual consent. These issues include: intoxicated consent, differences in gender conceptualisations of consent, miscommunication of consent, and student perceptions of female 'victim-blaming'.

As highlighted in the literature review in Chapter 2, defining sexual consent is a difficult process, with differing perspectives centring on whether consent should be conceptualised as a state of mind or dictated by a culmination of actions displayed in a certain way (Cowan, 2008). Participants were very direct in explaining what they portrayed sexual consent to be. Understandings centred on two people, unhindered or not controlled by any external influences, agreeing to engage in sexual activity with one another. Participant understanding was primarily focused on an individual being able to freely consent to sexual activity, without any coercion or impairment from a range of external factors. These conceptualisations aligned significantly with aspects of the New Zealand Crimes Act 1961 definition that negates sexual activity is not consensual if that activity occurs when the individual is affected by any substance that impairs the ability to consent or refuse consent (Ministry of Justice, 2015).

In analysing the participants' responses to how they perceive binge-drinking to affect someone's ability or capacity to consent to sexual activity, these responses were generally consistent with literature examining these links. When considering alcohol consumption and its impacts on consent, Cowan (2008) explains how questions need to be asked in relation to in what contexts alcohol negates someone's ability to consent to sexual activity. Participants reinforced this ideology in their discussion surrounding what they perceived to be the certain contexts that affect someone's ability to give consent. All participants explained how someone's ability to consent was dependent on their level of intoxication or impairment. In other words, ability and capacity was reliant on how much control they had over both their physical actions and mental state. Overall, these perceptions of intoxicated consent differed from a significant issue drawn from Cowan's (2008) research that reiterated a common discourse within the student population that 'drunken' consent was still considered to be consent. All participants were able to effectively identify contexts that affect and negate someone's individual ability or capacity to consent to sexual activity whilst under the influence of alcohol. This response has significant implications for analysis, as it does not provide any explanation for why students are frequently subjected to unwanted sexual advances under the influence of alcohol, which is often a result of the miscommunication of consent. This notion is evidenced by Cashell-Smith, Connor, & Kypri (2007) who reported instances of sexual assault to be frequent among college students and, significantly, at least half of these incidents will involve alcohol consumption by the victim, the perpetrator or both.



Participants agreed that there were gender differences in how males and females interpret and conceptualise indicators of consent. This response was consistent with Jozkowski and Peterson's (2013) research that highlighted specific gender differences in student perceptions consent and the influence that alcohol consumption had on interpretations of consent. Their research concluded that male students were more likely to communicate their consent verbally, whilst interpreting their female partner's consent more physically in terms of reciprocal behaviour (Jozkowski & Peterson, 2013). Participants involved in the present research were in agreement that females were more likely to interpret their male partner's consent physically. Participants further discussed how young males are frequently seen to take female behaviour within a nightclub scenario extremely literally. This notion centred on intoxication resulting in miscommunication or confusion relating to particular actions being misconstrued as 'wanting to have sex'. Participants further discussed how this mind-set was more likely to lead to males misinterpreting female indicators of consent and thus, taking advantage of vulnerable females under the influence of alcohol. Jozkowski & Peterson explain how this emphasis on non-verbal indicators of sexual consent is a significant issue that needs to be addressed in order to alleviate the risk associated with the miscommunication of sexual consent.

### *Student perceptions of 'victim-blaming'*

In exploring further issues that participants perceived to be associated with the relationship between binge-drinking affecting sexual consent, student discussed how they viewed societal responses to sexual assault victims that were under the influence to be a significant concern. These issues were, to an extent, absent in literature dedicated to exploring the relationship between binge-drinking and intoxication affecting sexual consent. Discussion was concerned with how there was still a common perception within New Zealand society that 'drunken' consent is still consent and how this can cause barriers for victims of unwanted sexual activity in coming forward for fear their claims might not be taken seriously because of the context in which the incident occurred. Cowan's (2008) feminist critique on the notion of 'intoxicated consent' in relation to sexual assault incidents, provides a theoretical basis for the conceptualisation of consent, when coupled with excessive alcohol consumption. Cowan (2008, p. 2) effectively acknowledges the debates surrounding the differing meanings attached to sexual consent, exploring whether consent is "a state of mind" or "a set of actions", but still attributes intoxication to render both explanations obscure.

Discussion further centred on how the general public were quick to judge and ask questions of the intoxicated female victim as a way of minimising what had happened to them. These responses are consistent with 'victim-blaming' discourses which actively shift the blame from the male perpetrator to the female victim for subjecting herself to risk by being intoxicated. One participant discussed how emphasis should be placed on shifting societal blame away from female victims and placing it on their male perpetrators. These responses signify the need for policy that addresses the societal prejudices around women's responsibility for unwanted sexual attacks upon them that occur whilst they are voluntarily intoxicated. Cowan (2008) calls for further qualitative research into these common discourses surrounding intoxicated consent that both conceptualise women's views and experiences of intoxicated consent and ask questions surrounding why men want to have sex with women who are intoxicated to the point of losing control.

### *Implications for social work policy and practice*

In analysing the various issues that students perceive to be associated with binge-drinking, it is clear that the challenge for social work policy and practice will be effectively diminishing the overall appeal of binge-drinking culture not only within a tertiary setting, but within wider New Zealand society. In challenging the normality and appeal of this behaviour, emphasis must be placed on reducing the social risks and implications that binge-drinking has for general well-being. Therefore, recommendations for educational and health initiatives should centre on challenging these dominant discourses.

In referring specifically to initiatives that target unsafe drinking practices in the tertiary setting, there is an identified need for alcohol policies and intervention approaches within tertiary organisations (Kyrpos, Langley, McGee, Saunders, & Williams, 2002). These initiatives should convey a harm minimisation approach to alcohol education, that effectively promotes 'safer' or more sensible drinking habits (Coleman & Cater, 2005). Additionally, health and educational initiatives that encourage students to consider that maintaining this behaviour is socially undesirable can assist in altering the overall positive attitudes that young adults have towards binge-drinking (Klein, Geaghan, & MacDonald, 2007). Furthermore, interventions should emphasise educating students on the actual outcomes or negative consequences of consuming alcohol in this manner. Klein, Geaghan, and MacDonald suggest that interventions should focus on the actual academic, physical, and emotional

consequences of drinking excessively. Instead of reiterating the potential risks, emphasis needs to be placed on the harmful outcomes.

In terms of addressing the facilitators that motivate young students towards binge-drinking, social research of this nature has the potential to help reduce the prevalence and harmful effects of binge-drinking among tertiary students. Coleman and Cater (2007) maintain that understanding why young people prevalently engage in binge-drinking is essential in informing practice and policy that is aimed at addressing the identified issues that result from this behaviour. Therefore, qualitative research that explores young adult's conceptualisations concerning motivations and outcomes of binge-drinking should be prioritised as an area for future research.

The results of the current research have further provided evidence for the widespread negative consequences associated with binge-drinking and its influence on sexual activity. These findings are in agreement with Cashell-Smith, Connor, and Kypri's (2007) study that alerted the need for prevention and policy initiatives within tertiary settings that highlight the prevalence of alcohol contributing to risky sexual behaviours and unwanted sexual advances. These interventions are required in order to reduce these harmful behaviours by reinforcing the relationship between alcohol increasing the likelihood of experiencing negative outcomes (Klein, Geaghan, & MacDonald, 2007). Furthermore, the fields of practice that work with young adults such as tertiary, health, and other supports services should allow for the provision of non-judgemental interventions and support that address the varying effects of unplanned sexual activity, whether that activity is consensual or non-consensual, under the influence of alcohol (Poulin & Graham, 2001).

Finally, health and educational initiatives that aim to encourage students to think critically about the identified issues relating to intoxication and sexual consent should include informative clarification surrounding consent and substance use. Poulin and Graham (2001) call for clearer definitions of sexual consent or rather, positive definitions that stipulate what sexual consent actually is, not just instances which do not convey consent as a prevention mechanism to sexual assault. Jozkowski & Peterson (2013) further this notion by maintaining that effective prevention to unwanted sexual activity under the influence should hinge on promoting clear definitions of the obtainment of consent. The findings of the current research highlight how the lines between societal perceptions and constructs of

consensual and non-consensual sexual activity to be extremely contextual, especially in situations involving alcohol. This notion is significantly problematic, especially for victims of unwanted sexual activity coming forwards and relevant agencies being responsive in handling allegations effectively.

### *Conclusion*

This chapter has highlighted student perceptions of the intrinsic relationship between binge-drinking and sexual consent. Emphasis was initially placed on analysing common perceptions of the main discourses that underpin the aims of this research before comparing and contrasting responses with identified literature. Additionally, the findings of this research were analysed in terms of their implications for general social work practice, tertiary providers and other social services that support young students. The final chapter will conclude with providing a summary of the research findings as well as providing a framework of recommendations for practice, policy, and for future research.

## Chapter Six: Conclusion

The overall purpose of this research was to examine how young tertiary students perceived binge-drinking to affect sexual consent. This qualitative study consisted of three semi-structured interviews that focused on exploring tertiary students' in-depth conceptualisations of how they perceived binge-drinking to affect sexual consent. The findings were subsequently thematically analysed and compared with the existing literature on binge-drinking and sexual consent.

In terms of tertiary students' perceptions and motivations towards binge-drinking, this research concluded that the general attitude towards consuming alcohol in this way was positive in terms of facilitating social interactions, increasing confidence, and fulfilling the desire for individual pleasure. These findings were consistent with previous studies aimed at determining the prevalence and factors influencing tertiary students towards binge-drinking. Sexual activity as a consequence of binge-drinking was another reoccurring theme emerging from the data. Students reported that they were more likely to engage in sexual activity under the influence of alcohol as intoxication was considered to facilitate the increase of confidence and the decrease in inhibitions and judgement when it came to making decisions of whether or not to engage in sexual activity. This research was further significant in highlighting what students perceived to be the issues associated with binge-drinking and sexual consent. Issues were centred on how intoxication can alter perceptions of consent, the differences in gender conceptualisations of consent, and students' perceptions of female 'victim-blaming'.

It is evident that the challenge for social work policy and practice will be effectively addressing the overall appeal of binge-drinking culture within New Zealand society. Responses from the participants indicate that binge-drinking is an issue that is not distinctive to the student population, but reflective of New Zealand society. In challenging the widespread appeal and normality of New Zealand's binge-drinking culture, emphasis needs to be placed on reducing the implications that this behaviour has on overall well-being. In terms of addressing New Zealand's binge-drinking culture in general, practice and policy response needs to focus on social interventions that promote the safer consumption of alcohol. In addressing the harmful implications that excessive alcohol consumption has in the tertiary environment, there is an identified need for stringent alcohol-related policies that target the appeal and availability of alcohol but also, emphasise the widespread negative outcomes.

The relationship between binge-drinking contributing to ranges of risky sexual behaviour among tertiary students identified in this study further reiterates the need for prevention initiatives that educate students about these correlations. This notion incorporates the call for health and educational interventions that encourage students to think critically about how intoxication may affect their ability to consent to sexual activity. The findings emphasise how the lines between consensual and non-consensual sexual activity are often blurred, especially when coupled with excessive alcohol consumption. In addressing these issues, pathways can be created for effectively reducing the widespread implications that binge-drinking has on overall well-being.

## References

- Barusch, A., Gringewri, C., & George, M. (2011). Rigor in qualitative social work research: A review of strategies used in published articles. *Social Work Research*, 35(1), 11-19. doi: 10.1093/swr/35.1.11
- Becker, S., & Bryman, A. (2004). Evidence and knowledge. In S. Becker, & A. Bryman (Eds.), *Understanding research for social policy and practice* (pp. 40-63). Boston, MA: Policy.
- Bell, J. (2010). *Doing your research project* (5th ed.). New York City, NY: Open University Press.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. doi: 10.1191/1478088706qp063oa
- Carr, E. S. (2011). Qualifying the qualitative social work interview: A linguistic anthropological approach. *Qualitative Social Work*, 10(1), 123-143. doi: 10.1177/1473325009359389
- Cashell-Smith, M. L., Connor, J., & Kyrpri, K. (2007). Harmful effects of alcohol on sexual behaviour in a New Zealand university community. *Drug & Alcohol Review*, 26(6), 645-651.
- Coleman, L., & Cater, S. (2005). Underage 'binge' drinking: A qualitative study into motivations and outcomes. *Drugs: Education, Prevention & Policy*, 12(2), 125-137. doi: 10.1080/09687630512331323521
- Coleman, L., & Cater, S. (2007). Changing the culture of young people's binge-drinking: from motivations to practical solutions. *Drugs: Education, prevention & policy*, 14(4), 305-317. doi: 10.1080/09687630601070878
- Cowan, S. (2008). The trouble with drink: Intoxication, (in)capacity, and the evaporation of consent. *Akron Law Review*, 41(4), 899-922.
- Crimes Act No. 43. (1961). Retrieved from <http://www.legislation.govt.nz/act/public/1961/0043/latest/DLM327382.html>
- Health Promotion Agency. (2015). *New Zealand drinking patterns*. Retrieved from <http://www.alcohol.org.nz/research-resources/nz-statistics/new-zealand-drinking-patterns>
- Jozkowski, K. N., & Peterson, Z. D. (2013). College students and sexual consent: Unique insights. *Journal of Sex Research*, 50(6), 517-523.
- Jozkowski, K. N., Peterson, Z. D., Sanders, S. A., Dennis, B., & Reece, M. (2014). Gender differences in heterosexual college students' conceptualizations and indicators of sexual consent: implications for contemporary sexual assault prevention education. *Journal of Sex Research*, 51(8), 904-916. doi: 10.1080/00224499.2013.792326

- Klein, W., Geaghan, T., & MacDonald, T. (2007). Unplanned sexual activity as a consequence of alcohol use: A prospective study of risk perceptions and alcohol use among college freshmen. *Journal of American College Health, 56*(3), 317-323.
- Kyrpos, K., Langley, J. D., McGee, R., Sanders, J. B., & Williams, S. (2002). High prevalence, persistent hazardous drinking among New Zealand tertiary students. *Alcohol and Alcoholism, 37*(5), 457-464.
- McGee, R., & Kypri, K. (2004). Alcohol-related problems experienced by university students in New Zealand. *Australian and New Zealand Journal of Public Health, 28*(4), 321-325.
- Ministry of Justice. (2015). *Improvements to sexual violence legislation*. Retrieved from <http://www.justice.govt.nz/policy/supporting-victims/sexual-violence/improvements>
- Morton, F., & Tighe, B. (2011). Prevalence of, and factors influencing, binge-drinking in young adult university under-graduate students. *Journal of Human Nutrition and Dietetics, 24*(3), 296-298. doi: 10.1111/j.1365-277X.2011.01175\_25.x
- Norman, P., Bennett, P., & Lewis, H. (1998). Understanding binge-drinking among young people: An application of the theory of planned behaviour. *Health Education Research, 13*(2), 163-169.
- O'Leary, Z. (2010). *The essential guide to doing your research project*. Sydney, Australia: Sage.
- Poulin, C., & Graham, L. (2001). The association between substance use, unplanned sexual intercourse and other sexual behaviours. *Addiction, 96*(4), 607-623.
- Wells, Kelly, Sarit, Golub, & Parsons. (2010). Patterns of alcohol consumption and sexual behaviour among young adults in nightclubs. *The American Journal of Drug and Alcohol Abuse, 36*(1), 39-45. doi: 10.3109/00952990903544836



## Appendices

### *Appendix One: Interview Schedule*

#### **Tertiary students' perceptions of binge-drinking and sexual consent**

1. How do you define binge-drinking?
2. What do you think motivates young adults towards binge-drinking?
3. In your opinion, what influence does binge-drinking and intoxication have on subsequent sexual activity in general?
4. What do you think when you hear the words 'sexual consent'?
5. How do you think binge-drinking affects someone's ability to consent to sexual activity?
6. Do you believe there are gender differences in conceptualisations of consent? In other words, do you think males and females interpret understandings of consent differently? If so, what would these be?
7. Explain whether you think there are any issues associated with binge-drinking and sexual consent or not?
8. Is there anything else in relation to what we have already talked about that you wish to discuss?

## Appendix Two: Low-risk approval



### MASSEY UNIVERSITY ALBANY

6 July 2015

Sarah Kitchen

Dear Sarah

**Re: Tertiary student's perceptions of binge drinking and sexual consent in New Zealand**

Thank you for your Low Risk Notification which was received on 25 June 2015.

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

You are reminded that staff researchers and supervisors are fully responsible for ensuring that the information in the low risk notification has met the requirements and guidelines for submission of a low risk notification.

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 Dr Brian Finch, Director (Research Ethics), telephone 06 356 9099, extn 86015, e-mail [humanethics@massey.ac.nz](mailto: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

Brian T Finch (Dr)  
**Chair, Human Ethics Chairs' Committee and  
Director (Research Ethics)**

cc Dr Tracie Mafire'O  
School of Social Work  
Palmerston North

Associate Professor Kieran O'Donaghue  
Head of School of Social Work  
Palmerston North

Massey University Human Ethics Committee  
Accredited by the Health Research Council

*Appendix Three: Information Sheet*

## Tertiary student's perceptions of binge-drinking and sexual consent in New Zealand

### Information Sheet

Kia ora,

My name is Sarah Kitchen and I am a Master of Applied Social Work (MaSW) student at Massey University. As a requirement of this degree, I am undertaking a small research project under the supervision of Dr Tracie Mafire'o. I am writing to invite you to participate in this research project.

The purpose of this research project is to explore young adult (tertiary students) perceptions of binge-drinking culture and sexual consent in New Zealand. More specifically, this research seeks to understand how young adults perceive binge-drinking and intoxication to affect sexual consent. In becoming aware of these perspectives, it is hoped that this research will provide insight into the appeal of binge-drinking and the subsequent issues of sexual consent among young adults.

I am hoping to interview 3 participants (2 male & 2 female), aged between 18-24, who are currently enrolled in tertiary education and reside in Manawatu region. Four participants will enable sufficient data to form a balanced response for the nature of this small research project. Priority will be given to the first 2 female and male respondents, however if the response does not reflect the desired gender balance, I will accept the first respondents regardless of gender.

Participants will take part in a qualitative interview, approximately 45-60min in length that will consist of a series of semi-structured questions. The interview will take place at a mutually agreed upon time and location. The interview will be electronically recorded and subsequently transcribed by the researcher who will send a copy to the participants, where they will have the opportunity to review and make any necessary changes. It is estimated that this process may take up to half an hour. The recorded interviews will be password protected electronically and transcripts will be kept in locked drawer.

#### **Participant's 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;
- Withdraw from the study up until the release of transcript form has been signed
- 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;
- Be given access to a summary of the project findings when it is concluded.
- Ask for the recorder to be turned off at any time during the interview.

#### **Data Management**

- The identity of individual participants will be maintained and only known to myself and my supervisor

- The names and any other identifiable information of participants and institutions will not be revealed in the final research report
- Any data collected from participants will only be accessible to myself as the researcher and my supervisor
- All paper based and electronic data will be either destroyed or deleted subsequent to the completion and final examination of this research report
- A summary of the findings of this research will be sent to all participants and upon request, a electronic version of the report can be provided
- 

Attached is a copy of interview schedule that outlines the questions that represent the key themes I wish to cover in the interview. If you are interested in participating in this research, or if you have any further questions relating to this research please contact me at,

**Email:** [email]

**Phone:** [phone number]

Additionally, if you have any concerns regarding this research you may contact my supervisor, Dr Tacie Mafile'o at,

**Email:** [t.a.mafileo@massey.ac.nz](mailto:t.a.mafileo@massey.ac.nz)

**Phone:** 06 3569099 ext. 85027

Thank you for your time reviewing this information sheet,  
Sarah Kitchen  
Student Researcher

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 John O'Neill, Director, Research Ethics, telephone 06 350 5249, email [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz)".

# Appendix One: Monograph Information Sheet



MASSEY UNIVERSITY  
COLLEGE OF HEALTH  
TE KURA HAUORA TANGATA

## *Monograph Compilation of 179895 Reports for 2015*

### INFORMATION SHEET

Dr Shirley Jülich, Senior Lecturer, School of Social Work;  
Dr Kath Hay, Senior Lecturer, School of Social Work; and  
Blake Gardiner, Summer Student Scholarship, School of Social Work, Project Manager,

are working on a research project that is a compilation of 179.895 student research reports for 2015.

We are writing to invite you to consider agreeing to us putting your research report in the monograph because your research report has been identified as being a great exemplar. We do not anticipate any discomfort or risk to you as a result of your report being included in this monograph.

We are asking you to provide your consent:

- for your report to be included in the monograph and
- to share your email address and phone number with the Blake Gardiner who will be managing the project.

If you are interested in being involved in this project please let us know by emailing Dr Shirley Jülich indicating your consent for your report to be included in the monograph. See her contact details below.

You will have the opportunity to fix any typographical errors, spelling errors, and formatting errors that have been identified either by you since submitting the report or your examiners through the examination process. We anticipate this editing work should only take you one or two hours.

#### Data Management

- The project manager will have access to a spreadsheet containing your email address.
- The spreadsheet will be protected by password.
- The spreadsheet will be deleted on the completion of the project.
- All working drafts of the monograph will be deleted on completion of the project.

#### Participant's Rights

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

- ask any questions about the project at any time during participation;
- receive an electronic copy of the monograph on completion.

#### Project Contacts

If you have any questions about the project or are interested in participating please contact  
Dr Shirley Jülich ph (09) 414 0800 extn 43359,  
S.J.Julich@massey.ac.nz

#### Ethical Statement

The project has been recorded on the Massey University's Human Ethics Committee as a Low Risk Notification 4000015344 on December 15, 2015.

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 Dr Brian Finch, Director, Research Ethics, telephone 06 356 9099 x 86015, email [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz).