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Assessing Internal Character Strengths in Tamariki and Rangatahi with Intellectual Disabilities in Aotearoa New Zealand.

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Abstract

People with an Intellectual Disability (ID) are commonly known by a criteria of deficits, ignoring internal strengths that they possess. The prominent deficit paradigm in Aotearoa New Zealand has been a result of historical ‘othering’ and stigma, the influence of the eugenics movement and institutionalisation. Positive psychologists aim to highlight internal character strengths, such as optimism, kindness and resilience to enhance well-being.

Positive psychologists face barriers of how to assess tamariki and rangatahi with an ID, especially moderate to severe. The Assessment Scale for Positive Character Strengths-Developmental Disorders (ASPeCT-DD) is a by proxy measurement that assesses for perceived character strengths in others. **Aims:** 1) to investigate what people thought about using the ASPeCT-DD and if they considered it useful, 2) to assess and identify perceived character strengths in tamariki and rangatahi with moderate to severe ID, 3) to investigate the relationship between perceived character strengths and well-being and life-satisfaction ratings, 4) to see if other variables are predictive of overall scores of the ASPeCT-DD.

Method: Ages of tamariki and rangatahi ranged from 11-24 ($n = 23$, $M = 17.6$). Support staff were chosen to complete the surveys and needed to have known the tamariki or rangatahi for at least a year ($n = 23$), age ranged from 19-55 ($M = 37.4$). The ASPeCT-DD was used alongside a single measure of well-being, a single measure of life-satisfaction and six open ended questions. Descriptive statistics, correlation coefficients and linear regression were used to obtain quantitative data. Thematic analysis was used for the six open-ended questions. **Results:** Every tamariki or rangatahi were described as having at least 13 strengths, median 19. The overall strengths score and well-being rating ($r = .687$, $p < 0.01$) and overall strengths score and life-satisfaction rating ($r = .677$, $p < 0.01$) showed significant positive correlations. Frequency of challenging behaviours and overall strengths score ($r = -.706$, $p < 0.01$) showed a significant negative correlation. Higher frequency of challenging behaviours was significantly predictive of lower overall strength ratings ($t = 2.444$, $p = 0.027$). Raters commented that using the ASPeCT-DD helped to see the person as a whole, break down othering and identify potential, as well as a byproduct of feeling more positive themselves. Strengths were highlighted in the open ended questions that were not captured in the ASPeCT-DD. **Discussion:** The findings challenge the prominent deficit paradigm and highlight the strengths that tamariki and rangatahi with moderate to severe ID possess. The ASPeCT-DD is considered useful by support staff and can increase their own well-being. Future research, limitations and recommendations are discussed.

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Introduction

How disability has been perceived in Aotearoa New Zealand over time has had long lasting influences on how people with disabilities are viewed today. A combination of colonialism, racism and the eugenics movement created a toxic mix that left little to no chance of people with disabilities having equal citizenship. Although there is no definitive history of the experiences and treatment of people with disabilities in Aotearoa New Zealand, they were viewed on negatively by the collective majority (Gordon et al, 2017).

In this research, I wanted to look into how positive attributes and internal strengths might be assessed in a group of tamariki and rangatahi with moderate to severe Intellectual Disability (ID), considering some of the barriers, challenges and positive aspects of such an undertaking.

Tamariki and Rangatahi with ID are some of the most vulnerable people in our communities. Although legislation and policies have aimed to change the inequities people with ID experience, society can still unconsciously perceive people with ID through a deficit lens (Shogren, 2017). It is important that there is active promotion of highlighting the positive attributes of people with ID if we are to change the overall negative discourse normally associated within this group.

This research aims to highlight the strengths that Tamariki and Rangatahi with ID in Aotearoa New Zealand have, adding to the literature that aims to change the negative discourse of what people in this vulnerable minority are viewed as being unable to do, and change it to what they are able to do. The first chapter will examine the history of disability within Aotearoa New Zealand. It examines how disability was viewed on in early colonial settlement and how the Eugenics movement helped to create a perception of deficit, inferiority and blame. It examines the role that Institutionalisation had on the perception of people with ID, and then the emerging theory of the Social Model of Disability that challenged the dominant Medical model. Chapter one concludes by briefly outlining the current statistics of people with ID in Aotearoa New Zealand. Chapter 2 discusses the concept of Quality of Life and the Positive Psychology movement before focussing on internal character strengths. Chapter three offers a literature review on assessment tools and findings of research in internal character strengths of tamariki and rangatahi with ID. The review discusses the challenges of using self-report and purely observation measures on a sample of people with moderate to severe ID. The use of by proxy measurements are

reviewed in the literature and seen as a valid reliable way to gain useful meaningful data on a vulnerable group of people who are often overlooked in the literature. The chapter ends describing what the present study's research aims are and a note on ethical considerations.

Chapter 1 – A Brief History of Disability in Aotearoa New Zealand

The First European Settlers

European settlers first began arriving in Aotearoa New Zealand in the early 1800s. When Te Tiriti o Waitangi (the Treaty of Waitangi) was signed in 1840, missionaries and traders from Europe, mainly Britain, descended upon Aotearoa New Zealand. By 1852, there were roughly 28,000 Europeans in New Zealand (Phillips, 2013). The long journey was fraught with danger. Disease, illness and accidents were common amongst the new immigrants but were accepted as risks worth taking. However, those with a disability were immediately unwelcomed as they were viewed as a burden, an extra load to bear at a time when physical labour was very much needed for survival (Phillips, 2013). Acts were passed in Parliament to try and deter people with disabilities from entering the country. The 1882 Imbecile Passengers Act restricted people identified as a “lunatic, idiotic, deaf, dumb, blind or infirm” by asking for a bond from the person in charge of the ship, so captains were less likely to ferry people with disabilities (Stace and Sullivan, 2020, p. 2). In 1899, the Immigration Restriction Act prohibited immigrants that were deemed ‘insane’ or an ‘idiot’ as well as those suffering from contagious diseases (New Zealand Parliament, 2008).

As in Britain, mental illness in Aotearoa New Zealand was widely misunderstood and feared. The Lunatics Ordinance of 1846 allowed those suffering from mental illness to be locked in jail if certified as a ‘lunatic’ by two doctors and a magistrate. Prisons quickly filled so the first asylum was built in 1854 in Karori Wellington, Dunedin and Christchurch followed (1863) and later Nelson (1876) (Brunton, 2003). All of these were within close proximity to communities to encourage involvement in everyday activities, such as farming. Later, asylums were built in more remote regions such as Porirua (1887) and segregation became a popular perceived necessity amongst New Zealand society (Phillips, 2013).

The Emergence and Influence of Eugenics

In 1859, Charles Darwin was making waves throughout the Western World with his bestselling book, *On the origin of the species by natural selection or the preservation of favoured races in the struggle for life* (Darwin, 1859). His theories voiced on evolution, heredity and genetics in the natural world (where the survival of the fittest was paramount), showed a potential for selective breeding within the human race. Francis Galton, Darwin’s cousin, expanded on the theory calling it eugenics, later dubbed as ‘Social Darwinism’ (Aubert-Marson, 2009). Social Darwinism was lauded in New Zealand by both the left and

right wing parties who feared a decline in the white middle class elite they belonged to. Ensuring racial superiority became a priority for many of the early settlers.

In the late nineteenth century, two prominent Social Darwinists in New Zealand were Dr Duncan MacGregor and Robert Stout. MacGregor, a Professor of Mental and Moral Science at Otago University, advocated that the definition of insanity should include “hopeless drunkards, hopeless criminals, and hopeless paupers”, wanting these people to be “made to work for their support, and deprived of liberty until they die, in order to prevent their injuring society either by their crimes or by having children to inherit their curse” (MacGregor, 1876, p320). Robert Stout, a Premier in the 1880s, stirred unrest and fear mongering by warning that the poor would infect New Zealand’s new society. By the turn of the twentieth century, Macgregor and Stout’s influence had led to many of New Zealand’s doctors, leading politicians and academics endorsing the false validity of eugenics (Stace, 2022). In 1903, Chapple, a doctor and politician, suggested that the ‘unfit’ be sterilised and leading medical academics used discourse of inferiority and moral degeneracy to explain ‘scientific’ theory of intellectual impairment (Chapple, 1903).

Segregating the genders of the proposed dangerous, criminal, deviant and ‘unfit’ was not only viewed as necessary but deemed logical, in order to preserve society and prevent reproduction. Schools for the ‘feeble minded’ were opened for both boys and girls in order to keep them separate. The Mental Defectives Act of 1911 stated that detention of the “mentally infirm, idiots, imbeciles, feeble minded, epileptics and persons of unsound mind” was due to them being a “danger to others” and to prevent them “to transmit their weakness of intellect to future generations” (Tiaki, 1912, p.20). In 1927, Theodore Gray became head of the Department of Mental Hospitals and judged that in order to protect white racial fitness, those with an ID should be segregated to farm colonies and sterilised, and proposed it as an amendment to the Mental Defectives Bill in 1928. It was surprisingly rejected at this time given the moral panic in society. However, although sterilisation was illegal, it is likely that many were still operated on but disguised as other operations such as appendectomies (Rowlands, 2019).

The Eugenics movements led to the establishment of psychiatric hospitals that not only segregated boys from girls, but also all those deemed ‘mentally defective’ from the rest of society. Support generally waned for the eugenics movement when the atrocities of the Nazis were shared with the world. Over 200,000 people with disabilities were estimated to

have been murdered in Germany at the outbreak of the Second World War (Evans, 2004). Although people shook their heads and felt indignant to what the Nazi's had done, Social Darwinism had left a lasting impression on Aotearoa New Zealand society. The discourse of disabled and defective were interchangeable.

Institutionalisation

After the Second World War, parents of children with an ID began to voice their concerns about segregating their children from the community (Stace and Sullivan, 2020). They wanted schools and facilities within their communities so that they could keep their children at home, something the World Health Organisation (WHO) was recommending. Although this was a popular desire amongst the parents, the government instead asked Dr Aitken to lead a consultative committee into what was deemed best. The Committee recommended the expansion of psychiatric hospitals to create large 'mental deficiency colonies' (Burt, 2013). Parents were encouraged to send their children to one of these colonies by the time they were five years old. As a result of the Aitken report, numbers of residents in institutions rapidly increased with an estimated one in a 1000 children within the population judged to have an impairment and required to be institutionalised (Stace, 2022).

However, concerns were growing about the treatment of the children and adults inside the institutions. A Royal Commission in 1973 recommended transferring all those from institutions to community care, initiating three decades of deinstitutionalisation (Hutchinson, 1973). It was during these decades and subsequently that reports of the horrors and abuse that people suffered began to emerge. Reports of abuse at Lake Alice hospital in Ragitikei became notorious, describing a sadistic doctor in charge who used torture, such as electric shock treatment, as forms of punishment. At Kimberly, reports emerged of physical and psychological abuse. Although these stories were gaining weight, it took until 2006 for Parliament to finally close the last institution based in Kimberly (Stace, 2022).

The Deficit and Medical Model, and the Social Model of Disability

As seen, the discourse of disability and deficit have been interlinked for centuries. The focus of a deficit framework is placed on the problems and weaknesses that an individual or community can have, that limits their experiences. The goal is to then 'fix' the problem (Huda, 2021). Those seen with a disability in Aotearoa New Zealand have been linked with the term 'defective' since Europeans first came to these shores. The Deficit Model and the Medical Model are closely related to each other, for example, if a woman comes into a

surgery unable to breathe (the deficit), then the doctor aims to solve it by giving the person oxygen (the 'fix'). The Medical model purporting a deficit framework has been the dominant paradigm for centuries. Due to its acceptance and advocacy by 'experts', the deficit model was widely applied and accepted to other fields of research, such as education, community health and also the disabled population (Dinishak, 2016). Its influence can still be easily observed today in present policies and procedures, for example, schools will identify what a student's weaknesses may be and attempt to strengthen them in order to give them a so-called, balanced education. In Special Needs Schools, the weaknesses identified may not refer to academic levels, but aim to address skill deficits, such as a person who cannot shake hands, or cannot sit still for 5 minutes, or cannot self-regulate. The emphasis is on what the person cannot do, often comparing the differences of a group of disabled people against a normative population.

The problem with focusing on differences that are associated with the disabled population is that it has created a negative framework where those with a disability are viewed on as an 'other'. When an 'other' is created, it assumes an 'us vs them' mentality and can lead to perceptions of superiority for the group of 'us' compared to perceptions of limitations and weaknesses aimed at the 'other' (Babik and Gardner, 2021). The process itself can be referred to as 'othering' (Grey, 2016). This is ultimately what the eugenics movement created. Another notable form of creating an 'us vs them' mentality was the colonialists who regarded their customs superior and more enlightened to that of the indigenous peoples. The inevitable outcome of this kind of mentality is the stigma and prejudice that is attached to the 'other'. Just as indigenous peoples were regarded as savages, people with disabilities were and still can be viewed on today as detriments to society.

A long lasting effect of viewing people with an ID with a deficit approach is the presumption that there is something wrong with that person. It perpetuates a blame or victim narrative. For example, people with autism are hypothesised as lacking a theory of mind (Baron-Cohen, 1990), the name to the process that enables an individual to think about what other people feel and think, based on their behaviours. People with autism are then assumed to struggle in social situations as they are thought as unable to empathise and connect. Baron-Cohen (1990) referred to this as being mindblind. In short, there is a presumption that there is something wrong with their cognitive functioning. Interventions are then aimed at trying to improve social skills and emotional awareness (Baron-Cohen, 1990). However, as Kapp (2019) states, deficits in how two people relate to one another should not be focused

on just one person. It is presumed to be the fault and blame of the person with autism who is seen as lacking cognitive functioning and social skills, as opposed to wider factors that influence social situations. For example, it is assumed that people with autism do not make eye contact with other people due to a lack of interest in social stimuli and deficits in processing facial expressions (Dinishak, 2016). But a different hypothesis claims that some people with autism struggle to make eye contact as it can be too distressing and overwhelming to do so. Dalton et al (2005) found that the amygdala, the part of the brain activated during emotional regulation, actually increases in activity when people with autism make eye contact. This theory proposes that instead of having a perceived emotional deficit, people with autism may actually have a heightened emotional response to eye contact.

The Social Model of Disability grew out of global international disability rights movements that refuted the medical model. It perpetuates that while people may have impairments, it is society's attitudes, policies and legislation that disable them (Oliver, 2013). In summary, society was built for and by non-impaired people. For example, if a person with a wheelchair cannot access all levels of a building, it is not the person with the wheelchairs fault, but with how the building has been poorly designed. There are many such examples that were applied to people with physical disabilities; the blind, deaf and paralysed, but the same theory can apply to people with an ID. For example, a person with an ID and autism who goes into crisis while walking around a supermarket is seen as being unable to cope, as opposed to supermarkets being too crowded, noisy and too bright. Incidentally, supermarkets in Aotearoa New Zealand now have quiet hours where lights are dimmed and people are encouraged to walk slowly and quietly. This kind of action shows a working reference to the social model of disability being adopted.

Prevalence of Intellectual Disability in New Zealand Aotearoa

There is a lack of research and consensus into the prevalent rates of people in New Zealand who have an ID. Figures by the Disability Survey (2014) claims that 2% of the population has an ID. The Ministry of Health (2011) claim that 31, 847 people identified as having an ID, roughly 0.7% of the population. New Zealand statistics do not have a definitive answer as they base their prevalence rates on global statistics, which estimates to between 1-3%. Bray (2003) claimed that challenges to identifying an accurate prevalence rate of ID in New Zealand could be due to inadequate assessments, societal stigma and controversy of

increased rates in lower-socioeconomic status and in ethnic, racial and cultural minority groups. Yet the Ministry of Health (2011) also identified that New Zealanders with an ID were at more risk of serious illness and overall had poorer health. Life expectancy was more than 18 years less for males and a staggering 23 years less for females with an ID compared to New Zealanders who do not. For one of the most vulnerable populations in New Zealand society, it is a shocking find that we do not have more accurate data.

Chapter 2 – Quality of Life and Positive Psychology

Quality of Life

The concept of Quality of Life (QoL) first started to gain traction in the late 1960's and 1970's. It can embody an individuals, groups or nations overall happiness and well-being with social, vocational, personal and environmental influencing factors. It has been considered highly subjective and therefore difficult to generalise and define. Currently, the WHO defines QoL as “an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns” (The World Health Organisation, 2012). Generally, if high well-being and happiness is perceived, then someone is considered to have a high QoL.

Over the decades, researchers have tried to operationalise and define QoL further so that it can be measured and applied to people with an ID, who do not necessarily have the cognitive and introspective abilities to score themselves. An outcome of a literature review measuring QoL in people's with disabilities by Hughes et al (1995), suggested that there are fifteen dimensions to incorporate into the definition of QoL. These included self-determination/personal choice/autonomy, social acceptance, personal competence, normalisation, psychological well-being, personal development, civic responsibility, recreation and leisure, support services received, employment, community integration, individual and social demographic indicators, material well-being, residential environment and social relationships. Although comprehensive and indicative of 20 years of research, the framework was viewed as too complex to apply readily to individuals with an ID.

Schalock and Verdugo (2002), reduced the fifteen dimensions to eight that were seen in incorporate everything that Hughes and his colleagues (1995) proposed. These included physical well-being, self-determination, emotional well-being, social inclusion, Rights, personal development, interpersonal relationships and material well-being. Most of these items highlight external factors that can be easily observed by someone else, making them an ideal framework to work with when measuring QoL of people with an ID. However, as seen above, there are subjective aspects of people's characters that can also influence QoL, such as how happy a person feels. Ryff and Singer (2005) indicate that intrinsic positive personality traits of self-acceptance, empathy, having a purpose, acquiring a sense of mastery, trust and autonomy all influence a person's well-being. It can therefore be

suggested that a person who is deemed to have more positive personality traits would perceive higher well-being and QoL.

Positive Psychology

With discussion of QoL and how people could better themselves, many psychologists and practitioners felt that there was a much needed shift away from the traditional deficit disease and pathology model to mental health (Umucu, 2022). Psychologists in the 1960's and 70's started to emphasise and advance humanistic psychological models that focused on developing people's resiliency, responsibility, optimism and justice (Sadock, Sadock and Ruiz, 2015). Humanistic psychologists, such as Rogers and Maslow, wanted to recognise the uniqueness of each individual and their QoL, focussing on them as a whole. It wasn't however, until the 1990's when a psychologist named Martin Seligman was giving his inauguration speech as he became president to the American Psychological Association, that an emphasis on well-being was highlighted. Seligman (2004) explained in his speech that as of then, psychology only ever truly explored one side of the human mind, namely the side that needed 'fixing'. He asked that theory and research have a focus on the factors that make happy people happy, researching people's strengths and what they can do as opposed to what they cannot do. The new field in question has been dubbed Positive Psychology.

Seligman (2004) argued that decreasing negative, inappropriate or maladaptive behaviours does not equate automatically to increasing the positive aspects of a person. For example, happiness is not immediately increased when depression is decreased, or, reduced tension and conflict in a marriage does not automatically mean that the same couple experience marital bliss (Seligman and Csikszentmihalyi, 2000). The same can be said for people with an ID, just because someone has learnt to recognise emotions, it does not mean that they have increased their sense of well-being and QoL. Seligman (2004) stated that by only focussing on what causes people to suffer, psychologists neglect the huge field at the other end of the spectrum asking what causes people to have increased life-satisfaction and well-being. Positive Psychology focuses on this half of the human psyche.

The aim of the positive psychologist is not to eliminate therapy and interventions directed towards alleviating suffering, but to use positive psychological methods simultaneously alongside traditional therapeutic practice. The outcome then is not only to identify what may need improving to be well, but knowing what factors make people flourish beyond the norm (Prochaska and Norcross, 2018).

Although a relatively new field, positive psychology is rapidly establishing a growing empirical research base, learning more about positive relationships, positive experiences, positive organisations and institutions and positive personality traits. Research found that a key difference between those people who feel extremely happy compared to people who were just happy, was that they had better social relationships (Sadock, Sadock and Ruiz, 2015). Mogilner (2010) found that happiness was correlated less to the size of a person's income, as it was to how happy a person was in the job and whether it aligned with their values. Religion and spirituality have long been contentious subjects among the empirically researched, but positive psychologists found that religiousness is robustly associated with a person's happiness, avoidance of becoming physically sick, longevity and enhanced resiliency factors, all factors of living a well life (Joseph, Linley, and Maltby, 2006).

Character Strengths

Assessing and identifying a person's character strengths is a popular field of research for positive psychologists. Everyone is said to possess a list of character strengths, ranging from creativity, forgiveness, gratitude, humility, hope and zest, to name a few. Identifying which strengths come out on top, or signature strengths, can help people see what makes them unique and are considered the best aspects of their personality (Molony and Henwood, 2010). The signature strengths are also regarded as those traits that are essential to who the person is.

Although character strengths is a popular research area, less attention has been given to assessing character strengths in individuals with an ID, especially those with moderate to severe ID. Although special needs schools and community residential organisations boast a strengths based program, these strengths are usually directed towards externalised factors, such as talents and particular skills, or special interests (Dean et al, 2016). They do not tend to focus on internal factors such as personality traits and character strengths.

Chapter 3 – Character Strengths and Intellectual Disability

Assessment of Character Strengths and Intellectual Disability

The challenges of assessing people in general with an ID is one of the reasons thought to be why there is a lack of research in the area (Shogren et al, 2017). Indeed, current ways of assessing academic levels for children with moderate to severe ID has recently been criticised in the Rochford Review, a government led review that looked into how effective academic assessment was for people with ID (Hinchcliffe, 2022), The Rochford Review recommended that performance levels should be scrapped as they are rarely appropriate for people with an ID. Instead, it suggests that schools create their own curriculum and assessments. As Smith and colleagues note (2020), this could lead many institutions to focus on a deficit based assessment that neglects a person's strengths. Lopez and Snyder (2003) explain that when only weaknesses are assessed, goals and targets are only directed towards the weakness and strengths are ignored.

Assessment of character strengths in the general population has been greatly researched since the conception of Positive Psychology. Researchers have explored the relationships between character strengths and happiness, achievement, parenting, how they relate in the workplace and spirituality, to name a few (Gander et al, 2021; Browning et al, 2018; Majumdar, and Deb, 2018; Harzer, 2020; Ai et al, 2022). A common method of assessment shared by these researchers is to conduct self-report measures/surveys, alongside interviews. Although robust in psychometric properties, these methods do require at least basic levels of self-perception, introspection, communication and literacy skills and general cognitive capabilities (Hughes et al, 1995). These are acquisitions that people with a moderate to severe ID often lack and therefore research is often targeted towards 'higher functioning' individuals with an ID.

Observation is commonly used amongst behavioural practitioners to assess interactions between a person and their environment. It is normally conducted on possibly one to three different occasions with a professional then generalising what they observed to other situations and environments. However, observation is not well suited to assess internal perceptions, such as character strengths, which can manifest over time, in different situations, in unique ways (Seligman, 2004). For example, how a person may present courage can depend on who that person is and the experiences that they alone have had (Woodard, 2009). Knowing the person and their past would be vital then for any kind of

observation to take place, which is not feasible for psychologists who are coming to observe on only a few occasions.

The Values in Action (VIA) Classification of Strengths framework is regarded as the go to measure for assessing character strengths in the general population. The self-report measure assesses across 24 character strengths (such as flow, honesty, forgiveness) that can be divided into six overarching virtues, including wisdom, courage, humility, justice, temperance and transcendence (Peterson and Seligman, 2006). It consists of 240 items and scores are calculated from a five point Likert scale method. However, it is intended to be used on neurotypical adults and not for people with an ID, due to the complex constructs and number of items. To address this, researchers have started to pilot the lesser itemed VIA-Youth, which consists of 96 items. Niemiec, Shogren and Wehmeyer (2017) note that its use with people with ID has shown promising results. However, Shogren et al (2018) explain in their research that modifications were needed to the wording of the items and participants needed different levels of support for each survey. The research does not go into detail of the level of ID of the participants, citing that they were a heterogenous group, but it can be assumed that they must have been able to have some level of receptive and expressive communication and understanding of concepts in order to answer the items. It is unlikely then that people with moderate or severe ID were included, or if they were that high levels of individual support and knowledge were needed to complete the survey.

This has led researchers to rely on by proxy informant-report surveys. By proxy informant-report surveys are given to people who know the participant well, often having lived with them or worked with them over extended periods of time, such as parents, siblings, teachers and care workers (Woodard, 2009). By proxy surveys used by support workers and teachers are said to be a good measure as they capitalise on the intuitive skills, positivity and sensitivity that have been identified in family and staff working in these roles (McDonald, 2008). It can be argued that using by proxy surveys to assess strengths is a natural way to compliment by proxy measurements that assess deficits. For example, the Aberrant Behaviour Checklist and the Vineland Adaptive Behaviour Scales-Residential and Community are two of the most commonly used assessment tools to assess challenging behaviours in children and adults with an ID (Tyrer et al, 2020). Some institutions make them common place measures as they are cost effective and offer insight into a person's weaknesses. Likewise, by proxy informant-report surveys that assess a person's strengths could and should be used alongside these to give a more insightful and rounded picture of an

individual. They do not take up much time to complete, are cost effective, and can be carried out by people with no psychological training.

An by proxy survey created by Woodard (2009) has been shown to have strong psychometric reliability and validity scores. The Assessment Scale for Positive Character Traits-Developmental Disorders (ASPeCT-DD) predates the VIA classification of strengths framework and assesses over 10 character strengths. It is considered a valuable gateway to adding to the lacking research of how people perceive character strengths in people with moderate to severe ID. Or those that lack the internal reflection to self assess. The survey is intended to be used by someone who has known the participant for an extended amount of time and consists of only 26 items.

An argument could be made that informant-report measures further disable a vulnerable population as the scores are reflective of assumptions and perceptions of someone other than the participant. Great care needs to be given in order to meet an individual's rights, such as consenting to have someone else inform information about them and ensuring that benefits outweigh any risks. However, it can be counter argued that to not include people with moderate to severe ID is detrimental to the population, as it results in a lack of research and understanding (Umucu, 2022). Instead, research is targeted towards a disability population that have the capability to answer self-survey questions. Unfortunately, while benefitting this population, it hinders those with more profound ID as they are placed in the same category. However, their experiences are likely to be very different. If a tool, such as the ASPeCT-DD has been shown to have good psychometric properties, then using it can help inform future researchers of areas of investigation.

Research Findings on Character Strengths and Intellectual Disability

Although the body of literature on character strengths and people with an ID is relatively small, some interesting and insightful research is taking place. Wilkinson et al (2022) and Cost et al (2021) have both separately researched character strengths from the perspectives of parents who have children with disabilities. Wilkinson et al (2022) used qualitative measures and found that 97% of parents reported at least one quality, with personality characteristics the most recorded with 82% and least being sociability attributes with 53%. Cost et al (2021) found that parents rated love, kindness, happiness and humour as some of the top personality traits in their children with autism. The findings are interesting as they can both support and repute traditional deficit views of people with autism. Sociability skills

has long been discussed and labelled as a defining and diagnostic aspect of criteria for people who have autism, however, humour has also thought to be something that people with autism do not understand or have. Rating humour as a defining character strength can suggest that more research is needed into how people with autism define and perceive humour.

Positive Psychological Interventions (PPIs) are activities and recommendations that are grounded in positive psychology theory aimed to enhance well-being and life-satisfaction. PPIs based on character strength scores have been seen to improve life-satisfaction and well-being for people with an ID. Lai and colleagues (2018) found that amongst six PPI therapies that have been researched to be effective when applied in the general population, both character strengths and hope interventions were noted to improve QoL and reduce depression and distress in a sample of adults with an ID. Bressoud (2018) used character strengths in a novel way of talking about, identifying and introducing PPIs in an integrated classroom in main stream schools. Doing so reduced discrimination between the children in the class and improved the class climate. Fung (2011) found that when character strengths were the main topic of discussion in focus groups made up of carers of children with cerebral palsy, there was significantly lower parental stress and higher levels of hope at the end of the group sessions and also in the one month follow-up. Working with character strengths can not only improve the person with an ID's life, but also for those who care, teach and support them. It can therefore be argued that other people scoring the character strengths of those with an ID is an important process in itself.

Umucu (2022) conducted a study of 11,699 people with different levels of disabilities, finding that the top five character strengths identified for those labelled as ID were love of learning, honesty, appreciation of beauty and excellence, kindness and fairness, while the bottom five were self-regulation, perseverance, zest, spirituality and prudence.

Carter et al (2015) also researched how parents describe and perceive the strengths of their children with disabilities, using interview methods and the ASPeCT-DD. Out of the four factors that were identified by Woodward (2009) in the ASPeCT-DD, positive outlook was rated the highest, followed by positive relations, then active coping and finally acceptance coping. Carter et al (2015) also tested other variables to see what other predictive factors influenced how character strengths were scored. They found that those who participated in a higher number of activities scored higher on the ASPeCT-DD. Also, children with an ID but

not autism were rated higher across all four factors than children with autism but no ID, as well as for children with both autism and an ID.

In a partial replication study, Carter et al (2020) asked siblings to rate character strengths in their brothers and sisters who had an ID. Scores across the four factors reflected similar findings from the previous study, but several other predictive factors were found to influence scores on the ASPeCT-DD. More character strengths were reported when siblings were male, when they did not have autism, when the siblings did not live with the person they were scoring, when challenging behaviours were reported as less frequent and when their siblings were verbal.

In both of the Carter studies (2015, 2020), approximately half of the sample were scored as having 21 (or more) out of the 26 strengths. However, another interesting find is that scores across the sample reflected more diversity within the group than homogeneity. This is important as it suggests that shared character strengths cannot be assumed simply because people share the same label of ID. Conversely, deficits are grouped together and used as diagnostic criteria to clinically label people with disorders who are then described via these deficits. By assessing the character strengths of those with an ID, it becomes clearer that each person is unique and should not be viewed simply by their list of deficit criteria.

The Present Study

The aim of the present study is to research the perceived character strengths of tamariki and rangatahi with a moderate to severe ID, in Aotearoa New Zealand, using teachers and support workers as raters. As to this date, there has not been any known research that assesses character strengths of people with an ID in Aotearoa New Zealand

The ASPeCT-DD has been found a valid and reliable psychometric tool to use (Woodard, 2009, Carter et al, 2015). The first aim of this study is to investigate what support staff think about using the ASPeCT-DD and if they consider it to be useful. Following the recommendations set out by previous research to use the ASPeCT-DD (Carter et al 2015, Carter et al 2020), using open-ended questions was deemed a good way to collect qualitative data to analyse raters attitudes and opinions. The second aim is to investigate how support staff rated and described perceived strengths in tamariki and rangatahi with moderate to severe ID. The other studies that have used the ASPeCT-DD have reported high number of character strengths found, and similarities across the four factors (Woodard, 2009, Carter et

al 2015, Carter et al, 2020). This study wanted to investigate if similar strengths and findings were reported in a sample from Aotearoa New Zealand.

The research on the relationship between well-being and life-satisfaction has been well documented. The third aim of this study is to investigate if there is a relationship between levels of perceived character strengths and levels of perceived well-being and life-satisfaction. Carter et al (2015) found that individual characteristics were predictive of character strength scores, such as the level of communication, the presence of challenging behaviours and the presence of autism. The final aim of this research is to investigate whether individual characteristics are associated and predictive with participants strength ratings in a New Zealand sample, similar to what was investigated in Carter et al's study (2015).

Ethical Considerations

There were many ethical considerations and adjustments that were needed in order to carry out this research. The process in itself took eight months to complete and is worthwhile noting for future researchers. Below are some of the major considerations undertaken in order to conduct the study.

It is paramount to first express that the character strengths that are identified in the study are the perceptions of the support staff filling out the by proxy ASPeCT-DD tool. They do not directly reflect the voices of the tamariki and rangatahi themselves.

Consent and Confidentiality

The first process was to gain consent from the schools and organisations to invite parents of tamariki and rangatahi if they would like to be a part of this study (Appendix D). To ensure confidentiality and as part of the ethical approval, it was agreed that these organisations would not be named and that they would not have any identifying characteristics that could compromise confidentiality.

Once consent was obtained, parents and guardians were asked for consent for their tamariki or rangatahi to be included in the study (Appendix B). Informed consent was also remarked on. In order to keep confidentiality, I asked the parents to talk to their children about the study and whether or not they deemed them capable of consenting themselves as in accordance with the 1.6.10 (b) in the Code of Ethics (New Zealand Psychology Board, 2012)

An invitation and consent was then sought via the organisations to the support workers of the children whose parents had consented to be in the study (Appendix C and E). Confidentiality was kept paramount at all times with demographic data only collected for the predictive variables that were being studied.

Vulnerable People's

In accordance with 2.4 in the Code of Ethics (New Psychology Board, 2012), I recognise that both children and the demographic of people with an ID are classed as vulnerable groups. The study does not use any intervention that directly involves the tamariki or rangatahi being rated. It acknowledges that the tool does not use aversive strategies and can instead promote well-being.

Risks and Benefits

The method of the study holds very little in terms of risks. There is no intervention aspect to the research, or any direct observation that would take place. Instead, the findings rely on the knowledge that teachers and workers have accumulated. To ensure that this is a broad base of knowledge, raters will only be asked to score if they have known the person with an ID for at least one year, a much longer period set out by Woodard (2009), who suggested that three months would suffice.

The benefits to the study can be seen from the literature above. Not only would the research be valuable to a field that has not yet been conducted in New Zealand, but it can also start the process of replacing a deficit narrative within New Zealand. Promoting and highlighting character strengths of people with an ID can help inform PPIs that can increase life-satisfaction and well-being. They may also create a more positive working environment for people with an ID. Since COVID-19, lockdowns, mental health and disability workers have been classed as essential workers, where burnout and stress has been culpable in already unprecedented times. If worker satisfaction could also be increased as a byproduct of this study, then this again benefits it's approach.

Justice and Social Inclusion

Research on people with an ID is more often than not grouped within the general disability field. However, this is unlikely to reflect people with an ID, as there will be no sample taken from this group due the barriers and challenges in assessment, described in the literature review above. Instead, research focuses on people who are higher functioning or have

physical disabilities. It is important therefore for the ID field to distinguish its own research base.

Declaring Conflicts of Interest

It is noted that I used to work at the organisation from which the sample is taken. I worked there between the years of 2011 and 2021. While working there as a teacher aid and as school behaviour support, I did not have any managerial responsibilities and none of the support workers at the school were answerable to me in any way. I went through the appropriate channels to gain consent to ensure that previous built relationships did not factor into whether or not people consented to be a part of the study. For example, all emails were administered by the organisations administration team. The only time my name was used was when introducing myself in the invitation letter. All parents and caregivers had my contact details and could discuss any questions they had.

Chapter 4 – Method

Participants - The Tamariki/Rangatahi

The participants in the study were 23 Tamariki and Rangatahi who all attended the same service provider in the Hawkes Bay region of Aotearoa New Zealand (Table 1). The ages ranged from 11-24, with a mean of 17.6 years ($SD = 3.57$). The participants were 78% male and 22% female. All were deemed to have an ID ranging from moderate to severe. They included 15 individuals who were also diagnosed with Autism Spectrum Disorder (65.2%), 4 with Global Developmental Delay (17.3%), 1 individual with Down's Syndrome (4.4%), 1 individual with Attention Deficit and Hyperactivity Disorder (4.4%) and 2 individuals with other diagnoses (8.7%). Over half of the sample ($n = 13$, 56.5%) were deemed as often have challenging behaviours (including aggression to others and property damage), over a third ($n = 8$, 34.8%) were considered to sometimes have challenging behaviours and 2 individuals (8.7%) were judged to rarely have challenging behaviours. Fifteen tamariki and rangatahi were verbal and could talk and eight were classified as non-verbal/does not talk.

Table 1

Demographics of Tamariki and Rangatahi (n = 23)

Variable	N
Age	
11-15	8
16-20	8
21-24	7
Sex	
Female	5
Male	18
Diagnosis	
Autism Spectrum Disorder	15
Global Developmental Delay	4
Down's Syndrome	1
Attention Deficit and Hyperactivity Disorder	1
Other Diagnoses	2
Communication Level	
Talks/verbal	15
Does not talk/non-verbal	8
Challenging Behaviours	
Never	0
Rarely	2
Sometimes	8
Often	13

Note: age is measured in years

Participants – The Raters

The raters in this study were 23 support workers and educational workers who worked alongside the tamariki and rangatahi (Table 2). Ages of the raters ranged from 19-55 with a mean of 37.43 (ST = 10.15). Ten of the raters were female, 12 were male and one Non-Binary. Raters had known and worked alongside the tamariki and rangatahi between 1-6 years, with a mean of 2.8 years (ST = 1.17). Over two thirds of the raters had at least an undergraduate degree (69.6%)

Table 2

Demographics of Raters (n = 23)

Variable	N
Age	
19-29	7
30-39	5
40-49	8
50-55	3
How long the rater had known the tamariki or rangatahi	
1-2.9	13
3-4.9	8
5-6	1
Gender	
Female	10
Male	12
Non-Binary	1
Educational Level	
Finished High School	3
Tertiary education	4
Undergraduate Degree	6
Postgraduate Degree	7
Master's degree	3
Relation to tamariki or rangatahi	
House Manager	3
Support Worker	4
Teacher	5
Teacher Aide	3
Team Leader	6
Therapist	2

Note: age and how long the rater had known the tamariki or rangatahi are measured in years.

Procedure and Recruitment

Once approval had been received by the Massey Ethical Board and the Board of Trustees of the organisation (Appendix F), emails were prepared to be sent out to organisations and then parents/legal guardians via the organisation's administration team with attached invitations

for their tamariki and rangatahi to participate in the study (Appendix B and D). After the initial emailed invitation, a follow up email was to be sent two weeks later, and a final invitation was to be sent four weeks after the initial email. Tamariki and rangatahi were defined as ages from 0-14 and 15-24 respectively.

While I had originally planned to use more than one setting to collect data, as data collection was about to commence, the Hawkes Bay region was wracked with the events of cyclone Gabrielle. The region of Napier lost its power for a week and many places of work could no longer be accessed due to extensive flooding. All of the settings but one that I had aimed to approach were closed due to property damage caused by the cyclone. These organisations understandably did not want to add anything else to parents who were focusing on their children's well-being. The one organisation that was not directly affected by the cyclone was a residential school. They agreed to let me invite parents and the response was positive. I gave more time for the data to be collected than I had originally stated due to the stressful circumstances that Hawkes Bay residents found themselves in.

Once consent from parents/guardians had been confirmed, invitations were sent out to support staff who worked with these tamariki and rangatahi to be raters in the study. This was also done by the organisations administration team to ensure confidentiality. Criteria to be involved included needing to have the known and worked alongside the tamariki or rangatahi for at least one year.

A five page document (no online version available) was given to support staff who consented to participate (Appendix A). I anticipated that it would take between 15-20 minutes to complete. Completed assessments were handed back to the admin team where the I personally collected them.

Measures

Quantitative

To measure perceived character strengths, we asked the support workers to complete the ASPeCT-DD (Woodard, 2009). The tool consists of 26 items, making it both time and cost efficient. Raters are asked to score tamariki/rangatahi using a 1-5 Likert scale (i.e., 1 = not at all characteristic, 2 = a little characteristic, 3 = somewhat characteristic, 4 = very characteristic, and 5 = extremely characteristic). The 26 items range across 10 domains; Empathy (4 items, eg, *This person is bothered, concerned, or upset when someone else is*

uncomfortable or distressed), Kindness (2 items, eg, *This person shows kindness to others*), Gratitude (2 items, eg, *This person shows thanks for help from others*), Self-efficacy (2 items, eg, *it is fairly easy for this person to make new friends*), Humour (2 items, eg, *This person has a nice sense of humour*), Courage (2 items, eg, *even when this person is afraid, they try to do what is right or expected of them*), Resilience (2 items, eg, *this person tried to solve his or her problems*), Self-Control (3 items, eg, *this person tried to follow directions*), Forgiveness (4 items, eg, *This person does not hold a grudge against others*), Optimism (2 items, eg, *I think this person generally expects good things to happen to him or her*) General Happiness is included in the measure as a single rated item to measure happiness (1 item, *I think this person is happy*).

Woodard (2009) used the ASPeCT-DD with a sample of 169 children and adults with developmental disabilities. He performed a Principal Component Analysis and found four factors that account for 59.6% of the variance. The four factor solution was positive relations, .94; active coping, .81; acceptance coping, .72 and positive outlook, .78. Woodard (2009) reported moderate test-retest reliability ($r = .56$, $P < .01$) and good inter-rater reliability ($r = .68$, $P < .01$). Strong internal consistency was reported by Carter et al (2015) in their research involving 427 parents as raters.

A single item life satisfaction measure was used consisting of the item, *In general, how satisfied do you think is the person with their life*. This is measured on a four point scale ranging from 1 (very dissatisfied) to 4 (very satisfied). Cheung and Lucas (2014) compared a single item life satisfaction measure against the Satisfaction with Life Scale (SWLS) across three studies that used large samples. They reported that researchers would get almost an identical answer regardless of either using the single item measure or the SWLS.

A single item well-being measure was also used to measure perceived overall general well-being, scored between 1 (extremely low) and 10 (extremely high). A single item measure of well-being was deemed appropriate as they have been used in predominant and highly regarded previous studies, noted for their reliability and validity (Ryff et al, 2007).

Qualitative

The study also asks raters six open ended questions to gauge subjective feelings and thoughts of the raters. The questions were devised in mind of the research aims of how staff perceived a person's strengths and whether or not they considered the tool useful to use. Carter et al (2015) recommended using qualitative data alongside the quantitative data of the

ASPeCT-DD. The six open ended questions were also devised to gauge raters perceptions of what they thought are the individual's greatest strengths.

Data Analysis

Quantitative

Consent was obtained for 23 tamariki or rangatahi to be involved in the study and 23 raters consented and submitted the survey and open ended questions. All of the raters met the requirement of having known the participant for at least one year. There was no missing data in the ASPeCT-DD and all raters answered the open-ended questions. SPSS software was used to calculate all of the quantitative data in the study.

Cronbach's alpha was used to calculate the internal reliability of the four sections in the ASPeCT-DD, previously identified by Woodard (2009) and also calculated by Carter (2005 and 2015). Cronbach's alpha for the present study indicated that the ASPeCT-DD has strong internal reliability. By section, positive relations was .88, active coping was .72, acceptance coping was .63 and positive outlook was .74.

Descriptive statistics was used to help investigate how support staff rated and described perceived strengths in those they supported. Means and standard deviations were calculated for scores on individual items, as well as across the ten domains that Woodard (2009) identified. Number of strengths identified for each participant was also calculated. An item was deemed as a strength when it scored between 3 and 5 on the ASPeCT-DD (between Somewhat and Extremely Characteristic). This assessment follows the same procedure used by Carter et al (2015), with the same reasoning that these ratings constitute above norm observations (as opposed to scores of 1= not at all, or 2= a little characteristic).

Correlation and regression analyses were used to investigate research aims three (is there a relationship between overall levels of perceived character strengths and perceived well-being and life-satisfaction scores) and four (what individual characteristics are associated with strength ratings). The independent variables to conduct the analyses were coded in SPSS as follows; the well-being scale (range, 1-10), the life-satisfaction scale (range, 1-4), presence of autism (0 = no autism, 1 = autism), frequency of challenging behaviours (range, 1-4), how long the rater had known the participant (range, 1-6), age of the participant (range, 11-24) and communication level (0 = non-verbal/does not talk, 1 = verbal/can talk). The dependent variable was the overall strength score of the ASPeCT-DD (range 65-110).

Pearson correlation coefficient were computed to investigate associations between all variables, using point-biserial correlation when one variable was dichotomous (presence of autism and communication level) and a phi coefficient when both variables were dichotomous. A linear regression was calculated to examine predictor variables associated with overall strengths scores. A variance inflation factor was calculated to ensure that no multi-collinearity was indicated. The unstandardised regression coefficient, standard errors and significance of each variable was examined to investigate the correlational value and weight of each variable, holding all other variables constant.

Qualitative – Thematic Analysis

Just as there are many different statistical equations to describe, explain and analyse quantitative data, the same can be said for qualitative data. Thematic analysis is one of the most commonly used approaches to analyse qualitative data, in part due to it being viewed as a foundational basis for all approaches to qualitative analysis (Braun and Clarke, 2006). One of its greatest strengths is in its flexibility of being applied to either large or small scale data sets (Braun and Clarke, 2021). It involves a structured approach to identify and organise the data into themes and sub themes that accurately describe what is in the data.

Thematic analysis was chosen to use for the qualitative data in this study as a good approach for small data sets. When analysing the data, I used the six phases that are recommended by Braun and Clarke (2006).

Phase 1: Familiarising yourself with the data

This involves the researcher immersing themselves with the data, becoming familiar across its breadth and depth (Braun and Clarke, 2006). This was achieved by personally transcribing all of the answers, and then reading and re-reading through the documents.

Phase 2: Generating initial codes

Once time has been used to become familiar with the data, Braun and Clarke (2006) describe how the analyst begins to form ideas. Coding these ideas of interest is then applied across the data set in reference to the research questions that are being asked. I began this process by highlighting in different colours similar patterns within the research, doing this repeatedly for each raters answers across the sic open ended questions.

Phase 3: Searching for Themes

Codes that can be grouped together into a broad category produce a possibility for a theme (Braun and Clarke, 2006). Themes help to make sense of the data by grouping significant ideas together. In the initial stages, they are referred to as candidate themes.

Phase 4: Reviewing the Themes

Once candidate themes have been generated, it is important to ensure that they acknowledge and are accurate reflections of what is in the data, and referring back to the research questions. It is a dynamic phase, where judgements are made as to whether themes are accurate, whether they can be merged into something broader, or if they need to be broken and separated into separate themes (Braun and Clarke, 2006). For example, while reflecting on the possible themes to answer the research question of what individual characteristics were important to perceiving strengths, *communication* was merged into the theme of Interpersonal Attributes. In order to answer if the ASPeCT-DD would be a useful tool to use, candidate themes of *seeing the whole person*, the *breaking down of us and other* and *identifying potential* were all broken down into sub-themes under the broader theme of Thinking Differently. *Positive* and *Negative* emotions were created into sub-themes of Feeling Differently.

Phase 5: Defining and naming themes

The chosen themes are then clearly defined so that readers can understand them easily. They need to be clear, concise and have an immediate impact as to what they are explaining (Braun and Clarke, 2006).

Phase 6: Producing the report

The final phase is to then write the analysis of the data, using the themes and sub-themes that have been generated and defined (Braun and Clarke, 2006). It is important to relate back to the research questions and to not only describe or paraphrase what is in the data. Making an argument as to why the data helps to answer the research questions ensures that critical analysis has taken place.

Introduction to the Findings

The findings of this research is presented in three chapters. Chapter five analyses the quantitative data from the overall and individual item scores of the ASPeCT-DD, the life-satisfaction rating and the well-being rating. The scores of the ASPeCT-DD are also correlated alongside the variables explained in the methodology. Chapters six and seven analyse the qualitative data in the study. Chapter six addresses the first research aim of whether raters consider the ASPeCT-DD as a useful tool to use, investigating raters thoughts and feelings about the tool. Chapter seven addresses how the support staff describe and perceive the strengths in those they support, in some places supporting what the descriptive data from the ASPeCT-DD shows, as well as highlighting strengths not found in the ASPeCT-DD. Themes and sub-themes for chapters six and seven are discussed further in their respective introductions.

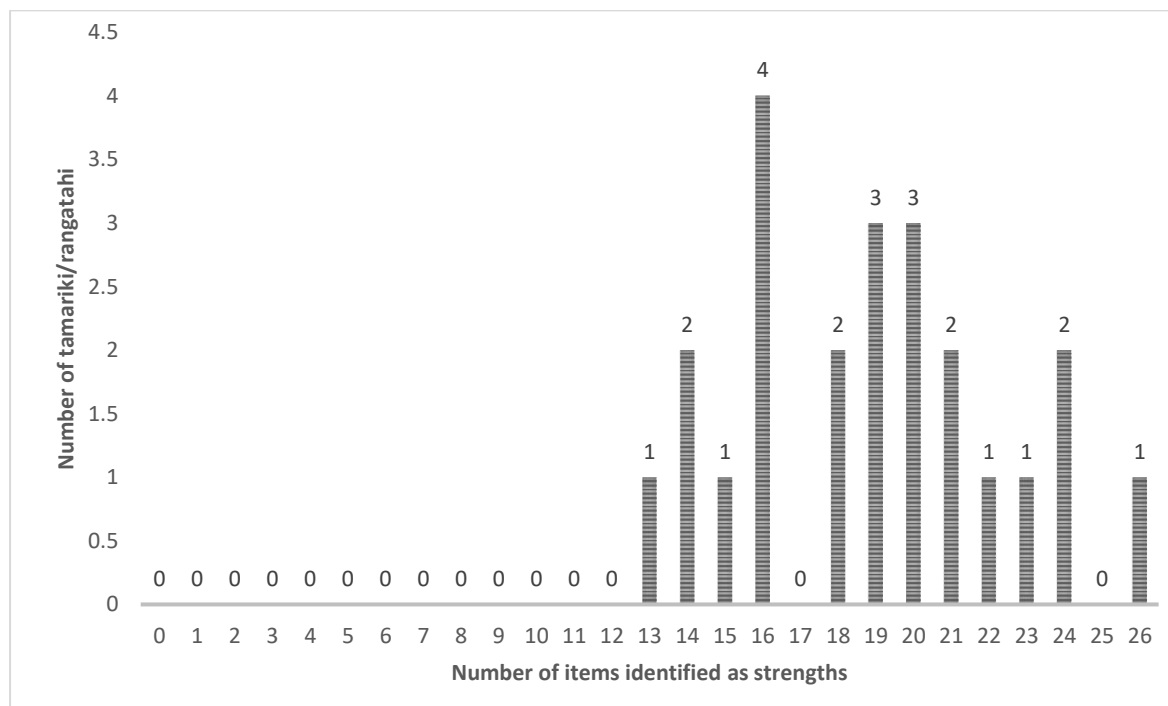
Chapter 5 – Quantitative Data

How do Support Staff Rate and Describe the Tamariki and Rangatahi they Support

Descriptive statistics for individual items sorted into the four factor levels are reported in Table 4. Across all of the participants, support staff rated tamariki and rangatahi highly in the individual items of the ASPeCT-DD ($M = 3.25$, $SD = 0.54$). Strengths in the positive outlook factor were rated as the highest ($M = 4.03$, $SD = 0.09$), followed by positive relations ($M = 3.22$, $SD = 0.43$), acceptance coping ($M = 3.05$, $SD = 0.46$) and active coping ($M = 2.99$, $SD = 0.43$). The mean for the overall score was 84.52 ($SD = 11.24$) with a range between 65-110. The number of items that were rated as a strength are presented in Figure 1. All of the tamariki and rangatahi were rated as having thirteen strengths or more. Specifically, 17.39% were rated as having 11-15 strengths, 52.17% rated as having 16-20, and 30.43% were rated as having 21 or more strengths.

Figure 1

Number of items considered to be strengths



The three strengths that were rated the highest on average in order were item 25 “*This person usually thinks things will go his or her way*” ($M = 4.17$, $SD = 0.87$), item 3 “*This person has a nice sense of humour*” ($M = 4.09$, $SD = 0.58$) and item 26 “*I think this person*

is happy” ($M = 4.04$, $SD = 0.69$). The three strengths that were rated the lowest in were item 11 “*This person does not lose his or her temper*” ($M = 2.13$, $SD = 0.8$), item 12 “*Even when this person is afraid they try to do what is right or expected of them*” ($M = 2.39$, $SD = 1.01$) and item 13 “*This person tries to solve his or her own problems*” ($M = 2.48$, $SD = 0.93$).

The means and standard deviations across the ten domains are presented in Table 3. Optimism was rated the highest with an average score of 4.07 ($SD = 0.1$) and Resilience was rated the lowest with an average of 2.86 ($SD = 0.37$). The average score for rating tamariki and rangatahi’s well-being was 7.43 ($SD = 1.21$) out of 10, ranging from scores of 4-9. The single item measuring general life satisfaction had a mean of 3 ($SD = 0.42$) out of four, ranging from 2-4.

Table 3

Average ratings across the ten domains and General Happiness of the ASPeCT-DD

Domain (Item numbers)	M (SD)
Resilience (10, 14)	2.86 (0.37)
Courage (1, 12)	2.91 (0.52)
Empathy (2, 6, 9, 13)	3.13 (0.32)
Humour (3, 17)	3.17 (0.92)
Kindness (4, 8)	3.41 (0.02)
Forgiveness (5, 7, 23, 24)	3.28 (0.22)
Self-Control (11, 15, 21)	2.9 (0.62)
Optimism (16, 25)	4.07 (0.1)
Gratitude (18, 22)	3.61 (0.35)
General Happiness (19)	4.04
Self-Efficacy (20, 26)	2.91 (0.05)

Table 4*Strengths rated on the ASPECT-DD*

Scale/Item	N selecting each response					M (SD)
	Not at all (1)	A Little (2)	Somewhat (3)	Very (4)	Extremely (5)	
Positive Relations						
This person is bothered, concerned, or upset when someone else is uncomfortable or distressed (2)	0	4	8	7	4	3.48 (0.97)
This person shows caring for other people (6)	1	3	10	4	5	3.39 (1.09)
When I am sad this person responds to my feeling with concern (9)	3	7	8	3	2	2.74 (1.11)
This person shows a sensitivity to the needs and feelings of others (13)	2	5	10	5	1	2.91 (0.97)
This person can be thoughtful and helpful to others (4)	0	4	9	6	4	3.43 (0.97)
This person shows kindness to others (8)	0	3	11	6	3	3.39 (0.87)
This person shows thanks for help from others (18)	0	7	6	7	3	3.26 (1.03)
It is fairly easy for this person to make new friends (26)	5	5	4	4	5	2.96 (1.46)
This person has a nice sense of humour (3)	0	0	3	15	5	4.09 (0.58)
This person uses humour to cope with difficulties (17)	3	13	2	2	3	2.52 (1.23)
Active Coping						
I think this person is courageous (1)	0	1	12	9	1	3.43 (0.64)
Even when this person is afraid, they try to do what is right or expected of them (12)	3	13	3	3	1	2.39 (1.01)
This person tries to solve his or her problems (10)	4	7	9	3	0	2.48 (0.93)
This person 'bounces back' easily (14)	1	5	8	6	3	3.22 (1.06)
This person is generally able to control him/herself (15)	2	6	7	8	0	2.91 (0.97)
This person tries to follow directions (21)	0	0	12	7	4	3.65 (0.76)
Even when things are hard, this person keeps on trying (20)	2	8	6	5	2	2.87 (1.12)
Acceptance Coping						
This person does not hold a grudge against others (5)	3	3	8	3	6	3.26 (1.33)
This person can accept when he or she has made a mistake (7)	2	6	8	4	3	3 (1.14)
This person gets over his or her mistakes in a reasonable amount of time (23)	0	4	5	10	4	3.61 (0.97)
This person does not try to retaliate or get back at others who have hurt him or her (24)	1	7	5	5	5	3.26 (1.22)
This person does not lose his or her temper (11)	5	11	6	1	0	2.13 (0.8)
Positive Outlook						
I think this person generally expects good things to happen to him or her (16)	0	1	5	11	6	3.96 (0.81)
This person usually thinks things will go his or her way (25)	0	1	4	8	10	4.17 (0.87)
I think this person is happy (19)	0	1	2	15	5	4.04 (0.69)
This person seems to enjoy life and is thankful for life's simple pleasures (22)	0	1	4	13	5	3.96 (0.75)

Is there a Relationship Between Perceived Strengths and Perceived Well Being and Life Satisfaction and What Characteristics are Associated with Higher Strength Ratings

The findings of the correlational analyses are presented in the matrix in Table 5. There was a strong positive correlation between overall score and well-being rating ($r = .687$, $n = 23$, $p = < 0.01$), between overall strengths score and life-satisfaction rating ($r = .677$, $n = 23$, $p = < 0.01$) and between well-being rating and life-satisfaction rating ($r = .603$, $n = 23$, $p = 0.02$), all of which were statistically significant. A strong negative correlation was found between overall strengths score and frequency of challenging behaviour ($r = -.706$, $n = 23$, $p = < 0.01$) and well-being rating and frequency of challenging behaviour ($r = -.540$, $n = 23$, $p = 0.08$). Specifically, as overall strengths scores increased, so too did well-being and life-satisfaction ratings. As frequency of challenging behaviours increased, overall strengths scores and well-being ratings decreased.

Table 5

Correlation matrix for the study variables

Variable	1	2	3	4	5	6	7	8
1 Overall Score	--							
2 Well-being Score	.69**	--						
3 Life-Satisfaction Score	.68**	.6**	--					
4 Age of Participant	.16	.31	.06	--				
5 Presence of Autism	-.26	-.04	-.44*	-.41	--			
6 Duration Rater has known Participant	-.13	-.33	-.06	-.22	-.01	--		
7 Communication Level	.08	-.20	.22	-.28	-.16	.15	--	
8 Challenging Behaviour	-.71**	-.54**	-.48*	-.29	-.02	.08	-.17	--

** Correlation is significant at 0.01 level (2-tailed)

* Correlation is significant at 0.05 level (2-tailed)

The linear regression model accounted for 72% of the variance in the overall strengths scores, $F(7, 15) = 5.43$, $p = 0.003$, $R^2 = .717$. The regression analyses is presented in Table 6. One factor was deemed as a significant predictor in the model; frequency of challenging behaviour ($t = -2.444$, $p = 0.027$). This indicates that if a tamariki or rangatahi was deemed to have less challenging behaviour, a higher overall strengths score on the ASPeCT-DD could be predicted.

Table 6*Regression analyses of predicting overall ratings of strengths*

Variable	<i>B</i>	<i>SE</i>	β	<i>t</i>	<i>p</i>
Well-being Score	3.26	2.12	.35	1.533	.146
Life-Satisfaction Score	4.53	6.25	.17	.725	.480
Presence of Autism	-4.61	4.32	-.19	-1.066	.303
Challenging Behaviour	-7.67	3.14	-.44	-2.444	.027
Duration Rater has known Participant	.28	.54	.03	.200	.844
Age of Participant	-.02	.54	-.01	-.039	.969
Communication Level	.85	3.95	.04	.021	.983

Note N = 23. ***B*** = unstandardised beta coefficient. ***SE*** = standard error. **β** = Standardised beta coefficient

Chapter 6: Is the ASPeCT-DD considered a useful tool

Introduction

Questions 5 (*In what ways do you think that collecting data on positive personality traits might be useful to your work*) and question 6 (*How does it feel to score positive traits for this person as opposed to noting down negative behaviours*) were used to help answer the first research aim of investigating whether the ASPeCT-DD is considered a useful tool to use for support staff. Two main themes were generated from the data. The first theme was Thinking Differently, with three separate sub-themes. The first sub-theme was seeing the whole person, the second sub-theme was breaking down of the us/other, and the last sub-theme was identifying the potential. The second main theme that was identified was Feeling Differently, with positive feelings (sub-theme 1) and negative feelings (sub-theme 2). A summary of the findings is presented in Table 7 at the end of the chapter.

Theme 1 – Thinking Differently

An overarching theme that was identified when analysing questions five and six was how raters began to think differently about the tamariki and rangatahi they supported. Raters reported that using the ASPeCT-DD “opened up the mind” and gave “new insight to what they are like”. Raters also commented that filling out the tool made them think differently about their work and their approach, with one stating that it “engages the team in recording with a different perspective”, and another saying that it “helps to give a comparison to (their) other behaviours” while someone else noted that they started “looking for the good, and not the bad”. This suggests that support staff are tuned into recording negative behaviours formally as part of their everyday role, but that to do so positively was considered a “different perspective” but also “helpful”.

Seeing the Whole Person

A common comment amongst the raters implied that filling out the ASPeCT-DD helped them to see the tamariki and rangatahi as a whole person. This further shows that recording and observing negative traits and behaviours is common place, whereas formally identifying positive traits is not. Raters described that filling out the tool helped them to “know the person as whole”. There was also evidence that raters knew the importance of formally assessing positive traits in order to do a better job at supporting the tamariki and rangatahi,

where statements included that “you need to see the whole person to understand them” and that “it is important to create a narrative that is based on the truth”.

Breaking Down of the Us/Other

Some of the responses from raters alluded to breaking down of viewing the tamariki and rangatahi as an ‘other’ and themselves as the ‘us’. By scoring the people they support positively, one rater stated that it showed they are “not just their diagnosis” and another “that they are just like all of us”. It was also noted that it enabled “people to see them as a person and not their disability”, which could be seen to address wider social beliefs and values in the general community.

Identifying the Potential

Many of raters found that filling out the tool and the survey helped them to see the potential that those they support have. There is evidence that potential is identified via different means; through retrospective reflections, through reflecting on what they are capable of in the present, and prospective abilities for the future. For example, one rater reflected that scoring and thinking about strengths showed “how far they have come” showing that thought has gone into what has changed from the past and how much growth has been observed. Another rater commented that filling out the tool helped to “show what an impressive person they can be”, with a focus on the present day setting. There were numerous comments that stated that thinking positively and scoring positively about the tamariki and rangatahi helped to think positively about the future for that person, with comments such as being able to “focus on future goals”, that it “shows their true potential” and one stating that “in the future they may score higher”.

Theme 2 – Feelings

The other overarching theme that was identified when analysing questions five and six was how raters started to feel. There were large instances of where people felt good about scoring positive traits, but there were also instances of where people were also negatively impacted.

Positive Feelings

It was common for raters to experience a positive feeling after filling out the tool and the survey. Raters comments included that it was “great to reflect on the positive things”, “nice

to focus on the good”, “lovely to focus on the positives” and that it “feels good” and “feels really good”. It shows that filling out the tool and survey for some of the raters had a byproduct of making them feel good by positively thinking about the people they support.

Negative Feelings

Although there was only one instance of a rater experiencing negative feelings during filling out the tool, it was important enough to warrant it as a sub-theme. The rater commented that “marking (them) low felt negative”. It is assumed that each person has different identified strengths, but as this rater found, they did not like the experience of scoring the person they supported as either a 1 or a 2. Thankfully, the same rater went on to explain that they also felt a positive experience, but this was directly related to the open-ended questions post the ASPECT-DD, as seen below with the comment in its entirety:

Answering the first set of questions showed how inwardly focused (they) are and though they are framed positively, marking (them) low felt negative. Then focusing more on (their) strengths and talents does often feel like a side only (their) trusted people see, to then expand that to compliments it’s nice to remember that others do also see some of these positive moments.

Some raters reflected that while it felt good to think, score and describe the people they support in a positive way, conversely, they reflected that thinking about the people they supported in a negative way did not feel good. One rater stated that it “feels off having to note down negative things”, while another stated that it was “depressing to only see the downside”.

Table 7

Summary of findings – Chapter six (Is the ASPeCT-DD considered a useful tool)

Themes	Findings
Theme 1: Thinking Differently	Using the ASPeCT-DD helped raters to think differently about both the people they support and the approach they take to support them
Sub-theme 1: Seeing the whole person	Scoring and describing positive traits gives a deeper understanding of the tamariki and rangatahi and provide better overall insights
Sub-theme 2: Breaking down of the us/other	Reflecting positively on tamariki and rangatahi who are generally formally assessed for negative traits can help change beliefs and reduce stigma
Theme 2: Feelings	Comments stated that positive feelings were experienced from thinking and scoring tamariki positively, but so were negative feelings
Sub-theme 1: Positive feelings	Feeling positively about someone you support could help that person feel positive themselves
Sub-theme 2: Negative feelings	Marking people low on the ASPeCT-DD can leave people experiencing negative feelings. Support staff also reflect that thinking and scoring only negative things can feel depressing.

Chapter 7: How do support staff describe and perceive strengths in those they support

Introduction

The first four open ended questions at the end of the ASPeCT-DD were chosen to help investigate how support staff describe and perceive strengths in those that they support. Three themes were generated from the overall data. The first theme was the importance of Interpersonal Skills, with the sub-themes of *making, wanting and maintaining friendships* (sub-theme 1) and *communication* (sub-theme 2). The second theme was the Internal Traits identified, with three sub-themes that included *intrapersonal skills: perseverance, resilience, courageous and a sense of humour* (sub-theme 1), *compassionate strengths* (sub-theme 2) and the *use of metaphors to describe personality* (sub-theme 3). The final theme commonly identified to describe strengths was External Traits, with the 2 sub-themes of *physical traits* (sub-theme 1) and *skills/gifts and talents* (sub-theme 2). A summary of the findings is presented in Table 8 at the end of the chapter.

Theme 1 – The importance of Interpersonal Skills

Being able to connect and communicate with others were commonly commented on as being positive attributes to have.

Making, Wanting and Maintaining Friends is a Strength

Being able to make friends and maintain friendships was commonly commented on when answering the first question (*What do you think is the person's biggest strength*), and question 4 (*Are there things that other people compliment the person on to you or to the person*). Raters observed that having the “ability to make friends” and “being able to make friends” was considered their biggest strength. The use of “ability” denotes that making friends was a skill that is acquired. However, other raters also commented on “her want to make friends” and the “genuine need to connect personally”. This suggests that some raters observe that although the tamariki/rangatahi may not have the necessary skills yet to make or maintain a friendship, the observation that they want to, or that there is a need to on a deeper level directs people to the importance of engaging with others.

Being around friendly and social tamariki and rangatahi was commonly noted as something that others would complement them on, either directly to, or to others. Being more approachable and being able to spend time with them was seen as something that other people found desirable. Some commented that “everyone says (they are) great to be

around”, and that one tamariki was “a cool guy to be around and to spend time with”. This suggests that there are social nuances as to what makes this person ‘great’ and the other as ‘cool’, highlighting that social norms that are applied in a neurodiverse environment may also be applied to neurodiverse individuals. Others commented that having a willingness to be with other people and to seek interactions was a strength, such as “being social”, “very friendly” and “encourages others to play with him”.

Communication

Commenting on communication was mainly answered in response to the first question and the second question (*Do they have any special gifts or talents*). Being able to accurately convey one’s needs, desires, thoughts and feelings was seen as an important strength across a number of tamariki and rangatahi. However, there are suggestions that being able to have some communication is not enough, but that raters observed that a certain level of communication was needed before it can be considered as a strength. For example, one rangatahi was stated as being “good in communicating” and another in their “ability to communicate well”.

Some raters went as far to state that being able to “communicate wants and needs” and being able to “communicate effectively” was not only a strength but also seen as a special gift. It shows the importance that is stressed and felt when support staff can accurately understand what tamariki and rangatahi are communicating.

Theme 2 – Internal Traits

A number of different internal traits were identified as strengths in the tamariki and rangatahi, but some were more common than others.

Intrapersonal Skills - Perseverance, Resilience, Being Courageous and a Sense of Humour

Originally, perseverance, resilience and being courageous were separate sub-themes, but on closer inspection and reflection, it was deemed that these traits were often described in conjunction with each other. Support staff noted that it often took tamariki and rangatahi to be courageous in order to show perseverance. For example, tamariki that were seen to “try new things” were also noted as being able to “keep going at things that are hard”. Other tamariki were described as being able to “bounce back quickly”, which could apply to evidence of both perseverance and resilience. It was also noted that being able to “come

back from a difficult situation” was seen as a strength. It may suggest that support staff observe when tamariki and rangatahi are able to move on from a crisis quickly, as this trait is observed as being a particular strength of that person.

Having a sense of humour was often used as one of the five words to describe the tamariki or rangatahi in question 3 (*Please write down five or more that come to mind when you think of this person*) as well as the first and fourth questions. Having a sense of humour is placed within the Intrapersonal Skills sub-theme as opposed to the common character strengths sub-theme as it is often described as being used as a coping mechanism, or used when facing new and challenging situations. For example, one rater explained that a Rangatahi would use his “charm and humour to win people over”. Another explained a tamariki as using his “sense of humour to cheer people up or to get what they want”. Having a sense of humour is also noted as something that is observed and desired from other people, as it was often stated as something that others would complement the tamariki and rangatahi on.

Compassionate strengths

The most common internal traits that were used to discuss the tamariki and rangatahi were being “happy” and “kind”. Others were described as “loving”, “compassionate”, “empathetic”, “caring”, “affectionate” and “helpful”. When answering question 3, all of the tamariki and rangatahi were described with at least one word that denotes compassion. The raters identified that showing compassion for others was a strength, and also that it may be something that they are either wanting to observe, or is easily observed in others.

The Use of Metaphor to Describe Personality

Using a metaphor to describe a tamariki’s and rangatahi’s personality was used most often throughout all of questions one to four. Rather than being able to specify certain traits about an individual’s personality, most either solely used, or summarised with a metaphor. For example, individuals had a “cheerful nature”, “smiley disposition”, “beautiful personality”, “sunny personality”, “bubbly personality” and “lights up a room with (their) happy nature”. Some of the descriptions can be ambiguous in their meaning, for example, a “sunny personality” can denote someone who is often cheerful, but also someone who is more optimistic than others. Likewise, the same meaning can apply to a “bubbly personality”.

Theme 3 – External Traits

Physical Traits

As well as describing individuals with internal traits, many raters also described physical traits as strengths. These were often described first followed by the internal traits, suggesting that physical appearance and attributes come foremost. A slight difference in some of the descriptions was how individuals were described either via their physical attributes, or how they used their physical attributes. For example, raters described individuals as “tall”, “handsome young man”, “beautiful”, “clear blue eyes”. Others observed and noted that having an “expressive face” and “strong eye contact” were strengths not only worth mentioning, but highlighted as an individual’s biggest strengths.

Skills and Talents

Other strengths that were reported were classed as external attributes that could be directly observed as opposed to inferred internal strengths. They were commonly used to describe question 2 and question 4. Almost all of the tamariki and rangatahi were described as having an external special gift or talent (only four were solely described using internal attributes as a special gift). It shows that support staff find it important to note and highlight the special external skills and talents that individuals have and to celebrate these. For example, individuals were described as being “talented with bubbles” and “artistic”, or being good at “dancing”, “drawing”, “painting”, “music”, “singing” and having “amazing levels of stamina” and “good hand/eye coordination”.

Table 8

Summary of findings – Chapter seven (how do support staff perceive and describe strengths in those they support)

Themes	Finding
Theme 1: The importance of Interpersonal Skills	Raters observed and noted that the ability to connect and engage with others was deemed as a strength.
Sub-theme 1: Making, wanting and maintaining friendships is a strength	Observing that some have acquired the necessary social skills to make friends, and also that others may lack the social skills but continue to make the effort and want to make friends, are seen as strengths. Being likeable and approachable was also an influencing factor.
Sub-theme 2: Communication	Communicating was not indicative as being enough to classify it as a strength, but a certain level was required. Being able to accurately convey thoughts and feelings were considered as being a special gift.
Theme 2: Internal Traits	Although there were a number of internal traits to describe the tamariki and rangatahi, some were commonly used across the sample.
Sub-theme 1: Intrapersonal Skills – perseverance, resilience, being courageous and having a sense of humour	Being resilient, courageous and showing perseverance are often described in conjunction with one another. Having a sense of humour was described as being used a coping mechanism or a strength to express needs and desires.
Sub-theme 2: Common character strengths identified – being happy and kind	
Sub-theme 3: The use of metaphor to describe personality	Metaphor was used most often to describe tamariki and rangatahi's personality. Being able to sum up personality without going into specifics.
Theme 3: External Traits	
Sub-theme 1: Physical traits	Physical traits were often used to describe individuals foremost and considered as some individuals greatest strengths.
Sub-theme 2: Skills and Talents	Almost all of the tamariki and rangatahi were described as having an external physical skill or talent to describe their greatest strength.

Discussion

Tamariki and rangatahi with an ID are some of the most vulnerable people within Aotearoa New Zealand (McCormack et al, 2023). Due to historical, societal and cultural experiences, people with an ID are often perceived negatively through a deficit based lens. While assessments to identify and emphasise deficits and weaknesses are common place, identifying strengths are often anecdotal and reflect external traits such as learned skills. The little research that has been conducted investigating internal character strengths in people with a disability have focused on either those with a physical disability, or those people with a mild ID with enough cognitive function and internal reflection to self-report. As a result, assessment of those with a moderate or severe ID are overlooked. This study sought to identify internal strengths of tamariki and rangatahi with moderate to severe ID using a proxy measurement, from the vantage point of support and educational workers. The findings challenge the deficit based stigma attached to people with an ID and highlight the benefits of using a formal assessment that identify internal character strengths. The findings extend the literature and offer recommendations for future practice and research.

First, the findings highlight how assessing for positive character strengths by proxy can benefit both the rater and person being rated. Woodard (2009), Carter et al (2015) and Carter et al (2020) have all tested the psychometric properties of the ASPeCT-DD and found it a reliable and valid tool to use. This study sought to find people's attitudes towards using the ASPeCT-DD and whether they considered it useful to their work. Support workers commented that using the ASPeCT-DD provided a deeper holistic understanding of the tamariki or rangatahi they worked with. The need to fill out incident reports, meet individual education plans and complete behavioural scatterplots are all part of daily practice. Seligman (2004) would state that this is focussing on one side of the coin, and notably affirming the concerns that came out of the Rochford review that voiced that if only weaknesses are assessed, goals will reflect a deficit framework. Using the ASPeCT-DD opened raters minds to the positive aspects of those they support which made them feel like they knew the tamariki or rangatahi on a deeper level.

Many raters noted that assessing positive character strengths helped to change their perception regarding 'othering' of people with an ID. Othering of people with an ID has been a result of historically perceiving such individuals through deficit based frameworks (Grey, 2016). The focus on their impairment is seen as the cause of their inability to

function at what is socially deemed at a normal level (Carroll, 2016). Rogers (2019) describes the process of othering as both on a sociological and psychological level. Sociologically, 'others' are people or groups who deviate from what is seen as proper or normal. Psychologically, othering can be an unconscious process where a person distinguishes between the 'self' and 'other'. Krumer-Nevo and Sidi (2012) state that there are three dimensions of the self-other relationship; knowledge, value judgement and social distance. Knowledge refers to aspects of the culture and history of the other that are not known or based on stereotypes and stigma, such as widely perceived deficits that people with an ID are assumed to have. Social distance refers to when people do not interact with the 'other' as they are seen as different, such as when people with an ID do not regularly interact in communities. Value judgement is seen when a person decides whether a person is perceived as good or bad, judged on socially acceptable moral codes, such as when deficits are assumed in people with an ID because they fit a negative based criteria for the diagnosis. Using this framework, it can be applied in why using the ASPeCT-DD can challenge the process of othering. Every person is believed to possess varying degrees of character strengths (Peterson and Seligman, 2006). If having character strengths is a universal factor amongst people, the process of identifying them in an 'other' can help change the perception of that person. According to Krumer-Nevo and Sidi (2012), the raters knowledge has increased to seeing not only the negative traits but also the positive ones, and their value judgement has changed on account of identifying character strengths that both the rater and tamariki or rangatahi may share. Assessing and identifying character strengths in others can decrease the likelihood of psychological othering that Rogers (2019) explains, as the marginalised person who has been judged as different, aligns more with normal, and the concept of 'self'.

Second, thinking positively about and identifying character strengths in the tamariki and rangatahi made the raters feel good. The support worker feeling positively themselves can have benefits for both the support worker and the person they are rating. Seligman (2004) spoke about the importance of optimism and hope, and their role in being happy echoing what Maslow and Rogers underpinned in a humanistic approach and their internal locus of control. Studies have reported the benefits of feeling optimism and hope. Schug et al (2021) found that higher prevalence of optimism was related to lower attrition rates, increased levels of well-being and fewer symptoms of depression. Long et al (2020) used a public health survey with almost 13000 participants finding that increased sense of hope was

related to higher psychological well-being, better social well-being, better physical health and health behaviours and lower psychological distress. The positive emotions that raters felt after filling out the ASPeCT-DD and open ended questions can increase their own well-being and happiness.

The raters feeling more positive about the people they work alongside can also benefit the tamariki or rangatahi they work alongside. Rosenthal and Jacobson (1968) showed that negative expectations of teachers towards their students reflected negatively on their behaviour and performance levels. Conversely, having positive expectations can increase student well-being. Rating the tamariki and rangatahi positively could help to shift the prominent deficit based perceptions and open up potentials that were not before seen. The greater expectation of the support workers could increase both academic and behavioural performance. Blacher and Baker (2007) found that when thinking positively about a child with an ID, parents reported less behavioural problems and parental stress. Using the ASPeCT-DD that identifies positive character strengths and highlights hidden potentials can increase positive expectations, seeing better outcomes in the tamariki or rangatahi's academic and behavioural levels.

Third, support workers perceived a number of strengths in the tamariki and rangatahi they supported. Every participant was reported to have at least half of the individual item strengths in the ASPeCT-DD, the median being 19. This is a similar finding to Carter et al (2020), who found a median of 21 strengths when 427 parents rated their child with an ID. Similar findings were reported across siblings who used the ASPeCT-DD, support staff, and when people with ID used an individually modified VIA-youth survey themselves (Carter et al 2020; Woodard, 2009; Shogren, 2017). These findings add and support the research that shows viewing people with an ID through solely a deficit based criteria, gives an incomplete picture and does not account for the many internal strengths that people with an ID possess.

Furthermore, six and of ten domains were considered as strengths across the sample (empathy, humour, forgiveness, optimism and gratitude). Interestingly, both the means of resilience and courage were rated lowest, just below a score of three. Yet both were remarked on by a number of raters in the open-ended questions as being identified strengths of those they supported. Carter et al (2015) found when they also interviewed parents gaining qualitative data alongside the quantitative data of the ASPeCT-DD, reflection led to the discovery of strengths not perceived when just completing the ASPeCT-DD alone.

Thematic analysis of the open-ended questions also found that higher levels of communication were perceived as bigger strengths. While the ASPeCT-DD focuses on observing the behaviours of the person being rated, it does not address how well the person being rated communicates with others. Having the added open-ended questions or interviews allows for reflection of strengths that would not have been captured by the ASPeCT-DD alone.

This reflects the heterogeneity that was found when assessing the individual character strength reports. Although common strengths were found, all of the reports were different, identifying a different set of character strengths for each individual across the sample. The added qualitative data reflected the different intrapersonal traits that people possessed (compassion, kindness, helping, loving), as well as the importance of highlighting and celebrating the external skills and strengths (dancing, singing, climbing). This reflects previous research findings and adds to the growing literature that categorising people with an ID together, based on deficit criteria, does not do justice to the uniqueness that every individual possesses (Shogren, 2018).

Fourth, having, maintaining and wanting friendships were considered as strengths by support workers. This was reflected in the higher ratings across the positive relations factor of the ASPeCT-DD, but also out of the thematic analysis of the open-ended questions. People with an ID want and benefit from close meaningful relationships that foster connection, well-being and a sense of belonging (Kersh et al, 2013). Studies have reported that children with an ID experience more social exclusion and have fewer friends than people without an ID (Emerson & McVilly, 2004 and Dewalt et al, 2019). Berndt (2004) found that lack of friendships in children with an ID can increase feelings of depression, social withdrawal and anxiety. Item 26 of the ASPeCT-DD, *it is fairly easy for this person to make new friends*, was ranked in the bottom 10 for overall item strengths ($M=2.96$). The same item was ranked lowest in Carter et al's study (2015) using parents as raters and also in Carter et al's (2020) study using siblings as raters. Barriers for people with ID forming friendships include social anxiety and lacking the social skills to form a friendship (Giebers et al, 2019). Glick and Rose (2011) argue that having the initial friendship can provide the means for social skills to develop. Teaching social skills alone, such as turn taking, peer network and classroom-based interventions and emotional intelligence training have been found to be only moderately effective at helping people with ID form friendships (Jacob et al 2022). Neil, Neil and Capella (2014) describe three main characteristics involved in

forming and maintaining friendships. Proximity (sharing the same spaces and similar demographics), similarity (based on similar interests) and transcendence of context (staying friends across settings, such as sleepovers and parties). Dean et al (2016) showed that the characteristic of similarity was vital for forming an initial friendship. Having, wanting and maintaining friendships was largely observed as a greatest strength in tamariki and rangatahi. Using the ASPeCT-DD can help identify similarities across character strengths that can help to foster initial friendships.

Fifth, having a sense of humour was a common strength identified across the sample. This reflects the same findings from previous use of the ASPeCT-DD (Woodard, 2009; Carter et al, 2015, Carter et al, 2020). Humour has been argued to be a foundation to positive social interactions (Chapman, 1983). Chadwick and Platt (2018) identified different roles and functions of humour in the social lives of people with ID, including facilitating social relationships and social closeness and in helping to develop relationships. A possible explanation of commonly rating this strength across studies could also pertain to the carer role of the rater. Various studies have found that carers of people with an ID use humour as a coping strategy to negotiate discomfort and stress felt from negative experiences, or to make the role of carer more enjoyable (McDonald et al, 2007, Sandu et al, 2012, Foster and Iacono, 2014). Raters may be more prone to observe and remember humorous events as it is important to their own job satisfaction and well-being.

Sixth, both ratings of well-being and life-satisfaction significantly correlated positively with the overall score of character strengths rated on the ASPeCT-DD, however, the linear regression could not support that higher ratings of well-being and life-satisfaction were predictors of higher overall character strength scores. Kaufman (2015) used the VIA survey and reported that 23 out of the 24 character strengths the VIA assesses were significantly correlated with well-being. Azanedo (2021) found amongst 1494 Spanish speaking students, character strengths was highly predictive of life-satisfaction. Park et al (2005) found that hope and gratitude were two character strengths robustly associated with life satisfaction among 5299 adults when using the VIA. The findings of this study support and add to the literature that character strengths, well-being and life-satisfaction are highly associated with each other. This can indicate that using the ASPeCT-DD or a different form of assessment (such as the VIA) can give insights into a persons levels of well-being and life-satisfaction.

Seventh, the linear regression found that higher levels of challenging behaviours observed were significant predictors of fewer character strengths rated across the ASPeCT-DD. This was also found across other studies (Carter et al 2015, Carter et al, 2020). Challenging behaviours have been researched to have a range of negative impacts, including lower quality of life for the child with perceived challenging behaviours, as well as a negative impact on the physical and psychological well-being of carers and support workers (Wolkorte et al, 2019). People's perceptions of challenging behaviours can be fuelled by prejudice and stigma. The challenging behaviour often becomes associated with the child and they become labelled as the behaviour, for example, a spitter, a runner, a hitter. Once these perceptions are made, they are reinforced each time the child engages in the challenging behaviour. Identifying positive character strengths can become harder when a negative perception of that person is dominant.

Another explanation could have less to do with the presence of challenging behaviours, but investigating the discourse of 'challenging behaviour' itself. Professionals can perceive challenging behaviours as belonging to the person as opposed to identifying them as a means of communication that can challenge the social ideals of people supporting them. Wright (2009) used a Foucauldian approach to analyse professionals discourse to describe challenging behaviour, finding three constructs; bad, mad or sad. The discourse of bad associated with challenging behaviour constructs a child as out of control and in need of discipline and strong boundaries, typically driven from feelings of fear and vilification. The child is held responsible for their behaviour. Discourse of mad includes seeing the child as different due to medical or psychological impairment, such as how people with ID and autism can be viewed. The discourse of sad refers to external factors that may influence challenging behaviours, such as trauma and abuse. Identifying what kind of discourse is used in different environments could help to explain why presence of more challenging behaviours is predictive of fewer identified character strengths.

Limitations

There were a number of limitations to the present study. First, the sample size was smaller than originally expected. It is suggested that although any sample size over one can be used for correlational analysis, the larger the sample size, the more stable and reliable the obtained correlation is. Jenkins (2020) reflects that there should be at least $N=25$ for accurate inference when performing regression analyses. The smaller sample of this study

(N=23) can reduce the reliability of the regression analysis. I do feel however, that also collecting qualitative data added a dimension to the single-measurement tool, as suggested by Carter et al (2015) when they used interviews alongside the ASPeCT-DD.

Also regarding the sample, due to the extraneous circumstances of cyclone Gabrielle, the sample was isolated to one demographic that was not directly affected. Other identified educational settings for the study had closed due to property damage caused by flooding. It was decided not to include the teachers from these schools in the study as they were already negotiating a very difficult situation.

Another limitation is that the measure itself describes the perceptions of others, and not the beliefs of the tamariki and rangatahi themselves. By proxy measurements can provide useful information about the beliefs of other people who know the individual they are rating, but they do not empower the individual themselves to identify their own character strengths. The VIA youth has been trialled amongst children with ID as a self-report assessment tool (Shogren, 2017). However, the modifications needed for each individual are not well reported and would be assumed to require different assessments into what each individuals specific support needs were needed to self-assess. There is also the assumption that a certain level of understanding and reflection is needed. I feel that using the by proxy measurement is better than not including children who do not fit the criteria to self-assess. As noted, there is a lack of research in general for people with moderate to severe ID due to the barriers around assessment. Like Woodard (2009), I accept the flaws of using a by proxy measurement when weighed against the overall benefits identified from being able to include this demographic in the literature, as well as the beneficial outcomes of using the ASPeCT-DD itself.

More training could have been given to the raters prior to filling out the survey. All the raters were given an information sheet describing the study. I was also told that all staff had undergone internal training in identifying and de-escalating challenging behaviours. It would have been prudent to also investigate people's understanding and perceptions of what challenging behaviours were and provided some training myself.

It is also important to note that the rating in this study of character strengths reflects a single point in time. Character strengths, well-being and life-satisfaction are not static, but change throughout development and the different experiences encountered. It is important to note that the same child may receive a higher or lower score over time.

Future Research

Although using the ASPeCT-DD can be considered useful, the fact remains that using self-report tools assessing people with moderate to severe ID are lacking. Empowering people to make statements about their own values and beliefs is an important process that can increase their sense of identity and sense of belonging. Initial research into using the VIA-Youth is promising, but requires individual modifications and support to complete, assessed on the needs of the person completing it (Shogren, 2018). Research could focus on creating a universal VIA assessment with fewer items aimed towards people with moderate to severe ID.

The bi-product of the raters feeling positive themselves after completing the ASPeCT-DD and open ended questions was an interesting find and worth investigating further. Burnout and stress have long been identified in carers of people with an ID. Using a tool that could possibly increase carer welfare and enhance positive emotions could not only benefit the well-being of the carers but also benefit larger organisations, schools and the health industry in general. Millions of dollars spent or lost each year are reported as being the cause of worker burnout. Further research in this area could not only have an effect at the individual micro level, but also have wider beneficial outcomes at a macro systemic level. This could be achieved, for example, by measuring raters mood before and after completing the ASPeCT-DD, using an Immediate Mood Scale (IMS) such as the IMS-12 and recording any change in mood.

Using the ASPeCT-DD regularly throughout the year could provide data about the same individual across different points in time. Focussing on research that includes the ASPeCT-DD for assessment, implementing a Positive Psychological Intervention (PPI), and then using the ASPeCT-DD again to measure efficacy. Behaviourists use the same method, initially employing scatterplots or the Vineland adaptive behaviour scale to measure negative behaviours of concern, using the scores as a baseline to test efficacy of interventions. The approach being suggested however comes from the positive psychology paradigm of rather than addressing weaknesses, research can be utilised to increase strengths (Shogren, 2017). For example, targeting character strengths of humour and gratitude where people with ID wrote down three things that were funny in a day and three things they were thankful for, can increase life-satisfaction over time (Park et al, 2004). Otake et al (2006) found that the PPI of counting acts of kindness for just one week

improved people's perceived levels of gratitude and happiness. While addressing weaknesses can be helpful in improving well-being and life-satisfaction, further research using PPIs with people with an ID could suggest another way to increase well-being and life-satisfaction.

Ethnicity and culture were not measured in the present study. Further research could investigate whether they play a role in how character strengths are perceived when using a proxy measurement. Park, Peterson and Seligman (2006) investigated prevalence of the 24 character strengths of the VIA across 117,676 adults from 54 nations and 50 US states. They found that apart from religiousness, people from different cultures and nations see themselves as having the same internal character strengths. However, these were all self-report measures. Given the stigma and unconscious possibility of othering that can occur when viewing people with an ID, more research on how people from different cultures evaluate the same person would be worthwhile data collecting. Also, in accordance with Te Tiriti o Waitangi principles of participation, protection and partnership, investigating how Māori perceive character strengths and what strengths they are perceived to have would provide meaningful data that could address equity discrepancies already researched in the public health system.

Finally, the research could be extended out across the life span, including adults in the sample. The sample could also be widened to include all of Aotearoa New Zealand and not just the Hawkes Bay region. The research that does exist for adults lacks using a sample of people with an ID who cannot self-report (Shogren, 2017). The same barriers exist, resulting in a gap in the literature for those individuals who are not deemed cognitively capable or have the communication levels to self-assess. The ASPeCT-DD has been used on samples of children and youth (Woodard, 2009, Carter et al, 2015, Carter et al 2020). Further research using the ASPeCT-DD on a sample of adults would add to the literature of assessing and identifying character strengths in people with moderate to severe ID.

Recommendations

- The ASPeCT-DD should be routinely used across settings for people with an ID who have been assessed as unable to self-report. Anyone can administer the tool and the results can be readily interpreted.
- It is important to note that the ASPeCT-DD would not replace the existing assessments that measure behavioural disturbance or weaknesses. Rather, the

ASPeCT-DD should be used alongside these measures to create a more holistic narrative and deeper understanding about the person.

- Qualitative measures should be used alongside the ASPeCT-DD, such as the open-ended questions at the end of the survey, or like Carter et al (2015), use interviews. The added narrative can provide insight into strengths that are not captured on the ASPeCT-DD.

Conclusion

People with an ID have historically been grouped and viewed on according to their deficits and weaknesses. Positive psychologists have shown that all people possess a unique set of internal character strengths. Using a by proxy measurement like the ASPeCT-DD has been found to help to identify character strengths in tamariki and rangatahi with moderate to severe ID, who are often overlooked in the research due to barriers and challenges of assessment. Not only is the ASPeCT-DD a reliable and valid tool to use, but support staff also consider it useful to identify character strengths alongside open ended questions that can deepen understanding and improve carer well-being. The findings add to the literature that promotes the awareness of positive character strengths in people with an ID and helps to dispel the false negative narrative that is attached to this vulnerable group. Identifying areas for improvement and celebrating existing internal strengths should be routinely practiced in equal measure.

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Appendix A – ASPeCT DD tool with open ended questions and demographic data.

Assessment Scale for Positive Character Traits-Developmental Disabilities
(ASPeCT-DD).

Tamariki/Rangatahi's Name: _____

Age of Tamariki/Rangatahi: _____

How long have you known the client? (in years and months) _____

Directions: Please rate each item by circling the number that best describes the client, as compared to peers with similar levels of functioning. **Please fill in all pages**

Use the following scale: 1 = Not at all characteristic of this person, 2 = A little characteristic of this person, 3 = Somewhat characteristic of this person, 4 = Very characteristic of this person, 5 = Extremely characteristic of this person.

1) I think this person is courageous	1	2	3	4	5
2) This person is bothered, concerned, or upset when someone else is uncomfortable or distressed	1	2	3	4	5
3) This person has a nice sense of humour	1	2	3	4	5
4) This person can be thoughtful and helpful to others	1	2	3	4	5
5) This person does not hold a grudge against others	1	2	3	4	5
6) This person shows caring for other people	1	2	3	4	5
7) This person can accept when he or she has made a mistake	1	2	3	4	5
8) This person shows kindness to others	1	2	3	4	5
9) When I am sad, this person responds to my feelings with concern	1	2	3	4	5
10) This person tries to solve his or her problems	1	2	3	4	5
11) This person does not lose his or her temper	1	2	3	4	5
12) Even when this person is afraid, they try to do what is right or expected of them	1	2	3	4	5
13) This person shows a sensitivity to the needs and feelings of others	1	2	3	4	5
14) This person 'bounces back' easily	1	2	3	4	5

15) This person is generally able to control him / herself	1	2	3	4	5
16) I think this person generally expects good things to happen to him or her	1	2	3	4	5
17) This person uses humor to cope with difficulties	1	2	3	4	5
18) This person shows thanks for help from others	1	2	3	4	5
19) I think this person is happy	1	2	3	4	5
20) Even when things are hard, this person keeps on trying	1	2	3	4	5
21) This person tries to follow directions	1	2	3	4	5
22) This person seems to enjoy life and is thankful for life's simple pleasures	1	2	3	4	5
23) This person gets over his or her mistakes in a reasonable amount of time	1	2	3	4	5
24) This person does not try to retaliate or get back at others who have hurt him or her	1	2	3	4	5
25) This person usually thinks things will go his or her way	1	2	3	4	5
26) It is fairly easy for this person to make new friends	1	2	3	4	5

On a Scale of 1-10, how would you rate the person's overall well-being (please circle)

1	2	3	4	5	6	7	8	9	10
Extremely Low									Extremely High

In General, how satisfied do you think is the person with their life

1	2	3	4
Very Dissatisfied			Very Satisfied

Please write down 3-4 sentences to answer these questions.

1. What do you think is the person's biggest strength? Please give an example of seeing this.

2. Do they have any special gifts or talents? If yes, please describe what these are.

3. Please write down 5 or more words that come to mind when you think of this person.

4. Are there things that other people compliment the person on to you, or to the person? Please

5. In what ways do you think that collecting data on positive personality traits might be useful to your

6. How does it feel to score positive traits for this person, as opposed to noting down negative behaviours?

Further Information about the Tamariki/Rangatahi (please tick the boxes that apply)

Gender:	Male	<input type="checkbox"/>
	Female	<input type="checkbox"/>
	Non-Binary	<input type="checkbox"/>
	Would prefer not to say	<input type="checkbox"/>
Formal Diagnosis: (please tick as many that apply)	Autism Spectrum Disorder	<input type="checkbox"/>
	Attention Deficit (Hyperactivity) Disorder	<input type="checkbox"/>
	Down's Syndrome Disorder	<input type="checkbox"/>
	Foetal Alcohol Syndrome Disorder	<input type="checkbox"/>
	Anxiety Disorder	<input type="checkbox"/>
	Global Developmental Delay	<input type="checkbox"/>
	Other	<input type="checkbox"/>

Communication level:	Talks/Verbal	<input type="checkbox"/>
	Non-verbal/does not talk	<input type="checkbox"/>

Challenging Behaviours:	Never	<input type="checkbox"/>
	Rarely (2-3 times a year)	<input type="checkbox"/>
	Sometimes (2-3 times a month)	<input type="checkbox"/>
	Often (every week)	<input type="checkbox"/>

Information about the person Filling out this survey (please tick the boxes that apply)

Age (in years) _____

Gender	Male	<input type="checkbox"/>
	Female	<input type="checkbox"/>
	Non-Binary	<input type="checkbox"/>
	Would prefer not to say	<input type="checkbox"/>

Education	Did not finish High School	<input type="checkbox"/>
	Finished High School	<input type="checkbox"/>
	Tertiary level (eg Level 1, 2 ,3, 4, 5)	<input type="checkbox"/>
	Undergraduate Diploma	<input type="checkbox"/>
	Undergraduate Degree	<input type="checkbox"/>
	Honours Degree	<input type="checkbox"/>
	Postgraduate Degree	<input type="checkbox"/>
	Doctorate	<input type="checkbox"/>

Relationship to Tamariki/Rangatahi	Teacher	<input type="checkbox"/>
	Teacher Aide	<input type="checkbox"/>
	Therapist	<input type="checkbox"/>
	House manager	<input type="checkbox"/>
	Team Leader	<input type="checkbox"/>
	Support Worker	<input type="checkbox"/>
	Other (please specify)	<input type="checkbox"/>

Thank you filling out this survey, please return completed copies to either the school principle, Stephen Evans, or to your house manager.

If you have any questions, please contact me on graham.spicer@explore.org.nz

Appendix B – Consent form for parents/guardians



Assessing Internal Character Strengths in Tamariki and Rangatahi with Intellectual Disabilities in Aotearoa New Zealand.

PARTICIPANT CONSENT FORM - INDIVIDUAL

I have read and I understand the Information Sheet attached as Appendix I. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to consent for my child to participate in this study and I understand participation of my child is voluntary and that I may withdraw them from the study at any time.

1. I agree as legal guardian for my child to participate in this study under the conditions set out in the Information Sheet.

Declaration by Participant's legal guardian:

I _____ (print full name), hereby consent for _____
(print child's name) to take part in this study.

Signature: _____ **Date:** _____

Please scan a signed copy and email to graham.spicer@explore.org.nz.

Likewise, you can send your signed copies to Hohepa School, Care of: Graham Spicer.

Appendix C – Consent form for raters



Assessing Internal Character Strengths in Tamariki and Rangatahi with Intellectual Disabilities in Aotearoa New Zealand.

PARTICIPANT CONSENT FORM - INDIVIDUAL

I have read and I understand the Information Sheet attached as Appendix I. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time.

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

Declaration by Participant:

I _____ [print full name] hereby consent to take part in this study.

Signature: _____

Date: _____

Appendix D – Information Sheet for parents/guardians



Assessing Internal Character Strengths in Tamariki and Rangatahi with Intellectual Disabilities in Aotearoa New Zealand.

Researcher Introduction

My name is Graham Spicer, I'm currently studying towards a Master of Psychology with Massey University. I am currently completing my research thesis with Associate Professor Ross Flett as my supervisor. The purpose of my research is in order to fulfil the requirements for the Master of Psychology qualification.

I have a Bachelor of Arts majoring in Psychology and a Distinction in a Postgraduate Diploma of Psychology.

I work as a Behaviour Specialist in the Hawkes Bay Community, emphasizing a strengths-based approach to my work and working from a Positive Behaviour Support framework.

Project Description and Invitation

The aim of my study is to assess internal strengths in tamariki and rangatahi who have intellectual disabilities. People with disabilities are often referred to via their deficits, weaknesses and the things that they cannot do. Strengths that are identified tend to focus on external factors such as special interests and skills. However, internal strengths such as Courage, Empathy, Kindness and Self-Control may be anecdotally referred to, but are not formally assessed.

The study will use a measuring tool that can assess internal strengths. The Assessment Scale for Positive Character Traits-Developmental Disabilities (ASPeCT-DD) is a proven valid and reliable tool that assesses character strengths, rated by someone else who has known the person for an extended amount of time. It has been used by family members, teachers and support workers in previous international studies. The study will accumulate identified strengths within a population of tamariki and rangatahi with intellectual disabilities. A copy of the questionnaire is included for your information.

The study will also collect other information such as age, gender and diagnosis that will be used to correlate alongside the perceived internal strengths, to add to existing literature.

Participant Identification and Recruitment

This school has been identified as an ideal setting for my research. Teachers and support workers not only work alongside the residents, but build trusting, safe and secure relationships where staff truly

know who they are supporting. For this reason, the staff make ideal participants to rate internal strengths of the tamariki and rangatahi they support.

In order to be eligible for the study, raters must have known the person they are rating for at least 1 year.

The study does not ask anything of the residents, nor are any interventions planned from an outcome.

Project Procedures

Participants will be briefed and asked to fill out a questionnaire. This should take between 15-30 minutes to do so. The questionnaires will be given to participants to fill out at their convenience and then returned to the researcher within two weeks.

Data Management

Once all of the data has been gathered, it will be scanned and uploaded to a secure, password encrypted computer and database. Confidentiality is paramount throughout and names gathered will only be used to pair raters to children, they will not be published.

Once the study has been sent for marking and peer reviewed, all of the gathered data will be deleted and disposed of.

The findings of the research will be made accessible to those who participated in the study via the School Principal and the Tamariki Residential Manager. Parents and legal guardians will be given the individual scores and description for their tamariki/rangatahi upon request.

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 at any time up to marking.*
- *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.*

Project Contacts

- *Lead Researcher – Graham Spicer – graham.spicer@explore.org.nz*
- *Supervisor – Associate Professor Ross Flett – r.a.flett@massey.ac.nz*
- *Participants are invited to contact the researcher/supervisor to answer any questions they may have.*

MUHEC APPLICATIONS

Committee Approval Statement

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application SOB 22/5. If you have any concerns about the conduct of this research, please contact Dr Gerald Harrison, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 356 9099 x 83570, email humanethicssouthb@massey.ac.nz

Appendix E – Information sheet given to raters



Information Sheet for Support Workers

Assessing Internal Character Strengths in Tamariki and Rangatahi with Intellectual Disabilities in Aotearoa New Zealand.

Researcher Introduction

My name is Graham Spicer, I'm currently studying towards a Master of Psychology with Massey University. I am currently completing my research thesis with Associate Professor Ross Flett as my supervisor. The purpose of my research is in order to fulfil the requirements for the Master of Psychology qualification.

I have a Bachelor of Arts majoring in Psychology and a Distinction in a Postgraduate Diploma of Psychology.

I work as a Behaviour Specialist in the Hawkes Bay Community, emphasizing a strengths-based approach to my work and working from a Positive Behaviour Support framework.

Project Description and Invitation

The aim of my study is to assess internal strengths in tamariki and rangatahi who have intellectual disabilities. People with disabilities are often referred to via their deficits, weaknesses and the things that they cannot do. Strengths that are identified tend to focus on external factors such as special interests and skills. However, internal strengths such as Courage, Empathy, Kindness and Self-Control may be anecdotally referred to, but are not formally assessed.

The study will use a measuring tool that can assess internal strengths that could be routinely used. The Assessment Scale for Positive Character Traits-Developmental Disabilities (ASPeCT-DD) is a proven valid and reliable tool that assesses character strengths, rated by someone else who has known the person for an extended amount of time. It has been used by family members, teachers and support workers in previous international studies. The study will accumulate identified strengths within a population of tamariki and rangatahi with intellectual disabilities.

The study will also collect other information such as age, gender and diagnosis that will be used to correlate the perceived internal strengths alongside to add to existing literature.

You are invited to participate in this study, the first of its kind to be researched in Aotearoa.

Participant Identification and Recruitment

This setting has been identified as an ideal setting for my research. Teachers and support workers not only work alongside the residents, but build trusting, safe and secure relationships where staff truly

know who they are supporting. For this reason, the staff make ideal participants to rate internal strengths of the tamariki and rangatahi they support.

In order to be eligible for the study, raters must have known the person they are rating for at least 1 year.

Consent has first been sought from respective parents and guardians to be included in the study. The study does not ask anything of the residents, nor are any interventions planned from an outcome, so there is very little risk.

Project Procedures

Participants will be briefed and asked to fill out a questionnaire. This should take between 15-30 minutes to do so. The questionnaires will be given to participants to fill out at their convenience and then returned to the researcher within two weeks. Debriefs afterwards are available for any participant who requests one through the school principle.

Data Management

Once all of the data has been gathered, it will be scanned and uploaded to a secure, password encrypted computer and database. Confidentiality is paramount throughout and names gathered will only be used to pair raters to children.

Once the study has been sent for marking and peer reviewed, all of the gathered data will be deleted and disposed of.

The findings of the research will be made accessible to those who participated in the study via the School Principal and the Tamariki Residential Manager.

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 at any time up to marking.*
- *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.*

Project Contacts

- *Lead Researcher – Graham Spicer – graham.spicer@explore.org.nz*
- *Supervisor – Associate Professor Ross Flett – r.a.flett@massey.ac.nz*
- *Participants are invited to contact the researcher/supervisor to answer any questions they may have.*

MUHEC APPLICATIONS

Committee Approval Statement

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application SOB 22/5. If you have any concerns about the conduct of this research, please contact Dr Gerald Harrison, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 356 9099 x 83570, email humanethicssouthb@massey.ac.nz

Appendix F – Ethics approval letter



Dear: Graham
Spicer

Thank you for your notification which you have assessed as Low Risk.

Your project has been recorded in our database for inclusion in the Annual Report of the Massey University Human Ethics Committee.

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

If situations subsequently occur which cause you to reconsider your ethical analysis, please contact a Research Ethics Administrator.

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 in this document are responsible for the ethical conduct of this research.

If you have any concerns about the conduct of this research that you want to raise with someone other than the researcher(s), please contact Dr Brian Finch, Director - Ethics, telephone 06 3569099 ext 86015, email humanethics@massey.ac.nz.

Please note, 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 complete the application form again, answering "yes" to the publication question to provide more information for 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 that reads "B Finch".

Dr Brian Finch Chair, Human Ethics Chairs' Committee and Director (Research Ethics)

