

Aroha: 'Loving' within a statutory and bi-cultural residential environment

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Abstract

'Aroha', as the closest Maori language equivalent of the English word 'love', is a concept now ingrained in practice ideals for youth residential work in Aotearoa/New Zealand, as part of a wider social services framework. This has been a purposeful shift over the last quarter century to align with the principle of bi-cultural partnership in social policy, the intentions of which can be traced to early colonial times. 'Aroha' will be explored as an appropriate, cross-cultural residential practice path in the relationship between young people and residential staff. Observations of how this 'love' has been put into practice while maintaining professional standards will be highlighted, alongside discussion of how this might interweave with similar strands of thought from the discipline of social pedagogy.

Keywords

Bi-cultural Practice, Youth Residential Care

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Introduction

Within statutory child care in Aotearoa/New Zealand, there is clear organisational and legislative intent to strengthen work that is undertaken cross-culturally. This is particularly true of the approach of statutory social services towards Maori, the indigenous people of our nation, with legislative requirements to recognise the key values and beliefs of Maori culture. A core tenet of this value system is the concept of 'Aroha', which in its simplest form is often translated into the English language as 'love'.

With this in mind, it follows that there could be a fair expectation of anyone working in state-run residential child care facilities to have an understanding of the concept of Aroha, and to apply it cross-culturally. As will be made clear, with an understanding of Aroha comes an expectation to act – to show this love.

However, as was the case for this writer, finding a way to navigate through this expectation in practice was not straight forward. There was no manual or regulation on how to love, and aligning the fullness of the construct within both a personal cultural landscape and the professional distance that often permeates residential work involved many grey areas.

From an outline of the current landscape of legislation and policy in the Aotearoa/New Zealand context, the concept of Aroha will begin to take shape, in hand with the practicalities of showing love for all children in residential child care. To finish, considered reflection will be given to the importance of love in a cross-cultural setting, as well as where this fits into some of the key aspects of social pedagogy.

Background

In 1840 the Treaty of Waitangi was signed between the British Crown and representatives of a large portion of Maori in Aotearoa (New Zealand). At its best, this treaty could be interpreted as an intent of partnership between the assigned parties for the future governance of the people and lands of New Zealand. Indeed, partnership in this context is seen as one of the guiding principles of social work in Aotearoa/New Zealand (Aotearoa New Zealand Association of Social Workers, 2016).

Towards the end of the 20th century though, it was recognised that the systems in place across state social services had not met the needs of many Maori who came in contact with them (The Maori Perspective Advisory Committee, 1988, p.7), and did not reflect a bi-cultural partnership approach. In 1985, the response to this by the then Minister of Social Welfare was to ask the Maori Perspective Advisory Committee to investigate and report back on the current

impact and challenges faced in delivering effective services to the Maori population.

This culminated three years later in a report submitted to the Minister entitled 'Puao-Te-Ata-Tu', translated as 'Daybreak' (1988). Two key features in relation to child care recognised by the report were as follows: That the wellbeing of Maori children across the physical, social, and spiritual spheres was closely linked to a sense of belonging within the wider cultural landscape of family and community; and that Maori children could not be viewed in isolation, but must be cared for in context of a wider cultural community that traditionally would have been responsible for the child's wellbeing if out-of-home care was required (The Maori Perspective Advisory Committee, 1988, pp.29-30). State social services in Aotearoa/New Zealand were then challenged, in the first recommendation of the report (p.9), to incorporate 'the values, cultures and beliefs of the Maori people in all policies developed for the future of New Zealand'.

From what is now the Ministry of Social Development, the official organisational response to, and manifestation of, the above recommendation was to pass these provisions into law (Ministry of Social Development, 2016). This took the shape of the Children, Young Persons and their Families Act (1989) which, in section 7, outlines that those working in state social services must '[r]ecognise... cultural values of all cultural and ethnic groups, with particular regard for values, culture and beliefs of the Maori people'. Aroha is an integral part of this values system (University of Otago, 2016).

In this vein, and along with the promotion of other models of Maori health and wellbeing developed over the intervening years (Ministry of Social Development, 2016), a bi-cultural framework was put forward by the Ministry to provide some clearer guidance on implementing the intentions of the legislation. In outlining the establishment of policies and procedures, 'aroha engagement' with children and young people is promoted as a key part of forming strong practice going forward (Ministry of Social Development, 2014).

To put more simply, it is desirable to demonstrate love in professional practice.

Aroha

A good time, then, to look a little deeper at Aroha. If there is an expectation of a social/youth worker to demonstrate love towards children and young people, particularly in a residential environment, a fuller understanding is necessary.

Though the simplest translation for Aroha is often 'love', similar to this English term it is a multi-faceted concept. Meaning within a verbal or written expression can change according to sentence structure and context, and can include

synonyms of pity, concern, compassion, empathy, affection, and care (Moorfield, 2016). Other sources position Aroha on a wider scale as the active element of hospitality – the process of caring for and upholding the dignity, self-esteem and spirit of others, especially visitors and wider family (University of Otago, 2016). This is often seen to extend to the wider community setting through the ancestral bonds that tie groups together.

This active element continues as a theme in other writing on the topic. What seems apparent is that the aim with Aroha is primarily to practise it, actively giving of ourselves and helping the other (Patterson, 1992, p.148). Patterson goes on to make it clear that showing Aroha is an unquestioned expectation of family members in the Maori world (p.147) – elsewhere we find that this love is to be demonstrated by sharing it without discrimination with all people (Barlow, 1991, p.8). Thus, it could follow that for children and young people removed from a home environment, it becomes an obligation of those working alongside them to demonstrate love in lieu of this connection.

As a result, we might then see that in demonstrating Aroha, the residential environment may become at least in some way an extension of the bonds that a child or young person may have experienced in their own home and community. As Puao-Te-Ata-Tu implores, this ideally would help to maintain the social and spiritual wellbeing of the child in a contiguous way – the loving connections that feature in so many models of child and youth development. Framed from a Maori cultural perspective, this resonates on a wider stage – practitioners of all backgrounds should show 'love' as a healthy cross-cultural approach for the wellbeing of those in our care.

How to 'Love'

How, then, does this look within the boundaries of professional practice? As practitioners in a residential environment we are often well versed in what we cannot do, as commonly dictated by legislation and regulations. Aroha more commonly will be found when we explore the possibilities of what we can do – the grey within the black and white text.

To find this, further considerations need to be taken into account here. As a practitioner, whether Maori or non-Maori, how does one relate to the concept of Aroha with the young people in our care? From a broader view this is applicable to all practitioners working in cross-cultural environments in order to relate to concepts that may seem foreign to us, at least in a professional setting. It can be a temptation to leave these interactions to those practitioners who share the same cultural values as the young person, however it would seem apparent that this model would then let some opportunities for meaningful engagement fall by

the wayside. For the young people in question who often have the most acute needs and vulnerabilities, these are opportunities that we can ill afford to miss.

From the point of view of this writer, the difference comes in moving away from the simple ideal of showing Aroha, to seeing the need for Aroha in maintaining the wholeness of the young person in care, as previously described. In other words, in order to be experienced by the young person in lieu of family and community connections, we must be prepared to take our 'self' out of the equation, to find ways of giving love while still maintaining safe and appropriate boundaries. This means being able to shift our own paradigm from the skills, knowledge and personality we already bring into contact alongside a young person, to instead look at what it is that we might need to bring in order to uphold and grow the dignity and self-esteem of a young person. Other Maori concepts of Mana and Wairua come into play here, but explaining these would require an article in themselves!

As this way of practising could be applied to many cross-cultural situations, some examples of the 'Aroha engagement' quoted earlier may be useful at this juncture.

Rules and regulations are things that residential care often seems very good at. What has been useful to look for, though, are opportunities of compassion to enhance the sense of choice and control for a young person that may fall between these regulations. Take for example a young person that has acted out, seemingly stuck in a loop of emotion and confrontation. Both practitioner and young person are often aware that the young person does not have the tools with which to pull themselves out of the situation, all too commonly causing embarrassment for the young person - further fuelling the confrontation. In many jurisdictions, regulations may allow or even enforce particular sanctions or perhaps isolation from the group as a result of this acting out. Often through omission however, a regulation or policy may allow a practitioner not to enforce the sanction, and it can be through this frame that love can be initiated through compassion. Allowing the young person opportunity to self-determine, perhaps giving the option to re-join the group when they feel ready, may just raise their sense of worth enough to re-engage. This is not to advocate abdication of oversight or removal of response to the behaviour, but instead to say that a watchful and guiding presence here can be boundary enough to ensure safety while conveying active care and enabling growth. Enforcement of sanctions is a strategy that can always be returned to if required. I would argue, though, that a young person is less inclined to recognise or receive Aroha engagement following enforcement, than if Aroha comes beforehand.

Watching for ways in which the young person expresses love him- or herself can also be important. It is often easy to tell apart those children who have grown up in homes where hugs and physical touch have been an important part of

showing love to one another, or the child that is always seeking verbal affirmation for their actions. Do we ourselves then hug and praise those in our care? Many practitioners are careful, and rightly so, to be seen to have clear and appropriate distance with our clients. Does this then put us in the way of the needs of the child for love? It certainly does not need to.

Allowing ourselves to be experienced by the young person in lieu of, not as, a family member, we might find a way to participate in these needs for love. This might be to give a pat on the back in congratulations or an arm around their shoulder when they are upset or excited, but it might not be a front-on hug. It might be a few written words of encouragement specific and meaningful for them in response to low mood, it might not be on a daily basis regardless of mood. We do this also in a planned way – we make sure there is another colleague that can see or hear how we are interacting, we do not operate secretly, and we let this be informed by the young person initiating invitations for action around their own needs. Though just a few examples have been presented, a residential practitioner with experience and confidence could safely expand upon these.

Reflections and Next Steps

In a few years' time, it will be the 30th anniversary of the Children, Young Persons and their Families Act in New Zealand 1989. What was once world leading legislation finds itself now in a position where cross-cultural competency is becoming more abundant in the workforce, but is not necessarily enabled to flourish effectively. The aims of Pua-te-Ata-Tu have not yet been realised.

If a timely revision of this legislation was to be undertaken, Aroha specifically may be too narrow a concept to legislate for. However, a proliferation of intentional positioning of Maori values and concepts within the Act and clearer requirements to take them into account across the social work sector would go some way toward fulfilling the original intent of the document. This could then provide the spark and 'permission' needed for clearer regulatory and practice pathways to be developed, as there would seem little real gain in strengthening either aspect without the other.

It is precisely at this point that things can get tricky though. Demonstrating Aroha is not a one size fits all approach, especially when much of residential work is with young people who have had disrupted role modelling of how to interpret love and affection. Here, Aroha engagement does not stand alone, but operates in partnership with behavioural, clinical and narrative knowledge of the child or young person. Where the practice of Aroha comes into its own, however, is in providing a challenge to traditional regulatory approaches that are seemingly often geared toward minimum standards and avoidance of unsafe

situations. Seeking instead to have a language change within these regulations and complementary procedural documents to become not only aspirational, but to specify room for maximal connection through concepts such as Aroha, could radically change the mindset with which a practitioner comes into the residential space and relates to the needs of a young person.

Conclusion

While the case could indeed be argued that any practitioner in state residential care in Aotearoa/New Zealand should be open to demonstrating Aroha towards young people, this should not be seen as steps into an unknown or risky practice domain. Rather, it can be seen as permission to more fully contribute to the whole needs of a young person. In fact, the opportunity this provides us with is both to seek knowledge of, and allow ourselves to take an active part in, the wider cultural community as experienced by a young person. If achieved, this fulfils the type of integration dreamed of not only by those seeking social practice change in New Zealand in decades gone by, but also from a widening interdisciplinary field of youth development models.

As such, the discussion throughout this article also aligns well to the summary of the key principles of social pedagogic practice found in Petrie, et al. (2005). In this tradition, practitioners are encouraged to see themselves in a relational way to the child, focussing on the whole child while promoting practice that does not exist only within regulatory and hierarchical domains.

In order then to enact some key ambitions of Puaō-Te-Ata-Tu, weaving Aroha into practice might just be a way to maintain this whole child in residential care. It would then make sense to align regulations and policy to promote this. However, Aroha will always reside more in a practitioner's willingness to relate and respond with some degree of vulnerability to the young person's needs as part of a community of care.

Finally, although the examples here have been within an Aotearoa/New Zealand context, the need to find pathways of cross-cultural engagement can be found the world over. These are pathways that this writer hopes will be explored with ever more vigour, and with love at the centre of engagement. Arohanui hoamahi.

About the author

Andrew Sutherland spent eight years in the youth residential care sector, initially as a youth worker before moving into a training and coaching role. With a passion for seeing youth in crisis and those that work with them thrive, he

continues this work in community based organisations. Andrew is currently completing his undergraduate psychology study.

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