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## **FOREWORD**

This edition of the Caribbean Journal of Social Work signals our move into the online environment thereby making its contents accessible to a wider readership. We wish to draw readers' attention to our revised editorial policy which reaffirms our intention to advance and position social work scholarship in the Caribbean and globally. The CJSW provides academics, practitioners, and students, with access to research, conceptual and theoretical work and contemporary debates about issues of relevance to the Caribbean, its Diaspora and those with an interest in social policy and social work practice in developing states.

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# EDITORIAL

TRACIE ROGERS

## **New Scholars, New Scholarship**

We must have the cultural confidence to develop technologies of our own kind on a timeline that plays to our strengths and which captures the imagination of our own people. We must become a developer of ideas and technologies that allow us to overcome everyday disadvantages ... and our very difficult history of slavery and colonialism. (Mottley, 2020, 11:39)

In the midst of the COVID-19 pandemic, Barbados Prime Minister Mia Mottley's inaugural remarks for the Inter-American Development Bank's Pivot Event, calls on Caribbean people to draw on the cultural confidence and creative imagination which has marked our resilience. As the older independent Caribbean states approach 60 years in this postcolonial era, Mottley (2020) urges that "it is only when we increase our cultural confidence and thus maximize the power of our creative imagination that we will be able to ... unlock our region's true potential" (13:38). This volume of the *Caribbean Journal of Social Work*, themed New Scholars New Scholarship, highlights the work of regional educators and practitioners who have qualified in social work at either the Masters or Doctoral level in the past decade. An urgency for cultural relevance in the applicability of social work practice and policy interventions is echoed throughout this volume. The authors featured reflect scholar-activist, practitioner, and policy approaches seeking to unlock our potential for competently addressing social work problems in a culturally situated manner. The offerings included are demonstrative of a commitment to confronting, grappling with and envisaging ways in which social work practice can be responsive to social conditions. The authors draw on the distinctiveness of the Caribbean ethos, disrupting the colonial gaze, questioning taken for granted global assumptions and ultimately advocating for home grown lenses, and tools with which to address our social problems.

Akilah Riley-Richardson and Clementia Eugene et al. draw our attention to the need for the design and implementation of our interventions to be germane to our practice settings. Riley-Richardson, using interpretive phenomenological analysis, examines the perceptions of frontline social workers and the relevance of social work principles. Scrutinising the universalizing tendency of social work theory, the article foregrounds how frontline social workers grapple with the scepticism with which clients often perceive interventions as foreign and irrelevant to their experience of the

world – i.e., as “white people ting.” Eugene et al., on the other hand, use a series of case studies to explore the correlates between child maltreatment and the Human Capability Approach, which is globally accepted as a gold standard for normative and evaluative frameworks. The article maps human capabilities deprivations in children who experience maltreatment in the Dutch Caribbean as well as discusses the implications for social work education. Eugene et al. urge that regional service provision must cease its dependence upon Euro-American standards to measure and rank Caribbean children’s wellbeing and quality of life. Instead, Eugene et al. concludes that Caribbean Child Friendliness Indexes designed to meet our own regional measurements rather than tools that pay cursory attention to our culture and contexts, should be a rule rather than an exception.

Attitudes and practices towards managing children is an area where the legacy of colonialism is pronounced. Emerging during the post emancipation period from charitable work through to its professionalisation, social work in the Caribbean has an established history serving vulnerable children in residential care facilities. Rosanna Joseph-Cardines and Khadijah Williams discuss their research that examine specific aspects of service provision in residential settings in Jamaica and Trinidad and Tobago. Both authors describe environments marked by opaque regulations and varying standards of care. Joseph-Cardines examines clinical processes used in Places of Safety in Jamaica to assess cases, make referrals, and improve residents’ critical behavioural issues. In this article, the often overlooked role of the social worker as part of the multidisciplinary team of providers is highlighted. The need for standards of care is echoed in Williams’ contribution, however conducting an ethnographic study, the focus is shifted from the perspectives of service providers to those of the children and young people in these settings. Prioritizing the perspectives of young people, Williams examines how paternalism is operationalised to disempower young people and moreover, how they navigate formal hierarchies to demonstrate agency and autonomy. Urging culturally relevant practice related to children in residential care, Williams challenges social workers to decolonise their thinking and approaches to service.

The vulnerabilities experienced by our clients are often an area for reflection and research, however less attention is characteristically given to the vulnerabilities faced by social work practitioners, including but not limited to vicarious trauma, compassion fatigue and burnout. Arna Elliott-Rattray explores these costs associated with caring in a conceptual paper that also examines traumatic growth and other beneficial elements experienced when social workers “walk in sacred and challenging spaces with clients’ trauma.” While often taking the lead in direct service provision across the social sector, practitioner perspectives are often absent across administrative and leadership levels. In response to this contrast, Shauna Porter reports on a qualitative study designed to engage social workers serving people who are homeless in Kingston, Jamaica, in a critical appraisal of state sponsored homelessness services. Porter shares insights from service providers that question the relevance of services to the lived experiences of homeless individuals and its correlation with organisational leadership, strategic decision-making, and service sector fragmentation. A range of policy and legislation measures to prevent oppressive and undignified practices that marginalised the homeless are offered. The call in this volume for social work interventions to embrace an inventive stance grounded in the experience of frontline service providers is undeniable, and the contributions that follow explore innovative means in which to do so.



This volume features a reprint of Jamaican poet, writer and visual artist, Yashika Graham's (2019) short story entitled "Birdie" with a commentary by Sandra Latibeaudiere. Cultural theorist Rex Nettleford surmises that, "The arts, mediated as they are by social reality, can offer persons in multicultural situations the opportunity for self-definition and action. For the arts are a form of action" (Nettleford & Hall, 2006, p. 8). The arts as a form of action is evident in both Graham's work and the article by Shawna-Kae Burns that follows. Graham, with the alacrity and honesty that only art can deliver, draws the reader into an embodied experience of a quick witted Ms Birdie making her way through the lived experience of being confined both to a nursing home, and to the limited mindset of care providers. Latibeaudiere's commentary calls social workers to action, urging a focus on building partnerships, inclusion and social justice as core principles to guide their work with older people. Building on the notion of the arts as a form of action, Burns' offers a reflection on her work as both a theatre arts practitioner, and a social work practitioner. Discussing the use of social action theatre for social change, this article highlights the seminal work of grassroots theatre companies in Jamaica as well as the use of drama and theatre in social work education. Burns' reflection on the synergies of both forms of practice resonates with Nettleford's assertion about the opportunities which art presents for both self-definition and action.

Participatory action research (PAR), is a research approach marked by its call for action and its commitment to disrupt oppressive practices that constrain people as well as research. Cheryl-Ann Boodram's article offers an autoethnographic analysis of her field notes produced while undertaking PAR for her doctoral work with deported men in Trinidad and Tobago. While exploring the multiple dynamics involved in partnering with marginalized groups, Boodram advocates for the use of PAR for social work doctoral research citing its potential to facilitate transformation. The argument is forwarded with a balanced look at a range of potential challenges for students including managing conflict and the politics of access to marginalised populations and negotiating institutional expectations. Conducting PAR studies can be laden with anxieties and uncertainties however, Tracie Rogers offers that at every iterative research cycle there are possibilities for unexpected learning and growth. Rogers discusses the synergies between PAR and social work practice, both of which are marked by collaborative engagement with disenfranchised populations. Drawing on two PAR studies, Rogers argues for PAR social work research as social work practice, presenting the social work researcher as engaged in a change process intervening across the micro / macro divide to gather data and translate knowledge into action.

This volume concludes fittingly with Lynne Healy's review of Orlando Patterson's *The Confounding Island: Jamaica and the Postcolonial Predicament*. Healy forwards that as Patterson's potent analysis pulls apart the strands woven together to create post-colonial Jamaica, it becomes clear that "disentangling the threads is complicated." Healy reflects on how Patterson's analyses are of particular interest to social work practitioners and educators. There is much for social workers to learn from mapping the causes and consequences of the social conditions faced by Caribbean people. According to Patterson, for Jamaica it necessitates unravelling their crises and successes, from its attainment of the most Olympic medals per capita and the global reach of its music, to the unprecedented violence, (which he connects to the legacy of enslavement) to persistent failures of social policy and programmes to treat with poverty alleviation and improved living conditions as well as homophobia and gender-based violence.

Conjuring images of George Headly, CLR James, Kincaid, Sir Arthur Lewis, Brian Lara, Derek Walcott, Shirley Chisolm and Usain Bolt, to name a few, Mottley (2020) asserts, as only a Caribbean Head of State can,

We are a region that has already solved some of the most difficult of the so-called developed world's problems ... We are a place of critical creative thinkers, we like to abuse one another and we like to use colourful language, we are revolutionaries in our own ways, we are inventors, artists and pioneers, we have already produced the best and we have already been the first. (9:36)

We are indeed living in a confounding reality in the region and throughout the diaspora; a reality intricately connected to the entanglement of our colonial past, seeped in histories of disempowerment and disenfranchisement that continue to shape our relationships on micro and macro levels. This volume features the voices of social work practitioners, educators and researchers who are working towards creating innovative and novel ways to address our perplexing reality - New Scholars New Scholarship recognises the work produced by some of our emerging critical social work thinkers.

Tracie Rogers, PhD  
Co-editor

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*SECTION A:*  
GENERAL PAPERS

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# IS THIS “WHITE PEOPLE TING”? EXPLORING PERCEPTIONS OF CULTURAL RELEVANCE OF SOCIAL WORK PRINCIPLES IN TRINIDAD AND TOBAGO

AKILAH RILEY-RICHARDSON

## Abstract

Social Work occupies a unique role as it aims to enhance individual functioning and generate social transformation. Nonetheless, social workers in developing countries face a distinct challenge in ascertaining the relevance of Social Work to their local contexts, due to the heavy reliance on European and North American literature. In this study, social work educators and frontline social workers in Trinidad and Tobago engage in this said discourse through semi-structured interviews. Using Interpretive Phenomenological Analysis (IPA), perceptions of the relevance of social work principles to Trinidad and Tobago are explored. As participants discuss the challenges and successes faced in applying the principles to their local context, the universalizing tendency of Social Work is placed under scrutiny, and the assertion by many that Social Work practice and education is *white people ting*—an expression used to refer to products of North America and Europe—is discussed.

*Keywords:* social work, social work practices, social work education.

## Introduction

Felix Biestek's (1957) publication of *The Casework Relationship* has been lauded as “a landmark [book] in social work writing that was heavily influential in social work education” (Edmonson, 2014, p. 12) and which “quickly gained universal acceptance by educators” (Siporin, 1980, p. 329). Presently, it remains a critical part of social work education in many Caribbean universities, as it is taught in many social work introductory courses. Biestek (1957) posited seven principles as essential to the casework relationship. They are purposeful expression of feelings, acceptance, non-judgmental attitude, individualisation, confidentiality, client self-determination and controlled emotional involvement. These principles provided clear and simple guidelines for the social work relationship. While they were considered to be generally applicable for persons from various faiths, some of the foundations for Biestek's views, which were shaped by his religious background, were considered to be potentially “professionally unacceptable to many social workers” (Bisno, 1958, p. 87).

The debate about the applicability of the principles of social work mushroomed in the context of discussions about the Eurocentric bias of social work knowledge. Graham (1999) asserts that although social work purports to be anti-racist and anti-oppressive, “cultural oppression” (p. 255) is maintained in that the ability to develop and present social work knowledge is viewed as residing in specific groups of persons. This, inevitably, disempowers other groups. Thus, the fact that social work principles have been framed in the context of the experiences of countries of the North limits their applicability to other social and cultural contexts (Lam, 1997).

These assertions about the limited applicability of the principles of social work in countries of the South sparked the quest to understand the perceptions of the social workers and social work educators in Trinidad and Tobago of the cultural relevance of Biestek’s (1957) casework principles, which significantly undergird practice in this country.

Trinidad and Tobago is a twin-island nation in the Caribbean, which boasts of a multicultural heritage, birthed in its history of colonisation by Britain and Spain, the enslavement of Africans, the indentureship of East Indians and the migration of Chinese. Although the process of creolisation has led to the intermingling of cultural practices, there are many practices that continue to be predominantly observed by specific ethnic groups. According to the Central Statistical Office (n.d.), Trinidad and Tobago has a population of 1.3 million persons, of which approximately 1.24 million reside in Trinidad and 60, 000 people live in Tobago. The documented history of social work in the Caribbean reveals a profession that has its roots in social welfare service provision by religious organizations to ex-slaves during the late 1800s (Maxwell, 2002). This later morphed into social services which were provided by both the state and voluntary organizations at the beginning of the twentieth century (Maxwell, 2002). Signature in the profession’s development is the influence of the Moyne Commission in 1938, an investigative response to a period of social unrest in many Caribbean countries in the 1930s. At that time, it was recommended that social welfare officers be employed to alleviate the circumstances that were assumed to be the cause of the disturbance. This resulted in persons being trained at the tertiary institutions in both England and Jamaica (Maxwell, et al, 2003). Presently, social work is primarily practiced in government settings and includes medical and psychiatric social work, probation, the Victim and Witness Support Unit, school social work and social welfare. Social work in non-governmental settings primarily provides advocacy services for special groups. Social work education is provided in four tertiary institutions.

For many countries in the Global South, colonisation was a significant historical event which shaped the reality of the lives of citizens. For these countries, colonisation represented a period in which they had limited power over their own interests, and in which the decisions made for their country benefitted an external country. Although most of these countries have attained independence, the influence of the Global North persists through the production of knowledge and its acceptance by countries of the South. “Knowledge has been, and to a large extent, still is, controlled and produced in the North. The power to name, represent and theorize is still located there” (McEwan, 2009, p. 26).

Writers from countries in the South have analysed social work knowledge in the context of colonisation. Social work knowledge has been variously described as a “product of colonialism” (Al-Krenawi & Graham, 2003, p. 75). It has also been accused of producing “intellectual colonization” while simultaneously “devaluing and [marginalising] indigenous and local knowledge” (Coates et al., 2006,

p. 382). Graham (2000) commented that social work knowledge is dominated by Eurocentric knowledge “[that is presented as if it were] devoid of cultural impositions that affect the theorist and theorising” (p. 425). For Al-Krenawi and Graham (2003), the Northern assumptions about individuals and social problems persisted when social work knowledge was accepted and used by formerly colonised countries. These portrayals all suggest the poorness of fit of a body of knowledge when it is implemented in a context for which it was not originally created.

Walton and El Nasr (1988) outlined the process by which countries of the South have wrestled with the use of social work knowledge produced in the North. During the first phase, the transmission phase, knowledge was unquestioningly accepted by countries of the South and applied indiscriminately to practice. The recognition that knowledge did not always cohere with the realities of life in these countries led to the indigenisation phase, during which there was a move to adapt knowledge to the cultural realities of the societies. Some have seen the need to progress beyond adaptation of knowledge to the creation of local knowledge that is rooted in the cultural practices and historical experiences of the country. This stage, the authentisation stage, can occur in a reciprocal relationship with the indigenisation stage. In other words, with the increase of authentisation, there is a concurrent decrease in indigenisation. Al-Krenawi and Graham (2003), with reference to Osei (1996), present the concept of *localization* which includes both the modification of the Northern theories and methods, as well as the creation of new theories/methods or the application of local approaches.

Lam (1997), writing about Hong Kong, noted the tendency to accept social work values as having universal applicability when, in fact, they are rooted in Western values. For him, indigenisation involved understanding the differences between and among societies in defining their aspirations and goals for their citizens. In the context of the Chinese society, Lam (1997) saw the need for the development of a holistic understanding of the culture. However, he admitted that social workers in Hong Kong had not resolved “the questions of what the genuine essences of traditional Chinese culture . . . and . . . Hong Kong Chinese culture” (p. 11). This raised the question of whether it is possible for former colonised countries to move from transmission to indigenisation before they determined their country’s own unique culture and values. He also proposed the need for research into differences between the practice of Chinese and Western social workers to derive a better understanding of the differences between the values of the two societies. For him, this would deepen our understanding of indigenisation.

Biestek’s (1957) principles, which were produced in the North, have sparked discussion and elaboration both in the North and the South. While some scholars in the North accepted and expanded the principles (Hancock, 1997), others wrestled with the philosophical underpinnings which were rooted in Christianity (Edmonson, 2014). Still others identified as problematic the focus of the principles on enhancing the relationship of the social worker with the client instead of addressing structural inequality and oppression (Swain, 2006; Edmonson, 2014).

The principle of client self-determination has sparked rich debate among scholars of the North as well as of the South. Biestek (1957) defined client self-determination as “the practical recognition of the right and need of clients to freedom in making their own choices and decisions in the casework process” (p. 103). He contextualises self-determination within the casework process and emphasises the social worker’s role in ensuring that he/she does not assume a directive role in the process. Biestek

(1957) also alludes to his underlying belief in individualism when he comments, “Like every human being, the client has the responsibility of living his life in such a manner as to achieve his life’s goals . . . as he conceives them [emphasis added]” (p. 104).

Perlman (1971), one of the forerunners of social work authorship, appears to have supported the principle of individualism when she indicated that

Self-determination . . . is the very essence of mature humanness; that man's exercise of choice rather than his coercion by his own blind impulses or the power of others is what builds in him his sense of effectiveness, of identity and selfhood, and of responsibility....

Whatever fraction of self-determination is given to us should be exploited to its fullest, for ourselves and for anyone in whose lives we intervene. (as cited in Wesley, 1996, “Client Self-Determination” section, para. 2)

However, other scholars from the North appear to have struggled with the principle of self-determination. Clark (1998) and Taylor (2006) have outlined the importance of protecting clients who, through the use of self-determination, are at risk of hurting themselves and/or others. The central tension appears to be between the freedom of the individual and the security and well-being of the wider society (Clark, 1998; Freedberg, 1989; Taylor, 2006; Wesley, 1996). Freedberg (1989) notes that “social workers . . . strive for a balance between responsibility to the community and responsibility to the self-determination of the individual client system” (p. 33). Clark (1998) elaborates this perspective by presenting the concept of equity. If decisions about client needs were met on the basis of client choice, then social workers would inadvertently support inequity, as similar cases would be treated differently. The social worker’s own values may also tacitly influence their relation to the client’s freedom to choose (Clark, 1998; Rothman, 1989, as cited in Wesley, 1996).

Scholars from the South also wrestle with the principle of self-determination, indicating that the collectivistic orientation of many countries of the South is fundamentally different from the individualistic approach of countries of the North (Coates et al., 2006; Ewalt & Mokuau, 1995; Leake & Skouge, 2012). In these countries, the needs of the family and/or society supersede those of the individual. Although Rothman (1989, as cited in Wesley, 1996) and Clark (1998) alluded to the influence of family in the operationalisation of the principle of self-determination, this issue takes greater prominence among writers from the South. Work with clients from these backgrounds is likely to be more effective if the family and wider society are integrated in the intervention process (Saleebey, 2012; Ewalt & Mokuau, 1995). Scholars, writing about the context of the South, advocate the need to adopt a more flexible approach to principle of self-determination that recognises that the personal goals of some clients are actually realised when the views of the family or community are incorporated (Hu & Palmer, 2012). Furlong (2003) encourages the need for flexibility in assisting clients to determine the balance between personal and collective interest.

While there has been rich debate about the principle of self-determination, the discussion on the other principles has been limited or non-existent. Clark (1998) explored the principle of individualisation in the context of managerialism. He did not express any concern with the principle itself but focused on the operationalisation of the principle in a context in which social workers have inadequate time to meet the clients’ needs. In relation to the principle of confidentiality, scholars have affirmed its importance in enhancing the helping relationship (Colingridge et al., 2001, as cited in



Swain, 2006; Millstein, 2000). Swain (2006), however, criticised the profession of social work for not clearly articulating the limitations of this principle and reconceptualising a more honest presentation of this principle. The limited discussion about the aforementioned principles and the absence of debate about the others raise questions as to whether these principles fit well with social work practice in countries of the South.

Although the Caribbean is considered to be part of the countries of the South, there is a dearth of research on the views of social workers about the applicability of the principles of social work in this context. This research will fill the gap that currently exists and will provide valuable information on the fit of these principles with the reality of social work practice in the Caribbean. The essential question is: How do social workers and social workers educators in Trinidad and Tobago perceive and experience these principles (Biestek, 1957)?

## **Method**

To explore how social workers and social work educators perceive the relevance of social work principles to the context of Trinidad and Tobago, a qualitative study, which utilized semi-structured, single participant interviews, was conducted. Snowball and purposive sampling methods were used, and 10 persons participated in this research. Three of the participants were front line social workers, while the other seven served as both social work educators and practitioners. Their practice areas include Lesbian, Gay, Bisexual and Transgender (LGBT) advocacy; child protection; substance abuse; offender management; youth work and mental health. All participants were asked the same questions.

During the interviews, the participants were invited to explore the relevance of the principles of social work to the Caribbean. Interpretive Phenomenological Analysis (Smith & Osborn, 2008) was conducted on the data. The main purpose of Interpretive Phenomenological Analysis is to explore how people interpret their world. Through a “process of interpretative activity”, the researchers’ own conceptions also feature as there is an attempt to make sense of the participants’ perceptions (Smith & Osborn, 2008, p. 53). From the raw data of each interview, themes emerged, and these themes were then clustered with others to form superordinate themes. The list of superordinate themes from the first interview was used to analyse data from subsequent interviews, with sufficient room being left for new and emergent superordinate themes.

## **Results**

### **The Bible of Social Work**

The participants were asked to explore the cultural relevance of the principles of social work practice (Biestek, 1957). Their answers to this question were varied. Some indicated that the principles were quite suitable to the local context and saw them as critical to intervention. In fact, one respondent noted that these principles constitute the “bible of social work” and as such, social work students were mandated to be familiar with them. The principles were also described as “well-coined”, and another respondent indicated that Biestek (1957) was “wonderfully clever” in his conceptualization of the principles. Mention was also made of specific principles that were especially useful in practice. For

example, “purposeful expression of feelings” was deemed to be extremely important as clients, according to one respondent, “need to ventilate.” Furthermore, it was noted that it is necessary for social workers to have a “non-judgmental attitude”, and that this principle (non-judgmental attitude) had universal applicability.

### **The Principles as a Necessary Catalyst for Change**

Two social workers stressed the role of some of the principles in militating against the behavioural norms and values of the local culture. For instance, one social worker, who is employed in Tobago, highlighted that the principle known as “Acceptance” bore special significance in that cultural context, as citizens were not always tolerant and accommodating to others who have different sexual orientations. With a tangentially similar argument, another respondent, who was a social work educator, posited that the principle known as the “Client’s self-determination” was of paramount importance in Trinidad and Tobago because it mandates practitioners to tolerate and accept differences. She noted that in Trinidad and Tobago, there was an assumption that homogeneity of beliefs, behaviour and values are critical to social stability. As she recounted her experience as a social work educator, she stated:

Our [social work] students tend to think this [a specific behaviour] is what has to happen. This is because they have been *culturised* [emphasis added] to believe that there is a mould that everyone [in Trinidad and Tobago] fits into. So, with *self-determination* [emphasis added], they [the students] are allowed to say that if this is what the client wants, then I can’t make them see it my way or do it my way.

This educator also noted the role of “individualization” in the local “communal culture”, which she described as family oriented. She stated that in the local culture, persons often use their families’ values and behaviours as reference points. As such, social work practice becomes necessary to liberate persons from this referencing so that they can chart their own course. She shared that via the use of “individualization”, social workers can give people “permission” to explore behavioural options outside of the familial and communal norms in Trinidad and Tobago. However, this emphasis on individualization, as well as purposeful expression of feelings, is not always well received by clients. For instance, one interviewee divulged the details of a case in which she conducted joint counselling with a mother and a child. As she attempted to elicit the child’s feelings on the challenges, the mother registered her disgust by saying, “Yuh see this white people ting! That she have feelings and thoughts!” [I do not approve of this intervention that is typically for North American or European people only, that is, this focus on the child’s feelings and thoughts].

### **The Centrality of the Principles to Human Nature**

Another worker spoke favourably of the principles and argued for their importance, irrespective of one’s culture. She stated, “I do not think that they [the principles] should be replaced or can be replaced Simply because when we are dealing with human nature, those are some of the foundation [principles]...This is the foundation of human society.” This, however, was not the sentiment of another worker who found that the principles were actually far removed from true human nature. For example, she stressed that being non-judgmental was impossible, as all persons have biases. She opined that

with its focus on being non-judgmental, social work education distanced students from their true nature. She declared that as social workers wrestle with their biases and judgments during intervention, they are forced to believe that they are “wrong” for espousing their attitudes which may not cohere with social work principles. Additionally, in her opinion, social work education and practice ignored the reality of the practitioner as a human being, with lived experiences which shaped one’s biases and positions. Her thoughts and disappointment were captured in the following: “Are you [social work practice] saying that because of the way I feel, I am wrong to feel this way? What about me?”

### **Relevance of Principles to Various Practice Contexts**

The aforementioned worker also presented that Biestek’s (1957) principles were not relevant at all levels of practice. For example, structural social work and other forms of macropractice, which may necessitate a radical shift in policies and systems which oppress vulnerable groups, requires the conferral of judgment on existing systems that may be disadvantageous to large sectors of society. It is this judgment and lack of acceptance that provokes change and action. She also stressed that it was not culture that determined the relevance of the principles, but one’s work context. Another worker shared similar sentiments as she discussed her challenges in applying the principles to the judicial system in which she practiced. She noted that though most of the principles were applicable, “client’s self-determination” and “confidentiality” could not be practiced in her environment, as the demands of Court superseded the principles of social work practice. Clients in that context were mandated to attend counselling against their will and their information was not kept confidential. This occurred despite the worker’s best efforts and consequently, she deemed the practice in this environment to be a “struggle.”

One respondent shared that during his social work training, there was no liberty to explore other principles that may be applicable to social work practice and so, Biestek’s (1957) principles were limiting. He also shared that in the context of his social work interventions with LGBT persons, one of the principles manifested differently in local practice. He reported that the “client’s self –determination” is inhibited by Christianity, a religion that is widely practiced in Trinidad and Tobago. As such, it (Christianity) sets the parameters for self-direction. Finally, another respondent, in her discussion on the principles shared that at least one of them, namely “acceptance”, was difficult for social workers to enact. She opined that this was because after most social workers attain their credentials to practice, they become vain and unresponsive to the needs of the client.

### **Discussion**

The participants offered mixed responses about the principles of social work (Biestek, 1957). Their favourable responses match the sentiments of authors such as Hancock (1997), and are perhaps partially linked to the history and evolution of social work education internationally and in the Caribbean. According to Edmonson (2014), since their introduction into the lexicon of social work education, these principles were “highly influential” as Biestek’s (1957) text on the principles became central to many UK programmes (p.12). These programmes then heavily influenced the region’s social work education in the 1970s, as there was a determined effort by local and foreign academicians to bring Caribbean social work education “more in line with the professional requirements of North

America and Britain” (Maxwell et al., 2003, p. 13). It is not surprising therefore that the high level of appreciation for these principles which existed internationally would have transferred to the Caribbean. In many ways, this is warranted as the principles appeared “novel”, “unambiguous” and “one of the early ‘list’ approaches to setting out principles for practice” (Edmonson, 2014, p. 12). Such favourable descriptors were also articulated by some of this study’s respondents, who noted that the principles were “clever” and “well-coined.”

Noteworthy also, is the way in which some social workers have constructed some of the principles as being contrary to the values of Trinidad and Tobago, yet necessary for effective practice. Here, social work appears to have a culture of its own, and though it does not always harmonise with the prevailing local culture in which it is practiced, it is deemed essential to redeem those who are negatively affected by the local mores, values and practices. One of these practices is arguably homophobia, a feature of Caribbean reality. In such a reality, the counterculture of social work practice appears messianic when principles such as acceptance are practiced with those who exist on the margins of society. It is unclear, however, the degree to which these principles actually result in the social worker’s own personal transformation and consequent enactments of these principles in advocating for and promoting social change, which can result in the actualization and liberation of all people. In other words, the principles may only feature in a practice, which may not go beyond the counselling session. This resonates with Swain’s (2006) assertion that social work has not fulfilled its agenda for social transformation.

Another principle that was deemed to create an enabling context for social work practice in the local culture was “purposeful expression of feelings.” It was believed that this principle enabled clients to ventilate. One would be misguided to ignore the possible cultural underpinnings in that assumption. Culture can indeed affect persons’ willingness to express emotions and tolerate emotional expression of others. Within each cultural context, there are display rules, which refer to “culturally shared norms” which “dictate how, when and to whom people should express their emotional experiences” (Safdar et al., 2009, p. 1). In settings such as North America, the primacy given to individual fulfilment (Hofstede, 2001 as cited in Safdar et al., 2009) sets a context for display rules which accommodate outward expressions of emotions. Emotions “are seen as important experiences and expression is the individual’s right” (Safdar et al., 2009, p.2) Hence, there is an obvious nexus between the display rule and the principle entitled “purposeful expression of feelings.” Such display rules do not exist in all cultures. Countries such as Japan, which have more collectivist cultures, have more conservative and restrictive rules (Safdar et al., 2009, p.1). The fact that expressing emotions was deemed to be of considerable import in Caribbean social work practice points to a need to further investigate the possible display rules that exist in the region and more specifically, Trinidad and Tobago. Certainly, if the rules in Trinidad and Tobago appear to encourage liberal emotional expression, the assumption that Trinidad and Tobago has a communal or collectivist culture cannot easily be made.

One worker’s assumption that the principles are inevitably shrouded in a dominant Christian ethic is striking and possibly indicative of the way in which self-determination and acceptance are understood and communicated in practice. It appears that there are “limits” in which these principles are practiced in this cultural context. These limits can be understood as “parameters of difference” in which only certain lifestyles which are not grossly averse to Christianity are truly accepted in practice.

While these parameters may be created by the larger conservative Christian culture as well as the personal beliefs of practitioners, it is necessary to interrogate the extent to which the parameters are challenged or maintained in social work education. Despite the implicit meaning of acceptance and self-determination, culture, and in this case religion, probably circumscribes social work education and practice.

It was also reported that the principles such as individualization were useful in Trinidad and Tobago’s communal culture as they allowed people to express their individuality in an otherwise restricted space in which community needs trump those of the individual. Once again, the counterculture of social work is pit against that of Trinidad and Tobago in a favourable light. While some see these principles as favourable when juxtaposed against the local culture, such sentiments are not necessarily held in other societies. Silavwe (1995) criticizes Biestek’s principles such as “self-determination” and deems it “inappropriate” for social work practice in other communal societies such as African nations, in which individuality was not an accepted and popular value (p.71). Similar positions have been articulated by Walsh-Tapiata (2010) who argues that self-determination as articulated in social work practice and education espouses an ethic of individualism that does not feature in indigenous cultures in New Zealand. He stresses that there is need to understand that the community places an indispensable role in persons’ well-being. In China, Cheung and Liu (2004) aver that social work principles cannot be “imported without modification” to fit Chinese culture to fit a context in which self-reliance is not prominent. Even Owusu-Bempah (2004) notes that the social work values which align with individuality “undermine support systems based on family and community which provide the resources for problem-solving” (p.31). That which has been regarded as positive to Trinidad and Tobago space is not necessarily deemed so in other contexts where social work practice is deemed to be cultural imperialism (Gray, 2005). Notwithstanding the above, it would also be useful to investigate the extent to which Trinidad and Tobago has a communal culture. While this seemed to be the belief of some of our respondents, this cannot be stated with certainty, as defining the culture of any physical space is highly problematic. Culture is not static, especially in an ethnically heterogeneous society which is constantly exposed to foreign cultures via media and travel. Globalization and “international exchanges” create cultures that are “fluid” and “shifting” (Gray, 2005, p.232).

It is also necessary to interrogate some participants’ assertion that these principles were fundamental to human existence. Indeed, the universality of humans can be argued in many regards. However, the non-applicability of some of the principles to myriad cultural contexts would suggest otherwise. Furthermore, critics argue that the principles of social work are rooted not in the universality of human beings, but in Biestek’s Roman Catholic traditions and Western philosophical paradigms (Edmonson, 2014; Lam, 1997; Walsh-Tapiata, 2010). In his reflection on social work in Hong Kong, Lam (1997) argued that the principles and values of social work are actually based on German Kantian philosophy of human existence, a framework that is not readily accepted by all people and cultures, especially communal ones. Conceptualizations of “being human” vary across persons, time and space. Perhaps, this sentiment is best exemplified by one of the participants who opined that the principles removed social workers from her understanding of “humanness.”

Just as the principles may not necessarily be applicable across cultures, it has been argued that they are not relevant to all levels of practice. Such was the assertion made by one of the study's respondents whose views in this sense seem to mirror Edmonson's (2014) argument that Biestek's principles "fell out of favor" because they ignored the "political context of social work" and the wider structural causes of personal problems (p.13). A practice which focuses on the wider context seems imperative in some societies in which oppression and marginalization have become key features. Gray and Lombard (2008) note such is the reality in countries such as South Africa, a nation still unravelling the injustice of apartheid. Here, social work cannot occupy its traditionally conservative stance and dominant principles but must become oriented toward development and redressing past injustice. Trinidad and Tobago, as well as many nations in the Caribbean, still bears some of the vestiges of slavery and colonialism, which shape social and economic relations today. Despite this, social work in the region has not adequately responded, as advocacy has not featured largely in Caribbean social work practice (Maxwell et al., 2003). Given the region's political past and contemporary reality, one wonders if conservative social work principles are irrelevant in this regard.

The author notes, with interest, one participant's description of the principles as the "bible of social work." A metaphor such as this implies the principles' infallibility and indispensability. The source of this perception may be perhaps rooted in undeniable truisms and relevance of the principles that are discovered by the social workers in their practice. However, it is also likely that the high esteem accorded to these principles have resulted from consistent touting of them as fundamental and critical to effective practice. This would therefore raise questions about the pedagogy of social work education, primarily about the way in which these principles are taught to students in Trinidad and Tobago and the degree to which wiggle room is given for critique and questioning. Given that the principles are subjected to critical scrutiny in other parts of the world, it is healthy to assume that the same should occur in the Caribbean. Yet, the author notes concerns from this research about the limiting nature of the principles and an approach to social work education which has not perceived the necessity of widening the scope of applicable principles and values. Though Janagan et al. (2012, p.20) argue that social work education utilizes "student-centered dialogical classroom teaching-learning" and a critical pedagogy, some sentiments which emerged from this research refute this. If in fact, the spread of North American social work principles to the Caribbean can be configured as a process of cultural imperialism and neocolonialism, the social work educator "stands in the gap" with considerable power to either abate or intensify that process. In that gap lies the opportunity for indigenization and authentisation, as novel insights which are grounded in the cultural contexts can be discovered within a liberating and accommodating pedagogy, which respects grounded knowledge.

### **Limitations**

As a qualitative research study with a relatively small sample size, the results of this investigation are not generalizable. Additionally, Interpretive Phenomenological Analysis bears its own challenges. Researchers often rely on their own phenomenological realities to interpret the data. This not only influences chosen themes but can inadvertently result in omitted themes.

## Conclusion and Recommendations

This paper explored the ways in which social workers perceive the principles of casework and their relevance to social work practice. The findings are instructive to both educators and practitioners. In some ways, the principles taught are not perceived as relevant, but critical to the well-being of those whom social workers serve. As such, they enable worthwhile interventions. However, the challenges faced in operationalizing the principles within the local context are also noteworthy. It would therefore be helpful for students at the tertiary level to be given the opportunity to explore and critically analyse these principles, as obtaining a realistic understanding of them is useful to budding practitioners. Foreknowledge in this regard can prepare students for the world of practice, where implementing the principles is not as seamless as it may appear in textbooks. Being aware of the challenges in implementation can considerably reduce some of the initial distress and discouragement experienced in the workplace and on practicum, where the reality of practice demands critical thinking and creativity grounded in the experiences.

Furthermore, being aware of the areas of poor fit should stimulate social workers to explore other values and principles that are more relevant to the local context. Additional research may be needed in order to furnish Caribbean social work practice with more culturally relevant values to guide practice. There is also a need to research the degree of relevance of other forms of social work knowledge, such as the theories and models which guide practice, the ethics used and the methods that are typically considered core to the helping process. This is inherently a political exercise, where social work practice in the region can become “decolonized” and better suited to the people who inhabit this space. A more relevant practice is a more useful practice.

Akilah Riley-Richardson, MSW,CCTP

Social Work Educator

University of the Southern Caribbean

akilah.riley@gmail.com

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# CONCEPTUALIZING CHILD MALTREATMENT AND HUMAN DEVELOPMENT USING THE HUMAN CAPABILITY APPROACH

CLEMENTIA EUGENE, TOBI  
GRAAFSMA, AND MANON R.  
SANCHES

## Abstract

Child maltreatment is a human rights issue and social problem for the global society. Given the scientific discourses about the Human Capability Approach as a normative and evaluative framework to measure human development that captures the quality of life, human dignity, and flourishing, this article attempts to conceptualize child maltreatment as a capability impediment. The authors contend that the Capability Approach can be explored to map out those human capabilities deprived in children who experience child maltreatment. Case studies are used to explore the correlates between child maltreatment and human development using Nussbaum's 10 Central Human Capabilities. The article concludes that child maltreatment constitutes a human development deprivation, advocates designing a Caribbean Child Friendliness Index, and valorizes child maltreatment as an indicator for human development. Implications for social work education are highlighted, and further research is recommended.

*Keywords:* child maltreatment, human development, Human Capability Approach.

## Introduction

Children have rights that must be protected, and should be provided the capability space to flourish, enjoy wellbeing, and "lead lives that they have reason to value" (Sen, 1999; Robeyn, 2016). How can this be achieved when abuse ravages their innocence?

Child maltreatment is the abuse and neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development, and dignity in the context of a relationship of responsibility, trust or power. Exposure to intimate partner violence is also a form of child maltreatment (World Health Organization [WHO], 2016, para 1)

This article discusses child maltreatment effects on human development using the Human Capability Approach (HCA). This approach was developed by Amartya Sen and Martha Nussbaum and draws from the disciplines of Economics and Philosophy (Robeyns & Byskov, 2020). The HCA promotes human dignity and quality of life (Nussbaum, 2008), ideals of what children need to flourish after traumatic experiences of child maltreatment. Over time, the HCA has been at the vanguard of empirical research in the social sciences. Nonetheless, its application to child maltreatment is underdeveloped. Nussbaum and Dixon (2012) addressed the relationship between children and the HCA, arguing that it can be used as a theoretical justification for prioritizing children's rights. They did not, however, identify child maltreatment as a particular issue. This article utilizes Nussbaum's HCA to argue that children who experience maltreatment suffer a cruel form of human development deprivation. This deprivation may compromise children's quality of life, more particularly the children who are not resilient. The article uses the authors' reflections on past social work practice and clinical experiences exploring the HCA as a conceptual framework to valorize child maltreatment as a human development impediment. Pseudonyms are used to protect the anonymity of the clients.

### **The Convention on the Rights of the Child**

The Convention on the Rights of the Child (CRC) was ratified and signed by 195 countries, including all islands in the Caribbean (Economic Commission for Latin America and the Caribbean [ECLAC] & United Nations Children's Fund [UNICEF], 2018). The CRC was written in the hope of providing children with protection from abuse by establishing their rights to survival, development, protection, and participation. While all articles of the CRC provide protection for the child, articles 6 and 19 deserve special mention:

- "State Parties recognize that every child has the inherent right to life and shall ensure to the maximum extent possible the survival and development of the child" (CRC, 1989, Article 6).
- "State Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child" (CRC, 1989, Article 19).

Countries that are signatories to the CRC are required to make a pilgrimage to the United Nations' Committee on the CRC to present their accomplishments and challenges. They depart the United Nations with an inventory of concluding observations and recommendations, and the cyclical pilgrimage gets repeated every four years. However, because of the complexities of child maltreatment, children continue to suffer the adversities of abuse.

### **Complexities of Child Maltreatment**

#### ***Effects of Child Maltreatment***

A litany of research has chronicled the effects of child maltreatment on adverse mental, social, and physical health outcomes across the lifespan. Maltreated infants experience insecure attachment; impairments in their emotional understanding, expression and regulation; and display symptoms of

posttraumatic stress (Harden et al., 2016). Effects on young children include cognitive and language delays; and, compromised executive functioning, memory and problem-solving skills (Harden et al., 2016). A study amongst urban primary school children in Jamaica found exposure to aggression among peers at school, physical punishment at school, and exposure to community violence were associated with poor school achievement (Baker-Henningham et al., 2009). Effects on adolescents that linger into adulthood include aggression, crime, violence, anxiety, depression, suicidal ideations, sexual problems, alcohol and substance abuse, disrupted sleep, obesity, cancer, and cardiovascular disease (Cicchetti & Handley, 2019; Gershoff & Grogan-Kaylor, 2016; Gomez et al., 2017; Jaffee et al., 2018; Roopnarine & Jin, 2016; Roopnarine et al., 2013; Tran et al., 2017; Yoon et al., 2018). Child maltreatment has economic costs such as direct medical expenses, and indirect costs as a result of loss of productivity, disability, decreased quality of life, premature death as well as costs borne by the justice system, social services, places of safety, foster care and adoption (Currie & Widom, 2010; Krug et al., 2002; Peterson et al., 2018; WHO et al., 2008; WHO et al., 2014). The authors' interest is to determine to what extent the above effects of child maltreatment interfere in children's evolving capabilities and national human development.

### ***Child Maltreatment and Resilience***

A plethora of research associates child maltreatment with adverse emotional and behavioral outcomes (Eugene & Graafsma, 2020). Interestingly enough, the studies of Afifi and MacMillan (2014) and Edwards et al. (2014), found that children who experience child maltreatment can be resilient. Contributing factors to resilience include a stable family environment and supportive relationships, referred to as family-level factors, whereas children's personality traits are individual-level factors that also contribute to resilience (Afifi & MacMillan, 2014; Yoon et al., 2019). Other contributory factors to resilience at the relational level include positive peer relationships and caring adults. At the societal or community level, factors that contribute to resilience include a positive school climate, a close-knit community, and safe neighbourhoods (Perkins & Jones, 2004). While there is a need to control the moderating role of resilience in unpacking the correlates of child maltreatment and its impact on human development, it is crucial to appreciate that victims may vacillate from resiliency to thriving and back to victimhood, as the traumatic memories may untangle at any time during adulthood and cause psychosocial impairment (Eugene, 2012).

### ***The Etiology of Child Maltreatment***

In Caribbean societies, the genesis of abuse has been framed as a learned behavior from the institution of slavery (Arnold & Phil, 1982; Barrow, 1998) and colonial penal policies that legalized punishment (Antoine, 2008). Studies by Gardner et al. (2008) from 16 Caribbean islands reveal the underlying causes of violence against children as “politically-based arming of civilians, the rise of narco-trafficking, poverty and wealth disparity, migration leading to family instability and inadequate educational systems” (pp 3–4). According to World Vision (2012), which studied 10 countries across Latin America and the Caribbean, the root causes of child maltreatment include the following:

- high levels of poverty and unemployment;
- attitudes of machismo and aggression against women and girls;

- lack of parent education and knowledge;
- drug and alcohol consumption;
- death or absence of a parent or both parents;
- high levels of migration, family separation or dissolution;
- discrimination based on gender and ethnicity and against rural populations;
- violent contexts, existence of organized crime and influence of gangs;
- lack of opportunities for children and youth; and
- lack of spaces for recreation cultural and artistic expressions, sports etc. to discover talents, grow and develop, and open new possibilities for the future. (p. 7)

In addition to the above root causes of child maltreatment, a 2008 study from ECLAC and UNICEF points the finger to the normalization of abuse in Latin America and the Caribbean. This study asserts “another aspect of the problem that must be addressed is the risk that violent acts can come to be seen as a natural part of daily life and behaviour” (ECLAC & UNICEF, 2018, as cited in Berthelon et al., 2018). Meanwhile, international studies also support the claim of normalization of abuse, as children who grow up in abusive home environments, somehow become convinced that they deserved to be treated in that manner (Pears & Capaldi, 2001; Renner & Slack, 2006; Wert et al., 2019; Wilson, 2016). Normalization of abuse has implications for perpetuating a multigenerational transmission process of acceptance of abuse, and this can be further compounded where the abused becomes a perpetrator.

### ***Prevalence of Child Maltreatment***

It is difficult to provide a global overview of child maltreatment since studies use a variety of methodologies (Graafsma, 2015). However, the Global Status Report on Violence Prevention (WHO et al., 2014) collected data from 133 countries, covering 6.1 billion people, representing 88% of the world’s population. The report revealed that nearly a quarter of adults (22.6%) worldwide suffered physical abuse as a child, 36.3% experienced emotional abuse and 16.3% physical neglect, with no significant differences between boys and girls. The report also revealed that the lifelong prevalence of childhood sexual abuse indicates marked differences by gender, i.e., 18% for girls and 7.6% for boys. However, the WHO et al. (2014) report found that the prevalence of child sexual abuse in Africa to be much higher than global rates. Meanwhile, the prevalence of child maltreatment in Suriname is 36.8% (Van der Kooij, 2017) and 43% in Curacao (Klein et al., 2013).

In the Caribbean and Latin America, 58% of children 0–17 years—more than 99 million—experienced abuse annually (Hills et al., 2016). None of the eight million children living in the Caribbean are legally protected from corporal punishment in the home; 32.9% of the child population in schools; 14% of children in penal institutions; 31.9% in alternative care settings; and 12.2% of those facing a sentence of the courts are not protected from corporal punishment. (Global initiative to end all corporal punishment of children, 2012). This suggests that protection of Caribbean children remains a challenging endeavor.

### **The Human Capability Approach**

The Human Capability Approach (HCA) was introduced as an alternative to growth-based models of development that equate improvement in the quality of life in a nation with increased Gross Domestic Product. Sen (1999) argues that the growth-based model for measuring a country's development is deficient, insofar as it neglects distribution of wealth, and fails to disaggregate those distinct aspects of human life such as health, education, and political rights and liberties, which are not well correlated with Gross Domestic Product (Nussbaum & Dixon, 2012). According to Sen (2000) and Haq (1990), the objective of development is to create an enabling environment for people to enjoy long, healthy, and creative lives. Sen (1999) further contends that instead of focusing on a country's economic growth to measure development, one should pay attention to people's real opportunities. Thus, HCA begs the question: What are people really able to do and to be? (Sen, 1999, 2000). Nussbaum and Dixon (2012) posits that every person matters and asks how every person is doing, with empowerment as the goal for each one. Children are no exception to be valorized as deserving of leading a life, able to do and be, by virtue of their right to "full and harmonious development of their personality, to grow up in a family environment, an atmosphere of happiness, love and understanding and entitled to special care and assistance" (CRC, 1989, p.1). Given the effects of child maltreatment over the course of a person's life, HCA is explored as a new lens to focus on children as human beings placed at the centre of development.

### **Why Nussbaum's Perspective of the Capability Approach?**

One of Nussbaum's distinguishing contributions to the HCA is her claim that it is a method to assess quality of life and social justice. According to Eugene and Graafsma (2020),

Nussbaum's contributions to HCA that set her apart as a better fit for the evaluative space to examine the relationship between child maltreatment and human development when compared with Sen are etched on her principles of vulnerability and cost-effectiveness; openness to applying the HCA to children as regards the notion of freedom and recognizing child's rights as a distinct species of human rights (p. 60)

Another unique feature of Nussbaum that Eugene and Graafsma (2020) identified in their previous writing, which appeals to this conceptual article, is her normative list of 10 central human capabilities designed to bestow dignity to each human life, whether as children or adults. Moreover, the list is universal and reflects common human values and experiences (Nussbaum, 2000). According to Robeyns (2003), Sen and Nussbaum have some differences in their views about the HCA. However, they converge on two core concepts that form the approach's anatomy, i.e., *functionings* and *capabilities*. These two concepts are valuable for this article. Sen (1987) defined these concepts as follows:

a functioning is an achievement, whereas a capability is the ability to achieve. Functionings are in a sense, more directly related to living conditions, since they are different aspects of living conditions. Capabilities, in contrast, are notions of freedom, in the positive sense: what real opportunities you have regarding the life you may lead. (p. 36)

In the case of children, they have the right to value functionings such as being healthy, being nourished, and having adequate shelter. Nevertheless, they may not have the capability or the freedom to enjoy these functionings due to individual, social, and environmental circumstances.

### **Freedom for Children**

Saito (2003, as cited in Eugene & Graafsma, 2020), recognize that Sen (1999) does not support the application of the HCA to children, given his conceptualization of “capability as freedom,” citing that children are not mature enough to make decisions by themselves and will enjoy their capability only when they become adults. According to Saito (2003, as cited in Eugene & Graafsma, 2020), Sen (1999) argues that what is noteworthy is not the freedom a child has now, but the freedom the child will have in the future choices made for them by their parents and those in authority. Similarly, Eugene and Graafsma, (2020), cited the work of Ballet et al. (2011), who agreed that the "Capability Approach implies the individual's capacity for self-determination which may not apply to children" (p. 60).

The position of Sen (1999) and Ballet et al. (2011), is instructive within the context of child maltreatment as it presupposes that parents, guardians, and others in authority have skills, knowledge, attitudes, and wisdom to make the right choices in the nurturing of children to secure a flourishing future with opportunities and the freedom to lead lives that they have reason to value. (Eugene & Graafsma, 2020, p. 60). Incidence of child abuse and neglect cases in the Caribbean and worldwide discredits this proposition. Thus, Eugene and Graafsma, (2020), asserted that “to subscribe to the notion that children are safe under the omnipotent mantle of persons in authority” (p. 60), is to concur with Solomon (2008) when writing about the deconstruction of developmental psychology that having faith in parents for children’s optimum development is to create a specific image of childhood that ultimately enables adults to colonize children and control their lives. It is this colonization of children by adults that produces abuse and thus prohibits children’s freedom to live flourishing lives. Eugene and Graafsma (2020), further stated that unlike Sen (1999) and Ballet et al. (2011), Nussbaum and Dixon (2012) conclude that the HCA can be used as a theoretical justification for prioritizing children’s rights. Peleg (2013) heralds the idea that,

reconceptualizing a child’s right using the HCA can accommodate simultaneously care for the child's future and the child's life at present; promote respect for a child's agency and active participation in her growth and lay the foundations for developing concrete measures of implementation. (p. 523)

### **The Vulnerability and Cost-effectiveness Principles**

According to Nussbaum and Dixon (2012), the cost-effectiveness principle is demonstrated,

where the marginal cost of protecting children’s rights is either so low that denying such a right would be a direct affront to their dignity, or where it is far more cost-effective to protect that right than an equivalent right for adults. (p. 554)

With this in mind, Eugene and Graafsma, (2020) located the vulnerability principle as being evident in children due to their legal and economic dependence on adults, as well as their physical and emotional vulnerability. Eugene and Graafsma, (2020), agree that both principles are associated with child maltreatment, although this is implied, and not explicitly mentioned by Nussbaum and Dixon

(2012). For example, “the CRC is based on the premise that children are vulnerable and from conception depend wholly on their parents for their psychosocial developmental needs” (Eugene & Graafsma, 2020, p. 61). Like Matthews (2019), Eugene and Graafsma (2020) observed that these children end up suffering the consequences of their parents’ choices as the ones legally and morally responsible for their children’s care.

The vulnerability of children is exacerbated through abuse either within or outside the family home. Moreover, some children are too young to have the vocabulary to disclose their abusive experiences, let alone protect themselves. On the other hand, others may harbour feelings of fear, shame, guilt, and a sense of obligation to keep the abuse a secret under a pretense of keeping the family together” (Eugene & Graafsma, 2020, p. 61)

To situate child maltreatment within the principle of cost-effectiveness, Eugene and Graafsma (2020), cite World Vision, Latin America, and the Caribbean (2012), which postulated a lack of public spending for personnel and services in child protection. Eugene and Graafsma (2020) acknowledged a similar view from ILO (2015), which highlighted that fiscal consolidation and adjustment measures are lamented to be the principal weakness in childcare and protection systems and social investments, including education, health, and recreational spaces.

### **Child Maltreatment and Social Justice**

Child maltreatment is a criminal offense and synonymous with social justice notions, where justice is one of the determinants of human development. The triumph of justice in cases of sexual abuse is only achieved when wrongdoing is acknowledged, the wrongdoers are identified and face the consequences of their actions, and when reparation is made to society and the person who has suffered harm (Green, 2006). Where the perpetrator denies allegations of sexual abuse, the child’s safety and security are adversely affected, and specifically, the child’s ability to recover is submerged with guilt and self-blame. In the authors’ social work experiences with child victims of sexual abuse, children often reiterated their thoughts and feelings, such as “if only he would admit that he interfered with me, I would feel so much better.” Where the alleged perpetrator was brought to justice, the children with whom the authors worked, felt vindicated and this supported their healing and building of resiliency, thereby giving them greater chances and freedom to enhance life opportunities. In a more practical sense, where the perpetrator is incarcerated, the children feel a real sense that their world is much safer and justice has been served (Eugene, 2012). While in other cases, this same child may become vulnerable to future abuse within the family, thereby continuously endangering their safety. In a therapy session with an adolescent girl, she confessed, “I was abused by an uncle who is now in prison; I felt safer when he was no longer in my sight. But then my brother began having sex with me...so I said, I prefer to have sex with any other man but not my brother, so I asked the old man to be my friend, and this is how he raped me...I did not want the matter to go to court because I asked him to be my friend.”

Caribbean societies face social justice challenges relating to child maltreatment, evidenced by street protests and expressions of disappointments at the judicial system’s sentencing patterns both in print and social media platforms. Additionally, close family ties and household proximity create toxic family dynamics that negatively affect reporting. The notion of “what happens in the family stays in the



family” gives rise to a distorted sense of family loyalty compounded with complicity, silence, and denial of abuse. This translates to an ethical dilemma within the family of deciding who is most deserving of protection: should it be the adult abuser or the child? (Eugene, 2012). Due to poverty and some women's economic reliance on men in the Caribbean, the abuse report may affect the primary breadwinner and is often undermined by the women themselves (Jones & Jemmott, 2009). The abuser is protected through non-reporting, leaving the child to cope with the unresolved traumatic experiences threatening both their capabilities and functionings. In some cases, the perpetrator may be in a position of power or knows someone in authority who can influence the report's outcome in the judicial system (Jones & Jemmott, 2009). By so doing, children are made to be the sacrificial lambs taking responsibility for the false honour of the adults in the family (Jones & Jemmott, 2009).

### Nussbaum's 10 Central Human Capabilities

Nussbaum (2008, 2011) employs a list of 10 central human capabilities that she posits are constitutional guarantees for the quality of life and social justice in a society. These are life, bodily health, bodily integrity and safety, senses, imagination and thought, emotions, practical reason affiliation, other species, play and control over one's environment. Eugene and Graafsma (2020) cited Nussbaum (2011), who noted, “my claim is that a life that lacks any one of these capabilities, no matter what else it has, will fall short of being a good human life” (p.62). “Child maltreatment represents grueling experiences that can interfere with functional capabilities...what would a good life look like for children who are victims?” (Eugene & Graafsma, 2020, p. 62). Emerging from this context, the authors reiterate their argument that “Nussbaum's list of capabilities can be integrated with the CRC as they are both open, normative and evaluative frameworks that can be used to assess the extent to which children can achieve their capabilities and functionings and predict the potential impact of child maltreatment on human development” (Eugene & Graafsma, 2020, p. 62).

Table 1 illustrates the definitions of capabilities from Nussbaum's (2008) theoretical constructs combined with the CRC. The entitlements to these capabilities and rights arguably cannot be challenged as they have universal acceptance for realizing children's development (Peleg, 2013). Every child is entitled to achieve a certain threshold in all these 10 capabilities and failing to do so constitutes a social injustice (Schweiger & Gunter, 2015).

**Table 1**

*Definitions of capabilities from Nussbaum's (2008) theoretical constructs combined with the CRC*

<b>10 Central Capabilities</b> Nussbaum (2008)	<b>Definitions of Central Capabilities</b> Nussbaum (2008)	<b>Convention on the Rights of the Child</b> (adapted from Biggeri & Mehrotra, 2011)
1. Life	Being able to live to the end of a human life of normal length; not dying prematurely, or before one's life is so reduced as to be not worth living.	- Art. 6: Life, survival and development - Art. 7: Birth, registration, name, nationality and care

<b>10 Central Capabilities</b> Nussbaum (2008)	<b>Definitions of Central Capabilities</b> Nussbaum (2008)	<b>Convention on the Rights of the Child</b> (adapted from Biggeri & Mehrotra, 2011)
2. Bodily health	Being able to have good health, including reproductive health to be adequately nourished and have adequate shelter.	- Art. 24: Health
3. Bodily integrity and safety	Being able to move freely from place to place; having one's bodily boundaries treated as sovereign, i.e., being able to be secure against assault, including sexual assault, child sexual abuse and domestic violence; having opportunities for sexual satisfaction and for choice in matters of reproduction.	<ul style="list-style-type: none"> <li>- Art. 19: Protection from violence, abuse and neglect</li> <li>- Art. 34: Sexual exploitation</li> <li>- Art. 35: Abduction, sale and trafficking</li> <li>- Art. 36: Exploitation</li> <li>- Art. 37: Inhumane treatment and detention</li> </ul>
4. Senses, imagination and thought	Being able to use the senses, to imagine, think and reason and to do these things in a truly humane way, a way informed and cultivated by an adequate education...being able to use imagination and thought in connection with experiencing and producing self-expressive works and events of one's own choice, religious, literary, musical...being able to search for meaning of life in one's own way and being able to have pleasurable experiences.	<ul style="list-style-type: none"> <li>- Art. 28 &amp; 29: Education</li> <li>- Art. 12: Respect the views of the child</li> <li>- Art. 13: Freedom of expression</li> <li>- Art. 14: Freedom of thought, belief and religion</li> </ul>
5. Emotions	Being able to have attachments to things and people outside ourselves; to love those who love and care for us, to grieve at their absence, to experience longing, gratitude and justified anger. Not having one's emotional development blighted by overwhelming fear and anxiety, or by traumatic events of abuse or neglect.	<ul style="list-style-type: none"> <li>- Art. 10: Family reunification</li> <li>- Art. 18: Parental responsibilities and state assistance</li> </ul>
6. Practical reason	Being able to form a conception of the good and to engage in critical reflection about the planning of one's life.	- Art. 5: parental guidance and a child's evolving capacities

10 Central Capabilities Nussbaum (2008)	Definitions of Central Capabilities Nussbaum (2008)	Convention on the Rights of the Child (adapted from Biggeri & Mehrotra, 2011)
7. Affiliation	Being able to live with and toward others, to recognize and show concern for other human beings; to engage in various forms of social interaction; to be able to imagine the situation of another and to have compassion for that situation; to have the capability for both justice and friendship...having the social bases of self-respect and to be treated as a dignified being whose worth is equal to that of the others.	- Art. 15: Freedom of association
8. Other species	Being able to live with concern for and in relation to animals, plants and the world of nature.	
9. Play	Being able to laugh, play to enjoy recreational activities.	- Art. 31: Leisure, play and culture
10. Control over one's environment	Being able to participate effectively in political choices that govern one's life; having the right to political participation, protection from free speech and association...and having the right to seek employment on an equal basis with others.	- Art. 12: Respect the views of the child - Art. 13: freedom of expression

### Applying Nussbaum's Human Capabilities to Child Maltreatment

To illustrate Nussbaum's HCA's application to child maltreatment, the authors used their reflective social work and therapeutic practice experiences. Functionings, capabilities, and agency are punctuated as transversal lines in the case studies. The goal is to situate an appreciation of the HCA with child maltreatment, encourage empathy, compassion, and stimulate reflective dialogue to work towards the conceptualization of child maltreatment using HCA.

#### Figure 1

##### Case of Aafia

**Case of Aafia**

Aafia was placed in foster care at the age of five due to child neglect. At 11 years, she visited the Social Worker accompanied by her Foster Carer, Kadie. They were referred by the Doctor from the Health Centre with '*suicidal*' written on a note. Kadie informed that Aafia is always saying she wants to kill herself. She has heard Aafia stating that she wants

to kill herself about five times. Aafia has been thinking of killing herself from the age of five. The last suicidal thoughts were expressed during the same week of the visit to the doctor. Kadie stated that Aafia has also informed her about the songs she would like sang at her funeral. When asked about her plan, Aafia described a plan she had seen on television. Aafia explained the reason she wishes to terminate her life *“when I was small, my mother would put my two older sisters and myself outside the house all day and night. I remembered drinking dirty water from the river because I was hungry and thirsty and I did not like it. At that time, I felt like killing myself. Every time I remember that, it is painful and that feeling does not go away”*. Aafia’s mother is a patient at the mental health institution and she has never visited her. Her two siblings are also in foster care and are barely thriving. Aafia has no contact with them. One is reported to be engaging in behaviours destined to her own self-destruction. No information is available about the other sibling. Aafia enjoys school, gets good grades, except for Maths. She looks forward to passing the Common Entrance Examination to attend the most prestigious secondary school on the island. Aafia appeared shy, gave little eye contact and she is well developed physically for her age. She was pensive throughout the session, providing exaggerated silence before responding to questions.

### Reflections on Aafia

The case of Aafia and her siblings are examples of child neglect due to their mother’s mental illness, Aafia may not have been socialized in a healthy and safe home environment. At the age of 11, she appears destined to follow the footsteps of her mother with mental illness, given her suicidal thoughts over a period of five years. This has a consequence on her ability to “live a normal length of life.” Given the circumstances of her foster care arrangements, she also appears to be unable to freely visit her mother and her siblings.

Aafia is traumatized by her childhood experiences of neglect and appears to have low self-worth, given her inability to make eye contact, coupled with her suicidal thoughts. She demonstrates *practical reason*, i.e., having the capability to reflect and plan or imagine her life in the future—such as attending a prestigious secondary school—nonetheless, Aafia still wants to end her life. This incongruence is characteristic of the usual ambivalence accompanying suicidal ideation, as in general, there is a wish to die and a wish to live.

Although foster care provides Aafia with an alternative home environment, the absence of a secure emotional attachment with her parents and separation from her siblings have had an adverse impact on her wellbeing. This case demonstrates what can happen when a child is a victim of neglect; their functioning of beings and doings are deprived. Meanwhile, their constitutional guarantee for *life, bodily health and bodily integrity and safety, practical reason, and emotions* are similarly compromised. This means that children like Aafia who experience neglect may not have the capabilities to feel happy, worthy, enjoy good mental health, receive love and care from parents as well as from their siblings. What is noteworthy is that even while Aafia has the capability set of resources such as an education and alternative home environment, her functioning remains diminished.

**Figure 2***The case of Taahir***Case of Taahir**

*“I cannot cope with my grandson Taahir. I want the judge to take him away.”* So said Latifa about her 8-year-old grandson for whom she has a Care and Protection Order. Taahir exhibits behavioural problems at home, at school and in the neighbourhood. Latifa saw a video in which Taahir was engaging in sexualized behaviours, during which time she heard voices of children laughing in the background and the promise of a sweet to be given to him as a reward. She described Taahir as having a bad attitude at school, as the teacher informed her that he curses, touches the private parts of girls, and steals the lunches of children. She felt embarrassed when neighbours informed her that Taahir was once seen with a knife and smoking marijuana. According to Latifa, this behavior started when Taahir was five years old, whilst living with an older man. In her own words *“this is where he picked up these bad manners as they told me the old man has little boys living with him”*. Latifa said that Taahir’s mother has 12 children and that her son might not be the putative father. According to Latifa, both parents are unemployed and they give their children away to anyone like ripe mangos. Latifa is fed up and described parenting Taahir as overwhelming, resulting in neck pains and high blood pressure. She copes by praying, talking with him, as well as having friends and her husband speak with him. Latifa admitted to beating and locking Taahir in a room on time out. According to her, nothing works.

**Reflections on Taahir**

The case of Taahir demonstrates the complexities of child maltreatment with Taahir as a victim of child abandonment, neglect, physical and sexual abuse. At the age of eight, he is already engaging in delinquent behaviours and, if systemic interventions are not provided, he runs the risk of spiraling downwards, becoming a danger to himself, his family and his neighbourhood. This appears to be as a result of maternal and paternal deprivation, poverty, poor parenting, and early socialization to inappropriate sexual activities. Taahir appears to have a destructive sense of personal identity, morality and judgement. This can be related to not having the capability to “imagine, think, reason and use his senses.” The probability of Taahir completing elementary school, engaging in law-abiding economic activities and contributing to his own flourishing are uncertain. This makes it a daunting task for him to exercise practical reason and acquire the capability to “reflect, plan or imagine his life in the future.” This may be exacerbated by the absence of a secure attachment with his parents and paternal grandmother which may foreclose his capability to secure attachments with teachers, friends, and siblings. The adverse childhood experiences of Taahir, justify the need to consider valorizing child maltreatment as a deprivation to human development since these experiences undoubtedly contribute to a foreclosing of children’s life choices, agency, ability to flourish, and live a happier and more valuable life.

**Figure 3***Case of Aadina, Badia and Cairo***Case of Aadina, Badia and Cairo**

*"I know of a man who is having sex with three girls, I saw the police passing and told him about it...he told me to go to Human Services and make a report".* So said the informant who reported that for over one year she has been noticing three 14-year-old girls, namely Aadina, Badia and Cairo in their school uniforms visiting the office of a businessman. She is employed in a nearby office and out of curiosity she has looked through a peep hole and has seen the man engaging in sexual activities with the girls, individually and as a group. She described the room as having thick curtains, a mattress, towels, and a basin. The informant has reported the matter to the police, the school that the girls attend, and relatives of the girls, but the situation continues. She stumbled on the cellphone belonging to one of the girls and read messages of receiving sums of money between US\$100 to US\$400 at different intervals in exchange for sex and payment for abortions. The mother of one of the girls is known to also be frequenting the office of the businessman.

**Reflections on Aadina, Badia and Cairo**

The case of Aadina, Badia, and Cairo describes what Jones and Jemmott (2009) refer to as "transactional sex or opportunistic sex where children have sex with adults in exchange for money and, or material goods, it is an open secret, parents and community have full knowledge of it but take no action" (p. 11). This case presents adolescent girls using their agency at the exploitation of a pedophile. Their capability set of *affiliation* characterized by living for and in positive relationships with others is based on a businessman's exploitation. The relationship is disrespectful, abusive, and criminal, simply because of the children's vulnerabilities compounded with the additional layer as being girls.

While these girls should be doing homework, playing sports, and participating in leisure activities that promote a healthy lifestyle, they are instead being sexually exploited. They appear to have control over their environment, having enough time to do what they like, albeit engaging in behaviours tending towards self-destruction, compromising their capability set of "life, bodily health, bodily integrity, and safety." This translates to diminishing their self-worth and human dignity and increased personal vulnerability, leading to further capability deprivation in their later years. The study of Currie and Widom (2010) shows that women with histories of child sexual abuse have lower levels of education, employment, earnings, and fewer assets as adults. This study also found that women victims of child sexual abuse often suffer the consequences of reduced economic productivity due to dropping out of school, teenage pregnancy, and an inability to learn due to the negative mental health impacts. Dropping out of school means that girls cannot reach their full academic potential, and as adults, they run the risk of becoming economically dependent on others or the state welfare system (Eugene, 2012). Women without education can be trapped in low-paid jobs characterized by the absence of upward mobility and other opportunities, under the phenomenon that Lopez-Carlos and Zahidi (2005) refer to as "ghettoization of female labour."

The reporting of the case of Aadina, Badia, and Cairo may render them revictimized having to

recount their ordeal multiple times while interfacing with the medical, police, legal justice systems, and social services. They may be stereotyped, stigmatized as liars, reconstructed as asexual, spoiled goods, and no longer children within the community (Eugene, 2012). Children like Aadina, Badia, and Cairo may not receive the community support needed in maximizing their capabilities for optimum human functioning and flourishing into adulthood.

### Conceptualizing Child Maltreatment Using the Capability Approach

The HCA advocates removing hindrances that people face, which prohibit their capabilities to lead lives that they have reason to value (Sen, 1999; Robeyn, 2016). Given the case studies, it seems reasonable to assume a nexus between child maltreatment and Nussbaum's 10 central human capabilities that needs to be empirically tested. Meanwhile, Table 2 illustrates a mapping of a capability set that Eugene and Graafsma, 2020 pilot tested in a study that may be used to measure this relationship more rigorously.

**Table 2**

*Measuring human capabilities of children who experience child maltreatment*

<b>10 Central Capabilities</b> Nussbaum (2008)	<b>Children's Capabilities</b> Adapted from Biggeri & Mehrotra 2011; Biggeri & Libanora, 2011; Anich et al., 2011
1. Life	<i>Life and physical health</i>
2. Bodily health	<p><i>Mental health</i></p> <ul style="list-style-type: none"> <li>- Feeling happy</li> <li>- Self-love and worthy</li> <li>- Inner peace and spirituality</li> </ul> <p><i>Shelter</i></p> <ul style="list-style-type: none"> <li>- Living in a comfortable and safe home</li> </ul>
3. Bodily integrity and safety	<p><i>Mobility</i></p> <ul style="list-style-type: none"> <li>- Moving freely and visiting relatives or friends</li> </ul> <p><i>Freedom from abuse and neglect</i></p> <ul style="list-style-type: none"> <li>- Being free form of abuse and neglect</li> <li>- Being free from any form of discrimination</li> </ul>
4. Senses, imagination and thought	<p><i>Personal autonomy</i></p> <ul style="list-style-type: none"> <li>- Being able to make sense of the most important things that are happening</li> <li>- Having a say in decisions about one's self</li> <li>- Communicating in a language of choice</li> <li>- Freely expressing oneself</li> </ul> <p><i>Participation and information</i></p> <ul style="list-style-type: none"> <li>- Access to information</li> </ul> <p><i>Education</i></p> <ul style="list-style-type: none"> <li>- Attending school</li> </ul>

<b>10 Central Capabilities</b> Nussbaum (2008)	<b>Children's Capabilities</b> Adapted from Biggeri & Mehrotra 2011; Biggeri & Libanora, 2011; Anich et al., 2011
5. Emotions	<i>Love and care</i> - Love and care from parents - Love and care from brother(s) and sister(s) - Love and care from teacher(s) - Love and care from friend(s)
6. Practical reason	<i>Personal autonomy</i> - Being able to plan or imagine one's life in the future
7. Affiliation	<i>Social relations</i> - Participating in activities with family or neighbourhood - Attending social and cultural activities <i>Religion and identity</i> - Attending religious celebrations <i>Respect</i> - Receiving respect and consideration from everybody
8. Other species	<i>Environment</i> - Living in a clean environment - Spending time in nature - Being with animals and pets - Engaging in activities to protect the environment
9. Play	<i>Leisure activities</i> - Having enough time to play - Participating in leisure activities that matter
10. Control over one's environment	<i>Time autonomy and undertake projects</i> - Having enough time to do what one likes - Expressing personal opinions and ideas and be listened to - Participating in decisions regarding one's environment - Participating in the big political decisions regarding one's country

*Note.* Adapted from "Children's Human Capabilities and Child Maltreatment: A pilot study of one secondary school in Aruba," by C. Eugene and T.L.G. Graafsma, 2020, *Journal de Ciencias Sociales*, 8(15), pp.62–64. Copyright 2020 by the Universidad de Palermo.



The framework in Table 2 was used in studies of Biggeri and Mehrotra (2011); Biggeri and Libanora (2011), and Anich et al. (2011) to measure the capability of children with disabilities, children who live on the street, and children in poverty. The research designs they used were methodologically scrutinized to value and prioritize the studied children's capability sets, including the focalization procedure in considering children's narratives, their subjective experiences, and reflections (Biggeri & Libanora, 2011; Anich et al., 2011). Biggeri and Libanora (2011) posit that this approach gives children the knowledge about the informational space of capabilities that needs their active participation, contribution, and agency. The framework seems beneficial to assess the relationship between child maltreatment and human development.

Measuring the associations between child maltreatment and capabilities must be complemented with a qualitative research design in which children who experienced abuse are given a defining role in identifying and justifying a list of central capabilities instead of presenting to them a predetermined list in a quantitative design. This allows victims of child maltreatment to be active participants in the research process, producing their knowledge of capabilities and functionings towards a legitimate full set of capabilities.

The HCA inspired the first 1990 Human Development Report (Haq, 1995). Since then, subsequent reports have continued to put people at the center of development to address aspects of wellbeing beyond income, thus focusing on human lives rather than material wealth or income (United Nations Development Program, 2016). This development thinking has inspired the proliferation of innovative measurements to include the Poverty Index, Gender Development Index, Wellbeing index, Happiness Index, Quality of Life Index, and the Human Development Index. What these measurements have in common is the ethos of human development as the process of enlarging a person's choices by giving them the freedom and opportunities to lead long, healthy and flourishing lives; to be knowledgeable; to have access to resources needed for a decent standard of living; to be able to participate in the life of the community and the upholding of equality amongst all human beings (United Nations Development Program, 1990; Sen, 1999).

Sen's work on human capabilities and functionings influenced the Human Development Index (HDI). The HDI shifts the focus of development economics from national income accounting to people-centered policies (Haq, 1995). The HDI serves as a flagship for the human development approach (Deneulin & Shahani, 2009). It is a comparative measure of three equally weighted components, namely, (a) a long and healthy life, measured by health and life expectancy; (b) literacy and knowledge, measured by education, literacy levels, and school enrollment; and (c) a decent standard of living measured by wealth, i.e., per capita income (Haq, 1995). All HDI indicators are directly affected by what happens in childhood. One can argue that it is impossible to think of present and future sustainable human development without addressing child maltreatment. We have already discussed the adverse impact of child maltreatment on children's social, mental, and physical health and how these interfere with the quality of their lives. More importantly, we explored how Nussbaum's 10 central human capabilities are compromised in a childhood interrupted by maltreatment. Think for a moment of the explosion of the "me too movement" where young and old, although well acclaimed in their professional careers, still agonize over the silent crime and cruelty they endured in their childhood. Such cruelty deprives them of living a flourishing life of wellbeing and renders them unable to live lives

that they have reason to value across their lifespan.

It is inadequate to use life expectancy as the singular measure of longevity if child maltreatment induces capability deprivation and affects wellbeing. Longevity is misleading as a person's life expectancy may not consider how healthy the life was lived, given experiences of child maltreatment. As such, this article makes a case for designing a Caribbean Child Maltreatment Index, as well as a Caribbean Child Friendliness Index (Mekonen, 2010) to add Caribbean situations to dimensions of long and healthy life in calculating HDI and measure the Caribbean's commitments to children's rights and human capabilities. Inasmuch as the HCA focusses on what people can do and be, and what they value and have reason to value (Sen, 1999), it seems sagacious, or at best urgent, to remove obstacles in the lives of children so that they have freedom to live valuable lives. Nutrition, poverty, and infant mortality are included in HDI measurement, but child maltreatment is not. Given the adverse emotional and behavioural outcomes of child maltreatment, one may argue that it does create barriers for human development.

### **Final Reflections**

Child maltreatment has the potential to threaten the evolving capabilities of children with implications for human development. If we want to predict what the Caribbean society would look like in the future, we must look at how children are treated today and place them at the center of human development. Children's lives matter, and for those like Aafia, Taahir, Aadina, Badia, and Cairo, child maltreatment can hinder their opportunities to live long, healthy and valuable lives. While the conceptualization of human development remains embedded in the Rights-Based Perspective, Sustainable Development Goals, and the HCA, they remain overloaded with concepts, frameworks, measurements, and indicators, none of which measure the child maltreatment experiences from the case studies. Can we begin to speculate that Nussbaum's HCA's conceptualization presents a normative and evaluative framework to measure child maltreatment's impact on human development?

It is proposed that child maltreatment be valorized as an indicator to the HDI and a Caribbean Child Friendliness Index be constructed as an evaluative framework for assessing the child-friendliness of governments. Africa in 2008 developed the first Child Friendliness Index (Mekonen, 2010; Bequele, 2010). Designing such an index for the Caribbean has the advantage of having one comprehensive empirical measurement of children's wellbeing embedded in Caribbean culture and contexts. Its findings can be used to monitor and analyze Caribbean governments' performance in ensuring the protection, survival, and evolving human capabilities of all children in the region. It can be useful in monitoring government's compliance to the CRC and writing its periodic reports instead of the regular scanning of voluminous information and reports (Bequele, 2010). Like the experiences in Africa, it is hoped that the index will put children at the centre of human development thinking on the political and public policy agenda at the regional level through the Caribbean Community and Common Market and the Organization of Eastern Caribbean States.

Furthermore, the findings can be used as scientific evidence for budgetary allocations to support strategic program planning with lucid indicators and be outcome-driven. This will augur well for sharing the best evidence-based practices in promoting the child's rights throughout the region. Having a singular harmonizing measurement for children's human development in the Caribbean will

also augur well for comparative analysis of the outcomes of children's wellbeing. Thus, instead of relying upon Euro-American standards to measure and rank Caribbean children's wellbeing and quality of life, we will design our regional measurement that pays cursory attention to our culture and contexts. For social workers, personnel from human service agencies, and members from civil societies who are at the vanguard of childcare and protection, the index can be a powerful tool for agency, legal, legislative, and community advocacy; calling governments and public officials to own up to their responsibilities and commitments with the statistical evidence to frame their advocacy message.

Research is imperative to measure the association between child maltreatment and human development using Nussbaum's conceptualization of human development while working towards a Caribbean Child Friendliness Index. Other indicators of children's wellbeing will also have to be included in constructing a Caribbean Child Friendliness Index. Nonetheless, while we wait for the scientific rigour of testing, we proffer a beginning definition of child maltreatment using the HCA: child maltreatment constitutes a deprivation of capabilities, i.e., opportunities and freedom for a child to be or to do that which will expand the enjoyment of their inalienable rights to survival, protection, participation, and optimum psychosocial development. Additionally, it hinders children's functionings towards achieving wellbeing and to live long, healthy and flourishing lives.

### **Implications for Social Work Education and Further Research**

The social work profession has a long tradition of working with children and their families, navigating complex social protection systems to meet children's needs under challenging circumstances, especially those who experience child maltreatment. As we begin to consider the correlates between child maltreatment and the CRC using the HCA as a new conceptual normative and evaluative framework to measure its impact on human development, this will have implications for social work education. Social work education in Caribbean institutions should therefore consider introducing the HCA in its curriculum. This will provide current and prospective social workers a new pair of lenses to envision the relevance and the impact of their practice with children and families on human development. Introducing the HCA in the curriculum of social work institutions in the Caribbean might further create opportunity and fortify social workers' confidence to take a seat at the local and regional Caribbean decision making tables when the sustainable development agendas and strategies are debated and mapped out, policies are decided, and resources are allocated. Social workers will have the scientific evidence to make a case for prioritizing social investments in matters related to childcare and protection and to work towards a Caribbean Child Friendliness Index. Before the above, Caribbean-specific research must be conducted methodically to measure the associations between child maltreatment and children's evolving human capabilities necessary for human development.

Clementia Eugene, PhD candidate  
Lecturer  
Department of Social Work and Development  
Faculty of Arts and Science  
University of Aruba

Institute for Graduate Studies and Research  
Anton de Kom University of Suriname  
clementia.eugene@ua.aw

Tobi Graafsma, PhD  
Professor in Clinical (child and youth) Psychology  
Institute for Graduate Studies and Research  
Anton de Kom University of Suriname  
tobigraafsma@sr.net

Manon R. Sanches, PhD  
Coordinator  
Department of Psychology  
Anton de Kom University of Suriname  
Manon.Sanches@uvs.edu

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# EVALUATIVE CASE STUDY OF THE CLINICAL PROCESSES IN A JAMAICAN PLACE OF SAFETY

ROSANNA CARDINES

## Abstract

The lack of enforced regulations and clarity regarding the mandate of Places of Safety in Jamaica results in varying quality in the standards of care, staff burnout and children having long terms of stay. This study examined actual clinical processes practiced in Places of Safety in Jamaica to assess cases, make referrals and improve residents' critical clinical/behavioural issues. The case study method was used, focussing on staff perception. The final evaluation was based on the Child Development Agency's 2010 *Guidance and Standards of Care for Residential Child Care Facilities*. A major finding of this study was that Places of Safety faced significant challenges in meeting the therapeutic requirements—though limited—of the Standards of Care. These included lack of funding, timeliness of services and limited access to clinical staff from their supervisory agency. Staff showed remarkable commitment to residents, but felt that transitional and counselling processes needed improvement.

*Keywords:* institutionalization, alternative care for children, programme evaluation.

## Introduction

Currently there are varying strategies being adopted by childcare stakeholders to improve national systems in the Caribbean. Yet there is little research to inform context specific strategies. The closure of the Alpha Boys' Home in Jamaica, and the St. Michael's School for Boys in Trinidad reignited discussions on residential child care and institutionalization (Francis, 2014; "St. Michael's", 2018). Data on child institutionalism is limited in the region, as most countries have abandoned large Residential Child Care Facilities (RCCFs), choosing instead group homes, varied family settings or the provision of support for families (Johnson & Rhodes, 2007). While it is noted that the child protection system in many Caribbean States include alternative family settings such as foster care and adoption, a larger number of children are removed from their families and housed in large Child Care Facilities, reminiscent of the colonial past. The issue of institutionalization in the Caribbean and its impact on

children and staff therefore must be addressed. The discussion on RCCFs in the Caribbean requires further exploration for the purposes of applied research.

Institutionalism is a psychosocial syndrome characterized by apathy, social withdrawal, internalizing the cultural norms of the institution and a diminished sense of identity (Johnson & Rhodes, 2007, p. 226). It occurs following prolonged exposure to several negative environmental, psychological and social circumstances in residential settings, rather than in response to a single identifiable trigger. Additionally, institutionalization is a process that affects both residents and staff. As staff implement the institution's programme, they grow to depend on its structure and routine (Johnson & Rhodes, 2007). The "cultural peer pressure" that staff may be exposed to may cause the continued replication and inheritance of detrimental attitudes and practices. Notwithstanding, children living in RCCFs bear the brunt of negative effects of institutionalization. While institutionalization primarily affects staff socially, studies have found that it causes children to develop physical, social, emotional and neurological impairment (Johnson & Rhodes, 2007).

Jamaica has made several steps towards improving children's quality of life. At the core of these steps is the amendment of the Child Care and Protection Act (2004), which includes standards to regulate RCCFs. The enforcement of these regulations by the Child Development Agency (CDA)—now called Child Protection and Family Services Agency—, the regulatory board for children in Jamaica, has resulted in the closure of a number of private and state RCCFs and entry points into state care, also known as Places of Safety (POS). Despite these and other positive steps to reduce the occurrence and impact of institutionalism in RCCFs, *A Policy to Amend the Child Care and Protection Act* (CDA, 2013) highlights gaps in the services provided to children, especially as it relates to state care. Stakeholders have called for improvement in, "assessment and integrated case management for wards entering the system" (CDA, 2013, p. 15).

As one examines entry points to state care, a noteworthy problem comes to fore - there is a lack of enforced regulations and legislative clarity on the mandate of POS in Jamaica. This results in varying quality in the standards of care, staff burnout and long periods of stay for children. This in turn may foster the negative bio-psycho-social effects associated with institutionalization.

### **Historical and Contemporary Responses to Alternative Child Care**

In many ways, Caribbean welfare systems continue to reflect the economic and social constructs inherited from colonial predecessors. From the 1602 Poor Laws to the 1942 Beveridge Plan, welfare and care emphasized the provision of alms and medical care to indigents and the removal of children from poor families (Patton, 2014). Institutionalization then was seen as a remedy for the social ills children faced. However, the strategy came with negative side effects, which included children facing physical and sexual abuse, emotional trauma, neglect and forced child labour (Berridge et al., 2012; Tjelflaat & Bolstad, 2008).

Many nations have since moved away from those systems. Internationally, POS are used as short term means of emergency childcare or to smoothly transition into a longer-term care facility for children (United Nations General Assembly, 2009). The scarcity of recent data on RCCFs from America and the United Kingdom is noteworthy. In the United Kingdom, Berridge et al. (2012) found that residential care for children over the age of 12, similar to POS, was mainly used for: (a) children

with complex behavioural issues; (b) if foster care arrangements failed; (c) as transitional homes for older young people leaving the system; and (d) as a short-term secure place for antisocial adolescents, who may put themselves at risk (pp. 4–5). In most of these types of childcare facilities, activities and behaviour management is based on stated models of care or theories e.g., therapeutic crisis intervention and sanctuary model (Berridge et al., 2012). Many of the homes in the United Kingdom provide support in the form of outsourced assessment and psychotherapy (Berridge et al., 2012). In America, however, many facilities offer multidisciplinary treatment teams that engage residents in a variety of treatment modalities e.g., psychiatric assessment and adventure therapy (Walter, 2007, p. 10).

The Caribbean however appears to be making that transition at a slower rate. An examination of the models used in Jamaica, St. Lucia, Barbados and Trinidad and Tobago highlight the need for regional consistency and streamlining of social services offered. In Jamaica, oversight of the quality of care in POS resides with the CDA (directly or via monitoring/licensing private POS). While regulatory policies exist to guide RCCFs, there is need for clarity regarding the role and correct functioning of POS (CDA, 2013). The 2010 *Children's Homes Regulations* provide guidelines for orientation and referral, and states that homes should provide counselling for residents. However, the interplay of policy and practice issues is a recurring one, stakeholders often call for shorter placement times at POS, improved assessment and care plans aimed at family reintegration or long-term alternative care (CDA, 2013).

Barbados has similar difficulties in its childcare system as there is a lack of legislative clarity about the differentiation of a POS and RCCFs (Prevention of Cruelty to Children Act, 1998, p. 3). In St. Lucia, however, their POS—The Transit Home—has a more structured and clearly defined mandate. This Transit Home ,however, only accommodates cases that may be considered to be extreme to complex, with the view of providing assessment and therapeutic treatment for a maximum of one year (New Beginnings Transit Home, 2011).

In Trinidad and Tobago, POS refer both to Reception Centres and Community Residences (Children's Authority Act, 2000). These are both clearly defined in the country's suite of Children's legislation. However, for this study, the Reception Centres may be explored as the point of entry into the child care system. These are temporary facilities, maximum 3 months stay, equipped with a full cadre of clinical staff who carry out assessments, develop and implement treatment plans for residents, and make recommendations for residents' longer-term placement (Children's Authority Act, 2000, pp. 15–16). However, as with all Caribbean states, questions surround whether the legislated system and its provisions for children's clinical care, line up with what is practiced on the ground.

### **Institutionalism**

Psychological institutionalism is described by Bettelheim and Sylvester (1948) as, "a deficiency disease in the emotional sense [due to the] absence of meaningful continuous interpersonal relationships" (p.191). Characteristics associated with this syndrome are, "apathy, lethargy, passivity, and the muting of self-initiative... social withdrawal and isolation, an internalization of the norms of institutional culture, and a diminished sense of self-worth and personal value" (Johnson & Rhodes, 2007, p. 226). Institutionalization may result in children experiencing stunted physical growth,

sustained socio-emotional deficits and impairment of the development of neural circuitry of the brain (Johnson & Rhodes, 2007). Therefore, the effects of institutionalism can: (a) cause further harm to children deemed in need of care and protection; (b) make family reintegration difficult, due to impaired social intelligence and competences; and (c) decrease the possibility of residents transitioning out of state care, via adoption or foster care, due to socio-emotional challenges that potential caregivers may not be able to cope with.

Institutionalization affects both residents and staff. Early studies describe staff as, "victims of the system" and implied that it was impossible to find staff who could withstand the process of institutionalization (Martin, 1955, p. 1190). They too may display some of the symptoms of institutionalism, namely submissiveness, reduced self-initiative and reliance on institutional structure (Johnson & Rhodes, 2007, p. 226). The cultural peer pressure staff may be exposed to can result in the continued replication and inheritance of attitudes and practices that may not be in the best interest of residents. This concept of cultural peer pressure causing the muting of self was seen in a study done in Canada with former staff of residential psychiatric wards, where staff was praised for efficiency—which was in part judged by detachment—, and penalized for, "caring too much about the patients" (Dooley, 2012, p. 109).

Causal factors of institutionalism vary, but fall under four models: the predisposition, total institution, asylum and symptoms.

- **predisposition model:** posits that only certain persons in an institution develop institutionalism (Wirt, 1999). It attributes the syndrome to a person's personality—including their early life experiences and worldview—and its exposure to an institution's environment (Wing, 1962; Wirt, 1999).
- **total institution model:** contrasts the predisposition model by implying that all children who are placed at RCCFs, despite their level of resilience, are at risk of developing institutionalism. It emphasizes the destructive characteristics of institutional life and how it mutes self-identity and motivation (Wirt, 1999, p. 262). Goffman (1958) described the core features of total institutions as: (a) all aspects of life are in the same place and under the same authority; (b) activities are done in group settings and each participant is treated alike; (c) rigidity of a tight schedule enforced through formal rules and a group of officials; and (d) the contents of the activities work towards achieving the official goal of the institution (p.43).
- **asylum model:** suggests that residents rationally view the institution as a sanctuary in comparison to the hardships they may experience outside the institution. Persons who experience difficulties and abuse outside the institution, may find a residential facility attractive and seek refuge there (Johnson & Rhodes, 2007; Rosenblatt & Mayer, 1974). In the resident's eyes, complying with the norms and demands of the institution is not a pathological adaptation, but a logical and small requirement for asylum (Wirt, 1999). This may also apply to staff, who, in the face of a restricted economy and job scarcity, may comply with the institution's status quo to ensure job security.
- **symptoms model:** views institutionalism and its related symptoms as the side effects of medication, the results of years of treatment or symptoms of other alternative psychoses, despite the various settings persons may be in (Johnson & Rhodes, 2007). Earlier studies

attributed the symptoms of institutionalism to the actual process or cycle of the illness that individuals experienced (Wirt, 1999).

The normalization model of institutionalism is most current, and suggests that the factors that give rise to institutionalism are: individual vulnerability, conditions of the institution, resident's perceptions of the institution's environment, resident's perceived time in care and the actual time spent in care (Johnson & Rhodes, 2007, p. 227). This model was developed in an effort to deter institutionalization. Its main aim is for the provision of a safe living space that resembles the average family unit and helps create a sense of stability to the resident. This model recommends that RCCFs, "should be small (i.e., designed for no more than six to eight residents)... integrated into the community... residents should work and/or receive services away from the facility... [and] services should be adapted so that residents can experience a sense of permanence and security in their living arrangement" (Johnson & Rhodes, 2007, p. 229).

### **Theoretical framework**

The General Systems Theory and the concept of Institutionalization were used as the theoretical and conceptual lens for this study. General systems theory provides a framework for exploring and understanding the dynamic and complex nature of human bio-psycho-social and cultural exchanges (Laszlo & Krippner, 1998). Specifically, it aids in defining systems and subsystems in the POS, understanding the nature of these systems and their interactions, and understanding the behaviour of people in the various systems (e.g., residents, POS staff, CDA staff).

Institutionalization refers to a process that is typically seen in large residential homes, whereby residents become emotionally inept, resulting from poor and inconsistent interpersonal relationships (Bettelheim & Sylvester, 1948, p. 191). A key feature of institutionalization is the acceptance and perpetuation of the norms and practices of the institution's culture, at the cost of self-initiative (Johnson & Rhodes, 2007; Martin, 1955). This perpetuating of norms and practices may apply to the staff's perception of their roles, view of residents, and staff motivation, all of which may directly impact the quality of services delivered.

### **Current Study**

Studying the clinical processes used in POS may contribute to the development of a best practice model of residential childcare in the Caribbean. The results can be helpful for policy and programme planners, as well as practitioners in the related helping professions. Therefore, this study sought to identify and evaluate the clinical processes used in a POS in Jamaica to assess cases, make referrals and improve residents' critical psychological/behavioural issues. The study aimed to determine the effectiveness of the clinical processes used and compare them against the requirements of CDA's 2010 *Guidance and Standards of Care for Residential Child Care Facilities* (SOCs). Consideration was also given to current regional best practices and international guidelines on the alternative care of children. The study also explored staff's view of the effectiveness of the clinical processes used, and sought to understand the various factors that influenced what was actually practiced. The research questions were therefore:

1. What clinical processes are residents exposed to when they stay at POS in Jamaica?
2. How effective are the processes used by POS in Jamaica to assess, treat and refer residents?
3. How do staff perceive the effectiveness of these processes?

### Method

While the purpose of this study was to evaluate the clinical processes of a particular POS, it was hoped that the findings could also provide insight into institutionalism and residential childcare processes in Jamaica. Therefore, a mix of intrinsic and instrumental case study design was used. The following operational definitions were used to frame the study:

- **place of safety:** state-run, temporary, child care facility. This statutory institution is "time-limited", during which efforts are made to address critical case issues and behaviours before transitioning to long-term placement such as family reintegration or alternative residential care (McLean et al., 2011, p. 5).
- **child and adolescent:** Persons under 18 who are deemed by law or relevant policy in need of care and protection.
- **resident:** child placed at a POS on a Care and Protection Order. Children deemed to be "out of control" or who have been temporarily placed at the POS due to commission of a criminal offence were excluded from this study.
- **critical clinical/behavioural issues:** This includes but is not limited to psychological and behavioural issues that directly relate to the child's physical health and ability to function at a basic level of societal normality (e.g., clinical depression, self-mutilation and suicidal ideation, anorexia, high risk sexual behaviour, violent outbursts etc.).
- **effectiveness:** The ability to meet the assessment, treatment and referral criteria set out in the SOCs (CDA, 2010) and uphold the ethos of the United Nations' *Guidelines on the Alternative Care of Children* (2009).

### Participants

The study focused on the Nokia Home<sup>1</sup>—a state-run POS selected by the CDA—located in an urban centre in Jamaica. Children in this institution are deemed to be in need of care and protection and/or are awaiting a court hearing. At the time of the study, 49 children were being cared for at the POS by 40 members of staff. The residents, aged 0–13 years, were not included as the study focused on staff's perspectives.

Using an opportunistic sampling approach, participants comprised eight staff members from the POS and CDA, as others from the agencies were not willing to participate. Of the eight participants, four were caregivers and managers who were involved in some of the clinical processes being studied. The managers had worked there for less than a year, while the caregivers averaged 6 years at the POS. The ages of these core participants ranged from 35 to 50 years. Auxiliary staff of the POS—i.e.,

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<sup>1</sup> Name changed to uphold confidentiality.

attendant, laundry staff—was also included to provide context about processes like orientation and referral. One of these was auxiliary staff had been at the POS for 8 years. The other three participants worked with the CDA, providing psychotherapeutic services to residents of RCCFs. It was felt that they could provide useful information that would corroborate some of the other participant's claims.

### **Procedure**

In-depth interviews were the primary source of data collection for the study, seeking to elicit the actual occurrences of the clinical processes in the home; the role the particular participant plays in these processes; and staff's perspectives of what was actually done in the home. A semi-structured observation guide was also used to verify if the basic physical and task requirements of CDA's SOCs (2010) were met; and aid in the evaluation of the core clinical activities, by observing what was normally done with/for the residents and the contexts in which clinical modalities were delivered.

A desk review was also done including the POS' activity schedule, their report book, CDA's SOCs (2010), examples of standardized psychological tests used, the Child Justice Guidelines (Office of the Children's Advocate, 2013), annual reports from CDA, and CDA's 10-year highlights (2014). With the exception of the annual reports, all other files were viewed under supervision at the POS.

Non-participatory observations of staff engaging in some of the clinical processes were not possible due to confidentiality concerns. However, direct observation of residents in group settings was permitted.

The main ethical issue of this study surrounded confidentiality regarding staff and residents. As this study involved a particular POS, there was a measure of risk that participants could be identified. Additionally, staff opinions could be seen as negative by some, or highlight gaps in the various parts of the system. It was important, therefore, to reduce the possibility of victimization by implementing strict measures to ensure confidentiality and de-identification of the data gathered.

### **Data Analysis**

A thematic analysis of the data, and subsequent process evaluation of the actual clinical activities in the POS—assessment, treatment and referral—was done. Process evaluation is a specific activity that falls within the wider context of programme evaluation. It involves analyzing the effectiveness of programme operations and implementation (Abdul Latiff Jameel Poverty Action Lab, 2014). Since the intention of the study ultimately was to possibly improve the procedures used in the home, the evaluation was formative in nature. This differs from a summative evaluation which is more concerned about the ultimate success or failure of a programme (Grinnell, 1997, p. 571). The evaluation therefore followed a model suggested by Saunders et al. (2005) and explored fidelity, dose delivered, reach and context (see Table 1).



**Table 1**  
*Definitions of Parameters for the Process Evaluation*

Component	Parameter Definition
Fidelity	This refers to the quality. It explored how well what was actually accomplished reflects the intent and ethos of the planned/required procedures.
Dose delivered	It explored the extent to which the required procedures were actually delivered or provided to the residents. It included the materials/strategies used, time spent doing them and how they actually should be done
Reach	It explored the participation rate of the priority audience (i.e., residents presenting with critical clinical/behavioural issues). This sought to ensure that persons who were supposed to benefit from the clinical processes actually were exposed to them.
Context	Exploring context was necessary as several factors affect the ability of organizations to effectively deliver planned services. This includes surrounding social systems, wider political environment, character/personality of persons delivering and engaging in the processes, existing partnerships and access to resources.

*Note.* Components and definitions cited from “Developing a Process-Evaluation Plan for Assessing Health Promotion Program Implementation: A How-To Guide,” by R. Saunders, M. Evans, and P. Joshi, 2005, *Health Promotion Practice*, pp. 136-141 (<https://doi.org/10.1177/1524839904273387>).

Initially, the evaluation was based on the operational definitions of effective assessment, treatment and referral derived from CDAs SOCs (2010). Another level of comparison was subsequently done, based on regional and international best practice models of care for children. In essence, analysis in this study involved comparing the actual clinical processes—in terms of their fidelity, dose delivered, reach and context—with the ideal clinical processes of POS' locally, regionally and internationally.

The element of research bias was minimal in this study. Since the study sought to evaluate based on already existing standards, guidelines and requirements, the opinion of the researcher was minimal. On the other hand, this also presented a limitation of the study as the evaluation of the POS processes was limited to the requirements of those standards. Therefore, if, as is being argued, the standards are archaic and flawed, determining how truly effective the clinical practices of the POS are may also be limited.

## Results

The findings will be presented based on the research questions and represents the amalgamation of the various views of participants, observations of the researcher and documents reviewed.

### **Research Question 1: What Clinical Processes are Residents Exposed to When They Stay at POS in Jamaica?**

Residents of POS are exposed to informal and formal assessment from lay and professional therapists. Clinical care is primarily outsourced to a Child Guidance Clinic. One member of staff said, "As soon as you pick up anything unusual...if there is a problem, we go to the doctor. We would tell them and they would refer us to Child Guidance Clinic or counselling or whatever." A member of the clinical team at CDA reporting on children at POS stated that, "as a general routine, no. You're not assessed." Ideally, if the child presents with behavioural problems this is to be reported to the children's officer for the POS or the child's individual children's officer, who would then either directly assess the child and address the matter, or refer the child to the regional clinical psychologist from CDA.

According to one of the participants who works closely with a Guidance Clinic, the child undergoes, "a full battery of psychological evaluations." These evaluations include standardized tests that are primarily US-based. If a resident is formally assessed, a treatment and care plan is then developed outlining recommendations for the child's optimal psychosocial development. Therapeutic treatment for critical behavioural issues would then be delivered adopting a range of age-appropriate techniques. Commenting about therapy offered at Guidance Clinics, one of the participants—a clinician—reported that, "although some of the clients really need the long-term therapy...we can't afford to with the case load."

A child stays at a POS on average for 4 years. Residents, however, may transition out of the POS by virtue of their age or legal judgment. In some cases, residents and staff are given 1 weeks' notice or same, but sometimes no notice is given. With a sense of sadness, one particular staff member said, "some of the time they just go to court and that's it. They just don't come back." Nonetheless, some staff members maintain a close relationship with former residents and continue to follow up on their progress long after they leave. When asked about a former resident, a participant said she was like a godmother to the former resident. She shared, "Probably before my own children call me, that child would call me and tell me what happened in school or what they did that day."

### **Research Question 2: How Effective are the Processes Used by POS in Jamaica to Assess, Treat and Refer Residents?**

At this reporting stage, an area was determined to be "effective" if the procedure(s) outlined in the 2010 SOCs was implemented well, in terms of its fidelity, dose delivered, reach and context (see Table 1). The process evaluation is first presented narratively. A summary of the evaluation is then presented in Table 2 based on each evaluation component.

## Assessment

**Requirement.** “[Code 4.6]: Staff should be trained to recognize special needs (including mental disabilities) and direct to Children's Officers” (CDA, 2010, p.7).

### **Findings based on evaluation components.**

- **fidelity:** The intent of the 2010 SOC's are unfortunately not clear in this regard. The term *recognition* implies a measure of assessment that would be done. *Special needs* however is defined as, "mental or physical." Mental needs, may or may not include psychological/emotional needs. The intent of what staff should be trained to recognize is therefore unclear. Staff generally hold the view that the children's officer is overworked and has little contact with the home. If special needs are recognized, they therefore do not contact the children's officer but direct the case to the Guidance Clinic. Nonetheless, this reflects the intent of the required procedure.
- **dose:** This requirement is partially fulfilled as intended. The requirement suggests that staff would be adequately trained to conduct front-line assessment of children for mental health challenges. However, assessment done by staff depends on the level of training each individual has received. While the staff receive ongoing training from CDA, different members have been exposed to different training by virtue of their time at the POS. Additionally, while the entire complement of staff should be able to conduct these assessments, some support staff see it as a job only for, "the caregivers. That is not my responsibility."
- **reach:** According to staff, residents with critical physical or mental needs are identified by staff. It should be noted however, that residents with critical behavioural issues should also be considered a part of the priority audience, as these tend to have mental and emotional foundations. However, these residents may be excluded based on the limited wording of the requirement. Despite the limitation of a refined definition of "mental special needs" staff still refer residents who may present with complex behavioural issues to the Guidance Clinic for assessment.
- **context:** A number of contextual factors have resulted in the way the POS chooses to implement this requirement. It is widely felt that the limited financial resources of the CDA continue to be a root cause of many of the assessment issues. The current complement of clinical staff have large caseloads, which do not always permit psychological or psychosocial assessments of residents to be done. However, at the time of the study, the new management of the POS emphasized the need for psychosocial care of residents. Additionally, CDA was seeking to improve the resources available to clinical staff with the purchase of psychological diagnostic tools.

## Treatment

### **Requirements.**

- “[Code 1.9] A written plan of care by the Manager with the Case Officer should be formulated and thereafter be implemented. This plan should be reviewed regularly” (CDA, 2010, p.5).

- “[Code 4.4] The Home should provide counselling services for children, their parents, guardians and relatives” (CDA, 2010, p.7).
- “[Code 6.4] The Home should ensure psychological care is provided to the children” (CDA, 2010, p.9).
- “[Code 6.6] Children with special needs should have access to regular on-going therapy and services based on their needs” (CDA, 2010, p.9).
- “[Code 6.8] Staff must be trained & equipped to deal with special needs children, especially children with suicidal and self-destructive behaviour” (CDA, 2010, p.9).

### ***Findings based on evaluation components.***

- **fidelity:** Case officers could not be contacted during the study to verify if care plans were reviewed. However, the term *regularly* is quite vague and left up to the interpretation of managers and case officers. However, it should be noted that the POS does not provide counselling and psychological care directly, this is outsourced to the Guidance Clinic. Additionally, care staff from the POS are consistently provided with training from CDA to recognize and deal with self-destructive behaviour. Despite the lack of information on reviews of care plans, it is felt that what is actually implemented upholds the spirit of the requirements.
- **dose:** According to staff only a few parents, less than 10, regularly visit their children at the POS. For those that do, they receive lay-counselling from staff. This includes listening, encouraging and providing parenting advice when applicable. Likewise, staff provide informal psychological care for residents when advised by external clinical staff. Responses to children with behavioural problems were shared, " Sometimes we would just have to put them away from the others... we may even talk to them or try give them a little time out if they not responding to it [counselling]."
- **reach:** While the SOCs call for counselling services to be extended to family members, for the purposes of this study, the residents with critical psycho/behavioural issues make up the priority audience. At the time of the study psychological care was being provided mainly to the priority audience. It is important to note however, that these residents were referred to the Guidance Clinic based on staff's informal assessment.
- **context:** While resource constraints prevent formal psychological care from being provided directly at the POS, they continue to take advantage of external resources. The wider Jamaican context of financial instability should be noted, as it is felt that additional clinical staff are not hired and more in-depth training not provided, because the State cannot afford it.

### ***Referral***

#### **Requirements.**

- “[Code 10.2] The Home should ensure the provision of necessary support and preparation for children's next placement” (CDA, 2010. p.11).
- “[Code 4.16] Ensure a child is advised and consulted when there is a change in designated Agency” (CDA, 2010. p.8).

- “[Code 10.4] Basic living requirements are established before child leaves care” (CDA, 2010. p.11).

***Findings based on evaluation components.***

- **fidelity:** While children receive basic physical requirements on transitioning out of the POS, psycho/emotional preparation is not standardized, and is largely based on the judgement of the caregivers. This is, in part, due to the haphazard way staff is informed of some of the residents' departure.
- **dose:** For children who transition out of the POS because of their age, staff would begin to talk to them about leaving. Most times this would take place approximately two weeks before their departure. However, in many cases where children transition out of the POS by court order, staff are informed late or not at all about the residents' move. Ideally, residents' case officers would inform the POS of upcoming court dates or possible moves to other care arrangements. This would allow staff to begin to prepare children for the possibility of their departure.
- **reach:** This component with regard to referral cannot be determined in this study. This is because the priority audience of this study are residents of the POS. The policy of the POS is that all residents are given care packages of basic food, clothes and toiletries when leaving. However, this is only done in cases where the POS has prior knowledge of the resident leaving. Some of the residents, in addition to the care packages, are prepared fairly well for transitioning. Staff help these residents to emotionally prepare for their next placement by talking with them about what they should expect. Some residents however are not prepared at all.
- **context:** The main contextual factor that affects the implementation of effective referral is the legal system. Even if communication between children officers and the POS are improved, judges decide whether or not a resident will leave the POS immediately. This ultimately affects whether a POS can holistically prepare residents for departure

**Table 2**

*Results of the Process Evaluation*

Evaluation Component	Clinical Process		
	Assessment	Treatment	Referral
Fidelity (Implementation reflects the requirement's intent)	Good	Good	Fair
Dose Delivered (Requirement is done how it should be done)	Fair	Fair	Poor
Reach (Participation rate of priority audience)	Good	Good	-

Evaluation Component	Clinical Process		
	Assessment	Treatment	Referral
Context (Factors that affect implementation)	Fair	Poor	Fair

*Note.* Very Good= Excellent practices and systems that can be modelled by other similar institutions; Good= Solid practices and systems in place. Some room for improvement exists; Fair= There is much room for improvement in the practices and systems being used; Poor= Immediate action is needed to improve the practices and systems being used

### **Research Question 3: How do Staff Perceive the Effectiveness of These Processes?**

Seven out of the eight participants felt that the clinical processes of the POS being explored in this study—assessment, treatment and referral—were not very effective. The eighth participant abstained from responding to this question, saying, "is not mi responsible, so mi nuh think mi supposed to answer." In analyzing the respondents' views of the actual clinical practices of the home, the following themes arose:

#### **Staffing**

One of the subjects that elicited the most emotional responses from the staff of the POS was that of staffing. Most participants, when asked if there was anything they would do to improve the clinical services provided at the POS, started by commenting about staffing. Generally, there were three issues they spoke about- clinical staff being overworked, the need for therapeutic staff working on site, and the general need for more staff at the POS.

According to the CDA (2014), there are four psychologists who each cover one region (p.3). According to the 2008 Annual Report, the staff served 1126 clients (CDA, 2008. p.42). This amounts to an average of 281 active cases per psychologist. Staff at the POS empathize with the social workers, saying that their work expectations were "ridiculous." One shared, "Yuh cyaan ask a children officer who have 20-odd case who's dealing with children outside, to come here and do some counselling. I don't think any officer should be having 200, all 300 case. Foolishness dat!"

#### **Length of Time for Care**

Staff was also concerned about the length of time it took for a child to get the psychological help they needed. Reiterating the desire to have clinical staff working at the POS, one participant disliked the fact that residents' appointments at the Guidance Clinic were often far apart. "That child might very well move on," another respondent added, "and then the treatment might not follow up. Because it depends on where the child goes." Clinical staff also raised this issue as a concern and felt that if the authorities invested more into upgrading the clinical services at CDA, the waiting time for clinical care may be reduced.

***Physical Welfare Focus***

Participants made sure to mention that the children at the home were well taken care of. However, no reference was made to residents' psycho/emotional wellbeing. One staff member said, "I always tell my children that they [residents] are better cared for than them at home. Yes, they eat regularly, and they take shower regularly." Other participants also agreed that the psychological care of the residents was neglected, stating, "I think that is an area that wasn't really being addressed- observing children, seeing the different types of behaviour, and then start addressing the behaviour."

***Referral Dissatisfaction***

Varying reports were made by the participants regarding how much notice is given to them and residents. While for some being given late notice did not bother them, others were concerned that some children were not given enough time to prepare psychologically to leave the POS. "I think there is some inadequacy in how preparation is done," said one respondent.

**Discussion****Research Question 1: What Clinical Processes are Residents Exposed to When They Stay at POS in Jamaica?**

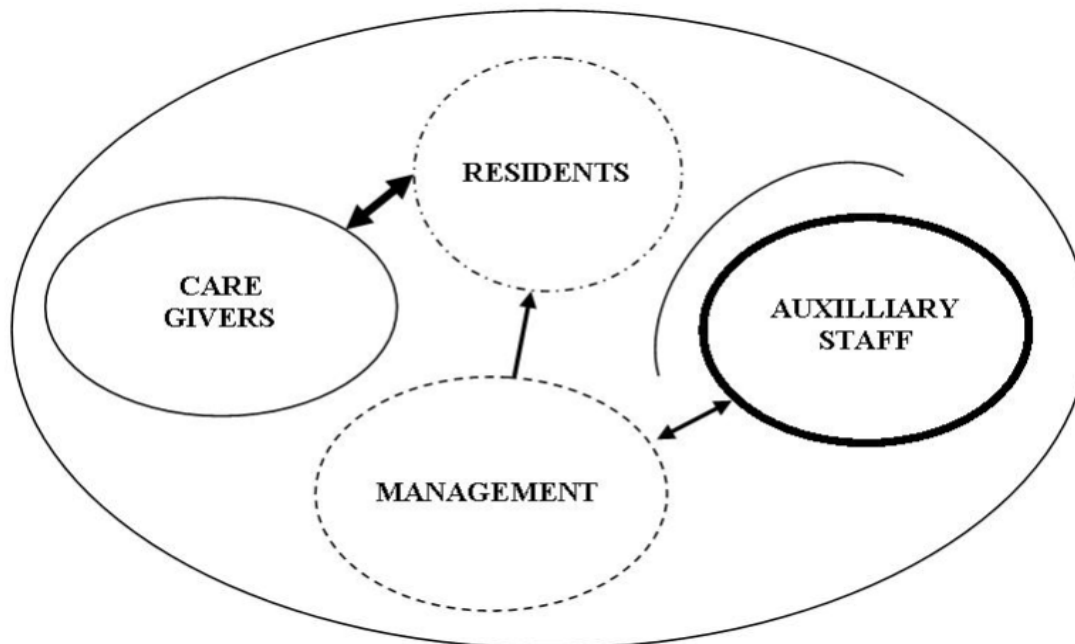
The POS bore several markers of a total institution, however, it can be said that most of the participants showed no signs of being institutionalized. Most of the participants from the POS showed high levels of self-initiative, and appeared to genuinely be more concerned with caring for the residents than controlling them. This was remarkable as the physical environment, job requirements and even the language of the SOC's can lead one to focus mainly on attending to the physical needs of residents, ignoring their psychological health.

Perhaps the POS' move towards ensuring residents have access to the psychological care they need, was a result of the changing legislative environment and political attention related to child care. Since the SOC's were issued in 2010, there have been some progressive steps locally that emphasize the need to attend to the psychological needs of wards of the State, e.g., the 2013 Child Justice Guidelines.

Considering the issue from a systems perspective, the fact that staff did not appear to be fully aware of their identity as a subsystem, nor of the function of the other systems, internal and external to the POS, suggests that there may be an issue with boundaries.

**Figure 1**

*Diagram showing relationships between the subsystems in the POS*



The borders of the management subsystem and residents subsystem appear to be semi-permeable, allowing energy (represented by arrows) to pass to and from its system to the other subsystems in the POS (see Figure 1). This was evident from not only the way staff interacted freely with the managers, but also from the amiable references some of the participants made of both managers and residents. Conversely, the auxiliary staff subsystem appears to be a closed system that is cut off from the residents. While the caregivers subsystem appears to be closed as well, its borders are not as rigid as the auxiliary staff's, as they allow more energy reciprocation from the management and residents subsystems. Based on these borders, it stands to reason that auxiliary staff are at most risk of showing signs of institutionalism, on account of their social withdrawal from part of the POS community and the lack of meaningful interpersonal relationships with other staff members.

### **Research Question 2: How Effective are the Processes Used by POS in Jamaica to Assess, Treat and Refer Residents?**

Based on the findings, the POS' efforts at ensuring residents with complex issues (priority audience) had access to professional therapeutic services was commendable. However, the findings also highlighted gaps in the actual delivery of the plans, called urgent attention to referral practices, and raised an alarm about deterrents from the wider system the POS was a part of.

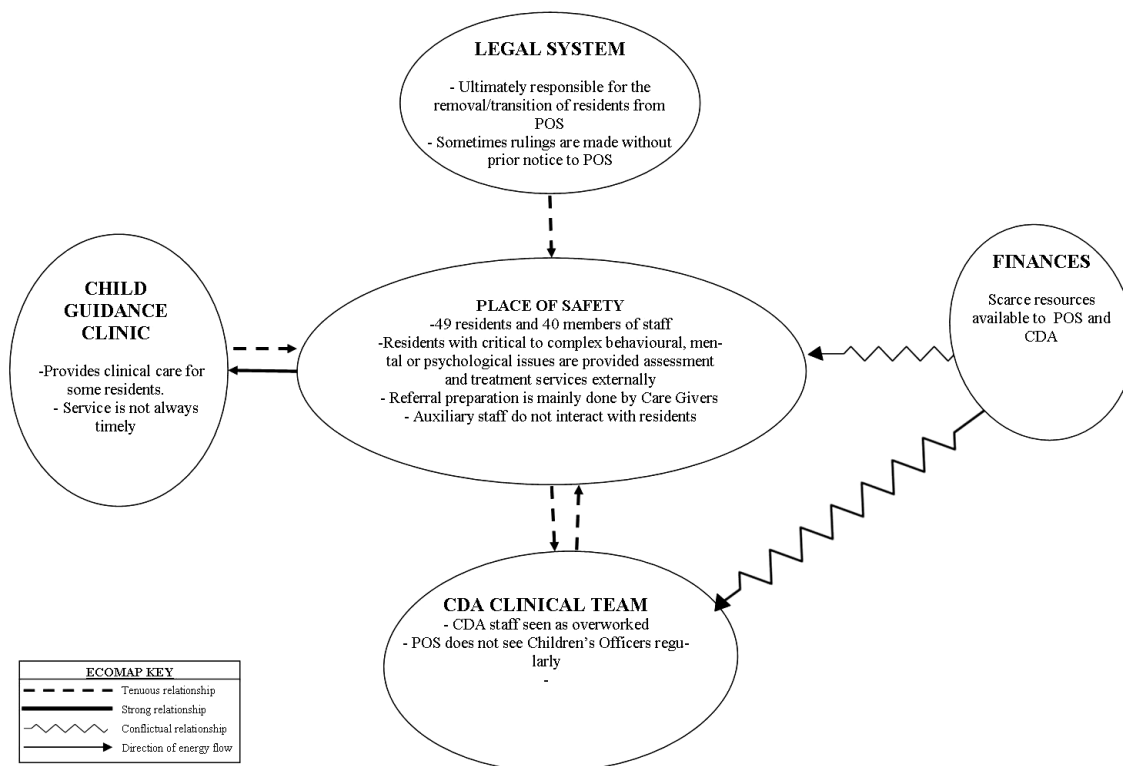
The evaluative component of Dose Delivered received one of the poorest ratings. In part, some of the requirements were not done due to assumptions made about children's officers' caseloads, a lack of capability of staff, and in most other cases the contextual factors prevented the requirements from being accomplished in the manner it should be.



The contextual factors that affect the POS ability to effectively deliver relevant therapeutic services, even as prescribed by the 2010 SOCs can be understood better by adopting a systems approach. Figure 2 shows that the POS may be thought of as a system under stress.

**Figure 2**

*Ecomap of the POS in relation to other systems and contextual factors*



Tenuous or conflicting relationships are shared with all of the systems with which it interacts. There is no identifiable system that the POS has a completely strong relationship. While the POS shares a strong relationship with the Guidance Clinic, it is one-sided. Due to long waiting periods, the relationship with the clinic is not one that is entirely in the best interest of the POS. Likewise, the ecomap helps one to see the impact the economic environment has on both CDA and the POS. On several occasions during the study, staff expressed how limited funding prevented both CDA from expanding its service capacity, likewise for the POS.

It is the opinion of the researcher however, that there appears to be an over-reliance on the profession of psychology to provide clinical care. According to the participant representing CDA's clinical staff, the system of therapeutic care was designed to emphasize the role of the social worker as the first tier of therapeutic care. Psychologists then would engage clients with more complex psycho/emotional issues. This is also echoed in the United Nations' *Guidelines on the Alternative Care of Children* (2009), as emphasis is placed on the role of professional social workers in assessment and support. While both professions have different lens from which they work, they work best together.

While resources are limited, it is felt that if greater emphasis is placed on providing social workers with psychosocial assessment and behaviour modification tools, the psychologists and Guidance Clinic may be freed to focus on the complex cases. Ultimately this may reduce the caseload of clinical staff and improve the quality of care.

### **How do staff perceive the effectiveness of these processes?**

The findings showed that despite the culture of the home, staff were dissatisfied with the way therapeutic care was delivered to residents. The issues and concerns that were highlighted by staff varied, and showed that in some areas, staff had an intricate understanding of the problems often associated with residential child care.

It is felt that the concerns raised about staffing are valid ones. The current caseloads, staff to resident ratios and diminished presence of clinical staff at the POS are notably different from what is practiced in more developed countries. For example, in the US state of Alabama, the Minimum Standards of Child Placing Agencies specify that professional staff case-loads should not exceed 18 traditional foster care cases, 8 therapeutic foster care cases and 40 adoptive and resource cases (Department of Human Resources, 2002, p.25). This caseload greatly differs from the estimated caseloads of the average social worker and psychologist working under CDA. This in turn can affect the quality of work, result in staff burn out and ultimately further put clients at risk.

### **Conclusion**

The POS studied has shown remarkable instances of resilience in the face of resource constraints. It is believed that the commitment to residents is, in a great way, responsible for staff seeking to find other ways to provide genuine care, as opposed to solely controlling residents. The study suggests that this commitment, born from training and meaningful interaction with the residents, helps prevent staff from developing socio/emotional symptoms associated with institutionalism.

### **Implications for Social Work Practice**

This study has highlighted the need for social workers to play a greater role in Jamaican child welfare system. It is important that programme administrators adopt a truly multi-disciplinary approach to therapeutic care. Inherent in this is the need for social workers to fully utilise their therapeutic skills. Reducing the role of social workers solely to that of case managers, is a waste of potential and resources available to the State. Social workers then must empower themselves, and advocate for themselves- urging administrators to allow them to function in their clinical/medical role, instead of relegating them to case management.

### **Recommendations**

In his classical work *Rethink*, journalist Gordon Rattray Taylor (1972) wrote "the future cannot be, must not be, simply an extension of the past: a radical rethinking of the whole system is needed" (p.9). Likewise, the child welfare system in Jamaica requires radical ideas and new strategies if it is to be deemed truly effective. The following recommendations are therefore offered:

### Short Term

- **expand research:** This study should be expanded to include a larger cohort of participants (residents and staff), as well as other POS'.

### Medium Term

- **improve policies regarding POS:** CDA's 2010 SOC's should be updated to define a POS', be more specific in terms of time frames within which residents' cases are reviewed, and the period of time a child should stay in the POS.
- **assign qualified Clinical Social Workers to RCCFs:** Psychosocial screening does not have to be done only by clinical psychologists. It is recommended that every RCCF be staffed with one residential social worker for every 20 residents at most.
- **mandatory psycho/educational assessment:** The state should ensure every child who is placed in a POS undergoes a psycho/educational assessment. This should be done in conjunction with the resident's medical examination within the first month of their arrival at the POS.

### Long Term

- **convert large RCCFs:** In the spirit of deinstitutionalization, large RCCFs should be converted into short term therapeutic centres. While these centres will be residential, they should function as short-term child-friendly therapeutic environments. It is recommended that children be admitted for no more than 3 months, and that each centre facilitate a maximum of 30 children in the overnight facility. Coupled with the overnight facility, should be a drop-in centre where children in alternative living arrangements can receive psychological care. The facility should be staffed with a multidisciplinary team of clinical professionals, and feature play therapy rooms, adventure therapy facilities, and a dance/yoga studio.
- **group homes:** As large RCCFs are phased out, children in need of care and protection require a sustained sense of family throughout their life. The state is urged to move towards developing small group homes, and expanding the foster care programme to include therapeutic foster carers.

Rosanna Cardines, MSW  
 Programme Delivery Department  
 The University of the West Indies, Open  
 livingaqu@gmail.com

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# CHILD PROTECTION, PATERNALISM AND PARTICIPATION: RE-FRAMING CHILDREN'S PARTICIPATION IN CARE- A CASE STUDY FROM TRINIDAD AND TOBAGO

KHADIJAH WILLIAMS

## Abstract

This article shows how children and young people in residential care demonstrate their agency in response to formal hierarchies. Based on an ethnographic study conducted in two residential child care institutions in Trinidad and Tobago, the complexities of adult–child interactions in residential care are highlighted. It discusses the need for professionals in child protection to acknowledge the diverse ways in which children contribute to their lives and the requirement for supportive relationships between adults and children. The findings are useful for informing training and culturally relevant practice related to children in residential care and has implications for transitioning young people from care into independent living. On a macro level, the research addresses concerns about residential care being oppressive for children and young people, as well as the systemic approaches that are required to make the care experience more positive and sustainable.

*Keywords:* child protection, children's participation, paternalism in care, relationship-based practice.

## Introduction

This article challenges the conventional approaches used to engage children in care in the form of child protection. It highlights the point that children may be more influential than we think and with improved systems and procedures in place to support meaningful participation, better outcomes can be achieved. It provides evidence from a study with children and young people in care suggesting that adults may need to re-visit their commonly held assumptions that they know what is best for children. This point calls into question the “caretaker thesis” (Archard, 1993) that children should not be autonomous and adults should make decisions for them. As seen in this study, the young people were able to exercise their own agency, decide on whether or not what adults thought was important was indeed important to them, and respond accordingly; they adapted to their environment and created

informal ways of resisting paternalism. How the young people responded within formal hierarchies that were adult-dominated was interesting, as it emphasised their agency and challenged the traditional views adults held about children.

Paternalism, as an overarching concept, is said to exist “when a public body makes a citizen unfree to perform an action, intending the prohibition to benefit the citizen in question” (Weale, 1978, p.157). It therefore provides some groups with the right to act on behalf of some other group, which is perceived as lacking the capacity to act on its own behalf or to make decisions. Paternalism in this context is specifically being applied to the private lives of young people in public care. Its application to this study has to do with the power of traditional conceptions of adult-child relationships. It is arguably a universally applicable concept, since it is difficult to see how social work—not only in child care—can be justified without some conception of paternalism.

This research focused on the experiences of males based on findings from a pilot study the researcher conducted between 2010 and 2011, involving juvenile offenders and incarcerated adult males, where 90% of the participants experienced state care and were repeat offenders. The relationship between residential child care, male juvenile offending and adult incarceration became quite clear during the pilot, which raised some questions. The overrepresentation of males in criminal activities, particularly of the lower socio-economic group, is further substantiated by a report on young males and crime in Trinidad and Tobago (Ryan et al., 2013). The research therefore sought answers to the questions: How do children experience being in residential care and what is the quality of the relationships they experience?

The child welfare system in Trinidad and Tobago is traditional with residential care playing a major role. The history of children’s homes in Trinidad and Tobago dates back to the period of indentureship in the early part of the 19th century after the abolition of slavery. The traditions which exist have little place for children’s participation in decision making but there is potential for development in this area. Children in care are among the excluded and may be more prone to institutional and socio-cultural barriers to participation than children not in care, despite evidence of the benefits of their participation (Sinclair, 2004; Thomas, 2007). Adult-child interaction plays a significant role in developing opportunities and experiences for children and this impacts on their levels of participation (Mannion, 2007). By studying this aspect of child welfare, it will be possible to understand how children’s participation can be systematically and sustainably included in formal hierarchies such as child welfare and protection services.

At the time of this study, Trinidad and Tobago was in the process of reviewing its child welfare system. Establishing a formal child protection system became a priority, making alternatives to large scale residential child care imperative. Facility standards were being developed, the licensure of homes was initiated and public sector reform was also underway, with some departments, including the one responsible for hiring juvenile home supervisors were being restructured. The roles and functions of juvenile home supervisors as well as the minimum requirement of three Caribbean Secondary Examination Council passes were under scrutiny, with the need for higher qualifications and caregiving skills being advanced.

It has been the custom in Trinidad and Tobago as in other countries to have the needs of children in care determined by statistical data generated through activities such as the national census,

surveys or recommendations made by international corporations such as the World Bank, International Monetary Fund, World Health Organisation and the United Nations. In relation to poverty, the World Bank has criticised this top-down approach for being ineffective in meeting targets (Narayan & Petesch, 2002; Wong & Guggenheim, 2018). The limitation of this approach was further substantiated by local evidence that funding allocated to children failed to reach them directly, with the majority of funds allocated to personnel and equipment and less investment in child development programmes (Pantin, 2010). This may be attributed to the fact that children are often excluded from participation in areas such as planning how to use resources for their benefit (Thomas, 2007; Tisdall & Davis, 2006). As a result, “expert” panels in the form of Boards and Committees are usually responsible for designing policies and developing intervention plans for children without their input. Experts often lack familiarity with the children and their issues (Thomas & O’Kane, 1998), often underplay their agency and focus on negative experiences (van Oudenhoven, 2018), which makes the need for professionals equipped to work in the area of children and young people’s participation even more relevant.

Children’s participation means the direct involvement of children in decision making (Hill et al., 2004) and participation rights are enshrined in the United Nations Convention on the Rights of the Child (UNCRC), where Article 23 has been most explicit (United Nations Children’s Fund [UNICEF], 2003). It was ratified in Trinidad and Tobago on December 5th 1991. Since the ratification of the UNCRC, the state is legally obligated to implement the relevant child welfare policies. Following on from regional attention to children’s rights issues, in the 1999 Lima Accord and the 2000 Kingston Consensus, Trinidad and Tobago developed a series of laws, now commonly recognised as the “Children’s Legislative Package”, to ensure that national policy was consistent with regional and international directives. These include The Children Act (2012), Children’s Authority Act (2014), Children’s Community Residences, Foster Care and Nurseries Act (2000, 2008) and Regulations (2014).

Important to note is that the Homes in this study were established out of British influence and they continue to sustain a model of child care which has received much criticism in Britain and Europe in general, where de-institutionalisation has become commonplace (Smith, 2009). However, the value of residential child care is not totally discounted (Crimmens & Pitts, 2000; Smith, 2009; Smith et al., 2013; UNICEF, 2020; Utting, 1997). This is also true for Trinidad and Tobago, which continues to value this approach to child care. This study therefore seeks to explore ways in which the residential child care experience can be strengthened, where it is a last resort.

### **Gendered Socialisation and Child Care**

The gendered nature of socialisation and the stereotyping of gender differences in Caribbean families has been well documented (Barrow, 1996, 2011; Chevannes, 2001), and findings are consistent with the behaviour patterns of children in care today. Gendered socialisation for children in care is further complicated by the caregivers’ own upbringing and how they perceive children’s needs and vulnerabilities, which informs how children are socialised and cared for (Barrow, 2011). The potential for relational child care in formal settings to counteract the effects of unfavourable socialisation such as lack of communication in Caribbean families (Leo-Rhynie, 1993) and negative social bonding (Levy, 2012) is also well documented.



Caribbean research which examines the relationship between adverse childhood experiences (ACEs) and residential care placement is scant. ACEs have been found to significantly increase the chances of residential placement for Black and Hispanic males in the USA compared to their white male counterparts (Zettler et al., 2018) and these findings are also relevant to the Caribbean context. Research on the relationship between ACEs and juvenile offending and how residential programmes for males influence their decisions to desist crime (Abrams, 2006), have been quite enlightening. Caribbean discourse on masculinity has placed black males at the centre of crime and underachievement, being most vulnerable because of their socioeconomic status, expectations and socialisation (Levy, 2012; Ryan et al., 2013). This has also been attributed to the child-rearing practices associated with experiences of slavery (Patterson, 1969, 1982). During the study period, males continued to outnumber females in care (Children's Authority of Trinidad and Tobago, 2012), which was also concerning.

### **The Complexities of Children's Participation and Child Protection**

The complexity of children's participation and paternalism is a reality in a society that holds traditional values about children and at the same time is attempting to promote children's rights. Finding the balance between enabling young children to participate and protecting them from harm (Alderson, 2008; Lansdown, 2009) is therefore crucial. Because children are seen as most vulnerable and dependent on adults for their well-being and participation, they can easily be excluded as adults determine what is in their best interest (Lansdown, 2009; Thomas, 2002; van Oudenhoven, 2018). For the child in residential care, participation therefore becomes more complex (Thomas, 2002) because of this focus on protecting children.

The limitations of children's participation based on the power differences between children and adults are also emphasised, recognising that children can become miniature adults, fulfilling adult agendas (Hart, 1997; Mannion, 2009) and recommendations are made that these issues be addressed for meaningful rather than tokenistic participation to occur. Another complexity exists where children's participation is sometimes used synonymously with listening to children or giving them a voice and consultation (Sinclair, 2004). This interpretation of children's participation has been criticised by Lansdown (2009) and, Percy-Smith (2006). Listening to and consulting children on issues does not negate exclusion (Percy-Smith, 2006). Children have various ways of expressing themselves beyond voice (Lansdown, 2009; Mannion, 2007; Thomas, 2005): through avoidance and active resistance (McLeod, 2007), or by using art (Dockett & Perry, 2005) or graphic responses and diagrams (Darbyshire et al., 2005) and games and photography (Richards, 2019).

Also critical to note is that although there may be a shift towards a rights-based approach to children's participation in general, adopting a rights-based approach to child welfare (Fox-Harding, 1997; Cassidy, 2017), in which children's participation is included, may be deemed paternalistic and incompatible with children's interests (Calder, 1995) as it de-emphasises children's agency and their usual ways of participating. There are standard ways whereby children participate in care that adopting a rights-based approach may interfere with. This includes interfering with children's desires not to participate and their informal ways of organising themselves.

### **Justification for Children's Participation**

There has been a shift away from paternalism towards a rights-based approach (Theis, 2004), with the UNCRC providing a good reference point, although being criticised for being very broad and abstract (Skelton, 2007) as well as having many contradictions and inconsistencies (Quennerstedt et al., 2018). Although not explicitly stating children's rights to participate—except Article 23 that relates specifically to children with disabilities—there is a cluster of Articles which provides sufficient argument for their participation, as mentioned above. It is important to note, however, that participation is not new to the children's arena, for children have always naturally participated in families, communities, schools, and work (Kjørholt, 2001) - and this is certainly the case for Caribbean children (Barrow, 2011; Crawford-Brown, 2001; Lewis, 1993).

Justification for children's participation therefore includes its ability to strengthen young people's status in relation to adults (Matthews, 2003). It is important to consider the interactive and contextual nature of participation between adults and children (Christensen, 2004; Mannion, 2007, Garfat et al., 2018). This draws attention to issues of power in the adult-child relationship (Cairns & Brannen, 2005) and implies that adults need to accept a challenge to their authority for meaningful participation (Lansdown, 1995, 2009). For children in care, it has been found to be rare for the adults to share power with them (Mason, 2005) or some children simply use their power by resisting the adults' agenda (Levin, 1997; McLeod, 2007). Specifically applied to children in care, participation in decision making helps prepare them for responsible, independent living (Smith et al., 2013). After studying the relationships between social workers and looked-after young people, McLeod (2007) recommends that adults working with them should understand how powerlessness can shape the responses of marginalised children, and should therefore be prepared for resistance and challenge (p. 285).

Participation is likely to be especially hard to achieve in residential child care, where children are more likely to be overlooked as potentially able to contribute to decisions about their future because adults perceive them as needy and dependent. The diversity of experiences and circumstances surrounding children's admission to care (Gibbs & Sinclair, 2000) will shape their ability to participate in their new environment (Taylor, 2006). Children in care have their own psychological and physical consequences to deal with (Smith et al., 2013), which requires a good understanding of how to operationalise their true participation.

Child rights as a concept has also received much criticism (Cassidy, 2017; Franklin & Sloper, 2005). In the Caribbean region studies have found adults working with children blaming child rights for the increase in indiscipline in schools and care settings for example. There are claims that the UNCRC worked as a policing mechanism and serves as only the beginning of realizing Caribbean children's rights (Barrow, 2002, 2011). Understanding how relationships between children and adults can mitigate such challenges is therefore critical (Featherstone et al., 2018).

### **Theoretical Framework**

Theories such as care ethics (Held, 2006; Noddings, 1984, 2002), children's agency (Cockburn, 2013; Oswell, 2013) as an element of the strengths perspective (Saleebey, 1996), development ethics (Goulet, 1995), Hart's (1992) model of participation and critical social work (Allan et al., 2009; Fook, 2002, 2012) were useful for analysis. The theories provided concepts which illuminated the

interpersonal and broader, complex structural issues which affect residential child care and how the institutionalised system of residential child care operates and links to other systems. Hart's model emphasises the levels of participation from manipulation to power sharing between adults and children. Care ethics postulates that caring should be a foundation for ethical decision making and should therefore be relational, ethical, reciprocal and receptive to feelings and emotions (Held, 2006; Noddings, 2012). At the micro level of interpersonal relationships, care ethics can help explain how children's participation can be enhanced through better adult-child relationships. In applying critical social work theory, understanding how power manifests in social relationships is essential. This is important to note in the relationships with children in care who are confined by the formal hierarchies of their places of safety (Wattam & Parton, 1999). As related to residential child care, development ethics as posited by Goulet (1995) provides a useful theory for understanding the ethical basis for increasing children's agency through participation as a means of mitigating value conflicts and helping decision makers focus on processes and quality of human relationships in development.

*Children's agency* refers to the capacity of children to influence the prevailing construction of their life's experiences, where these are physical, cognitive or emotional (Oswell, 2013). It can be usefully applied to the analysis of the links between structural issues such as staffing and personal issues and how power is exercised by children and young people. Emphasising children's agency allows us to see children within a global context, and how it is influenced by politics and technology. Such ideas have been developed by Oswell (2013) in his work on children's rights and political participation, where he notes that adults' views of children's competency have been complicated "in the context of the international and a notion of global humanity" (p. 258), which is reflected in the application of the UNCRC. Children's agency as a concept advances the strengths perspective (Saleebey, 1996), which is not fully consistent with critical social work. However, the strengths perspective is recognised for its usefulness in analysing how a risk-averse approach to child protection, which fails to recognise children's strengths, can be destructive to children's development (Munro, 2008). The strengths perspective seeks to identify pre-existing strengths and capacities of service users and complements our understanding of children's agency. It encourages an interactive social work practice (Saleebey, 1996) that allows service users to define their needs and areas for intervention. It is a process that facilitates the use of inherent strengths and resources to identify and apply solutions to current situations. Self-protection is facilitated as children's personal resources are recognised and engaged. Despite being criticised for placing responsibility for social change upon service users and minimising the impact of structural inequalities on personal and social development (Gray, 2011), elements of this approach are valued.

### **Method**

A broadly ethnographic and social constructionist approach was applied in order to examine what children's participation in decision-making in both settings looked like and how it could be interpreted to improve services for them. This social constructionist approach essentially focuses on how people construct knowledge and truth based on their own subjective experiences (Hammersley, 1992), which acquire an objective reality through interactions with others (Berger &

Luckmann, 1966). Adopting the less rigid version of social constructionism, the importance of attending to how people think about social phenomena and that their version of reality may not necessarily be true, was acknowledged.

The primary research method was a blend of participant and non-participant observations and interviews. It was part of a larger four-year study conducted between 2010 and 2014, on children's participation in residential care, which included ethnographic field notes; documentary analysis; interviews with young people, caregivers, policy makers, administrators and focus group interviews with children. These provided rich descriptions of experiences that quantitative methods may not have been able to provide and because, more than quantitative methodology, it allowed new ways of thinking to emerge from the data (Creswell & Poth, 1998, 2016; Hammersley & Atkinson, 1983; Silverman, 2006). Qualitative research facilitates collaboration between the researcher and the research subjects within a social-historical context such that it is locally constructed, pragmatic and participative (Smith, 1987). It is also consistent with social work values and principles such as partnership and purposeful expression of feelings (Biestek, 1957; Thompson, 2009) and it promotes reflection for both the researcher and the participants. Qualitative research such as ethnography provided a deeper understanding of how social meaning is derived by research participants and allows the researcher to examine at first hand their experiences and the context in which they occur (Brewer, 2000; Neuman, 2006). Building and sustaining good relationships with children and adults was also critical to accessing sensitive information, which ethnography afforded. Fieldwork procedures in ethnography were adhered to, as described by Silverman (2010) and Hammersley and Atkinson (1983), which also supported ethical research.

The study aimed to: (a) examine the adult-child interactions to determine how they negotiated values and agendas in their relationships, which may provide insights into participatory work with children in care; and (b) identify what were the motivations and experiences of children in care and how to encourage their participation in decision making.

Data analysis involved coding (Miles & Huberman, 1994) - both manually and using the scientific qualitative data analysis software programme Atlas.ti7 to assist in content analysis. Thematic analysis involved inductive coding where themes emerged from interviews and observations, which followed the conventional procedure of patterned regularity and significance (Creswell 1998; Luborsky, 1994) or the constant comparative method (Strauss & Corbin, 1994), negative case and discrepant data methods (Creswell, 1998), where noteworthy differences in experiences added to the quality of analysis. Interpretive criteria included credibility, repeated statements or strong assertions, placing the meanings in context, negative examples or instances (Luborsky, 1994) and pattern saturation. Atlas.ti7 was particularly useful in supporting theory building with its features that identified connections between codes, which facilitated a deeper level of analysis of classifications and categories and a conceptual framework which fitted the data. Central to this process was the verification process, where data was cross-checked by research participants to ensure the validity of themes and conclusions.

## **Participants**

The research was conducted within two main children's homes in Trinidad (called H1 and H2). They were selected because they housed children in state care, they were available, and management

showed willingness to participate as new models of care were being explored at the time. Both homes were located in residential areas in Trinidad. They were managed by religious boards although they fell within the ambit of the state. At the time of the study, the number of residents living on the compounds numbered 88 (H1) and 53 (H2) aged 3 to 18 years, following the structure of large residential homes.

The primary sample comprised mainly males, 13-17 years old, 12 from each home, living there for over 10 years, chosen because they were preparing to leave care and could provide useful introspective accounts of their experiences. As mentioned earlier, they were overrepresented in the care and criminal justice systems. All the children were willing to participate in the research and were already part of the homes' formal transition programmes. Although only 24 were selected from the homes, all the young people leaving care were included in the observations. The male to female ratio for children at both homes was 2:1 and there was a total of 36 caregivers at H1 and 46 at H2. Data on girls was used solely for purposes of comparison as gender differences/segregation are highly significant in the running of the Homes. The predominant approach used in both institutions was a management and control model, with the Magistrates' courts playing a major role in determining discipline for children. However, both Homes were moving towards a care model that was more consistent with children's rights and building better relationships. Contributing to the leadership and decision making approach adopted by management is the fact that H2 had better access to social services for children and families such as counselling services and a Family Court. H1 relied on more informal approaches and, because of this, was a more fertile ground for participatory work with children. The Homes in the study have also been the focus of attention for unfounded claims about residential child abuse and this has had a significant impact on the workers. As a result, pressure was placed on management to strengthen the quality of care for children, but their efforts were frustrated by bureaucratic constraints such as hiring and disciplinary practices that were beyond their control but critical to the process of child care and protection.

**Table 1**  
Data Source and Data Collection Type

Source	Caregivers	Children	Managers
Data collection type	10-(6 structured ; 4 semi-structured)	24- (focus groups; semi structured interviews with a subset of 4 children)	2-Both interviewed twice using semi-structured and structured formats

*Note.* Additional data was collected via structured and/or semi structured interview from police officers, probation officers, magistrate, policy specialists, past residents, Social Worker/Welfare Officer/ Counsellor, volunteers and supplementary service provider agency staff

Ethical procedures included seeking permission from the board of management of both homes, obtaining approval for conducting human subject research from Lancaster University's research ethics committee, holding stakeholder meetings to clarify the objectives of the study and gaining consent and assent from participants, which outlined how the data would be used and recordings discarded. The children were aware that they could withdraw from the study at any time. All children except the nursery residents were made aware by the managers and supervisors about the research being undertaken. In fact, the idea about observing the girls came from the girls themselves, who initially expressed their feeling about being left out and wanting to be included. The focus groups were guided by Kitzinger's (1994) and Krueger's (1994) recommendations for conducting focus group interviews. As a trained and UK registered social worker, the researcher was obligated to practise ethically, upholding specific core values of integrity, competence, respecting the dignity of subjects and valuing relationships (Hepworth et al., 2010; Economic and Social Research Council, 2014). Abiding by research ethics was especially important for this study given the nature of the research subjects.

## Results

The themes which emerged from this study included: The complexity of caring relationships between adults and children in decision making; paternalism, participation, resistance and resilience; information and communication technologies as a new site of conflict for children's participation; children's participation in policy and development- possibilities and tensions; and positive residential practice. The findings presented here specifically relate to how children were able to manoeuvre institutional processes through resistance, demonstrating resilience, forging informal relationships with adults and their emerging sub-cultures, even when adults thought they were doing all that was possible to protect them and secure their best interests (Protection, Paternalism and Participation).

### **The Sophistication of Children and Young People's Responses to Formal Hierarchies**

The study revealed the extent to which children in care were able to influence decision making in informal ways beyond the bureaucratic structure of the residential setting. These interactions included channels of communication and casual ways of relating to adults; the creation of a subculture and subgroups; and using an informal complaints mechanism, through researchers and volunteers, to get their voices heard and to influence decisions. These acts demonstrate the resilience of young people as they transcend convention and prosper in the face of challenges (Garmezy, 1996).

An emerging sub-culture existed within the Homes, as a form of resistance (Hall & Jefferson, 1979) to the patriarchal systems and dominant traditional values. During observations with policy makers, they tried to reassert these values as a response to a perceived increase in social disorder. The boys were mainly targeted as they were the ones who were deemed to be in need of greater control and monitoring as reinforced during the State of Emergency in 2011.

The young people in this study showed their disapproval of decisions imposed upon them in the most subtle yet obvious ways. How the children responded to situations depended heavily on how they defined the context and how they perceived adults' approach to them. For instance, the outcomes

of informal interactions among children and adults were important and resulted in greater satisfaction for the children as they demonstrated their agency. This was apparent in the way the young people from H1 influenced the resignation of the transition programme facilitator—a leaving care programme for all senior children, which was conducted by an external service provider—by showing their resistance to participation and making informal complaints about the programme delivery to their supervisors and managers. The review of their transition programme was delayed for several reasons and therefore it had never been evaluated at the home since its inception in the 1990s. However, the children’s response to the programme influenced its future delivery. The counsellor assigned to the programme, a retired school principal, although mindful of the fact that special competencies were required to work with the children, adopted a conventional classroom guidance approach. The journal extract below provides a list of behaviours observed during one of the sessions. In the end, the counsellor resigned her post, having acknowledged the deficiencies in the programme and her own competency to work with children whom she described as “difficult with complex needs.”

Resistance by the boys was demonstrated by beating on the desk, calling out to passers-by, not following instructions intentionally (this was usually accompanied by mischievous laughter and silent plotting among them), making inappropriate comments which they knew would offend the counsellor... they were also teasing each other about their mothers/parents; asking the counsellor about when the programme would end; derailing from the main topic and making jokes. (journal extract, 27/02/2012)

The young people collaborated informally to make collective decisions when they anticipated that adults would not support their wishes. Examples of this were when the children would meet informally to discuss issues and make decisions before formal meetings started. Whatever position they took at their informal meetings usually remained consistent, but this was truer for the boys than the females in H2, who were more often swayed by the adults during deliberations. In one instance, they changed their nominees for leadership positions in H2 when the facilitators questioned their suitability during an election process. The males maintained their position and justified their selection of prospective young leaders despite the facilitators’ reservations.

### **ICTs, Expressive Arts and Children’s Participation**

One finding of the research was the way in which young people’s interest in computers and other Information and Communication Technologies (ICTs) influenced adults to become more tech-savvy. At both homes, adults were seeking new ways to incorporate technology into the sessions with children as they recognised that this was an effective way of reaching them. Additionally, young people’s involvement in activities at both homes was often determined by their level of discipline or by exercising their right to participate in informal ways, for example, through the active use of ICTs (See Williams-Peters, 2014). Adults in the study also highlighted the different responses they received from young people when interactions were not too formal as this facilitated a more comfortable and open relationship with adults. One male caregiver noted that the boys he worked with responded better when they knew that the caregivers were engaging them of their own free will and not because of a directive from management:

There are things you could do ... You know, take them out... and you do it in an informal way. It's not as though ok you go with them because you are told to. ... These are the things that foster better outcomes. (Male caregiver, H1-4)

The caregiver made reference to situations where children could benefit from informal arrangements with staff.

The young people had their informal ways of settling disputes among themselves, which were sometimes beyond the comprehension of adults. For example, they would trade duties among themselves or impose their own sanctions on each other. The young people also made their input during cultural events such as Carnival and Christmas concerts, through calypso, poetry and dance. In this too, there was evidence of partnership between them and their caregivers, who seemed to use the opportunity to voice their concerns to management through the young people. A good example can be seen in a satirical calypso entitled "Too Much Cooks in the Kitchen," which was written by a staff member and endorsed by a child who agreed to perform it at a carnival event:

Too much ah cooks in de kitchen  
 Better sister and dem order Kentucky Fried Chicken  
 Ah really don't know who cooking in de kitchen.  
 Better the manager order Kentucky Fried Chicken  
 One say: I is de real cook  
 The other say I have d look  
 One say I could cook curry  
 The other say I could cook in ah hurry  
 Sister, sister, call Ms. St. Rose D Minister [former Minister responsible for children's homes]  
 One say I cooking rice and peas  
 The other say: That could cook? Oh please  
 One say: I did not come here for bacchanal [confusion]  
 (Extract from "Too Much Cooks in the Kitchen", H2)

The calypso highlights the many instructions given by adults in their various roles, and how they seemed to be uncoordinated in their efforts and often in disagreement about what was best for the children. It points to management and staff conflict, of cohesion in making decisions and the influence of higher authorities in mediating or having the final decision. The fact that both children and junior staff members could relate to the song suggests that these relationships impact them in similar ways and further illustrates how they empathised with each other. Through the song, the children got the attention of management and staff.

### **How Children and Young People Navigate Institutional Processes**

The young people also demonstrated the ability to adjust to the management and care styles of adults and in some cases successfully negotiate their spaces. They adjusted to institutionalised care and learnt how to get their way around staff members, as seen in a disciplinary process which will now be outlined. Two young people at H1 were involved in an altercation and were reprimanded by their senior supervisors who thought that the issue needed to be seriously addressed to set an example for



other children. On interviewing one of the perpetrators about the incident, he described in steps, the disciplinary procedures and outcomes for him as he saw it. He explained how different staff members would respond to his actions and turned out to be right about this. He explained that upon being sent to the office, he would be required to write an official report and a threat of calling police would be made. His case would be sent to the welfare officer who does not work on Saturdays (the incident took place on a Saturday). He continued that the welfare officer would call him to talk to him for the most part and might not follow up the issue because of the lapsed time. He added that an apology would eventually suffice. He seemed more confident in the process he described than a senior staff member that was interviewed about the incident. She was confident about a specific course of action which never materialised because of the tedious procedures she had to follow and the number of other issues which diverted her attention.

Therefore, the efforts to intimidate and discipline the children by calling the police were futile in this particular case and presumably in many previous cases, considering the child's accurate prediction of the outcome. This provides a good example of the kinds of hindrance the caregivers face when seeking to use the courts as an option for disciplining children. The two children eventually resolved the conflict between themselves, as they were seen talking casually in the dormitory while the adults in the office were working out the disciplinary actions to be taken. The victim explained that he did not want his peer to get into trouble and that they sorted out their differences. In this scenario it was evident that the adults focused on formalising and institutionalising children's behaviours rather than negotiating with children to address the issues. Adults were therefore not working effectively within the dynamics of formalised child care and instead choose to invoke external authority, a procedure which is complex, time consuming and unresponsive, and may result in more harm than good for the young people.

The two interpretations of the disciplinary measures revealed the limitations of the disciplinary system, which was inflexible and uncoordinated, leaving room for the child to predict outcomes and resort to informal means of seeking justice. Punishment or threats of it were no longer a real deterrent for them. Similar findings to those in Sykes's (1958) study of prisoners are found here, where punishment becomes an ineffective means of control as the children cannot see their situation getting any worse. As such the disciplinary procedures do not serve as a deterrent to poor decision making. The children in H2 who were more familiar with the court system as a disciplinary option were far more desensitised than the children in H1. This was also noted by a magistrate who was interviewed. She indicated that some cases should be addressed internally at the homes and did not need court intervention.

### **Discussion**

This study supports arguments that child care systems need to focus on strengthening relationships between children and adults (Garfat et al., 2018; Smith, 2009; Thomas & Percy-Smith, 2011) while being cautious about standardising systems and adopting risk-averse approaches which overprotect children (Featherstone et al., 2018; Munro, 2008). The underlying philosophy of paternalistic protection of the young, and how children in care developed their own creative ways of overcoming constraints to getting their views considered and acted upon by adults is highlighted.

Emphasis is placed on child protection in response to the prevailing discourse on child abuse and neglect and the prevailing social disorder. The young people in the study had their own informal ways of influencing adult decision making despite constraints, which suggests the complexity and dynamism of interactions and relations of power.

Using Roger Hart's (1997) Ladder of Participation to analyse the participation experience of children in care, it may be concluded that the young people were primarily engaged at tokenistic levels. Such tokenism failed to meet their essential needs (Hart, 1997) or to prepare them for independent living, for instance. As such, they found more meaningful ways to demonstrate their agency. As we witness a change in the way children are viewed and the changing roles of adults in a dynamic environment, understanding children's participation in relation to adults has become more crucial to the Caribbean development and citizenship debates (Freire, 1988; Girvan, 1997; Best & Levitt, 2009). A development ethics analysis reinforces the need to move beyond tokenistic levels of participation, which also supports earlier research (Gordon, 2015; van Oudenhoven, 2018).

In this study, it was evident that participation for young people goes beyond having a voice in decision making (Lansdown, 2009; Percy-Smith, 2006; Tisdall & Davis, 2006). They demonstrated the various ways in which they could contribute to their life space whether through participation or non-participation, actively or passively. The young people in the study did not deny adults' guidance. They were mainly concerned about how adults regarded them in the caring relationship, and how they were able to influence decisions being made about them. In essence, they wanted to demonstrate their agency in participatory ways with adults (McNeish & Newman, 2002; Thomas, 2005). This may not be as simple, as understanding the differences in young people's demonstration of their agency based on gender is also important.

As mentioned earlier, males took a more collective approach when responding to adults, with females even allowing them to represent their views to some extent. Females on the other hand were more easily swayed by adults to change their decisions and were more individualistic and sensitive in their approach, sometimes emotionally abusive to caregivers. Additionally, adults responded to the young people based on their own perceptions of what may be the outcomes of males versus females. Girls for instance were thought to be more dependent than the boys and more likely to return to vulnerable situations. This awareness influenced staff to take a different approach to caring for them, which entailed being more protective and focused on the practicalities of leaving care and being more critical about life chances for the females than for the males. This approach may have also been related to the fact that there were more female caregivers than male caregivers at both homes.

A good balance between paternalism, protection and participation is therefore required, as the argument is not simply a matter of whether or not paternalism should facilitate young people's participation, but how much is needed to allow young people's views and experiences to be considered in decision making to facilitate better outcomes (Lansdown, 2001). In addition to this, paternalism or authoritative caring is recognised as being necessary for securing young people's own well-being. An emphasis on child rights is acknowledged in this study as having a useful place in child welfare and its usefulness as a blueprint is therefore not denied. As it relates to young people's participation rights, it can support stakeholders by providing them with a framework for shaping the welfare outcomes of young people but can also be criticised on the grounds of being contextually inadequate. A rights-

based approach to children's participation is however not the only option, as this study has shown, similarly to the findings of Mannion (2007; 2009), that a relational approach that promotes positive adult-child relationships may be more applicable. Practitioners should be equipped to successfully navigate the challenges associated with marginalised groups and engage in relationship-based practice that promotes power sharing and positive engagement with relevant systems (Featherstone et al., 2018).

In general, Caribbean societies can be viewed as caring societies where children are concerned, with adults seen as having an important role in safeguarding children, both formally and informally. Supporting indigenous child care practices which foster more meaningful collaboration with children may be more welcomed than strictly a child rights approach which is seen as an imposition and disempowering. Although not the focus of the study but it became relevant due to the COVID-19 pandemic at the time of writing, is the importance of addressing factors which may contribute to children and young people's resistance to rules which can impact public health and safety. More so that children in care are more restricted in their movements and more is expected of them to take personal responsibility for their health. As this study revealed, children's lack of meaningful participation in managing the crisis can result in resistance and rebellion. In this instance, it would mean not adhering to safety protocols because of authoritative approaches. The importance of children and young people's meaningful involvement in planning and implementation as in the case of home schooling practices and the reopening of schools is therefore reinforced.

## **Implications for Policy, Practice and Future Research**

### ***Policy Perspective***

The principle of children's participation should not be compromised but rather that realistic and feasible measures should be adopted to ensure the best approach to engaging young people through fostering meaningful adult-child relationships. This process should begin from the time a child is recognised and accepted as being in need of care and protection so that children are engaged at an early stage. The findings from this study support a transformational approach to children and young people's participation (Long, 2001; Watkins & Shulman, 2010), where emphasis is placed on shifting the focus of children and young people's participation from events to processes and on recognising the integrity of these processes. The social, historical and cultural contexts are important (Allan et al., 2009), which implies the need to be culturally sensitive and to apply knowledge of cultural practices to the process of promoting children and young people's rights to participate. This principle extends to the organisational culture of children's homes and other children's agencies, where children's participation should be embedded, making participation structures and engagements part of the standard operations beyond the mandate of the state. To complement this, a policy position must be established to support positive views about children and childhood in care such that they are encouraged to contribute to decision making. This would ensure that all involved will have a clear sense of who the children are that they engage with and how they should participate with children according to their individual and cultural differences. The children's and juvenile court can be a useful site for modelling the demonstration of children's agency and for children to learn systems of advocacy.

Care settings should aim to create a culture of participation in which children are expected to exercise agency and develop skills that will help them survive as independent individuals. In this regard policies and procedures need to have the input of caregivers and children to ensure that children's rights are recognised and respected, social inclusion is practised, and the best interests of children served. Doing otherwise will be denying them of the experiences required to bring about the transformation that is needed to demonstrate their agency.

### ***Children's Participation, ICTs: Now and the Future***

Children in care will be in a better position to participate in decision making when they have opportunities to interact with adult decision makers and have access to information which broadens their perspectives on life (Tregeagle & Darcy, 2008). They will benefit as both consumers and producers of ICTs and this must be facilitated to support participation in decision making processes. Safe access to ICTs is therefore important in enabling decision making and therefore balancing safety and participation is important. Safety issues include managing confidentiality and access to online content. Child protection policies as they relate to ICT use should be strengthened in ways that deter child predators and safeguard children and their peers from victimising others. ICTs should facilitate communication at all levels, where children should be able to communicate with each other and with caregivers. ICTs should also be used to facilitate a process of monitoring, surveillance and capacity building for both adults and children in care. This will entail specialised security and tracking computer software, and special arrangements for computer use such as the schedules developed at the Homes and ICT training for staff and children. There can be special e-services for children leaving care so that they can access information about relevant services or receive training that prepares them for citizenship, such as registering for identification cards, applying for drivers' licences and completing job applications.

### ***The Ethics of Care and Ethics of Justice***

Applying a combination of restorative justice and care ethics to participatory work can present a feasible means of enhancing the quality of care for children living in residential settings. Restorative justice approaches include restorative conferencing and informal restorative meetings and discussions as well as mediation and other conflict resolution strategies. Restorative justice is therefore a way of promoting children's participation and reducing the criminalisation of children in care (Littlechild & Sender, 2010; Taylor, 2006; Willmott, 2007). The approach is consistent with the principles of participation, communication, care and justice and it presents an alternative to bureaucratic disciplinary processes as it does not rely on rigid procedures. The structure of the Homes in the study provides a good opportunity for restorative work to be done and to be successful. The blend of formal and informal relationships and the nature of the children who will need to develop alternative problem solving skills based on their past experiences with abuse and neglect also provide ideal opportunities for restorative justice work. This approach should be coupled with activities that promote adults caring with children so that the message of justice and care is communicated clearly. By caring with children, adults will acknowledge that children can contribute to their well-being in planning, service delivery and evaluation

of services and adults will provide ample opportunities for children to demonstrate their agency and develop skills which foster independence.

### ***Staff Recruitment, Training and Motivation for Participatory Work***

Having acknowledged that participatory work with children in care requires caregivers who are confident enough to share power with children and who have the qualities associated with caring and nurturing relationships, a selection and recruitment process which supports these requirements is necessary. This will ensure that the child's needs remain at the centre of care relationships and at the same time balance professionalism with personal commitment. The process will therefore require an appropriate system for evaluating the personal qualities and personality traits or virtues of child care applicants, and a training regime which will harness self-awareness, self-care and reflective skills so that workers value the role of using self in practice (Dewane, 2006). Standardised personality evaluation tools which measure emotional intelligence and personality traits will need to be included in the recruitment process. This means that an entire paradigm shifts in the philosophy of child care in Trinidad and Tobago, and by extension the Caribbean, is needed. A training policy framework will include: (a) The development of appropriate training modules for caregivers with a heavy focus on practical components, to be administered by training institutions and (b) The development of current staff and the training of new staff so as to build capacity in a modernised framework for child care which supports a shift in conventional ideas about children and childhood, with a focus on caring relationships. A stipulated staff-child ratio that provides more individualised and responsive support for children in care and the provision of living spaces which are designed to model family settings and encourage active child participation will support training.

Also significant to the process is the realisation that increasing staff training and qualifications alone will not solve the problems associated with child care (Choy & Haukka, 2010; Sinclair & Gibbs, 1998). Other issues to consider include the culture of homes, understanding how staff members make sense of change, how they see the need for change and come to terms with change situations, which create feelings of loss and despair (Marris, 1974). At the same time staff members need to maintain their self-worth and understand they are needed by the children and management. They should therefore be included in the change process as much as possible at every level. A useful approach is to engage both adults and children in consultation sessions where they can work together to devise new care strategies. The perceived losses and motivations of adults coming into child care work have to be taken into account - these were often revealed as wanting to rescue children from harm, to instil discipline or to avoid further harm to children.

Promoting a shift in power relations between adults and children may lead adults to feel threatened with a loss of power and control, more so when this is perceived as an externally imposed mandate such as by the United Nations. Helping caregivers to see children's rights and participatory work in a positive light may therefore be challenging and caregivers will require time to reach this position. The recommendation is that during the transformation process, managers should ensure that adult caregivers do not lose their sense of self-worth and that they are encouraged to contribute innovatively to the change process. The transition should also be made gradually rather than abruptly

to allow time for reflection and expression of feelings and to develop creative responses to these thoughts and feelings.

Taken together, the findings of this study do not support strong recommendations to discontinue residential child care but rather support the idea of repositioning the balance of power in adult-child relationships. The findings suggest the need for a re-examination of those characteristics such as traditional values, roles, responsibilities, managerialism and other policies which define the bureaucratic structures. The study supports arguments that child care systems need to focus on strengthening relationships between children and adults (Percy-Smith & Thomas, 2010; Smith, 2009) while taking a cautious approach to standardising systems and adopting risk-averse approaches which overprotect children (Featherstone et al., 2018; Munro, 2008). It further provides a basis for the exploration of how adults and children redefine their space within this structure of relationships through a realignment of their perspectives on children's participation.

The findings are instructive for social work, child care and child protection in the Caribbean, given their role and ideologies about people, systems and relationships. The recommendations describe a discourse that situates the participation of children in the process of decision making as a central and critical pillar in the construction of an enabling environment which seeks to serve their best interests. The application of such recommendations brings a valuable perspective on anti-oppressive practice (Featherstone et al., 2018), ensuring justice, fairness, equity and safety for service users. Interestingly, how do we draw the line with participation when there are clear rules about what children should and should not do, such as smoking and consuming alcohol and participating in some social and highly risk-taking activities or choosing to continue home schooling as opposed to returning to regular school? Who will set the limits? Understanding how to engage them in meaningful ways and what this means for the adult agendas are certainly areas for further exploration. What approaches to children's participation in decision making are most sustainable for children in care over time? Further work can explore answers to these important questions.

## **Conclusion**

As indicated earlier, at the time of writing this article, the experience of the COVID-19 pandemic reinforced the positions advanced. With the importance of practising self-care, self-monitoring and self-protection being highlighted throughout the public health crisis, promoting children's participation in decision making about their personal health and safety beyond a paternalistic approach becomes more relevant. Children and young people should be fully empowered to make decisions that serve their best interests and those of others' in the absence of being told what to do and this can only be achieved satisfactorily by encouraging their participation from very early stages. How this takes into account child psychopathology is considered and left to be explored, with qualitative approaches providing some answers (Dockett & Perry, 2005; Berson et al., 2019).

Given the escalating situation of Venezuelan migration to Trinidad and Tobago and how children are being affected (UNICEF, 2020), a growing concern has also been the placement of migrant children in state care as part of the social protection measures. Their cultural differences pose many challenges for both them and staff with implications for ethical and fair practices that this research can provide some answers to. Institutions working with children and young people require systems

that encourage their critical thinking and independent action. This will reduce the chances of them becoming resistant and rebellious in the absence of such supports and ultimately minimise catastrophic outcomes. Children as agents of change should be placed on the agenda of regional deliberations beyond tokenistic approaches, as the outcomes of these can inform policy makers and practitioners about their work with children and those particularly who are usually silent, with physical, learning and mental challenges.

Khadijah Williams, PhD  
 Moneague, St. Ann  
 Jamaica  
 Khadijahw@hotmail.com

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# **COST OF PROFESSIONAL CARING: EXPLORING CONCEPTS ASSOCIATED WITH SECONDARY EXPOSURE TO TRAUMA**

ARNA ELLIOTT-RATTRAY

## **Abstract**

There is a cost associated with caring. This paper seeks to examine some of the concepts associated with helping professionals who engage with persons who have experienced traumatic events. Discussions in the literature suggest both anecdotally and tangibly that helping professionals may be impacted in negative ways. The concepts associated with the negative impact include vicarious trauma, secondary traumatic stress, and compassion fatigue. Notwithstanding the negative, the cost of caring is also received as beneficial and growth oriented. In this regard, the positive impact experienced by social workers when they walk in sacred and challenging spaces with clients' trauma materials will also be explored.

*Keywords:* vicarious trauma, secondary traumatic stress, compassion fatigue, burnout.

## **Introduction**

The helping profession is regarded as a therapeutic process filled with reciprocal interplay of interconnections. The nature of the helping relationship suggests that survivors of trauma release traumatic memories while the helping professionals listen to the client, but what happens after such encounters? I became interested in examining these concepts from my experiences as a direct practitioner working actively with clients at a leading hospital in Jamaica who experienced traumatic events. The curiosity, the drive to explore these concepts became necessary when you observe social workers in the field, holding on to stories from clients and releasing them in diverse ways. As I reflected on these collective encounters, the literature has helped me understand that helpers may be affected positively or negatively. The purpose of this discussion is to highlight concepts used in the literature that can explain the impact of hearing survivors' stories on social workers. In the Jamaican environment social workers are surrounded by trauma materials on a continuous basis, irrespective of their location. On January 31, 2021, The Gleaner stated that a new report indicates that Jamaica has the region's highest homicide rate at 46.5 per 100,000 people, with 1,301 occurring in 2020. The daily

news stories include murder, loss of personal possessions, sexual offences, and abuses. Our social workers are on the front line receiving these very personal encounters. What are the terminologies that characterise the effects of these encounters?

### **Negative Concepts**

Behavioural health professionals, must immerse themselves during the therapeutic encounters, with a multiplicity of adversities that others only witness through the protective lens of television or film (Craig & Sprang, 2010). These therapeutic encounters may include clients discussing situations involving traumatic events such as rape, horrific accidents, natural disasters, and abusive encounters. McCann and Pearlman (1990) found “persons who work with victims may experience profound psychological effects; effects that can be disruptive and painful for the helper and can persist for months or years after working with traumatized persons” (p. 133). After bearing witness to these encounters, those who work with survivors of trauma may be negatively affected. The names used to describe these negative changes within the worker include vicarious traumatization, secondary traumatic stress, compassion fatigue or burnout.

In understanding trauma work and its consequences, we must acknowledge the role empathy plays in the relationship. It is regarded as a conduit that facilitates change within the life of any client. Empathy is more than reflective statements, it requires helping professionals acquiring depth of understanding the clients’ situations, including the clients’ feelings. In fact, empathy comes from a German word meaning “feeling into.” It is difficult for a trauma worker to engage with clients and not have empathy. As a conduit, it allows for the transmission of trauma materials; the intricate details of client’s story and client’s feelings. Social workers are trained to be aware of the power and role of empathy in the worker-client relationship. Imagine one worker, hearing several clients with various trauma materials such as rape, domestic violence, or exposure to community violence in one day after which he/she must leave the office, return home, all the time with the memories of the clients’ stories. Walking a mile in each client’s history and story, seeing and feeling the issues, are they affected? Empathy then is an ability to understand and identify with “thoughts, feelings and emotional states of others” (Batson, 2011, as cited in Wagaman et al., 2015). Badger et al. (2008) explain that empathy may be regarded as the channel of vulnerability for negative consequences of client engagement. It can be argued that an empathetic worker may be overwhelmed by feelings of helplessness or disruption of hope if this is all they are exposed to on a day to day basis and they are not unpacking or processing.

The construct vicarious traumatization, first coined by Lisa McCann and Laurie Anne Pearlman in 1990, was conceptualised within the constructivist self-development theory (McCann & Pearlman, 1990, as cited in Pearlman & Mac Ian, 1995). Constructivist self-development theory “attempts to understand an individual’s adaptation to trauma as an interaction between personality, personal history, the traumatic event and its social and cultural context” (Deville et al., 2009, p.374). The authors add that vicarious traumatization is theorized to be the “cumulative transformative effect upon the trauma therapist of working with survivors of traumatic life events” (Deville et al., 2009, p.374). The worker’s cognitive world will be transformed and altered by hearing traumatic client information. Therefore, workers must apply empathetic engagement, which mandates walking intimately in sacred

spaces with clients. This generates transformation of the worker and can be viewed as an occupational hazard which “reflects neither pathology in the therapist nor intentionality on the part of the survivor client” (Pearlman & Mac Ian, 1995, p.558).

Vicarious traumatization signals a change in the cognitive schema and belief systems of the worker. The worker’s life is reshaped with disruptions to their “sense of meaning, connection, identity, and world view” (Craig & Sprang, 2010, p. 320). They may be affected in key areas such as safety, trust, esteem, intimacy, and control (Baird & Kracen, 2006). Aparicio et al. (2013) explain that vicarious traumatization manifests in affective distress and alters cognitive schemas. This cognitive shift, they suggest, relates to workers’ frames of reference; workers’ identity; spirituality; and how they view the world, begin to change. Additionally, vicarious traumatization causes harm to the professional by adjusting their schemas and altering their stored memories.

How can we predict who will be affected? Lerias and Byrne (2003) completed a literature review, which resulted in the creation of a list of predictors of vicarious traumatization. The predictors include previous trauma history, psychological well-being, social support, age, gender, education, socioeconomic status, and coping styles. History of childhood trauma and abuse was found to be an important indicator. For example, a worker may experience anxiety as an adult perhaps never engaging in their own recovery, thus becoming susceptible to countertransference. Limited social support was another important predictor of vicarious traumatization. When someone is distressed, social support helps to mitigate associated negative feelings. Additionally, females were found to record higher levels of vicarious traumatization, along with younger workers with little life experiences. Vicarious traumatization appears to have an insidious onset which builds over time through repeated encounters with second-hand exposure to traumatic events. Helping professionals at risk include counsellors, social workers, mental health workers/therapists, healthcare workers, and law enforcement officers. Tabor (2011) agreed that a combination of traumatic events and empathetic engagement can lead to disruptions in cognitive, physical, emotional, and psychological schema of trauma workers. Vicarious traumatization may affect the workers’ sense of hope and they may reimagine their meaning of life.

Compassion fatigue was first introduced by Carla Joinson in 1992 in reference to nurses who were *burning out*, which happened because of the rigors of their profession. It has been reproduced to have meaning with other individuals working closely with trauma survivors. It is defined as the formal caregiver’s reduced capacity or interest in being empathic or “bearing the suffering of clients” and is “the natural consequent behaviours and emotions resulting from knowing about a traumatizing event experienced or suffering by a person” (Figley, 1995, as cited by Adams et al., 2006, p. 103). Compassion fatigue occurs in a clinical setting or with responders to traumatic events. It encompasses the cognitive emotional behavioural changes that caregivers experience from the indirect exposure to trauma. The understanding of compassion fatigue emphasizes the reduced empathetic ability of the worker. The onset of compassion fatigue is manifested before vicarious traumatization and reflects deep sorrow in the worker that may hinder effective working relationships. Compassion fatigue adversely affects the very reason some workers are drawn to the job. Of note, Figley (1995) addressed compassion fatigue as a “friendlier term” than secondary traumatic stress. According to Craig and Sprang (2010)

A wide range of variables have been found to influence the risk of developing compassion fatigue including: female gender (Kassam-Adams, 1999; Meyers & Cornille, 2002; Sprang, Clark, & Whitt-Woosley, 2007), age (Ghahramanlou Brodbeck, 2000), increased exposure to clients impacted by trauma (Brady, Guy, Poelstra, Browkaw, 1999; Kassam-Adams, 1999; Schauben & Frazier, 1995), length of time providing sexual abuse treatment (Cunningham, 2003), occupational stress (Badger, Royse, & Craig, 2008) and clinician's own maltreatment history (p. 321).

"Compassion fatigue describes a natural rather than a pathological process of human caring" (Pelon, 2017, p. 136). Compassion fatigue is expressed in terms of compassion and empathetic engagement. It encapsulates compassionate response, developing fatigue as a result of trauma stories. Compassionate fatigue results in decreased productivity, diminished quality of care, apathy, job dissatisfaction, and poor work quality.

Figley (1995) described secondary traumatic stress "as a disorder experienced by those supporting or helping persons suffering from posttraumatic stress disorder (PTSD)" (as cited in Baird & Kracen, 2006, p. 182). He posits that compassion fatigue is used to describe the symptoms of exhaustion, hypervigilance, avoidance, and numbing often experienced by professionals working with, and family members of people with PTSD. Dunkley and Whelan (2006) proposes that compassion fatigue is a general concept referred to as the "cost of caring."

Secondary traumatic stress, as used in the literature, relates to the effects of closely working with trauma survivors. It has been used as a substitutable term with vicarious traumatization. But what makes it unique? The concept was based on the *Diagnostic and Statistical Manual of Mental Disorders* criteria for PTSD. The indicators include re-experiencing, avoidance, and hyperarousal. PTSD is known to be a psychological disorder associated with a stress response from directly experiencing a traumatic event (American Psychiatric Association, 2013). It is argued that some individuals that hear victim's stories will endure secondary traumatization and will experience similar symptoms associated with PTSD. The phenomenological distinction between secondary traumatic stress and compassion fatigue is, secondary traumatic stress includes the presence of PTSD like symptoms whereas compassion fatigue is the result of exposure to trauma combined with less empathy for patients. Baird and Kracen (2006) viewed secondary traumatic stress as a set of psychological symptoms that imitates PTSD. The authors suggest that vicarious traumatization is similar to secondary traumatic stress however, they agree that conceptual clarity in the literature is lacking. Secondary traumatic stress unlike vicarious traumatization seems to give limited attention to context and aetiology; restricting its focus to observable symptoms (Gamble, 2002, as cited in Dunkley & Whelan, 2006). The notable explanation of secondary traumatic stress is re-experiencing, avoidance or numbing, and persistent arousal (O'Halloran & Linton, 2000).

Figley (1995) in his pioneering book on compassion fatigue recalls that secondary traumatic stress reactions are described in three areas: psychological distress, changes in cognitive schema, and relational disturbances. He mentioned that psychological distress involved distressing emotions, intrusive imagery, numbing or avoidance of efforts to elicit or work with client's trauma material, somatic complaints, addictive or compulsive behaviours, physiological arousal and general impairment of one's day to day functioning. A cognitive shift occurs, relational disturbances involving distancing oneself



from client or over identification with client. Sodeke-Gregson et al. (2013) examined compassion satisfaction, burnout, and secondary traumatic stress in therapists working in the United Kingdom. The authors summarize the negative experiences of working with secondary exposure to trauma. The authors agree that secondary traumatic stress is an acute reaction, while vicarious traumatization focuses on the disrupted frame of reference in workers, impacting how the therapist views the world.

Burnout is not exclusive to workers who engage with trauma. It is viewed as a reaction to the demands of one's job. Working within any agency can result in any worker experiencing burnout. It is therefore important to know that burnout may represent the first signal that the helping professional cannot effectively handle any more traumatic material. Burnout then, refers to the psychological strain of working with difficult populations (McCann & Pearlman, 1990, p.133). It is seen as numbing to the issues of the client's world, which ultimately may lead to feelings of incompetence. According to Stamm (2012, as cited in Cohen et al., 2017) burnout is associated with feelings of hopelessness and difficulties in dealing with work or in doing one's job effectively. Burnout occurs slowly, capturing memories and feelings, as one switches to a narrative that now says, "no matter what I do it does not make a difference." The result of burnout is apathy towards the job and consequently the client's system. Such a worker becomes ineffective and could potentially harm their clients. Burnout is not re-experiencing trauma but rather a feeling of immense exhaustion. As expressed by Devilly et al. (2009) burnout antecedents include:

Feeling depleted of one's emotional and physical resources (which is the central 'stress' quality of burnout); feelings of cynicism and detachment from the job; and a sense of ineffectiveness and lack of accomplishment; work overload, limited support, role conflict and role ambiguity (p. 374)

Burnout describes a range of symptoms including exhaustion, irritation, depression, and cynicism. Maslach, (1976, as cited in Pelon, 2017) suggested a multidimensional model of burnout consisting of emotional exhaustion, depersonalisation, and reduced personal accomplishments. Such a worker has the potential to do harm to a client as one may start victim blaming and victim shaming. Burnout leads to greater workplace confrontations and diminished capacity for advancement in the field.

These concepts vicarious traumatization, compassion fatigue, secondary traumatic stress, and burnout may reflect the negative aspects of professional work life of a trauma worker. There is a consensus that vicarious traumatization, compassion fatigue, and secondary traumatic stress may be conceptually similar. Stamm (2010) introduced the concepts of the negative effects on caregivers who provide care to those who have been traumatized. The terminology was at that time, and continues to be, a taxonomical conundrum.

There do seem to be nuances between the terms but there is no delineation between them sufficient to say that they are truly different. There have been some papers that have tried to ferret out the specific differences between the names and the constructs. These papers have been largely unsuccessful in identifying real differences between the concepts as presented under each name. The three terms are used often, even in writing that combines Figley (compassion fatigue), Stamm (secondary traumatic stress) and Pearlman (vicarious

traumatization). The various names represent three converging lines of evidence that produced three different constructs (Stamm, 2010, p.9)

I want to establish that there may be merit in viewing the concepts as steps in a process. The steps being secondary traumatic stress (acute reaction which is observable and leads to re-experiencing clients' pain as their own), compassion fatigue (loss of empathy and caring, deep sorrow), then vicarious traumatization (negative impact on the workers cognitive world through adjusted schema). The process should not be looked at as linear. All three concepts affirm that there is pain in helping clients- indeed there is a cost to caring.

There is value in social work organizations recognising that the very work we engage in may have negative consequences regardless of the construct accepted. A medical social worker hears stories of loss and grief, of death being imminent because of failure to purchase needed equipment or failure to access medications. Social workers who work directly with the police department receive information on crimes committed to individuals involving the most dehumanizing experience or scenes of crime. Yet another social worker sits through an interview of a child that has been neglected by a parent and the state. In each example, when they walk away, are they carried to the next experience with an overflow of emotion of dread and despair? Are they carried to their homes thinking of loss and hopelessness? Agencies that are inadequately prepared to supervise, or unable to create opportunities for growth amid these encounters, will have employees who cannot fulfil their daily tasks.

### **Positive Concepts**

Trauma work can produce positive changes within the worker. Many social workers see these engagements as an opportunity for growth, resulting in strengthened work ethic, positive internal changes and a zeal to continue amid perceived "difficult" work. These positive outcomes result in the emergence of concepts such as vicarious resilience and posttraumatic growth.

Trauma work is not without its challenges. Embedded in the sharing of stories of trauma, there can exist negative consequences but there can also emerge opportunities for growth. There is an increased discussion deviating from the sole focus on a deficit model to examining a growth outlook model that explores concepts such as vicarious resilience, compassion satisfaction, and posttraumatic growth. Compassion satisfaction is described as "the sense of fulfilment or pleasure that therapists derive from doing their work well" (Larsen & Stamm, 2008, as cited in Sodeke-Gregson, et al., 2013). It embodies a sense of pleasure, fulfilment, related to methods of caring, positive work with colleagues, self-disclosure and altruism (Yilmaz et al., 2018). Choi (2017) asserts that workers can sufficiently experience empowerment through creation of meaning, self-efficacy, self-determination, and impact as they engage with secondary trauma materials.

The term posttraumatic growth is the positive psychological change experienced as a result of the struggle with highly challenging life circumstances (Kashdan & Kane, 2011). Posttraumatic growth has begun to take centre stage as we seek to harness a more positive outlook. Clients who choose to remain positive, working through the trauma pain may experience posttraumatic growth. As Hernández et al. (2010) contends, positive changes occur and manifests in areas such as improved relationships, greater appreciation for life, personal strength, and spiritual development. Posttraumatic growth presumes that one's spirituality, personal strength, life outlook can be enhanced through the interaction

with trauma. Grad and Zeligman (2017) continues the discourse by listing five distinct life domains that is impacted; appreciation of life, social relationships, personal strength, spirituality, and the view that there are new possibilities. It is therefore possible that having worked with trauma material one can have a rekindled encouraging outlook on life. It is seen as “an outcome of the reconfiguration process” (Ramos & Leal, 2013, p. 6).

Bartoskova (2015) states that posttraumatic growth involves perception of a change towards better relations with others, new possibilities in life, enhanced personal growth, and an increased appreciation of life, accompanied by spiritual growth. Relationships with others will be improved as workers provide a meaningful directed purpose. Workers would view difficult circumstances as opportunities for positive change and positive learning. Such a worker will be more determined and intentional in their daily engagements. They may increase their awareness of spirituality which allows them to find meaning even in times of distress. Bartoskova further states that posttraumatic growth appears to have predictors such as occupational factors such as personal therapy, adequate supervision, and workload balance. Psychological predictors may include social support and effective use of empathy.

It has been suggested that there are pathways to posttraumatic growth. The pathways suggested include “strength through suffering, existential re-evaluation, and psychological preparedness, which involves adjusting one's schema to accept that there are random, uncontrollable events in the world” (Janoff-Bulman, as cited in Zeligman et al., 2017, p. 435). Posttraumatic growth suggests that workers can resist trauma materials, by choosing, in a purposeful way, to redirect the negative consequences. Posttraumatic growth allows a worker to seek quality positive transformations. Tedeschi and Calhoun (2004) suggest that through the process

individuals engage in self-disclosure about their emotions and about their perspective on their crisis, and how others respond to that self-disclosure, may also play a role in growth..... cognitive processing of the traumatic event, particularly the process of ruminative thought, is related to growth; ... the individual cognitively processes the crisis plays a crucial role in the process of posttraumatic growth. ... posttraumatic growth can be connected to significant development of wisdom in the individual's life narrative ( p. 7)

Hernández et al. (2007, as cited in Hunter, 2012) accentuates that “the term ‘vicarious resilience’ has also been used to describe how trauma work can sustain and empower” workers (p. 180). Vicarious resilience assumption is centred on the worker being positively impacted by clients’ own resilience. Its history comes from the work of Hernández et al. (2010), while they were observing the complexity of the psychotherapeutic process while dealing with the treatment of the survivors of torture and political violence. Vicarious resilience comes from the inner positive changes that workers feel when they observe growth in clients.

Social workers inculcate in others the need to see strengths and positive outcomes in the calamitous situations. We enable clients to see that they are so much more than the present situations and instil on a daily basis, hope. This ability becomes a part of our psyche, ensuring that we understand that all is not lost with the world and that if we maintain a positive outlook, change can occur. This positive outlook must be deliberately harnessed and taught. There has been a thrust in the last couple

of years to highlight the need to take care of self. For us to maintain positivity and positive growth, structural changes have to be made to organizations that hire social workers.

There must be a deliberate attempt made to foster an atmosphere that supports emotional release. It should not be viewed as “poor job” if one asks for help or desires to seek professional assistance. In fact, this may need to be institutionalized as a part of required activities by agencies. The need to see social work as a task job, where one highlights the volumes of cases rather than depth of cases, may need to stop. A safe space for social workers who need breaks for psychological matters that are deeply relatable must be made normal. As social workers it appears that when you are working with trauma survivors, it is normalised for one to discuss large caseloads without realising that this can have implications for good mental health. We have to start the conversation that it is acceptable to look after our self as we navigate clients’ stories.

### Conclusion

As social workers, we have a call to duty that instinctually make us want to immerse in clients lives so that we can “enhance functioning.” This engagement exposes us to sometimes horrific details which can create a change within us. This change can be negative or positive. The hope is that we begin as a community to start the dialogue that supports a growth process. As a community of health workers, the time has come for us to create spaces that are supportive and uplifting. Spaces must now be created making it habitual to optimise self-care practices so that we can do what we have always done, help others.

Arna Elliott-Rattray, MSW  
Lecturer

Department of Sociology, Psychology and Social  
Work

The University of the West Indies, Mona  
arna.elliotttrattray@uwimona.edu.jm

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# SERVICE-PROVIDER PERSPECTIVES ON SERVICES FOR THE HOMELESS IN JAMAICA: IMPLICATIONS FOR SOCIAL WORK PRACTICE AND POLICY DEVELOPMENT

SHAUNA KIMONE PORTER

## Abstract

This article reports on a qualitative study that explored the perspectives of service providers on homelessness services in Kingston, Jamaica. Through face-to-face interviews with 11 service providers, the study found that, overall, participants were critical of the government's response, citing that they were out of touch with the lived experiences of homeless individuals, which resulted in weak organisational leadership and management, poor strategic decisions, and service sector fragmentation. Service providers identified the need for an expert multi sectoral task force to review and redraft the homelessness policy and legislation and determine measures to ensure the optimal use of scarce resources. Additionally, participants believed that the collective voice of social workers placed them in an ideal position to highlight the oppressive and undignified practices that marginalised the homeless.

*Keywords:* homelessness, provider perspectives, social work, social policy.

## Introduction

Homeless individuals in Jamaica face harsh discrimination, stigmatisation, and abuse, compounded by limited access to essential services and inconsistent advocacy for, and representation of, their interests (Bertelsmann Stiftung [BTI], 2020; S. Gray, personal communication, June 7, 2016; Jamaicans for Justice [JFJ], 2010). In July 1999, government officials forcibly removed 30 mentally ill and homeless individuals from one parish to another, sparking a public outcry, widespread negative media coverage, and strong advocacy from interest groups that resulted in a Commission of Enquiry in May 2000. Dissatisfied with the outcome of the inquiry, key lobbyists and social commentators questioned the Commission's effectiveness (Higgins, 2015; Jackson-Miller, 2000; JFJ, 2010). In response, the Government of Jamaica (GOJ) mandated the Board of Supervision for the relief of the poor in Jamaica (BOS) in the Ministry of Local Government and Community Development to attend to

the plight of homeless citizens (GOJ, 2020). By 2006, the BOS had convened a National Homeless Sub-committee to steer the strategic planning and policy development process but the GOJ failed to provide formal approval for its five-year strategic plan (BOS, 2006; Planning Institute of Jamaica [PIOJ], 2014a) and, by 2019, had yet to finalise and implement a dedicated homelessness policy (GOJ, 2019). In addition, among other activities, the BOS conducted homelessness surveys, formed public-private partnerships, built parish drop-in centres, upgraded infirmaries, and conducted homelessness training and education campaigns (BOS, 2006; BOS et al., 2012; McKenzie, 2019). However, homeless service providers continued to express their concern about increasing homelessness, systemic inefficiencies and the dire situation of homeless individuals, who were marginalised, under-represented, and experienced ongoing violence (Carter, 2017; W. De La Haye, personal communication, April 19, 2016; S. Gray, personal communication, June 7, 2016; M. Irons-Morgan, personal communication, June 7, 2016; Virtue, 2013). Compounding the situation was the paucity of theoretically robust empirical multidisciplinary research on homelessness and the voices and experiences of homeless service providers and users were notably absent in the discourse on homelessness (PIOJ, 2009). Hence, this qualitative study sought service providers' views on the national response to homelessness and the voices privileged therein in the belief that they could inform the strategic policy development process and draw attention to the visibility and critical role of social workers in treating people experiencing chronic homelessness. Further, empirical research of this nature would allow the international homelessness research community to gain awareness of, and insight into, homelessness in the developing context of Jamaica. Accordingly, the study sought to understand homeless service providers' perspectives on the GOJ's response to homelessness with the aim of contributing to improvements for homeless individuals. To this end, it posed the following research questions:

1. What are the service providers' perspectives on the government's national response to homelessness?
2. How do service providers perceive and understand their roles in the homelessness sector?
3. What are service providers' views on homelessness policy and legislation and its effects on service provision, access, and use?

The researcher was interested in the visibility of social workers in the homelessness sector and the implications of service providers' perspectives for policy development and social work practice.

### **Theoretical Framework**

Given the multifaceted nature of homelessness, the researcher chose an interpretive theoretical framework to examine how historical, cultural, social, and political factors had shaped the understanding of, and responses to, homelessness in Jamaica. Social constructionism provided such a framework. It saw the construction of knowledge as a collective endeavour that, in turn, shaped and gave meaning to people's experiences of homelessness and questioned taken-for-granted assumptions about this complex social problem (Berger & Luckmann, 1967).



## Overview of Homelessness

There was some consensus that homelessness: (a) arose from a complex interplay of individual and structural factors (Petrenchik, 2006); (b) posed significant challenges as one of the most politically charged, cross-cutting policy issues (Lucas 2017; Speak & Tipple, 2006); (c) required a well-resourced homelessness support sector (Parsell, 2011); and (d) robust multidisciplinary research (Anderson, 2003; Fitzpatrick & Christian, 2006; Kriel, 2017). Culhane et al. (2013) noted that a failure to engage in, and promote a culture of, homelessness research had affected the quality and breadth of strategic planning, policy development, and appropriate legislation. There was, too, a notable disparity in the production of empirically sound and theoretically robust homelessness research in developed and developing countries (Fitzpatrick & Christian, 2006; Kriel, 2017). A lack of multidisciplinary research had stifled the development of culturally appropriate definitions of homelessness and attendant solutions (Anderson, 2003; Canadian Observatory on Homelessness, n.d.; Culhane et al., 2013; Fitzpatrick & Christian, 2006). Consequently, studies showed that definitions of homelessness used by organisations that formed the basis of service eligibility excluded some homeless individuals from accessing services (Brubaker et al., 2013). Several studies found a rigid, fragmented service bureaucracy; stigmatization and discrimination; inadequate resourcing; professional differences; regulation and accountability requirements; provider biases; and lack of integrated care and teamwork hampered service provision (Guerrero et al., 2014; Renedo, 2014; Schneider, 2014; Waegemakers Schiff, 2015; Zufferey, 2008). Limited service options and multiple referrals created a revolving door for homeless service users. Accordingly, service providers across disciplines, in government and non-government agencies, claimed homelessness legislation played a crucial role in protecting the rights of, and securing justice for, homeless individuals (Crisis, 2015).

Housing service providers across the globe used different combinations of housing approaches, including the controversial staircase model, transitional housing, and housing first (HF) and case-management models to respond to homelessness (Drake & Blunden, 2015; Leff et al., 2009). The evidenced-based HF model that originated in the USA had rejected the housing readiness philosophy that made housing contingent on service compliance and embraced a nationally supported, consumer-driven, rights-based, multisectoral approach (Gaetz & Dej, 2017; Tsemberis, 2011). HF had gained attention around the world, especially in Europe and Canada, as an effective response to homelessness (Drake & Blunden, 2015; Tsemberis, 2011). However, research showed that service providers had experienced implementation challenges, including community intolerance and resource and funding shortages that affected the scope and quality of services (Parsell & Jones, 2014). Though Canada had conducted the largest evidenced-based successful randomised controlled trial of HF in five Canadian cities, named the Cross-Site At Home/Chez Soi Project, some researchers noted variations in program fidelity (Goering et al., 2014; Greenwood et al., 2013). Finland had provided the most coherent response to, and reduced the incidence of, homelessness. Evaluated as a credible, meticulously planned comprehensive strategy that worked, it unfolded in a climate of strong political will, adequate financing and resources, measurable plans, housing-first principles, and comprehensive cooperation among stakeholders. It involved a whole-of-government approach with strong non-governmental organisational support and included homeless individuals in decision-making processes (Pleace et al., 2015).

### Homelessness Situation in Jamaica

At the time this study commenced, homelessness fell within the jurisdiction of the BOS (GOJ, 2020), which was mired in the disempowering and archaic ideologies of the 1886 Poor Relief Act (Osei, 2002). The continued use of this outdated Act (Poor Relief Act, 1886), although with promised amendments, led to minimalistic, inefficient, poor-quality provision for the homeless (GOJ, 2020; S. Gray, personal communication, June 7, 2016; Patterson, 2017). The GOJ had been harangued for its failure to grapple with the increasingly complex, multidimensional nature of homelessness (Muir, 2017); unsatisfactory record of policy implementation (BTI, 2020); and failure to embrace a progressive rights-based, justice-oriented, empowerment approach (Human Rights Watch, 2014). Despite Jamaica's enduring homeless population, the problem remained grossly under-researched with the BOS, the primary source of data on homelessness, which was highly problematic given its narrow definitional focus on visible homelessness (BOS, 2006; PIOJ, 2009). The BOS, had experienced significant challenges (e.g., lack of finances and other resources) which prevented it from outsourcing island-wide surveys on homelessness (BOS, 2006; BOS et al., 2012).

S. Gray (personal communication, June 7, 2016) maintained that the GOJ's failure to prioritise and accept homelessness as a structural problem flowed from its misguided ideology that homelessness resulted from individual weaknesses rather than structural deficits or a combination of these. The GOJ had yet to accept homelessness as a multifaceted social problem that required a national commitment to ending homelessness, a maximisation of existing resources to prevent wastage, and procurement of stakeholder support in service provision (GOJ, 2000; Robertson-Hickling & Hickling, 2002).

The homelessness sector, though it kept its national response afloat, had been under-resourced in critical areas, including the provision of land, finances, specialised support services, and housing alternatives (e.g., transitional and permanent low-cost housing) and implementation challenges with the Information Identification Homelessness System, a software program to collect information on homeless individuals. Moreover, the sector lacked meaningful cross-sectoral arrangements to improve access to critical social support (BOS, 2006; W. De La Haye, personal communication, April 19, 2016; Gordon, 2012; S. Gray, personal communication, June 7, 2016).

In the absence of regulation and accountability, the BOS experienced significant challenges in coordinating and standardising the homelessness sector's operations as unauthorised personnel unknown to the BOS administered homeless services (BOS, 2006). While some homeless individuals benefited from sector support services, the majority did not have access to government benefits and lived on the streets, despite improvements in social protection (BOS et al., 2012; PIOJ, 2014b). M. Irons-Morgan (personal communication, June 7, 2016) believed that a lack of awareness partly explained why some homeless individuals did not access or use support services, despite homeless education campaigns and outreach activities (BOS, 2006). External issues pertaining to territoriality and scarcity of human and material resources in the broader care system necessitated the need to pool and maximise scarce resources (Robertson-Hickling & Hickling, 2002).

### **Absence of Social Work's Influence in the Homelessness Sector**

The extent to which the BOS drew on specialist disciplines like social work was unknown. Given social work's focus on oppressive ideologies and commitment to human rights, justice, and representing the interests of vulnerable groups (National Association of Social Work, 2013), noticeable was the profession's absence in the sector, albeit an emerging area for the profession (Zufferey, 2011). While social workers were involved in casework, areas such as policy development and community practice were neglected (Heidemann et al., 2011). Social workers did not have power to affect the decisions that impacted on the homeless given their silent voices on issues like the criminalisation of homelessness and their minor roles in policy and service development (Aykanian & Lee, 2016; Marston & McDonald, 2012). Notwithstanding, Nettleford (2005) believed that social workers possessed the competence to "unlock the creative potential of a people who have been severed, have suffered but most importantly have survived" (p. 11). S. Gray (personal communication, June 7, 2016) contended that there was a need for more advocacy for homeless individuals than what currently occurred in Jamaica.

### **Method**

This qualitative study sought to amplify the service-provider voice on homelessness policy and service provision in Jamaica. The study received ethical approval from The University of Newcastle's Human Research Ethics Committee, Australia for the commencement of data collection on October 19, 2015: Approval No. H-2015-0294. In Jamaica, the BOS requested and reviewed all the documents for compliance and advised that the study met the required ethical standards. The researcher received an approval letter for data collection from the BOS on February 02, 2016.

Upon entry in the field, the researcher met with the BOS, shared her research aims, received guidance about ethical requirements, and gained access to the BOS' network of homeless service providers (i.e., professionals or entities that represented government and non-government organisations in providing services to homeless individuals in Jamaica).

### **Participants**

Recruitment and data collection took place in Kingston, Jamaica, between January and June 2016. This geographic area contained the largest percentage of homeless people and a wider cross section of homeless support services than other parishes (BOS, 2006).

Snowball sampling facilitated the recruitment of potential participants—initially identified from the BOS's network—through a referral system developed within the homeless service provider network. The researcher informed potential participants about the study's aims, purpose, and eligibility criteria for participation. Recruited participants used this information to recruit and refer other participants from their individual professional network to the researcher (Biernacki & Waldorf, 1981). The absence of a sampling frame of all homeless service providers, the limited timeframe for conducting the research and availability of resources (e.g., human and financial) necessitated the use of snowball or availability sampling.

The researcher recruited service organisations using the eligibility criteria of safety, convenience, access, referrals (e.g., from the BOS), and service to homeless individuals. She contacted and made appointments with service managers whom she briefed fully about the research. Participating organisations signed and distributed the required consent forms to all service providers. Of the nine organisations<sup>2</sup> recruited, seven participated in the study.

For inclusion in the study, service providers had to possess knowledge on homelessness in Jamaica, have a minimum of one year's experience in homeless service provision, agree to participate voluntarily and receive organisational consent from their managers. Of the 13 service providers recruited, only 11 participated. The researcher also interviewed three independent consultants with credible knowledge and experience of homelessness and mental health policy, Consultant Psychiatrists, Dr. Winston De La Haye and Dr. Maureen Ions Morgan, and Policy Consultant, Ms Sherrian Gray. She used the data collected from these experts to understand the context of homelessness policy development in Jamaica and not for analytic purposes. The service providers came from government and non-government organisations; most were female, possessed at minimum a bachelor's degree, and had no formal training in working with homeless individuals. A little over half were social workers holding management and supervisory positions, while the others were frontline staff who had worked with homeless individuals for between one and over twenty years. See Figure 1 for a description of each participant.

### Figure 1

#### *Brief description of service provider participants*

*Gem* was a trained social worker and had been working in the nongovernment sector for a few years. She performed frontline duties in the provision of homelessness services to homeless individuals. She had received formal yet limited training and education in working with the homeless population. She believed a lack of resources crippled the provision of effective services.

*Matt* was a trained social worker with more than four years' experience in providing services to homeless individuals. He functioned at the supervisory and management level in the homelessness sector. Although he had worked with homeless individuals for several years, he had never had formal training or education to work with homeless individuals. He believed homelessness was not a national priority.

*Syd* was a trained social worker in the government sector. He functioned at the supervisory level and carried out duties as a frontline line worker, providing services to vulnerable persons, including homeless individuals. While passionate about his work, he believed government bureaucracy blocked effective administration and management of homeless services.

<sup>2</sup> For the purposes of confidentiality and anonymity, the list of the names of the participants were not included in this manuscript.

<p><i>Una</i> was a trained social worker in the government sector. She was a frontline service worker who had provided services to mentally ill and homeless individuals for more than two decades. She believed the homelessness sector was highly political and bureaucratic, which created tensions in providing quality services to homeless individuals.</p>
<p><i>Lea</i> was a trained social worker in the government sector with a few years' experience in working with homeless and mentally ill individuals. She had not received any formal training or education in working with homeless individuals. She believed the homelessness sector suffered from significant resource constraints.</p>
<p><i>Fay</i> was a trained social worker in the government sector with a few years' experience in providing services to vulnerable groups, including the homeless. She had no formal training or education in working with homeless individuals. She believed that government was more reactive than proactive in responding to the problem, while social workers were silent.</p>
<p><i>John</i> worked at the level of management and administration in the provision of services to homeless individuals and other vulnerable groups in the government sector. With more than two decades experience in working with vulnerable groups, John believed one of the greatest challenges facing the homeless sector was a lack of stakeholder support.</p>
<p><i>Aby</i> worked at the level of management and administration in a government organisation that provided services to vulnerable individuals, including homeless individuals. Her areas of expertise spanned management, communication, and policy development. She believed poor leadership and accountability were major challenges facing the homelessness sector.</p>
<p><i>Val</i> worked at the level of management and administration in a faith-based organisation. Through outreach and evangelistic programs, she provided care and meal services to a wide cross-section of vulnerable groups, including the homeless. With more than two decades work experience, she believed that the government only talked about homelessness rather than putting effective measures in place.</p>
<p><i>Liz</i> was a frontline worker in a faith-based organisation that provided several services to vulnerable groups, including homeless individuals. These included housing, education, and health and financial support. Although she had been in this position for almost 10 years, she had no formal training or education in working with homeless individuals. She believed a lack of resources and stakeholder support were the most significant challenges facing the homelessness sector.</p>
<p><i>Pam</i> worked at the level of management and supervision in the provision of services to homeless individuals in the non-government sector. With a wealth of experience spanning more than three decades, she believed that a lack of resources, bureaucracy, and stakeholder partnerships were undermining the efforts to address the homelessness problem in Jamaica.</p>

### **Data Collection and Analysis**

The researcher used semi-structured, face-to-face interviews and an interview guide to collect consistent data from participants. She transcribed the interviews and returned the transcripts to participants for checking. She then anonymized the returned transcripts for analysis using manual paper-based analysis before entering them in NVivo for thematic coding and analysis following three broad steps: (a) data reduction; (b) reorganisation, classification, and categorisation; and (c) interpreting, writing, presenting, and reporting on the findings (Bazeley, 2013).

### **Results**

In keeping with the interpretive theoretical framework used to examine the factors that shaped understanding of, and responses to, homelessness in Jamaica, the researcher was interested in the way in which the service providers who participated in this study collectively constructed knowledge of this complex social problem from their direct experience in the homelessness sector. Five themes emerged:

1. Policy challenges and their impact on services
2. Factors contributing to homelessness
3. Homeless service-users' needs
4. Organisational approaches
5. Suggestions for improvement

### **Policy Challenges and Impact on Services**

The service providers discussed the multiple challenges they experienced noting the GOJ had “a long way to go” (Liz). Most were unaware of the BOS’ national homeless mandate: “I don’t know anything about them” (Val), while Gem noted “even the homeless themselves need to feel that there is a national organisation ... there for them.” Most believed the government response was ineffective, exclusive, and narrow in scope:

We have seen shelters ... small ... street programs .... But it doesn’t deter from the fact that these persons are still homeless at the end of the day without the necessary help needed. Some of these programs that are implemented by the government ... is just to keep them in the slum they are in (Lea)

Most were dissatisfied and frustrated with the low prioritisation of homelessness with homeless people always “at the bottom of the pile” (Pam) of vulnerable groups. They questioned the government’s understanding of the homelessness problem: “It is almost as if they don’t know [what the issues are] ... They are ... absolutely not doing enough” (Val). Matt noted some of the issues had to be “addressed at the ministerial level ... and with the policy makers too.” Some questioned the “ameliorative short-term thrust” (Fay) of the national response centred mainly on “providing shelters versus ensuring sound rehabilitation programs” (Lea); “we really don’t see the government ... doing much unless you have a natural disaster ... having dignitaries coming into visit” (Fay); or when things happen like the 1999 incident in Montego Bay but the intervention “is not sustained. That is the problem” (Val).

Most felt uncomfortable talking about homelessness policy issues; however, the social workers were better able to relate to and understand the inefficiencies of the policy environment. Despite the BOS' education thrust on homelessness, Aby said "I am not aware that there is a policy for homeless individuals ... there is [not] enough public education among target groups, including ... the homeless about what services, forms of assistance, and programs are there to support them." Several commented on the archaic 1886 Poor Relief Act. Syd and John were "comfortable" with the Act and defended its relevance while Matt did not see "homeless persons benefiting much ... [from] an archaic Act ... cover[ing] ... basic needs." Aby said the Act was useless in solving the homelessness problem:

The language ... does not meet the international human rights standards ... the amendment of the Act is [not] being given priority by the government. [This was] ... tantamount to a violation ... of ... rights, the ... Act takes ... freedom of choice away ... undermines the philosophy governing ... the holistic care and development of the [users].

Most felt there were no meaningful opportunities to debate and discuss homelessness matters at the sector and ministerial levels. Pam could not remember when "the national committee for the homeless ... last ... sat ... where everybody ... came together ... [to] talk about ... our needs ... so ... we know what each person is doing ... There are a lot of little meetings all over the place." Fay said, "we do not have persons doing research [on] ... the nature and extent of the issue" and thought social workers had not formed "a collective body to do something about it." Matt blamed ministerial politics for keeping the homelessness policy "on the backburner for some time ... but, if it is not important, it is not important." Aby believed the key challenge rested "with the appointment of individuals who are not suitable to hold [a] certain position in the systems of care."

Though most had limited knowledge about sectoral policy issues, they understood the importance of homelessness policy: "The ... absence of policy retards ... growth and development of the organisation. We see the impact ... Without contextualised and informed policies, internal policies ... [organisations] lack the teeth they should have in addressing the issues, ... challenges keep recurring" (Aby). Its absence not only affected their jobs, but also increased sector vulnerabilities: "We are left at the mercy of Food for the Poor whose priority will change ... we might not benefit from ... housing or any other benefit ... depending on how their funds are allocated." There was no "compensation" for injury on the job (Matt). John had become so accustomed to the state of affairs, he was uncertain that policy would make a difference beyond being "a reference point", though Una thought policy would protect service users' "dignity and self-worth even as homeless persons." Notwithstanding their reservations, providers maintained a review of the current standards and system of accountability and homelessness policy was essential for progressive reform of the service sector.

### **Factors Contributing to Homelessness in Jamaica**

The service providers talked about the *complex interaction* between individual and structural factors. Individual factors included mental illness, poor self-management, drug addiction, poor parenting and family conflict as causative factors. Most believed "the most common reason for homelessness ... is family rejection" (Syd). The majority lacked family support. Almost half believed that homeless individuals *chose* to live on the streets: It was a "mentality" (Val). At the structural level, providers mentioned policy decisions, lack of tailored support services, unemployment, cultural

attitudes, deinstitutionalisation, poverty, and community violence. They observed a cultural bias towards supporting homeless women and children: “More persons are ... willing to ... support ... females ... rather than ... a man .... [and] ... there are not a lot of programs ... geared towards helping marginalised men” (Matt).

### **Homeless Service-Users’ Needs and Support Services**

The service providers described a diverse homeless population with an over-representation of men in “insecure living arrangements” (Pam). Young adults leaving children’s homes, deportees mostly from the USA (Pam), and young gay men were increasingly becoming homeless (Lea). Homeless men found it difficult to ask for help, were less resourceful, and exhibited poorer coping skills than women. They “live on handouts” (Gem); the men slept and lazed around (Syd). The homeless flaunted rules and guidelines in homeless facilities and were “very disruptive” (John) and abusive towards providers (Val). Such “undesirable traits” made it difficult to work with homeless men. The homeless suffered abuse: “People [youngsters] beat them ... are not willing to give them a chance” (Pam), while some providers said “disrespectful and hurtful things” to them (Val). The homeless “had no idea ... where to go ... to ask for help” (Fay). Finding gainful employment was a challenge: “The hardest thing to do is to tell a person to employ a mentally ill [homeless individual]” (Lea) “so, moving on can be a bit difficult for them” (Pam). However, not all homeless individuals were “bad apples”; some had “potential” (Syd), were “respectful” (Val), and “want to ... go out to work and achieve the most out of life” (Gem) and were willing to assert themselves in matters that affected their wellbeing (Aby). Thus, society “would benefit greatly from more ... public education towards the ... intricacies of homelessness in Jamaica” (Matt).

Providers were overwhelmed by the “vast” (John) needs of homeless individuals. Besides housing and accommodation, many lacked valid identification documents to access formal support services (e.g., social security) that were critical to making them feel “human” (Pam). Most services attended to their basic needs for food and temporary shelter, using a “one-size-fits-all” ideology to guide services (Gem) to the neglect of critical medical, gender, sexuality, and ability issues in the homeless population (Pam). This response fostered dependency with reliance on what they could get from the system and “not what they can do to help themselves to exit homelessness” (Matt).

### **Organisational Approaches and Issues**

Most providers were unaware of the BOS’ 5-Year Strategic Plan and followed the national definition, as well as their own (Gem), understanding homelessness as “someone who is living on the street ... no resources basically” (Syd). Professional training or persuasion determined their ethical and service philosophy; for example, faith-based providers drew on biblical teachings to guide their practice, while others used the 1886 Poor Relief Act. Some providers talked about inclusive practice with homeless individuals: “We speak to them about ... rights ... We have the handbook ... they can ... read ... know what the processes are ... They can ... write their own report, if they have a complaint” (Fay), even though their voices were not heard as there were few formal channels for their participation (Una).



The system lacked accountability and management did not prioritise homelessness (Matt). Some felt on occasions that their managers were insensitive and unsupportive:

They are not on the ground ... they don't know exactly what is happening ... Social workers are to send ... the clients ... [out] but ... where are they going to go? ... There is nowhere ... no resources (Lea)

Management was seen as “archaic ... They think in a box ... whatever their jobs dictates ... [thus] sound recommendations might ... not be entertained because of their narrow way of thinking” (Aby). Some reproached their colleagues’ unprofessional attitudes and behaviours towards the “business of the job” (Syd) and punitive “welfarist” mentality that stemmed “from the old system of welfare: I provide you with meals ... clothes ... but not much emphasis ... placed ... on getting somebody a home” (Matt). All but one saw themselves as advocates, though “in some of the institutions, the social workers are so bogged down ... so caught up” and “the needs of the persons are so much that sometimes the advocacy role don't really get what it should get” (Una); “we don't have ... [a] strong lobby for homeless persons” (Pam); “we need to do more advocacy ... to speak out more” (Fay).

The absence of adequate shelters, transition facilities, and other housing options created a vicious cycle of homelessness: “There is backlog in the system. You have persons blocking the entry gate and you have persons blocking the exit” (Pam); “we basically have no resources” (Pam); “we are stretched to the limit ... it so overwhelming ... It is hard” (Liz). Providers lacked opportunities for specialist training in “case management” and “mental health” (Matt), “crisis management” and “mediation” (Aby), “substance abuse” and “addiction training” (Una). Syd called for “a coordinated effort” that included a multidisciplinary team of professionals and representatives from all ministries. Many were aware of the risks of working in such a resource-strained environment: “Our jobs are at risk” (Lea). Fay described herself as a “professional beggar”, because “we don't have ... money to develop programs” (Gem); “we need psychological support for ... staff because sometimes it is a bit much ...” (Liz); “we need to have support groups” (Fay).

### **Suggestions for Improvement**

Many called for greater cooperation between providers: “I think there should be a better interaction ... [as] most service providers ... [are] not in sync” (Syd); “not me in my corner doing this and you in your corner doing this. Let us share ideas ... and crack homelessness in ... Jamaica” (Pam). We need to “be proactive and creative in enlisting the support of other NGOs” (Aby). Others called for a thorough review of the existing response (Aby); better communication, publication of policy issues pertaining to homelessness (Gem); the inclusion of seldom-heard voices (John); a contextually based response (Lea); and a homelessness policy (Liz) that addressed human rights and social justice issues faced by homeless individuals (Aby). We need to lobby government and NGOs (Una) for better standards and regulation and salaries for workers (Matt). The sector needed to rid itself of inflexible, non-productive individuals (Aby).

### **Discussion**

Three major themes emerged from the findings. These are discussed below.

### **Weak Organisational Leadership and Management of the Homelessness Problem**

The study findings align with other sources indicating that service providers in Jamaica were frustrated by, and disappointed with, the BOS' poor leadership in, and management of, the national response to homelessness; moreover, the GOJ's response had failed to live up to their expectations (JFJ, 2010). The paucity of empirical contextualised homelessness data (Anderson, 2003; PIOJ, 2009) and the absence of a homelessness policy and contemporary legislation, along with the BOS' low visibility had compromised its governance functions. The service providers had little confidence in the BOS's capacity to lead and anchor an evidence-based, culturally appropriate, and just response. They saw the BOS as out of touch with the issues and needs of key stakeholders and the general homelessness sector. At the organisational level, providers felt abandoned by the BOS and their managers as they were left to tackle a rigid bureaucracy while contending with the sidelining of their concerns and unrealistic demands on them to fulfil targets with limited resources (Zufferey, 2008). These conditions had an adverse effect on provider morale and the spirit of teamwork and collaboration within the sector (Waegemakerschiff, 2015). The providers attributed their lack of bargaining power, invisibility in the policy environment, and low participation in political advocacy to their demanding roles in their organisations, and the resources accessible to them (Manthorpe et al., 2015; S. Gray, personal communication, June 7, 2016). Thus, despite their daily work and actions to promote their clients' interests, they were not as assertive as they would like to be. Though they believed a radical transformation of, and paradigm shift in, homeless provision was needed (S. Gray, personal communication, June 7, 2016; M. Irons-Morgan, personal communication, June 7, 2016), most saw homelessness as the GOJ's responsibility rather than a community-wide problem. Without strong support from the BOS and organisational management, the providers felt disempowered and failed to advocate for managerial support, additional resources, system regulation, and accountability to service users (Guerrero et al., 2014).

### **Poor Strategic Decisions**

Evidence strongly suggested that poor strategic decisions undermined the effectiveness of the national response. The fundamental problem facing the GOJ was as much a lack of resources as a failure to maximize *existing* resources, including labour, local expertise, infrastructure, internal and external partnerships, and public support (GOJ, 2000; Robertson Hickling & Hickling, 2002). Its poor strategic decision-making led to its decision in 2012 not to outsource the largest island-wide survey of homeless individuals (BOS et al., 2012). It also failed to explore and build meaningful research partnerships and learn from international researchers in the UK, Canada, and Australia (Anderson, 2003; Culhane et al., 2013).

Providers thought the GOJ and BOS showed a lack of understanding of the multifaceted nature of homelessness (Anderson, 2003; S. Gray, personal communication, June 7, 2016). This reduced the BOS' power and capacity to represent the interests of the homeless and other stakeholders and hold its ground in a fiercely competitive policy and legislative environment (S. Gray, personal communication, June 7, 2016). Thus, the GOJ's decision in 2000 to expand the portfolio of the Ministry of Local Government and Community Development to include homelessness (BOS, 2006) came as no surprise to stakeholders and providers. However, without a new vision (i.e., abandoning

the poor relief mandate), there was the risk that homelessness would remain defined as a problem of destitution (Osie, 2002). The abolition of the Poor Relief Legislation would necessitate an updated, targeted homelessness policy to guide the homelessness sector and achieve lasting solutions (Crisis, 2015). Without this, it would continue its short-term ameliorative thrust and pre-occupation with building shelters and drop-in centres. An inclusive policy would reach beyond the visibly homeless to the hidden and inadequately housed, and see homelessness as a politically charged, complex, multifaceted problem and policy issue (Lucas, 2017; Muir, 2017; Tipple & Speak, 2005).

### **An Inadequate Strategic Plan and Fragmented Service Sector**

Providers painted a picture of a fragmented homelessness sector bereft of transformational leadership, a comprehensive understanding of homelessness, critical resources (Parsell, 2011) and a collective vision of ending chronic homelessness in Jamaica. Instead, it had been governed by an unpopular *weak* strategic plan unsupported by evidenced-based data and out of sync with stakeholder needs, especially the increasingly complex needs of an enduring homeless population (BOS, 2006; BOS et al., 2012; PIOJ, 2014b). Partnership and service coordination represented vital lifelines for sector survival and sustainability (Robertson-Hickling & Hickling, 2002). However, the BOS' challenges with coordination and managing multiple stakeholder relations, meetings, and consultations obstructed its ability to forge effective working alliances starting internally with its providers and extending externally to private-sector providers and interest groups in civil society (BOS, 2006). Thus, rather than operate from the centre outwards, providers worked at the peripheries of the sector's strategic process due to a lack of inclusive measures, ignorance about policy initiatives and absence of sector-wide regulations and service monitoring and evaluations. This increased sector vulnerabilities and ran counter to the ethos and ideology of an integrated care system (Guerrero et al., 2014; Renedo, 2014; Waegemakers Schiff, 2015). The housing crisis was exacerbated by a lack of evidence-based solutions and a sound homelessness policy that would take account of cross-cutting policy issues (Lucas, 2017) and emulate effective models from Finland and Canada. It would aver short-term ameliorative responses for long-term solutions (Guerrero et al., 2014; Pleace et al., 2015).

### **Conclusion**

The study sought to understand service providers' perspectives on the government's national response to homelessness, their perceptions of roles in the homelessness sector, and their views on homelessness policy and legislation and its effects on service provision, access, and use. All were concerned about the government's response to homelessness and the BOS's lack of leadership and governance. All perceived homelessness as a complex, multifaceted problem based on their direct experience with homeless service users. All had experienced resource shortages, a fragmented service system, and lack of policy guidance and leadership (BTI, 2020; S. Gray, personal communication, June 7, 2016). This impacted their role in representing their clients' interests and left them feeling disempowered and unsupported. The social workers, like the rest of the service providers, despite their professional training, felt they lacked a voice and presence and operated on the fringes of the sector and problem, disconnected from the policy centre. The heavy demands placed on them left them unable to engage in community outreach and political and policy advocacy to transform the

sector and respond to the homelessness problem. Social workers are well poised to play an instrumental role in ending chronic homelessness. Given the nature of their jobs, it would be prudent to invest heavily in creating opportunities for the meaningful inclusion of all the service providers, including social workers. In short, the researcher encountered a group of frustrated providers who believed that, with a strong legislative framework and homelessness policy and the right resources and support, they could contribute to an effective response to homelessness.

Shauna Kimone Porter, PhD

University of the Commonwealth Caribbean

kimoni\_p2010@yahoo.com

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# **‘ONE HAN CYAN CLAP’: EXPLORING THE PARALLELS BETWEEN SOCIAL WORK AND SOCIAL ACTION THEATRE IN JAMAICA**

SHAWNA-KAE BURNS

## **Abstract**

This article discusses the use of social action theatre for social change through the lens of a social work educator and practitioner who is also a part of the Jamaican theatre community. Based on the author’s positionality, the article explores the possibilities of performance and drama as an effective tool for social change and, ultimately, social work interventions. The author explores the union of social work and social action theatre by aligning the social work engagement process with Kathryn Grushka’s Arts- Education concept of tangential visibility. The use of theatre techniques in social work practice as a teachable intervention tool is explored. The author conceptualises performance and drama as an expression of cultural and ancestral memory, and invites Caribbean social work practitioners and educators to consider the range of intervention possibilities it presents.

*Keywords:* social action theatre, tangential visibility, Caribbean social work education, Jamaican theatre

## **Introduction**

To decode the images and ideas contained in tales... is to release the power contained in the images and to create a basis for political action. (Ford-Smith, 2005, p. xvi)

Jamaican theatre scholar, Honor Ford-Smith, captures the essence of what has always intrigued me about the connection between social action theatre and the work of social change. Social Action Theatre, unlike other forms of theatre, is ultimately about facilitating social change from within. It goes beyond the staging of a story that may or may not provide social commentary on the day and time it referenced, and acts as a catalyst for internal change processes for both the practitioner and the audience members. I confess that my partiality to such a union aligns with personal experiences which have veered on a path that has seen both theatre and social justice operate in the service of societal change and national development. From Jamaica’s early stages of nationhood, a distinctive and creative ethos emerged as a means of communication and survival. Throughout our nation’s development, our creative



ethos has become more evident as we sought outlets for our frustrations due to increasing social ills. Our engagement with the arts is the foundation on which many of our social, cultural, and educational processes are set. As a social worker and theatre practitioner, I have found both practices to not only be useful in the development of my professional competence, but also function as a gateway into a deeper understanding of self and culture. The natural affinity of Jamaicans for storytelling and embodiment, has set the stage for the use of drama and theatre as a “go-to” interventive tool and cultural approach (Baker & Maxwell, 2012, p.386). It has reaffirmed for me that, like the inability to create a rousing applause with one hand, maximum effect is best created with both hands working together, understanding social action theatre as one hand and social change as the other.

This research article is conceptual in nature and has three distinctive purposes. Firstly, it seeks to examine parallels between the processes that social workers use to engage clients, and the processes that social theatre practitioners use to engage their audiences. Secondly, it sets out to explore how Kathryn Grushka’s (2008a, 2008b), arts education concept of tangential visibility has been applied to the work of social action theatre and reflexive practice processes for training social work practitioners. Finally, this paper highlights the work of four social justice organizations in Jamaica whose work serves as examples of tangential visibility in action, as they facilitate successful behaviour change through culturally situated and personally transformative experiences.

While this is essentially a conceptual paper, I draw on empirical data from a series of informal interviews conducted with key actors in the development of social action theatre in Jamaica. I begin with a description of my personal experience of how both theatre and social work has manifested in my practice and proceed to offer a brief discussion of the influence of theatre techniques on social change. Tangential visibility is a critical and discursive practice of self-analysis by way of observation of others. I discuss how it can be used as an educational concept, and if utilised in social work education and training, how it can facilitate social change and provide an additional layer of professional efficacy and competence in regional social work. The article concludes with an exploration of how tangential visibility has been operationalised in the work of four Jamaican social action performance groups and culminates in examining the implications of its use for future social work research and practice in this area.

### **Creating Theatre for Social Work: A Personal Reflection**

As a social work educator and theatre practitioner I have often fused my practices to meet social work project goals. Ritual Theatre, for example, treats with personal and social healing by way of invoking ancestral memory (Schrader, 2012). I have used Ritual Theatre to enable me to have a deeper understanding of my social work students and my clients through an embodiment of the cultural and historical parameters with which the clients process their experience. To illustrate how I have done this work, I recall two occasions where I was asked to create dramatic pieces as edutainment items for social work ceremonies as a member of faculty at The University of the West Indies (UWI), Mona.

At the launch of the tenth volume of the *Caribbean Journal of Social Work* in 2013, I selected an article from the journal volume produced that year entitled “Re-writing the Script:

The Drama of HERstory and the Women of Sistren” (Mclean Cooke & Groome, 2013). The work resonated deeply with me both as a female theatre practitioner and as a young social work educator. The cast included four current social work students of the bachelor’s programme, and during rehearsals with the students, their general surprise that the lives of these charactered women resonated with “real women” was notable. The question I asked them was, “Why do you believe that these were not the stories of real women?” For the students, it seemed that theatre was conceived as a staged phenomenon, aligned with light-hearted antics and anecdotal remedies rather than truth and real life. The work of *Sistren* is theatre built on lives and stories of real women in Jamaican communities, and it was in the experience of creating theatre from their own lives that healing and self-empowerment occurred.

On another occasion, for the opening ceremony of the Association of Caribbean Social Work Education (ACSWE) conference held at UWI, Mona in Kingston, Jamaica in 2017, I opted to create a piece of theatre from the Jamaican Association of Social Workers (2008) *Code of Ethics Handbook*. In this piece, the cast combined current students of the BSc Social Work programme at the university, students that hailed from different faculties at the UWI, and theatre students from the Edna Manley College of Visual and Performing Arts in Jamaica. Though not intentional, it was beneficial to the process that the non-social work and Edna Manley College of Visual and Performing Arts students were not familiar with social work ethics and principles. The students were therefore required to dive within themselves to understand and embody the ethical dilemmas as stated in the script. It was once again noteworthy that the social work students found it more challenging to relate to the presentation of real-life issues in a format such as theatre as compared to their non-social work counterparts. One student asked, “Will we make it a joke?” For these social work students, theatre was equated with caricature, a means of diluting the importance or value of the content for the audience. This struck me as problematic as it made evident that these students did not understand the power of alternative methods of interventions like social action theatre to empower vulnerable populations. As soon to be qualified social workers, likely to work in community and school settings, their unawareness of the rich history of organisations that use theatre for social change, social action and community intervention was troubling. It is here that the first seeds of formally integrating theatre as a means of enabling social change and the teaching of theatre techniques to facilitate the social work process, took root for me. It was an endorsement of Mclean Cooke and Groomes (2013) challenge to social work educators to infuse the social work curriculum “with the formal introduction of expressive art therapies” (p.119). I see my work and this article as a contribution to the development of such.

### **The Influence of Theatre Techniques on Social Action and Social Change**

For many social work students and practitioners, theatre for social change, may be somewhat of a peripheral concept and therefore its engagement limited. An understanding of some of these concepts can provide the basis for social workers understanding and usage of these techniques for intervention work. Applied Theatre, typified as, theatre for social change, seeks to move beyond traditional forms of theatre that rely on the separation of actor and

audience. It enables the audience to become more involved in performances and in some cases have direct access to the players on stage, with the ability to “intervene directly in the dramatic action and act” (Boal, 2008, p.102). This is illustrated in Augusto Boal’s Forum Theatre, where the traditional theatre’s fourth wall in the theatre space is interrupted during the performance. Applied Theatre is an umbrella term that includes several types of interactive and participatory techniques that moves away from traditional forms of theatre, seeking instead to engage the audience in the process of drama and drama creation. In these types of process drama “we can manipulate images to conjure worlds which are beyond our immediate experiences and by doing this we open the door to all imaginative thought” (Bowell & Heap, 2013, p. 2).

Various drama techniques are used to engage the internal processes of the audience, and in so doing access key emotional responses that influence the behavioural reactions of audience members. It is for this reason that Applied Theatre and the work of social change is a perfect marriage. Applied theatre forms are varied and include:

- **theatre of the oppressed:** a widely practiced form of drama for social intervention arising out of Paulo Freire’s *Pedagogy of the Oppressed*. It is described as “a set of techniques that helps people overcome oppression through acting, both in the sense of being an actor and being active” (Boal, 2002).
- **theatre for social change:** described as “theatre in the service of social change” (Prentki & Preston, 2007, as cited in Thornton, 2012, p. 3);
- **playback theatre:** considered an “act of service” by creators Jonathon Fox and Jo Salas (Rogers, 2006)
- **protest performance:** which is described as a process of “facilitating performances of memory and mourning that can generate dialogue between communities facing violence in different contexts and leads to shared insights and new forms of solidarity” (Ford-Smith, 2011, p. 11).

Applied Theatre forms use techniques that have been acknowledged as key components of social change and drama intervention. The magic of these techniques lies in the execution and involvement of the participants and the audience. This allows for people to be active in their experience of oppression, view experiences from different perspectives, and access different solutions to their problems (Alshughry, 2019). The far-reaching influence of artistic expression, arts education, and drama intervention has been articulated in scholarly literature, building an understanding that “arts-based creations offer a guide for our inner journey toward more authentic ways of seeing and being in the world” (Black, 2012, p.12). There is a “growing acknowledgement of the therapeutic value of creative arts, including dance, the traditional practices of indigenous societies, where art, music, dance, and storytelling are integral to health and healing, are recognised and professionalised” (Dunphy et al., 2015, p. 2). Black (2012) captures the essence of the power of arts-based creations as a gateway into the internal processes of human life:

At an individual level, creating art-forms such as self-portraits help us communicate what is tacit or not easily sayable, and offer ways to represent and understand the dimensionalities of our life and work situations. When we make and view these, we realise the power of art-forms for communicating inner worlds and messages about the lives we are living. (p. 12)

Arts-based interventions operationalised through social action theatre, are undoubtedly fitting and an accessible medium for social change and social work intervention.

### **Tangential Visibility for Social Work and Social Action Theatre Practitioners**

As a theatre practitioner I have always been asked to not only understand and interpret, but to perform with truest emotion, the actions, reactions, and subsequent behaviours of any character given to me. For there to be complete believability from the audience, the actor must deny themselves—if even for the duration of the piece—for the emotions of the character to come to the fore. In essence, the actor must become the character. The actor must be able to put aside their own instinctual emotions and reactions to realistically bring forth this character with an authenticity that will submerge the audience into experiencing what they observe on stage. Tangential visibility is defined and reconstructed as pedagogy by educator and artist, Kathryn Grushka (2008a), in her seminal work, “Tangential Visibility: Becoming Self through Creating Socio-Cultural Portraits.” It is “the capacity or skill to observe the shaping of others discursively and critically, to reflect on how events and social representations impact on individuals, and the ability to find new creative possibilities that inform self” (Grushka, 2008a, p. 298). Grushka posits that we learn about ourselves through the indirect or tangential observation of others who we relocate in a broader social context, which allows us to safely interrogate and gain a better understanding of self (Black, 2012; Grushka et al., 2014; Hadjiyanni, 2014).

Grushka’s work, originating from an arts education frame, is readily applicable to the work of theatre practitioners. I offer that tangential visibility can also be an effective concept for social workers to use in exploring the liminal space between the client and themselves. Grushka (2008b) states that it is in “the process of communicative significance when one acknowledges that identity is a liminal experience, performed through acts of communication and behaviour, that an individual is always positioned at the boundary between self and becoming other” (p. 4). I invite you to apply this process to social work, to take on to our understanding that social workers undertake the process of tangential visibility when conceptualizing and implementing individual, family, and community interventions. I am positing here, that the exploration of this liminal space becomes tantamount to unlocking a deeper sense of self for the social worker/social change agent. It is in the baptismal quality of this process of tangential visibility that effective change for the client can occur. For social workers to successfully engage the planned change process, we allow ourselves a freedom to look at the client’s lives through their lens of lived experience. On deconstructing the processes of tangential visibility, Hadjiyanni (2014) stated that, “comprehending the various angles from which a problem can be approached to be solved... [and] embarking on a process of self-discovery... often helps...[us] to uncover

more about ourselves and how we perceive the world in which we live” (p. 36). For both the client and the social worker, reliance on this process is key.

Theatre in service of social change can be seen as paralleled to the social work process - the players (understood as the social workers and social change agents) and the audience (understood as the clients) must together go on a journey of self-discovery. Social action theatre, as stated here, creates art from reality and presents it in a digestible format. The actors on stage undergo the trauma of an event for the audience and allow emotional safety, as they process and possibly relive any experience that may have been triggered during the performances. The key component here is that the observer may experience a justified resolve or themselves be involved in processing with the characters, an alternate ending to the experience presented, from an objective and emotionally safe distance (Rogers, 2006). Tangential visibility here “is experienced and performed through creative acts of communication, behaviour and storied lives that position individuals at the boundaries between self and becoming other” (Grushka, 2008a, p.299).

The planned changed social work process and the social action theatre process both operate in a boundaried, or liminal space marked by a powerful intersection of “insider/ outsider” dynamics. It is experienced by the client/audience as they interrogate their own lives; where it is possible for the client/ audience to come to experience new insights about themselves, allowing healing to begin. A catharsis of sorts is experienced in the client/worker – theatre practitioner/audience dynamic, and in that process of engagement, new understandings of self-emerge, creating a paradigm shift that serves as a catalyst for behaviour change.

### **Tangential Visibility in Social Work Education**

During my work as a social work educator, I have often found that the utilisation of drama and theatre techniques in the classroom aids in curating an energetic and fluid space that allows for both the students and the teacher to be engaged in an active experience of theory application. As an educator, I have been tasked with guiding level 1 and level 2 students through client worker engagement, in aptly structured courses that lean into experimental learning. Human and practice skills laboratories enable the unmasking of students prejudices and pre-conceived notions. Classroom activities include group theatre, intimacy and mindfulness training, privilege walks, and healing circles. These activities access a higher level of understanding when framed within tangential visibility. As students work through these activities, their capacity for empathy is being developed and their ability to engage in reflexive practice sharpened. They not only learn how to treat clients with empathy, but to understand clients' behavioural reactions, while at the same time, objectively interrogate their own internal responses. Ultimately, the classroom experience triggers an emerging practice that can be used by students “to orientate themselves from multiple positions beyond themselves [and] often these positions can be opposing and confronting” (Grushka, 2008b, p.5). Since tangential visibility encourages a denial of self in order to locate commonality with others, it serves as a gateway into the suspension of judgement. It challenges burgeoning social workers to interrogate lives different from their own, enabling internal shifts. Being equipped with the

knowledge of tangential visibility therefore becomes integral for social workers whether as an educator engaging with their students in the learning process or practitioners in the field.

We must, in essence, be able to occupy that liminal space between the client and themselves. We should aspire towards practicing competently in the environment and culture of the client if we are to truly be of service to them. Engagement in social action theatre or being emerged in the process of tangential visibility, as it is interpreted here, also allows social workers to understand and operate at their highest level of professional competence. The idea that we as workers get to explore the nuances of human behaviour and observe its resulting actions and adjust them accordingly for the most effective change, becomes the reason why theatre for social change and the understanding of tangential visibility, can be seen as an important concept for social action.

### **Tangential Visibility in Action: Social Action Theatre Companies in Jamaica**

There are numerous ensembles which have utilise theatre in their social action work in Jamaica; in this section, I highlight four groups that have used theatre as a means of educating and elevating social consciousness. It is critical to note here that the groups highlighted, do not recognise themselves as engaging in tangential visibility as a process; rather Grushka's 'Tangential Visibility' as pedagogy is used as an analytic frame.

This section will start with an examination of the work of the Sistren Theatre Collective, followed by the Groundwork Theatre Company, moving through WMW Ja (Formerly Women's Media Watch Jamaica) and onwards to The Ashe Company. It must also be noted that detailing the techniques used by these groups is beyond the scope of this paper; however, a brief description of how their work plays into Grushka's concept is given. The subsequent discussion, with the exception of the segment related to the Sistren Theatre Collective, is based on information garnered through informal and personal conversations with members and affiliates of these groups. As such, this discussion presented is conceptual and not based on empirical data.

As a starting point for this section, it is important to note that many of our current theatre practitioners who became involved in social welfare work in Jamaica were students at the Jamaica School of Drama at the then Cultural Training Centre (now known as the Edna Manley College of the Visual and Performing Arts). This affiliation served as a stabilising force for many of these groups, especially in the early years of their development. This association may have contributed to them being seen as legitimate recipients of government investment, private sector and international funding. The training at the Cultural Training Centre included two key courses that set the foundation of social action for these graduates and affiliates in motion, those being, Community Drama 1 (Problem, Cause and Solution) and Community Drama 2 (Drama as a Development Tool). In these courses, Drama was touted as a means of "discussing, exploring and playing back to the community, their own issues and for helping them to create the solutions" (O. Ellis, personal communication, March 5, 2020).

### **Sistren Theatre Collective**



*Sistren: Back row – Cerene Stephenson, Jennifer Williams, Beverley Hanson, Joan French, Jerline Todd, Lorna Haslam, Beverley Elliott; Middle row – Lana Finikin, Pauline Crawford, Lillian Foster, Honor Ford-Smith, May Thompson; Foreground – Rebecca Knowles*

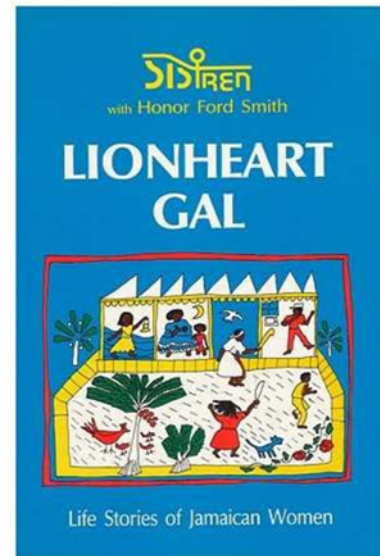
*Missing – Jasmin Smith and Vivette Lewis  
Photo: Maria La Yacona*

government of 1972-1980 led by Michael Manley” (Ford-Smith & Sistren, 2005). Their working mandate was analysing and commenting “on the role of women in Jamaica society through theatre” (Ford-Smith & Sistren, 2005, p. xxii). The Sistren Collective became the epitome of theatre for social change, utilising aspects of both Narrative and Forum Theatre techniques to “demystify the process” and collectively involve...the whole community’ so that they can understand what is going on” (Ford-Smith & Sistren, 2005, p. xxiv). The productions of the Sistren Collective and their community style of theatre allowed for women in that era to gain a better understanding of self, productions such as *Bellywoman Bangarang* and the other stories told in *Lion Heart Gal* were of real women whose stories were staged by the group and has since served as safe space for other women to understand and process their own realities. Applying Grushka’s (2008b) understanding of tangential visibility as “acknowledging the complex interdependencies ...[of] the subject being observed and experienced” (p. 4) we see that the methodology that was employed by the Sistren Theatre Collective served not only as a mere “taking of drama to working class communities” (Ford-Smith & Sistren, 2005). The work of this social action group highlights the discursive nature and the re-representation of “the other” that allows for the tangential understanding of self.

### **Groundwork Theatre Company**

The Groundwork Theatre Company, founded in 1981, was characterized as “a theatre company with a difference” (O. Ellis, personal communication, March 5, 2020). Originally conceived as an outreach arm of the Jamaica School of Drama, its methodology of Drama in Community Intervention was used as a means of nation development through youth empowerment and community engagement. Founded by a group of graduates of the School of Drama which included Owen Ellis, Winston Bell, Sheila Chambers and Eugene Williams; these

The Sistren Theatre Collective is arguably the most noted social action theatre group produced in Jamaica in the last 50 years. There the ethos of women’s empowerment emerging out of political and cultural work has been referenced, locally, regionally and internationally by scholars studying both literacy and feminist disciplines. Founded in 1977, The Sistren Collective emerged out of the consciousness of a group of working-class women “drawn from the emergency employment programme... of the democratic socialist






young people took with them the techniques learnt from the Community Drama 1 and 2 class “an affinity to the oppressed” and saw themselves as “one with the masses” (O. Ellis, personal communication, March 5, 2020). Their work carried them into Jamaican communities under the auspices of the Jamaica Cultural Development Commission, the Caribbean Conference of Churches, and the Ministry of Youth, Jamaica to inform and empower the youths of Jamaica.

**GROUNDWORK'S PRODUCTIONS**

- 1982 **The Black Jacobins**  
By C.L.R. James. Directed by Eugene Williams
- 1983 **Accidental Death of an Anarchist**  
By Dario Fo. Directed by Dennis Scott
- 1983 **Sufferers' Song**  
By Victor Quesel. Directed by Earl Warner
- 1984 **Dog**  
By Dennis Scott. Directed by Rawle Gibbons
- 1985 **Bapsi Ky-sico**  
A Musical Revue. Directed by Bobby Ghisays




▲ Yuh Safe

▼ Accidental Death of an Anarchist



- 1987 **Whiplash**  
By Ginger Knight. Directed by Henry Muttoo
- 1988 **Fallen Angel & The Devil Concubine**  
By collective creation (GTC) & scripted by Pat Camper. Directed by Eugene Williams & Her-tencer Lindsay
- 1988 **Yuh Safe**  
By collective creation (GTC). Directed by Her-tencer Lindsay & Carol Lawes
- 1990 **Pump Up the Fun**  
By collective creation (GTC). Scripted and Directed by Owen Ellis
- 1992 **Krossroads - de Culcha Clash**  
Scripted by Fred Hickling and Owen Ellis. Directed by Eugene Williams. Produced jointly by GTC and Musical Associates Ltd.



▲ Fallen Angel & The Devil Concubine

**GROUNDWORK THEATRE COMPANY**  
3 OXFORD TERRACE  
KINGSTON 5, JAMAICA  
TELEPHONE: (809) 929-4564/0891

**G**ROUNDWORK is a theatre company with a difference. The Company has an enviable reputation locally and overseas, not only for doing what theatre companies normally do such as putting on plays, but also for its pioneering work with youth in schools and communities all over the Caribbean region. The Company was originally conceived as an outreach arm of the Jamaica School of Drama and was the dream of the then Director, Dennis Scott, who envisioned a popular theatre movement focusing on the development of rural communities thereby promoting some of the aims of the School of Drama. The Company's work has now expanded to encompass many other facets. Its main focus is youth and the GTC works deliberately towards discouraging relationships of dependency. It tries to lay the groundwork for further development at all levels. GROUNDWORK enjoys fraternal linkages with major local and regional institutions of education, culture and development and is an active member of the Association of Development Agencies (ADA).

**GROUNDWORK THEATRE COMPANY**



The Groundwork Theatre Company, worked as teachers and facilitators of the Area Youth Foundation which was formed in 1997. This work, detailed by Anne Hickling-Hudson (2013) in her article, “Theatre-Arts Pedagogy for Social Justice: Case Study of the Area Youth Foundation in Jamaica”; has influenced numerous youths in Jamaica’s inner-city who have been exposed to aspects of Boal’s theatre of the oppressed and have become change agents themselves within their wider community. The dynamic of facilitator/ participant role within both Groundwork and Area Youth Foundation “supports an understanding of self as actively formed within a social context and that the expressive and critical communicative act of artmaking can inform the self as citizen” (Grushka, 2008b, p. 13–14).

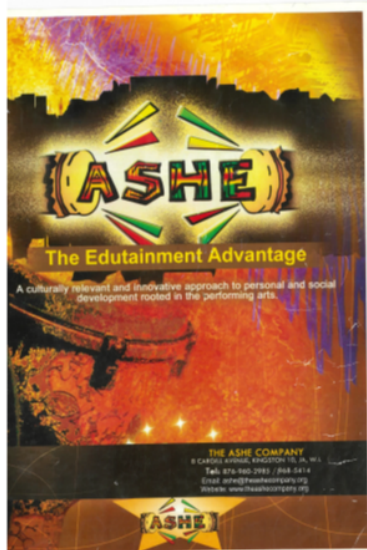


**WMW Ja (Formerly Women’s Media Watch Jamaica)**

Emerging in an era of female empowerment in 1970s and 1980s the Women’s Media Watch, Jamaica group was formed in 1987. A group of young artists, dancers, teachers, and professionals came together at a research group formed by Sistren Theatre Collective to discuss the lives of Jamaican women in the 1980s. This group of women included such noted names as Judith Wedderburn, Hilary Nicholson, Samere Tansley, Patricia Donald and Fae Ellington. They quickly realized that they shared a similar consciousness of female empowerment and love for the arts that would become the founding ethos for their desire to advocate and promote positive female representation within the



Jamaican society. The group developed the mandate of “being an agent of change, promoting peaceful, equitable gender relations” (H. Nicholson, personal communication, March 24, 2020). They began using participatory training with community members and developed a multi-faceted approach to research and advocacy that included public education, training workshops using popular theatre and community drama. Founding member Hilary Nicholson, stated that “this drama intervention technique came out of credited theories of intervention such as the experiential learning theory and theatre of the oppressed by Augusto Boal and allows us an insight into the lives of Jamaican women” (H. Nicholson, personal communication, March 24, 2020). It was in this forum theatre style discussion that “many opportunities to construct, reflect and experiment with the possibilities of emerging self within society, outside of the intensity of personal expressive exploration” (Grushka, 2008b, p.13) occurred.



### ***The Ashe Company***

The Ashe Company, founded in 1993 by Joseph Robinson, Paulette Bellamy, and a small group of past players of the Little People Performance Club is widely known locally and internationally for their entertaining and high energy performances. What many people may not know is their massive contribution to civil society and nation development through their unique blend of entertainment and education grounded in theatre and performance. Serving as the current co-directors, Conroy Wilson and Michael Holgate (personal communication, May 22, 2020) describe the group as “a civil society organisation that works on various social issues. They are a performing arts organisation and a social development enterprise that uses theatre and edutainment for social development.” Their unique mandate, “to inspire and foster empowerment of all people, exclusive of none, to live a life of integrity and fulfillment, doing what

they love and loving what they do” (The Ashe Company, n.d.) guides their unique methodology of **Excitement + Involvement + Commitment (EIC)**. This **EIC** model drives their unique combination of arts-based training and education techniques guided by cultural and ancestral leanings. The members of Ashe themselves are deeply entrenched in spiritual and empowered ways of being, allowing them “a deep spiritual connection that resonates with the audience and workshop participants” (M. Holgate, personal communication, May 22, 2020). It moves through their performances to empower observers and self. The key to this type of theatre, is an unconscious involvement on the part of their audience and workshop participants in the process of education and self-healing, which exemplifies the pedagogy of tangential visibility.

## Conclusion

The work of the social action theatre groups discussed evidenced many shared social work principles. Their work identified practical ways in which theatre was used to empower, advocate and elevate the social consciousness of our people. These groups all share common principles of theatre for development of self and society. The ability of the actors and the audience to go on a journey together in unmasking the “real-life characters” represented on stage must be recognised as “re-representation of self” (Grushka, 2008). This re-representation is what provides the catalyst for a new emergence of self. This is seen from the bold and expressive nature of the Sistren Theatre Collective and Women’s Media Watch Ja’s determination to tackle the nation’s issue of representation of gender. It can be seen in the Groundwork Theatre Company’s far-reaching impact on the lives of youth and youth empowerment. It is evident in the Ashe Company’s unwavering commitment to issues of national development. All the groups highlighted, provided examples of how engaging in the analysis of self through othering, sets the stage for the “creation of a safe space to develop potentialities within individuals and the collective that enhances a sense of self-efficacy” (Sliep & Meyer -Weitz, 2003, p. 54). Tangential visibility is seen through art making which “presented as an expressive [and] critical space [where] self is embodied and [the personal] can be explored” (Grushka, as cited in Bolstad, 2010).

When applied to social work processes, tangential visibility can be seen as a developing concept to the exploration of self among social work practitioners, social work students, social change agents, and theatre practitioners alike. Reflecting on my own position as both theatre practitioner and social worker, the implication of this work and its contents for the social work profession is immense. The importance of social action theatre and its potential for social work education becomes one that can be relocated as “best practice” amongst Caribbean social workers, as its potential for behavioural change and nation development is undeniable. It is understood that the exploration of self can be done in a discursive way which will allow emotional safety for the client involved in the process.

Tangential visibility, while emerging from arts education, can be applied to social work practice as a conceptual aid for enabling social change, within the planned change process. With further development and research, it can be used as a teachable tool in social work education. The establishing and legitimising of drama intervention as an effective intervention tool for social work practitioners and educators cannot be overstated. The unearthing of Grushka’s Tangential Visibility, for social work researchers, educators, and practitioners, becomes even more important as we seek to etch out the growing body of Caribbean social work theory that is indigenous to us but stand secure as a globally relevant pedagogy for our region.

Shawna-Kae Burns, MSW

Instructor

Department of Sociology, Psychology and Social Work

The University of the West Indies, Mona

shawnakae.burns02@uwimona.edu.jm

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# BIRDIE

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<https://preelit.com/2019/11/18/birdie/>

YASHIKA GRAHAM



*Image credit: 'Robot Alien Chicken 1'. Marinna Shareef.*

***Nursing home hostage seeks young accomplice. Must be willing to fight and not afraid of cold water. Pays well. Names starting with C need not apply. Walk-in interviews this Sunday from 10am at Harris Memorial Home with Margaret Bird.***

In part I really wanted some sensible conversation, in part I wanted these impostors exposed. I mean, imagine, my own nephew that I raise with my two hands, a thing I never did with a child of my own, take me up as soon as my brother Derek pass on, say I am too much work, that a nursing home would provide “more dedicated care to me,” as if I am a child; as if I didn’t raise the blasted bwoy practically by myself when him father was building a career. Imagine how me vex! It burn me for true, especially when I think how him father left enough money to take care of me, promised that with all I do for the family after Grace gone, that I wouldn’t have to worry bout a thing. I just didn’t imagine it would go towards putting me away. If smaddy did tell me the exact thing I wouldn’t believe them. I would tell them, no, no, is lie you telling, no way Craig would do me that, not after all I sacrifice. But see it deh, as God liveth, I hold me mouth and see me yah a batta batta through it.

Still, even after I land here I never quite intend to create any excitement in the place, if you can believe that. I just wanted people to know what was really going on. Don’t ask me how I put out that ad in the first place. I have my ways. About three people answer it. One man after the other showed up in the Sunday heat, right after morning devotion. I was taking me time going back to my room when I heard the commotion on the veranda, so I stop and lean in the crack of my doorway where I could see down the long hallway and hear them explain themselves.

“Yes Miss, I used to be a security guard. I wasn’t too sure but that’s what you’re looking for right?”

Another one said “I used to play karate from I was in Primary school, you know? And I not too soft on the bush work either.”

“Sir, is that the paper? May I see it, please?” Nurse Johnson took the paper and started reading, “nursing home hostage...” I knew it wouldn’t be long before it got to the Matron and before she read the whole thing and see my name. Yes, yes. I know. Beatrice already said it wasn’t a good idea to put my name in it, but I was convinced I would get to talk to them that way.

“Birdie, you only setting yourself up for trouble, me love. I think you should leave that alone.” Bedridden, she had whispered to me as I propped myself against the protective railing of her bed. Of course, I hadn’t agreed.

“Beatrice, how long you been here in this prison place? Maybe you quite alright with how they treat you, but I not having this.”

Now seated at my desk, my back to the door, the next thing I know is that the Matron and Nurse Johnson were knocking and barging in at the same time.

“Can I help you ladies?”

“Miss Bird, we understand that you...” the Matron started.

“I am quite busy as you can imagine. I am here writing to Craig to tell him some new descriptions I made for him.”

Then Nurse Johnson come with, “Miss Bird, this is a serious matter.”

“I am thinking Johncrow for this week. I know it not that fresh, a bit overused even, but I don’t think I ever used it on him before, so it might burn after all. What you think, Nurse? Nurse?”

“Miss Bird, you are not permitted to issue advertisements concerning this facility to disturb my staff or patients including yourself.” The Matron was stern, like she meant to jerk me.

“I am not your patient miss. I don’t even belong in this place.”

“Nurse Johnson, please call Mr. Bird and file a formal report for the board. Clearly this is not being taken seriously.”

In the next week a group from the Alliance for Elderly Persons and the police went through and through the place, lifting pillows and stale sheets at every turn. The Matron was bent on kicking me out after that, and I was ready to go. I pack my bag and everything, but both the Alliance people and Craig made sure that didn’t happen. For the group, it would’ve been a sure sign of discrimination and further ill treatment, but for Craig, the brute, it was: “This is the only support I have with her now. Diandra and I are swamped with Max and running the firm. I really need her to be housed here.” I think he wanted pity, but I suspect he might’ve also threatened the Matron after the AEP people got it in the news.

***Families and caregivers are advised that acts of neglect and/or abuse against the elderly are punishable by the full force of the law.***

Miss Matron she make all kinds of promises to them.

“We can assure you that all our clients are handled with the utmost professionalism and respect. Miss Bird’s complaints are simply the words of an aging woman resisting change. It’s just a challenge with adjusting,” she said. But they just tighten the rope round me after that.

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It’s been about three weeks since that and now they keep me in this back room painted dark blue. The white ceiling is the only place some light bounces from, when the lord has mercy on me these days. Sometimes I get lost dreaming, bout how I want to crack the window enough to catch the sky, to move

the room outside. I want this place overgrown with wisp and bush and I want to be able to reach the bombay limb from here, stretch and catch the soft, pink bougainvillea blossom again. What I really need is to leave this place, to pack all my notes, move out and go run wild in the bush like I was meant to. The sunflower on my desk bloom and gone and I see now what can happen when people try confine you. Or maybe all it means is that time will pass, that things have a way of refusing to stand up one place, despite how much you protest.

I been going pale from no sun and my desk seems on the verge of turning to dust from all the things I been scratching into it. Truth is, I've been talking. I've been talking a whole heap and the desk is feeling it hard. I'm pretty sure it was a teacher's desk before I get it. I believe this because it says 7b along the top right edge, and I feel that is a class number. Yes, that is a fairly loose chord to string anything on, but I like the idea of it. When I sit here, lap my skirt and take up my pencil, I feel like an English teacher doing important work, or like a student except in a forever school, without break time or lunch time, or anyone to play with. Sometimes, when the day seems to merge sun and moon seamlessly, I wonder if I am crazy like they say. I wonder why I don't see real people anymore, why I only know them by the past. But I know is that these people want me to believe that me mad.

The desk was a gift from Craig since, as him say, I claim to be a writer. I mean, that was a long time ago; all these years really put a sluggish feeling in my body. Still, it was always one of my favourite things and I still write a little here and there, which is how I can tell you any of this. I will be honest and say here that that was a kind thing for him to do for me. I always liked a nice space to write— my own space— even though you would swear say this room and everything in it belong to all them door-pushing nurse who love bright with me. If this was really my room I would have a key and no one could tell me when morning was and I could walk free. As I was saying, the desk is nice and old like me and I have notepads that I write on with long orange pencils, so I can rub out things if I ever change my mind. Sometimes I just stare at the paper though and I see me life rippling through the blue lines and wonder how I got here, to this page.

They wake me up at 5. Yes, in the morning. The nurse will be here any minute now, but is not today they start treat me this way. When I just reach here, I remember feeling pleased someone finally agreed with me that teatime could be any hour and decided to indulge my love for peppermint, but I was wrong. They wake me with an ice bath, to balance me out, they said. See her here now. Lord god.

"Miss Birdie, wake up, is time to bathe," she says, gripping my wrists.

I can hardly protest today. I just roll and turn and wonder what me do so, why people must disrupt me soul when it was nicely set at ease. I try a little backchat, because I didn't quite believe what was going on.

Trying to free my wrists, I tell her "My name is Margaret Bird. What you mean bath time? You see how



outside black, how not even fowl leave them roost yet? That is as clear a sign as any that is not time to rise or to pry an old woman like me from any kind of warm salvation.

“Miss Birdie, you need to start the day early.”

“What you say? But after, I not going to market or catching no country bus. I not even likely to encounter anybody with sense today.”

I swear I catch her with that, swear she taking heed, that the old woman talk have her, and she see her granny in me, but no such luck me child. She loud up the whole place with my name as if I am giving her all kinds of hell. So see me yah, fighting with nurse over when to bathe me, over when morning really start. I don't hear a fowl yet, but this one swear the time is now.

“Come man Miss Birdie, set good. Make me take off the nighty.” She rip me clothes off, strip me down to nothing then rub me close to raw in the cold water. All the same, I make it through and she dress me, but don't make them tell you I alright.

Everybody on this road supposed to know my name by this, for every morning early it echo, and throughout the day it ring like bell. Same so every day my name just hitch up in every nurse mouth, for apparently is so me one bad. Birdie this, Birdie that, Birdie why, Birdie don't. Is like my name set pon spring with these people.

This little piece of hell is on a residential road not far from Constant Spring. The yard is big and green, but I hardly get to see it after I get in trouble the other day. Now I spend most days by the window trying to catch a bit of sky. Is 'ccasion make them bring we go outside mi dear, or if the one Craig him feel like visit and I beg him take me for a walk, so I can tell him me mind. One time I tell him a thing and him say,

“Auntie what you mean you can see into my soul?” And I just laugh.

Him have it say me mad, even call foreign tell him other family them. Who don't disown me call only to see what brand of craziness I going on with on the given day. I will be the first to admit that me bad yes, but you shouldn't believe any of what they say straight away. Me will tell you the God truth if anything really go so. Me will tell you, me no 'fraid. Is them drive me to wherever I go these days and all the days that I ever issue a word that wasn't divine. Since the newspaper incident I try to keep myself quiet still but is not all the time I can do a thing like that. So every now and again when they come attend to me, I see what I can get done. And like how is breakfast time now, maybe I catch them at ease.

“Nurse Johnson, how you do? You know I been behaving myself good-good from the other day. You

think I can have whole papaya today?"

"Miss Birdie, I'm not sure you can manage that today."

"What you say? Of course I can manage. I can even scoop it out myself. I know how to do things you know."

Papaya seeds good for something (I just can't remember) so I keep most of them saved up. I even sneak out to the hall where Beatrice is (I hardly see her anymore) and she give me what seeds she collect. Now and again, I throw some out the windows. I don't see anything happen yet, but one-day I feel like all these plants going to rise over this place. Next time I going to ask the nurse to give me some metal utensils, so I can cover up the seeds that fall on fertile ground when I get outside. Right now, they only give me plastic things and clear them up fast, and other times they even try feed me. You can believe that? Me, Margaret Bird. More time I not so strong yes, but you can imagine me letting somebody feed me?

"Nurse!" I call them sometimes because they seem to forget me, except when they want to disrupt me life of course.

"I can get some cooking oil please?"

"Birdie what you need cooking oil for? Your food is prepared and brought to you. You not supposed to prepare anything in here"

"Is just these little ants I want to feed. They don't have anybody to care for them, you know, like how you care for me. You don't want them to suffer do you?"

"No, Shakespeare, not at all," she says and leaves.

She don't give me what I want and I know is fool she taking me for, because I only write stories and a little poetry and Shakespeare was mostly a playwright, but I like the sound of it. I am left just staring out the window, feeling the words scratched into the desk and wheeling the window to see if it can open just a little bit more. It doesn't work. The window is stuck at this strange angle, catching the bombay mango tree outside but purposefully missing the sky. The sky that is so close that it makes me wonder who designs these things. Isn't the point to let the light in, to make us on the inside not feel so boxed up? Maybe these were specially designed for my case and same way I can just hear the one Craig haunting me.

"Auntie you know you not supposed to leave the room."

“Auntie the food they give you is for you to eat and not to feed creatures.” “Auntie please don’t trouble the nurses. They just doing their jobs here.”

What him know? Everything is him. Him is the devil from hell that take outside from me. Outside that I would have my hands in every day. Boy, when I remember the gardens I used to keep, how the day was the sky and the sun and lemonade under the mango trees. Boy, how I used to love my lemonade out there half hidden, half exposed in the heat, the dirt coarse and crumbling from my hands as I rub them together. Sometimes I think, at least there is memory, that I not too far gone after all, that at least him can’t take that from me, no matter how hard or cold him make them wash me.

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As evening comes, same way some little black bugs come crawling over my pillow and at first, I want to brush them off, but then I stop.

“What is this lord, what is this you send?” I swear it is my lord and saviour reaching out to me.

“Birdie girl, follower of my word, worshipper and beholder of truth, you meeting it me child, but you hold firm, you stand up strong and you don’t let the devil hold you down.”

Then smaddy knock, and for a moment I think is God come to finish talk to me in person. No such luck misses, just a nurse with a nerve for imposing, one so wicked it stained on her face like anger and bitter misfortune.

“Miss Birdie, lights out in five minutes.”

You would never imagine say is pay people pay to keep them family in this place. But the lord is still with me all the time.

“Birdie just walk.”

And so him talk to me, so I strip down to me black slip. I take up my papaya seeds and I walk out behind the nurse as she move through the halls turning off the lights. I not doing any harm. I hide behind the curtains in the great hall one after the other. The nurse stops, looking around and I freeze, holding my breath and leaning on the wall. By the time I reach the bend for the kitchen, Beatrice is having one of her screaming attacks and I swear the nurse would catch me then. But no, she goes to attend to Beatrice and the lord see and know and carry me through. I decide to detour and go out to the veranda instead. When I reach the door and step down onto the steps, the light floods my eyes. All the place is dark otherwise. And I just hear voices coming from everywhere.

“Miss Birdie what you doing?”

“Matron, what is the meaning of this?”

“Miss Bird, get inside this instant!”

I see people sitting around tables like they are having a meeting. Maybe it is the people from the church that run this place?

“Miss, I just going for a walk. It is very hot in this place where you lock me up. Even some black bug in the bed and I very much can’t stand it anymore. Me want little breeze in me life.”

The Matron, her eyes now glaring, stands and starts moving towards me. Nurse Johnson appears with a towel and freezes beside me. I stand up there before them and I just start laugh. I laugh because the people sit down and looking like they see a ghost. They looking like they never see a person before. I tighten my fingers ‘round my papaya seeds and I laugh. I laugh because I never did see things coming to this and I just walk.

**Yashika Graham** is a Jamaican writer, visual artist and the 2019 recipient of the Mervyn Morris Prize for poetry from the University of the West Indies, Mona where she is a student of Literatures in English. The recipient of a 2018 Centrum Writers Residency and the 2019 Urban Wilderness Projects Research and Teaching Fellowship, Graham’s work is published in *The Caribbean Writer*, *POUI*, *Spillway* magazine, *Cordite Review*, *Moko* magazine and *Jamaica Journal*. She teaches creative writing and has taught cross-genre workshops for the Port Townsend Writers’ Conference in Washington, USA.

# CARING FOR THE DEEPLY FORGETFUL: COMMENTARY ON 'BIRDIE' SHORT STORY

SANDRA LATIBEAUDIERE

You would not expect Birdie, a woman with dementia, to cause such a stir using her pen and wit. And so, care workers who do not understand the disease and its stages will not know what to make of her and how to deal with her behaviour.

According to the National Institute of Aging (2021), Dementia is a collective a term used to describe any condition that causes a deterioration in a variety of different brain functions such as memory, thinking, recognition, language, planning and personality. The two main types are Alzheimer's disease and vascular dementia. There is also mixed dementia in which there is evidence of Alzheimer's and vascular disease. Other types include dementia with lewy body and fronto-temporal dementia. The prevalence of each type varies across region with Alzheimer's disease being the most common with 50–60% of cases, vascular dementia varies from 15% of the cases in Latin America and the Caribbean to 20% in Europe and 50% in Japan (Wolters & Ikram, 2019). But, a 2012 study of 2,943 elderly persons—conducted in Jamaica by Mona Ageing and Wellness Centre—found that vascular dementia is the most pervasive. Vascular pattern dementia accounted for 33% and 50% of those defined as Alzheimer's also had vascular disease (Eldemire-Shearer et al., 2018).

Alzheimer's disease has three stages: mild (early), moderate (middle), and severe (advance). I believe Birdie is at the early stage evidenced by symptoms such as short-term memory loss, misplacing things and forgetting names, and subtle personality changes. But it is at the moderate and advanced stages—when persons living with Alzheimer's are unable to perform activities of daily living inclusive of dressing, bathing, eating, toileting, and movement around the house and instrumental activities of daily living, such as driving, meal preparation, shopping, and taking medication (Plummer, 2016, pp.51–52)—that family members will, with great personal pain, put their relatives in a nursing home. This decision often leads to feelings of guilt, as the perceived sociocultural expectations are that relatives are obligated to care for their older family members and to do otherwise will earn you the mark of shame for being disloyal and abandoning your relative.

Unfortunately, many older adults at the early stages of the disease find the experience of living in a nursing home to be constraining and dehumanising. Due in part to the fact that nursing homes function mainly as institutions, in that residents have scheduled times to do particular activities (Birdie is awoken at 5 a.m. to bathe, a set time to pray, eat, go to bed), there is limited personal space (“even though you would swear say this is my room and everything in it belong to them door pushing nurse who love bright with me. If was really my room. I would have a key”), and individual choices are taken

away ("Miss Birdie, wake up, is time to bathe. What you mean bath time? You see how outside black; how not even fowl leave them roost yet?"). In fact, the nursing home model tends to warehouse older adults (Birdie is left to her own means and no social interactions except when the nurse comes to perform the routine ADL tasks, "I wanted some sensible conversation" ; "three weeks since that (incident) and now they keep me in this back room... I get lost dreaming... I am going pale from no sun"), especially those with dementia, and treat them using the medical model that focuses only on their physical needs. A person living with Alzheimer's is not a shell or child. It is not surprising that Birdie's behaviour would be deemed oppositional and defiant to the care workers, such as the practical nurses, occupational therapists, and social workers because they are the professional experts and she is just the passive recipient of care.

This notion of "the professional as expert" serves to centralize the unequal resident (passive recipient of care)-worker (expert) interactions. For social workers working in these kinds of institutions it can be ethically problematic for them as the dual character of the profession as "caring and oppressing" (Dominelli, 2002) is most prominent. In a Gleaner article titled *Nursing Home Anarchy - Government Loses Handle On Ballooning Rogue Facilities* it was reported that there were more unregulated nursing homes than registered ones and that older adult residents were at risk for poor outcomes, such as neglect and abuse, due to poor practices in relation to staff-patient ratio, untrained personnel, etc. (Davis, 2019).

For social workers, in particular, to optimize the experience of persons living with Alzheimer's in nursing homes will require an ideological shift and some practical steps. The social work profession is framed by two ideological influences that inform the profession's practice, namely casework (micro practice) and social justice (macro practice). For a long time, the profession has given the primacy of place to casework which invariably sees social workers acting as agents of control thereby maintaining the status quo to the neglect of human rights, social justice, and social change. Social workers working with persons with Alzheimer's in nursing homes will most likely do so in an administrative capacity. They will be required to adapt a critical social work theory that not only recognizes oppression (the erasure of the individuality of the person with Alzheimer's; "she rip me clothes off, strip me down to nothing then rub me close to raw in the cold water") and its causes (ageism, "Miss Bird's complaints are simply the words of an aging woman resisting change...challenge with adjusting") but will be expected to respond using appropriate micro-macro level interventions such as tailoring programmes to meet the needs of the person with Alzheimer's at the different stages of the disease; balancing social, leisure, productive, and spiritual activities; talking to the individual, not at them; and seeing the individual as a person ("when I just reach here, I remember feeling pleased that someone finally agreed with me that teatime could be any hour...but I was wrong...they wake me up with an ice bath to balance me out"). By taking this kind of approach the person living with Alzheimer's is at the centre, it is based on strengths and abilities; the focus is on building partnership, collaboration and inclusion; the language is humane and supportive, for example, person-first language; and most of all it is transformational. In this framework, caring for someone living with Alzheimer's disease he or she is seen as unique, more than the disease, and with each interaction the care worker enters the world of

the person with Alzheimer's. It is only in this way can social workers in nursing homes and similar institutions make a difference in the lives of the deeply forgetful.

Sandra Latibeaudiere, MSW

Coordinator of Programmes

Alzheimer's Jamaica

Lecturer

Department of Sociology, Psychology, and Social Work

The University of the West Indies, Mona

sandra.latibeaudiere@uwimona.edu.jm

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*SECTION B:*  
RESEARCH WITH MARGINALISED  
POPULATIONS

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# REFLECTIONS OF A DOCTORAL SOCIAL WORK STUDENT USING PARTICIPATORY ACTION RESEARCH WITH DEPORTED MEN IN TRINIDAD AND TOBAGO

CHERYL-ANN BOODRAM

## Abstract

Participatory action research (PAR) presents academics with a possibility, through research, to engage marginalized groups of people in uncovering authentic knowledge and action towards social change. This paper discusses my doctoral social work experiences conducting PAR with deported men in Trinidad and Tobago. The data is presented from an autoethnographic analysis of my own field notes during the PAR project. The paper provides insight into my motivations, the challenges encountered and the outcomes of using PAR for my doctoral research. I contend that, despite the challenges encountered, PAR is suited as a viable option for doctoral social work research students.

*Keywords:* participatory action research, doctoral student, PhD, social work.

## Introduction

Participatory Action Research (PAR) is gaining acceptability in many academic disciplines in universities throughout the world (Bryant-Lukosius & DiCenso, 2004; Kelly, 2005). There has been an increasing call to universities to both engage with communities in conducting research (Wakeford & Rodriguez, 2018) and to engage in alternative forms of research methodologies that encourage collaboration (Klocker, 2012).

PAR is an iterative research process which seeks to situate power within groups or with individuals most affected by the phenomenon under study. The aim of PAR is to collaborate with participants as equal partners in the research (Boyle, 2012). Wadsworth (2011) explains that PAR involves researchers and participants joining as co-researchers to explore a phenomenon and then work together to create actions which lead to social change. PAR claims an emancipatory or transformative approach to social work research as it focuses primarily upon power-building with persons who are disenfranchised (Kemmis & McTaggart, 2005; Kindon et al., 2007) in ways which lead to change.

Despite this growing acceptance, there have been many doubts and hesitations amongst doctoral students in selecting PAR. This is partly because of the limited literature describing the

experiences of students as they negotiate the process of PAR. Despite the apparent “good fit” of PAR as a viable research methodology in the academy, much of the literature on doctoral students’ experiences with PAR highlight the unique challenges with gaining academic acceptability (Klocker, 2011). In some cases, doctoral students are warned that doing PAR will cause challenges that other students may not encounter (Klocker, 2011). This paper attempts to add to the body of literature on doctoral students’ experiences in conducting PAR and highlights some of the challenges encountered in the process as well as some of the positive outcomes of the process.

### **Understanding Participatory Action Research**

Moore (2004) describes PAR as academic research which involve the participants as co-researchers (the participatory component) working towards social change to improve their living conditions (action) in ways that promote social learning and critical examination of the phenomenon under study (research). PAR is viewed as an epistemology focused on uncovering knowledge. In traditional research paradigms, research expertise is held by the university researcher who collects and analyses data on the experiences of vulnerable groups. However, the PAR paradigm includes members of the community under study, in designing the research processes at each step in the project (Fine et al., 2007). The PAR process involves an iterative process that promotes critical inquiry through reflection, planning and action. The process includes co-researchers identifying the issue(s) affecting them, collecting and analyzing data and then implementing collective action (McTaggart, 1997) to address the issue(s) in a reflective, iterative process.

### **Motivations for Conducting PAR Research with Deported Men**

As a doctoral student, it is important to understand the main motivations for conducting participatory research. In my case, I served as a youth development worker in Trinidad and Tobago for 17 years. In May of 2009, I noticed that I had an increasing clientele of young, deported men who would come into my office seeking social support. The phenomenon referred to as *deportation* is the “act of banishing a foreigner from a country, usually to their country of origin” (Ong Hing, 2006, p. 54). My social work colleagues also talked about the growing number of deported persons who sought assistance from governmental and non-governmental agencies. Alongside the increasing number of deportations were current affairs programmes in the local media which attributed the rising crime trends to the return of deported nationals. Highly publicized research sought to measure the correlation between deportation and crime, concluding that deportation threatened the social fabric of the Caribbean. From a practitioner’s position, I reflected that I did not hear responses from the voices of people who were deported.

As my own awareness of dominant discourses and the works of Gramsci and Freire developed, I learnt about hegemony and how state apparatuses worked towards creating a “culture of silence” of oppressed people. I wondered whether this was in fact the case with the deportation issue. I became interested in works which showed the possibilities of how the “repressed” voices of people could be foregrounded via research. My own research during my Masters of Science in Social Work studies focused on the reintegration of *deportees*, a name used commonly in national discourses to describe people who were deported. I blindly adopted the use of this term, not understanding that this was a

label, my own “captive mind” not thinking critically on what doing this meant to those having to live with the label.

In 2010, I built my masters’ research on deported nationals. The epistemology and methodology guiding my research were steeped in traditional dominant Euro-Western ideologies. As my reading of conflict theories increased, I realized that my previous work did little to make a difference in the lives of those who experienced deportation. It also became apparent that the position of deported nationals did not improve because of my research.

When I started my doctoral studies, I started to ask questions about social work’s responsibility towards people affected by immigration and return migration issues. My academic autobiography began to be churned by the writings of Michel Foucault and Paulo Freire. I understood how discipline and punishment were sometimes connected to unfair discourses. Paulo Freire’s writings in *The Pedagogy of the Oppressed* sought to excite possibilities for marginalized groups to pursue action which solves challenges facing them through a process of “conscientization.” These readings, and indeed, movements of thought were previously alien in my social work discourses.

There were growing international discussions on the responsibility that social work professionals held towards working with marginalized groups. The debates sought to put emphasis on the need for the discipline of social work to take a more critical stance on social issues and lean towards social justice and transformation agendas as opposed to focusing on individual rehabilitation and restoration. I found other voices proclaiming the sentiments that social work accepted a conservative stance on policy and in some cases social work became an agent in propagating unfair and unjust state policies (Dominelli, 2002; Fook, 2012; Humphries, 2004; Mullaly 2010). This opened possibilities in my own mind about the direction social work research in Trinidad and Tobago and the Caribbean could be taking. I recognized that there was a need for a more collaborative approach to research with this population of men and my journey into finding that approach led me to conducting a participatory action research project.

### **Background to the Project**

The research project involved participatory action research with 18 deported men in Trinidad and Tobago. Data was collected from learning circles which allowed the co-researchers to critically discuss and analyse their experiences of deportation and re-integration. Participants were men 18 years and older, who had been deported based on conviction for a criminal activity in the deporting country. Co-researchers previously held immigration statuses ranging from being undocumented to having permanent resident status.

The men were recruited via posters which invited their participation in the research project. In keeping with the design of PAR, the deported migrants were invited to “inform” how the study was to be designed and conducted. Three deported men who were participants in my Masters of Science research project were contacted via telephone. These persons were briefed on the project and accepted the invitation to join in the project. In keeping with PAR protocols, from the beginning, the participants were referred to as “co-researchers”, transforming them from merely “informants” or “participants” in research (Herr & Anderson, 2015; Moore, 2004). They suggested that other participants could be recruited by doing a walkthrough of the areas they know were frequented by

other male deportees. Two weeks later we did a walkthrough handing out flyers and putting posters in the central areas that were frequented by deported men. After another week, the project assembled a team of 18 men who volunteered and became co-researchers in the inquiry. The recruitment took place in January 2015 and the co-researchers would hold learning circle meetings on Saturday mornings to plan, map and take action in the project.

Learning circles were first proposed by Paulo Freire who described them as dynamic spaces of knowledge exchange (Souto-Manning, 2010). The learning circles in this study promoted the co-researchers' participation towards developing or constructing collective experiences which are committed to transform knowledge. Learning circles offered members a chance for healing and learning. Freire grounded the formation of learning circles as a site for education through social thinking (Wiggins, 2011), acknowledging that behaviour and experiences were inherent to meeting people's emotional needs.

Thus, the four values of using learning circles in this research can be summed up as:

1. Learning circles offers an opportunity for politicization and social action
2. The potential for emotional healing
3. Provide space for collective knowledge construction
4. Promote actor-oriented change

### **Potential of Participatory Action Research**

As a doctoral student, I recognise the potential of PAR for transformation. The possibilities included the following:

#### ***1. Promoting an Opportunity for Shared Ownership of Research***

The fundamental attribute of PAR is its commitment to full participation by members of the community. By engaging local people who experience a phenomenon in research, there is a possibility of constructing new or amplifying previously silent information (Kemmis & McTaggart, 1997). PAR is also participatory because it recognises that people can conduct action research on issues which affect them, whether the issue is experienced individually or collectively.

#### ***2. Promoting Community-based Analysis of Social Problems***

PAR is also committed to engaging people in examining their own social issues. It involves a cyclical process in which people engage in critical analysis of their experiences to reveal the disempowerment and injustice created from dominant structures in society and to take account the intersections of gender, class and ethnicity. A great part of the analysis of social problems in PAR involves the critical examination of how constraints and barriers to certain groups of people are presented in the social media through which they interact.

#### ***3. Involving Community Members towards Community Action towards Transformation***

PAR is emancipatory in that it is focused on helping people to overcome their negative situation(s) and exploring ways in which they can themselves plan and take part in action that transform

unjust and unsatisfying social structures. According to Moore (2004), the use of participatory methods is a way of countering the power dynamics between the researcher and the research.

There are several values and assumptions of action research including ethical fairness; democratization of knowledge; appreciation for humans to reflect, learn and change; and a commitment to social change. As such, the PAR approach endorses strategies that are consensual, democratic and participatory which encourage people to examine reflectively on particular issues and formulate plans and actions that may assist in resolving these issues.

PAR also uses many different data gathering strategies. There is not one definition of Participatory Research/PAR nor one generalizable methodological model. Primarily, the aim of PAR is to support people's freedom from oppression, and to recognise that people hold legitimate knowledge that can be used to lead to changes in their situation (Wallerstein & Duran, 2010). The language and dissemination of PAR research is also different as it uses simple and non-complex ways of describing the content, making the project comprehensible by both technical researchers and lay people alike.

### **Challenges in Using Participatory Action Research in Doctoral Work**

I entered this research project with naivety and enthusiasm. The ideals articulated in PAR research excited me as I saw the potential for PAR to uncover newness in understanding the issues confronting deported men. I was also excited by the potential for PAR to address issues of social injustice. Although I lacked experience in conducting PAR projects, I held on to the commitment that PAR promotes transformational opportunities and counters power imbalances. Since there were numerous guides towards helping doctoral students navigate quantitative and qualitative research methodologies, I was a bit off-put when my quest for reading material to help navigate PAR uncovered limited material. Many of the reading material focused on the history, values and ideals of PAR. Very few offered students insight into "how to" navigate a PAR project (Moore, 2004).

Another challenge surrounded the time commitment that researchers are required to invest in conducting PAR projects. Literature warned doctoral students that PAR contained time-intensive activities that act as blocks to the research process and timely completion of doctoral studies (McCormack, 2004). In my journals throughout the PAR project, a few key tensions surfaced, including questioning the timelines involved. The PAR process began with my desire to position the participants/co-researchers as experts (Koirala-Azad & Fuentes, 2009). However, most of the PAR readings I undertook emphasized that PAR projects required more time in the field and more time to complete, as opposed to other types of research. I noted my own anxieties about this process:

As I begin this journey, I am wondering whether this is taking on too much? I know this journey can be long, but I do not exactly know the duration of this process in terms of days and months. Will the academy be willing to wait on my research outcomes, or will I be made to stick strictly to the traditional timelines? I am embarking on a journey that I have very little control over, and while I am anxious, I am hopeful that this journey will bear the fruits I envisage. I hope that I can listen and not lead in a way that I control the process (field notes, 1/1/2015)

My own anxieties, rather than become barriers to the process, became a way of using reflection to ensure that the process was moving along the guidelines of PAR. I questioned what I was doing at

every step of the way, answering the sometimes-difficult question as to “why I was doing what I did” (field notes, 3/7/2015). I recognized that the extended time investments facilitated in allowing the co-researchers to insightfully analyze and form a critical perspective on their experiences of deportation. At the end, I submitted my dissertation in four years, without asking for extensions or having any delays.

### ***Building Trust and Entering into the Field***

Building an atmosphere of trust became a central challenge for me. As noted by Greene-Moton et al. (2006), it is essential to build an environment of trust in PAR. Although engagement is a critical step of the social work process, my assumption that building trust with the co-researchers would be straightforward was totally shattered very soon in the process. I became acutely aware that the co-researchers perceived me as a university academic researcher within the walls of the “ivory tower.”

As an academic, I represented the many academics who “researched them”, “taking their stories” and “gaining in their own way” (field notes, 12/02/2015). As a university-based researcher, I recognized the importance of understanding the micropolitics of their settings, which is the context in which they operated, such as their dilemmas, social construction in society and resources.

During the initial engagement sessions, it became difficult for me to introduce myself and my work. The usually rehearsed introductions I would do in academia, about qualifications and pursuits seemed worthless to a group of people whose micropolitics focused on survival and whose mistrust of institutions framed the way they saw “people like me” (field notes, 13/02/2015). Oftentimes when introducing myself to academics and justifying the work, I would claim my aim of “helping” the community I researched. When standing in front of the co-researchers, using that phrase of helping seemed condescending and against the PAR traditions of power-building.

Even though I was able to build a team of co-researchers, a major struggle came because of trying to motivate co-researchers to attend the sessions. A small number of co-researchers were struggling to attend sessions.

The tenuous nature of people who are deported, and their need to “hustle” for menial jobs, require them to take jobs sometimes when we have meetings, and have challenges in attending sessions continuously (field notes, 22/09/2015).

I became reminded that PAR demands time, insights into the community, and understanding of the participants’ agendas (MacDonald, 2012).

### ***Managing Conflict and the Micropolitics of Access***

Gaining access to the community of deported men meant meeting them where they were at. I believed I gained access to them as a singular entity. While I had conceived PAR in an “egalitarian manner” (field notes, 14/02/2015) I failed to remember that the research was taking place within a context of other bodies and institutions. My lack of insight into the micropolitics of their lives posed serious threats to their participation. As a result of the deportation experiences in Trinidad and Tobago, many of the men were homeless and living at a shelter. Thus, our initial meeting point became the public carpark space next to the shelter, a place where residents of the shelter engaged with one another and a place where the co-researchers felt comfortable. Three conflicts emerged as a result.

The first conflict arose from a perception by the other residents that those engaging in the project as co-researchers were privileged. The co-researchers in the project came to be perceived as receiving special treatment, engaging with a university academic and discussing serious issues. This conflict came to an apex one day when verbal condemnations were shared by two factions- the co-researchers and the other residents. The resolution came from mediation initiatives undertaken in the carpark.

The second conflict, though less confrontational, came from not engaging with the managers and other staff members of the shelter. This failure to engage on my part, led to conflict which resulted in us temporarily losing our meeting place. The solution to this challenge rested on me engaging with the agency, recognizing their positions as gatekeepers, and resolving the issue. Resolution centered on discussions showing the nature and aims of the project, without breaking confidentiality protocols. This process reminded me of the PAR founding principles of participation and power sharing. Eventually, gaining the support of the agency staff became an important task in the research process.

Conflict also emerged within the research group itself. Conflict is a natural component of interpersonal relationships. At the start of the project, conflict became one of the central issues I had to navigate. There were three verbal conflicts during the first three months of the research group meetings. Disagreements about the ways persons perceived their situations, their views of the deporting countries and of each other sometimes brought the research proceedings to a halt. As a “newbie” PAR researcher, I became culpable, as my naiveté made opaque the human condition of differences. I had entered the world of PAR, with rose-coloured glasses, only to realize that my naivete created a number of distressing situations for which I was inadequately prepared (field notes, 2/07/2015). I learnt through this process, that “issues of power imbalances and the establishment of egalitarian relationships must be celebrated addressed prior to initiating PAR research and continued throughout the process” (MacDonald, 2012, p.40).

### ***Negotiating Institutional Expectations***

A major challenge arose in convincing my doctoral committee to pass my proposal. Since there are few PAR practitioners within academia, I needed to convince my supervisors (traditional research-based) that my research was valid. Since I could not have anticipated all the rudiments of the methodological approaches to be used, it may have appeared to committee members that there were gaps in the research proposal. There were also few academics in the Caribbean who were PAR researchers. This resulted in less guidance, training and support readily available to me. As Herr and Anderson (2005) noted, there are few capable academics who provide supervision of a PAR dissertation and in some cases those academics are not present in specific universities. My solution to the challenge emerged from a student grant which allowed me to access training abroad, from seasoned PAR academic researchers and subsequent networking with PAR academics online.

The specifics of PAR projects are often conceptualized and shaped as co-researchers engage in the iterative process. O'Brien (2001) stated that decisions on the direction of PAR and potential actions are collective. This means, that as a doctoral candidate, I had limited insight into the actual methods and actions to be taken from the start of the project (field notes, 17/ 01/2015). Not knowing how the project may unfold is a major challenge to doctoral students who engage in PAR as this affects

several of the steps in the academic processes of conducting doctoral research (Herr & Anderson, 2005). At this stage, having knowledge myself of similar PAR projects helped me to justify those gaps and the need for the co-researchers' power and voices to help to make those determinations.

Another major tension I encountered occurred during my seminar presentations to my academic supervisors. I felt that my examiners and supervisors assessed my research according to the standards and rigor of traditional research. The positivist orientations of my supervisors were not as facilitative of action research which focuses on social action and subjectivity. This experience is shared by Moore (2004) who recognized this as a major challenge to graduate students who engage in PAR for their doctoral research.

The need to get Campus Ethics Committee or Institutional Review Board (IRB) approval is also often a challenge to doctoral students involved in PAR research. The main purpose of IRB scrutiny is to ensure that research does not expose participants to unfair harm or risks. Cahill (2007) argues that the IRB's top-down approach which requires application, peer review and informed consent is sometimes not "appropriate for the social sciences and behavioural sciences paradigm" (p. 261). In some cases, even completing the application presented problems to me, as PAR research proposals allowed for areas of uncertainty that are frowned upon by traditional researchers. In order to overcome this obstacle during the research and action project involving the deported men, I sought informed consent from co-researchers at every step of the process, including the training sessions, data collection, data analysis, reflection and action.

## **Outcomes**

This article has thus far defined and contextualised the background and benefits of conducting PAR research, presented the motivations I held for working with deported men using PAR, and the main challenges I encountered and how I overcame them during the process. If the article is to end here, then doctoral students may be tempted to pursue more traditional forms of research. However, the outcomes of the project did, in fact, meet significant aspects of my motivations for doing this type of research. At the end of the project, the men critically discussed their experiences of deportation. Additionally, they organised themselves into a support group called "A Heart for the People" to assist other deported men.

They also engaged in political action to "speak back" to the negative ways they were socially constructed in the media. They did this by highlighting their experiences in a newspaper article and completing a public service video which they circulated on social media. The material highlighted in the newspaper article and the public service advertisement came from different findings from the research process itself and were promoted by the participants. The ways the co-researchers problematized their experiences influenced further action. While early in the research the narratives centred on uncovering the authentic experiences of men who were deported to Trinidad and Tobago, as the men problematized their experiences, they moved to identify one particular structure to which their action would be directed. The decision made was to target the media who they viewed as the system which influenced the public's perceptions of deported migrants and the stereotyping and discrimination which resulted.



The meaning of the phrase the “personal is political” in feminist literature has often eluded me for years. However, this work with the men has helped me to gain a greater understanding of this term. This is because I have seen through the PAR, how people’s concerns have become a basis of social action towards change.

By naming their experiences of deportation as a social justice issue, the men in this study collectively focused their change effort towards speaking back to the systems they identified as unjust. This represented a movement away from theorising about social injustice and towards action to improve and change their lives.

Political action also took the form of “speaking back” to the dominant structures the men had identified as influencing their status and images in society. The speaking back offered an opportunity for the men to disrupt the stereotyped profiles which placed them at the margins in society. As a practitioner, I started to see the way the learning circle became a site for knowledge production, affective regulation and movement towards action (field notes, 10/10/14).

The more we held learning circle meetings, the more it became clear to me that the PAR approach meshes critical inquiry and action in a way that was unpredictable (Herr & Anderson, 2005).

I can see the power of PAR as we go along our process. The men’s critical insight into structures which are barriers to them is amazing. Once again, as social workers we sometimes assume that the men are unaware of how their lives are ‘controlled’ by outside forces. Not these men, they are aware. More amazing that that is the way they have clung to their hopes of doing something about it. They are propelled to action- happy that they feel they can act to change their situation. Things are happening all at once. On one trajectory, the men are uncovering new ways of understanding their deportation which is connected to the larger structural causes and influences that shaped their deportation. On another trajectory, the men are planning action, talking about the proposed support group and about doing the docu-video project. They are affecting each other’s’ lives (field notes, 02/10/2015).

## **Recommendations and Conclusion**

This article has attempted to reduce the anxieties of doctoral students who may have uncertainties about engaging in PAR projects. I have successfully completed my PhD using a PAR approach in my research and entered the professional life of an academic. As a social work educator and academic, I now hold the commitment towards supporting other students who wish to engage in PAR. Supporting students in a PAR journey requires raising awareness of the legitimacy of PAR and engaging with institutional bodies such as the IRB to increase their perception of the legitimacy of PAR (Klocker, 2012). I also believe it is necessary to integrate PAR into the research curriculum of Caribbean universities and provide opportunities for students to work in other PAR projects so that they can get hands on experience and learn the process. The narrative surrounding the “challenges” of doing PAR at the doctoral level needs to also be toned down and seem less combative, as this may deter students from conducting PAR research. As in all PhD research, there are complications, tensions and hurdles to overcome, those associated with PAR are just different.

This article demonstrates that doctoral students can successfully use a PAR approach in their doctoral research. The outcomes of the PAR project with the deported men highlighted the potential

of research to amplify the voices of the excluded in naming their issues and in taking action to shape their positions. This paper provides other students who are interested in PAR, with insights into the motivations, opportunities, challenges, and outcomes of using PAR in a doctoral research project. Although a doctoral social work student may encounter some challenges in conducting PAR, it is a worthwhile approach for any student who wants to promote social change and action. However, the success of the PAR approach lies in understanding the principles and limitations of PAR and ensuring that these are used to facilitate the research process.

Cheryl-Ann Boodram, PhD

Lecturer/Practicum Coordinator

The University of the West Indies, St Augustine

CherylAnn.Boodram@sta.uwi.edu

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# **SOCIAL WORK'S COMMITMENT TO CHANGE: PARTICIPATORY ACTION RESEARCH AS PRACTICE WITH MARGINALISED GROUPS IN THE CARIBBEAN**

TRACIE ROGERS

## **Abstract**

This article presents an argument for participatory action research (PAR) as a pertinent methodology for Caribbean social work researchers. The synergies and capacities of both PAR and social work practice for engaging marginalised populations are discussed, with specific reference to their histories of working with disenfranchised groups. Reflecting on collaborative engagement across two PAR studies, the ways in which PAR functioned as social work practice are discussed. Four mechanisms used in the PAR studies to foster engagement, namely reflective practice, creating dialogical spaces, critical reflection, and research dissemination, are examined by considering how they support crucial processes for both research participants and research audiences. A discussion on epistemology and ethics as it relates to engagement in PAR is also included. The social work researcher engaged in PAR is discussed as a practitioner engaged in a change process intervening across the micro / macro divide to gather data and translate knowledge into action.

*Keywords:* social work research, participatory action research, social work practice, marginalized groups.

## **Introduction**

Reflecting on social work knowledge, values and skills, Shaw and Holland (2015) asserts that “‘knowing’ and ‘doing’, ‘research and practice’ are not two wholly distinct areas that need mechanisms to connect them, but are to a significant degree part and parcel of one another” (p. 16). There are tensions around how to distinguish social work as a science in the research literature, however, there is a measure of agreement on the characteristics of what makes social work research a distinctive form of investigation. Brekke (2014), underlining the urgency to establish a definition of social work science, suggests that research must mirror social work practice as an applied discipline that is foremost, attentive to improving lives. The notion that as an applied discipline, whether using qualitative or quantitative methods, social work research should be above all pragmatic, is echoed throughout the literature (Anastas, 2014; Thyer, 2010). It has been argued that social work research should reflect “debates about the nature and purposes of social work itself” (Parton & Kirk, 2010, p.

35) and that researchers “should focus our science mostly on the poor, marginalized, disenfranchised, and vulnerable” (Howard & Garland, 2015, p. 194).

Drawing from social constructionism and critical paradigms, participatory action research (PAR) has an evident alignment with social work practice. PAR is a particularly pertinent methodology for social work researchers because of its unique “political and methodological intentions” (Kemmis & McTaggart, 2007, p. 559) It aligns with social work’s core commitments to fostering collaborative relationships, anti-oppressive practices, and social change. Blum et al. (2010) contend that “the values and ethics of social work fit well with the principles of PAR in the pursuit of justice and social change [because it aims] at improving conditions for those who were seen as disempowered or excluded from the mainstream in some way” (p. 451)

In this article, I present an argument for PAR as a pertinent methodology for Caribbean social work research with marginalized populations. I reflect on how collaborative engagement with participants across two PAR studies functioned to translate research practice into social work practice. I do not endeavour to report study findings, but rather to discuss core mechanisms used in PAR to foster research engagement. In so doing, I make a case for how reflective practice, creating dialogic spaces, critical reflection, and research dissemination in PAR as social work practice are crucial processes for both research participants and research audiences.

### **Distinguishing features of PAR**

In *Participatory Action Research: Theory and Methods for Engaged Inquiry*, Chevalier and Buckles (2019), using the analogy of mythic characters known as tricksters who flout conventional behaviour, describes PAR as follows: “Many have heard about the creature, they know it exists, but no one is entirely sure what it looks like or how much trickery is needed to create and sustain it as a single entity” (p.11). PAR is an umbrella term, which covers a variety of participatory approaches to action-oriented research. It can be defined simply as a process in which researchers and participants collaborate to investigate a challenging situation, and then implement change toward improving conditions. With that said, there is nothing simple about PAR in its conceptualization or implementation. It is marked by a blurring of the line between the researcher and the researched, as well as blatant challenges to notions of hierarchy in the pursuit of producing knowledge.

PAR presents a significant epistemological challenge to the established conventions of research. The research literature can be confusing and onerous to work through for new scholars, as leading proponents refer to PAR alternatively as a paradigm, a methodology and a method, which can be used in both qualitative and quantitative research. PAR aims to replace a detached and often imperial model of social research with a process that seeks to empower people who are typically seen as research subjects. The intention of PAR researchers is “to transform an alienating ‘Fordist’ mode of academic production into a more flexible and socially owned process” Kindon et al. (2007, p. 1). There is no rule book for PAR, and there is a resistance by many scholars to label it a methodology. Fine (2017) indicates a preference for the label epistemology, while seminal PAR scholar McTaggart (1994) describes PAR as “a series of commitments to observe and problematise through practice the principles for conducting social enquiry” (p. 315). As Chevalier and Buckles surmises, PAR is engaged

inquiry, “that promotes pluralism and creativity in the art of discovering the world and making it better at the same time” (p. 3).

PAR’s approach accommodates a wide range of theoretical orientations and methods. Like social work, the theoretical roots of PAR come from a range of disciplines, and it has also created theories and approaches which are uniquely its own. Participatory action emerged from the work of Kurt Lewin in social psychology, John Dewey in education, and Paulo Freire’s *Pedagogy of the Oppressed*. Connected to grassroots organizing and liberatory movements, PAR’s is rooted in work with the marginalised and disenfranchised. This form of research engages “a range of theoretical sources including feminism, poststructuralism, marxism and critical theory as they take shape through pragmatic psychology, critical thinking, practices of democracy, liberationist thought, humanist and transpersonal psychology, constructionist theory, systems thinking, critical race theory and complexity theory” (Kindon et al., 2007, p. 13). As the use of PAR has stretched across many disciplines, like Anansi the Spider, a trickster very familiar to Caribbean people, it has shown a propensity to morph into many forms, but always with a commitment to underscoring the importance of fairness, reciprocity, and seeking to hold those in positions of power accountable.

Blum et al. (2010) succinctly frames PAR as having three distinctive components: (a) it involves research – i.e., the systematic organized study of a subject; (b) it is participatory and collaborative in its method; and (c) it features action or some change by its process or outcome. Without all of these elements, a researcher attempting to complete PAR can easily find themselves instead pursuing action research or participatory/community-based research. Action research involves action but is not participatory in terms of involving all of a project’s stakeholders. Community-based research or participatory research on the other hand, is collaborative in nature, there is a focus on an action outcome, but the community development and investigative processes are emphasised. While action research, participatory and community-based research and PAR are all post-positivist approaches, each has a distinct goal.

What makes PAR distinctive is the iterative process denoted by *reflect, plan, act* (O’Leary, 2017) established by action research theory and practice, but *with* the engagement of research participants in these cycles. As such, PAR studies are cyclical endeavours which requires reflexive practice and constant re-engagement with emerging data. In PAR, a plan is made to investigate an identified issue, an action is then carried out, followed by reflection on that action. A successive cycle of research is then initiated based on the reflection previously carried out. The cyclical process of reflect, plan, act is repeated until research participants feel satisfied that a meaningful change has been achieved.

### **Social Work Research as Practice: A Case for PAR**

PAR’s heritage is tied up with reclamation, resistance and liberation, specifically from oppressive forces and the residue it left on colonized systems and colonized minds. PAR’s roots can be traced to the 1960’s and 1970’s, when politically progressive intellectuals, like Brazilian educator Paulo Freire and Colombian sociologist Orlando Fals Borda, were utilizing research as a tool for consciousness-raising and political organizing. In this period, there were many scholars engaging in research as a subversive practice, intentionally troubling colonial notions about which members of

society were qualified and entitled to be knowledge producers, lead communities, and dictate social and economic policies.

In Caribbean scholarship, Walter Rodney's participatory approach to qualitative inquiry, *Groundings* (Rodney et al., 2019), was a quest to co-create knowledge with grassroots community members. Rodney was one of many Caribbean scholars who have worked towards "disrupting and transforming the institution of research...they are mindful of the communities they serve and respect participant researchers ... they centre from the margins and legitimize forms of [indigenous] knowledge" (Stewart, 2019, p. 5). Stewart's (2019) *Decolonizing Qualitative Approaches: For and by the Caribbean*, focuses on ways in which researchers are decolonising frames and methodologies to produce knowledge about Caribbean people. Featuring work across academic disciplines, this text highlights the ways in which researchers have been using collaborative, empowerment focussed innovative work to privilege ways of knowing rooted in Caribbean sociocultural realities. Moreover, there is a call made for researchers to disrupt the colonial gaze within us, and unlearn our hegemonic education and training, by "truly getting to know their authentic self from an intersectional perspective" (Tuitt, 2019, p. 210). Tuitt (2019) contends that it is only through this path that researchers can "increase the likelihood of unleashing their emancipatory imagination to actualize Caribbean centered research and praxis" (p. 210). With reflexivity as a cornerstone of our discipline, this call should resonate strongly with social work researchers.

Contextual research that straddles social action, advocacy, and direct practice is essential to Caribbean social work. Thyer (2010) points out that as "a practice profession, not an academic discipline studying things for their own sake... [social workers] are expected ... to develop effective solutions to problems" (p. 820). While both empirical research and applied research are integral to the development of social work, the discipline's need to focus on the latter is even more pronounced in the Caribbean context. For our researchers and practitioners, understanding psychosocial phenomena is bounded up with unravelling a tangled history of colonization, forced and voluntary migration and the full gamut of its' social problems. PAR offers a unique opportunity for Caribbean social work researchers to engage in knowledge generation steeped in the discipline's core values, yet informed by culturally situated approaches.

The social work researcher is essentially a practitioner engrossed in a "planned change process," intervening at micro and macro levels of social systems, to gather data and, in some instances, translate knowledge into action (Morris, 2006). Resonating with these pragmatic obligations, Hardwick et al. (2015), note that social work research should include,

a primary focus on 'problematic/ problematised' areas of human activity; the expectation of being closely engaged with practice; a value-based concern to foreground the perspective and interests of service users; and arising from these, a consequent need to develop original and creative investigative strategies (p. 12)

In the two research projects, which I will address subsequently, PAR was able to meet all of the above-mentioned criteria in impactful ways. These PAR studies demonstrate a responsiveness to Barrow's (2009) call for social science research that uses in-depth, qualitative understandings of the cognitive, emotional, and behavioural world of Caribbean people. Focusing on two marginalised groups, young people living with HIV (YPLWH) and people living with mental illness, these PAR studies



focus on problematised areas of human realities. In each group, the vulnerability faced are both intrinsic and extrinsic to the individual. While YPLWH are susceptible to risk because of a medical condition, they are also made vulnerable by social conditions and systems that assign blame, shame, and stigma to their lived experience. Similarly, while people living with mental illnesses are managing health conditions that disrupt cognitions, emotions, and behaviours, they are also managing relational meaning-making and social structures that devalue their identity and create barriers to accessing a range of social commodities.

As a researcher oriented in an academic discipline which is also a value-based profession, I enter investigations with a commitment to anti-oppressive practice. In essence I am pre-wired for advocacy and committed to participating in some level of change to improve conditions and to work across the micro-macro divide. With social action as an ultimate goal, PAR is primed to function as social work practice.

### **Two PAR Studies conducted in Trinidad and Tobago**

In this section I will briefly describe two PAR studies, one in which I was the sole researcher and another in which I was the principal investigator with two co-investigators, a photographer and a creative arts therapist/mental health professional. Each of these studies employed multiple cycles of *reflect, plan, act* and produced research outputs in the forms of exhibitions, documentaries, and performance/art installations which engaged public audiences. Before describing these studies, it is important to note that PAR often uses a range of methods. Kindon et al. (2007) note that PAR practitioners are often interdisciplinary scholars or work in interdisciplinary teams. Discussing the use of urban photography for social work research, Robinson (2007) notes that “incorporating multiple viewpoints and retaining a transferability to various intellectual projects” (p. 307) strengthens participatory research. Robinson continues by adding that “working across disciplines for a common aim must be approached as a continuous challenge, to ensure clarity of insight from multiple perspectives” (p. 307).

There is a lack of consensus around the meaning of “transdisciplinary” and “interdisciplinary” in the research literature and the terms are often used interchangeably (Nicolescu, 2014; Schmalz et al., 2019). With that said, definitions of interdisciplinary commonly describe the use of ideas, methods, or concepts from more than one discipline towards answering a single research question or exploring a research topic. While transdisciplinary research can also be interdisciplinary, it goes a step further and transcends the limits of disciplines by being action-oriented and seeks to understand “the present world, of which one of the imperatives is the unity of knowledge” (Nicolescu, 2014). Gehlert (2015) identifies three attributes of social work which uniquely positions practitioners to contribute to transdisciplinary research, namely a “deep understanding of social determinants of human problems,” “the discipline’s natural ability to draw together and integrate knowledge from a variety of other disciplines” and “its long-standing engagement with communities” (pp. 3–4).

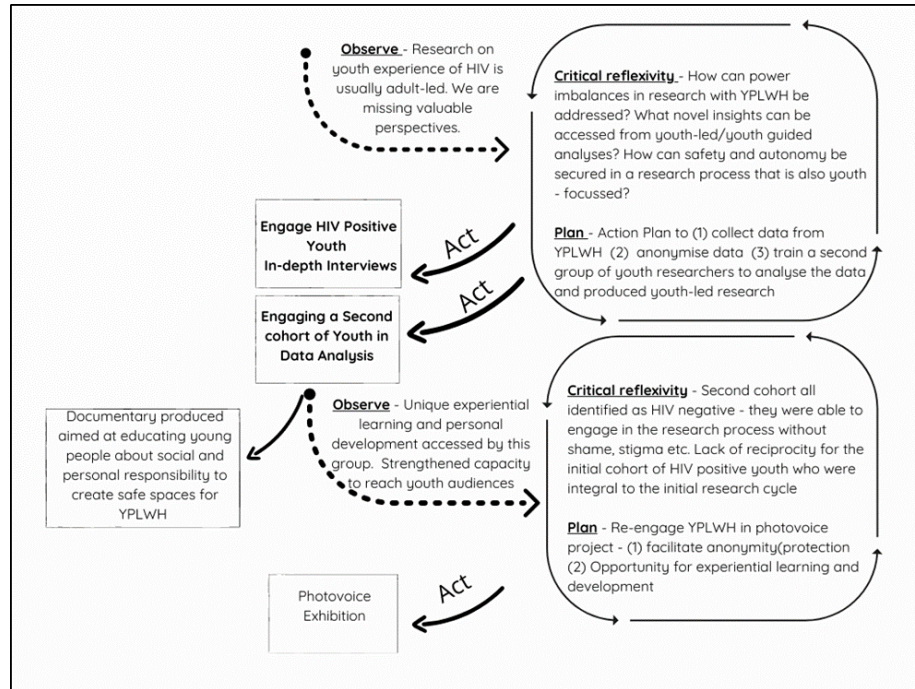
The two PAR studies herein discussed were transdisciplinary research projects which included arts based methods, namely photovoice, portraiture, mixed media art, dance choreography, and found poetry. Photovoice is classified as a PAR method that firstly draws tacit, subjective insider-oriented data and secondly stimulates action and change among individuals and groups which are marginalised

or characteristically voiceless in public spheres. Explicitly addressing dynamics of power in knowledge production, photovoice emerged during the 1990's (Wang, 1999; Wang et al., 1998) as a creative approach that engaged participants in critical reflection as well as catalysts for personal and community change. A public exhibition/ dissemination of findings takes the form of a public exhibition of photographs taken by participants (Photo) with short descriptive vignettes written by the photographers (Voice). Jarldorn (2019) notes that "images can help us express emotions, providing different ways of seeing...as a visual language, photographs that have been purposefully created can generate a connection with the viewer—a visual conversation with the potential to convey complex concepts and ideas" (p. 15).

Arts Based Research (ABR) is a research methodology in its own right and is differentiated from qualitative research in the literature (Leavy, 2020). While qualitative research approaches may use art to present data, ABR uses art to generate data, analyze data, and or disseminate evidence. In one of the PAR studies described below, the participants and research team used portraiture, movement, and art making for data generation, analysis and dissemination.

### ***In the Silence of my Skin: Negotiating HIV Disclosure***

This study utilised youth PAR (YPAR) which is a specialised form of PAR, to investigate how young people perceived and managed disclosure of their HIV status. Addressing the distinguishing qualities of YPAR, Cammarota and Fine (2008) forward that this type of research with youth is "designed to contest and transform systems and institutions to produce greater justice" (p. 3). These researchers detail three types of justice; distributive justice, procedural justice, and a justice of recognition, or respect. YPAR hones in on the ways in which social structures disempower young people and relate to them in deficit oriented instead of asset oriented ways. "Righting" (Cammarota & Fine, 2008, p. 5) this injustice is an overt motive in the ways in which this type of youth-led research is conceptualised and implemented. Figure 1 illustrates the reflect, plan, act cycles of the *In the Silence of our Skin* study which is initiated by observations around the dominance of adult perspectives about youth experiences of living with HIV.

**Figure 1***PAR Cycles- In the Silence of our Skin*

The first cycle of engagement in this study involved in-depth interviews with six YPLWH. These in-depth interviews explored their meaning-making processes, cognitions, emotions, and specifically their psychosocial support needs around HIV disclosure. The second cycle of research involved training a second group of 10 young people between the ages of 18 and 25 to conduct constructivist grounded theory data analysis – this second group of young people are hereafter referred to as youth collaborators. The youth collaborators analysed anonymised transcript data of the in-depth interviews I conducted prior with the YPLWH. HIV status was not used as an inclusion criterion for the participation of the second cohort. Although this group of participants was not asked to disclose their HIV status, they all identified as HIV negative and their positionality was central to their data analysis. The youth collaborators created a documentary, to not only disseminate their findings, but focus on sharing their experience of learning with other young people. They used the opportunity to analyse and discuss how their perspectives around human rights of YPLWH changed drastically during the research process. They sought to engage in consciousness-raising among their peers to promote the understanding that creating safe spaces for HIV disclosure was a collective responsibility, instead of an obligation of HIV positive young people.

Overall, the youth collaborators reported that they felt empowered and capable of leading informed conversations on HIV and its psychosocial impact. They disclosed that the research experience taught them that on one hand, they “were well educated about HIV” but on the other hand, they “understood very little about it.” Reflecting on changes in personal perspectives, one youth collaborator offered that:

The stories were not distilled, sanitized or fictional, but real. Not the cartoon caricatures on a pamphlet but real lives. We became aware of the lack of social and infrastructural support for persons dealing with this disease. We understood that the biology aspects of HIV is one-quarter of the issue and actually the easiest bits to understand. It's the other stuff, the psychosocial stuff that we need to speak about.

Reflecting on the overwhelming benefits which the second group of young people were able to gain from the research experience, I was struck by the lack of reciprocity for the six YPLWH who started the research cycles. After engaging in critical reflection, I decided to reengage the six YPLWH through a photovoice project. Five of the six YPLWH who were initially interviewed, agreed to participate. Over the period of several weeks, these five participants learned basic photography skills, were given cameras and documented their lived experiences of managing HIV disclosure.

An exhibition, which the participants entitled *In the Silence of my Skin*, was mounted and opened to the public (see Figure 2). The exhibition, which included the documentary produced by the youth collaborators, ran for 2 weeks and was viewed by high school students as well as a cross-section of professionals involved in HIV treatment and service provision.

## Figure 2

*Photovoice Exhibition Flyer*



***“Why you wanna fly?” Interrogating Felt and Enacted Stigma Related to Mental Illness through Multimethod ABR and PAR***

Stigma is a devastating experience lodged deeply in the inner world of the stigmatized but enacted in multiple relationships across ecological systems. Five participants diagnosed with depression, anxiety, and schizophrenia were engaged for the study. The first cycle of research commenced with a photovoice project. Through 9 weeks of group discussions and reflections, participants unpacked the realities of living with a mental illness within the sociocultural context of Trinidad and Tobago. The participants took photographs, recalled periods of their lives when they struggled with mania, hallucinations, delusions, depression, suicide attempts, and intense feelings of pain, rejection, frustration, and anger. Through the inquiry they traced their journeys in coming to terms with living with mental illness. Finding a way to create from, and express intimate experiences was an emotional and liberating journey, at the end of which they found community with each other.

The week after one intense session of sharing, one participant returned and expressed how “heavy” and “exposed” he felt in his body. Through our discussions we became curious about exploring what stigma felt like in the body – both the feelings of heaviness which the participants interpreted as internalised or felt stigma, and feelings of exposure which was aligned with enacted or social stigma. This led to a second research cycle in which we began to explore translating and materializing the experience of felt and enacted stigma in the body through art and art making. ABR methods in the form of portraiture, dance choreography, installation art, and found poetry emerged as a way to generate, analyse and represent data that could invite participants not only to view an exhibition, but to inhabit the world of the participants. What started as a photovoice exhibition became an immersive arts based and performance arts installation entitled, *Why you wanna fly?* Figure 3 depicts the exhibition, which contained portraitures, and five art installations for each of the participants, inviting the audience to inhabit their world. We also worked with two dancers to translate data into movement. The choreographed piece was performed at the opening night of the exhibition.

**Figure 3***Exhibition Hall – Why you wanna Fly?*

The exhibition functioned as a liminal site where audiences engaged in critical and transformative dialogues as they were invited to interrogate stigma related to mental illness. Audience members were also invited to create response art before leaving the exhibition. The response art prompts were *What were your thoughts? How do you feel?* and *What will you do now?* These prompts were used to connect experiencing the exhibition both cognitively and emotionally, with concrete actions that could follow to contribute to creating safety for people living with mental illness.

### **Pillars of Engagement in PAR**

A distinguishable feature of PAR is its' commitment to rendering research accessible in deliberate and visceral ways. PAR facilitates distinctive opportunities for analyzing and interpreting evidence to which participants are uniquely qualified to speak. Arguing for the theoretical value of service-user and survivor-led research, Beresford (2005) makes the case that "knowledge is more reliable and valid when the interpretation of direct experience is closer to it, rather than further away as has traditionally been argued" (p. 9). It is out of this type of engagement that personal and social change can be imagined and endeavoured. PAR drives thinking and practice that is pragmatic, geared towards problem solving, has a psychosocial focus on awareness building and transformative learning,

and adopts a critical-emancipatory struggle for greater social justice (Chevalier & Buckles, 2019). It also provides a foundation for knowledge building which is informed by the direct experience of participants.

In both of the herein described PAR projects, the “knowing” and the “doing,” the “research” and the “practice,” as described by Shaw and Holland (2015) at the beginning of this article, is made possible in PAR. This is done by building emotional awareness, supportive relationships, community awareness, as well as facilitating personal interrogations around complicity with social problems and possibilities to participate in actions that promote change. Four mechanisms were critical to facilitating the generation of rich textured, multidimensional knowledge in these studies, namely, reflective practice, creating dialogic spaces, critical reflection, and dissemination

#### Figure 4

*Pillars of Engagement: Translating Research to Practice*

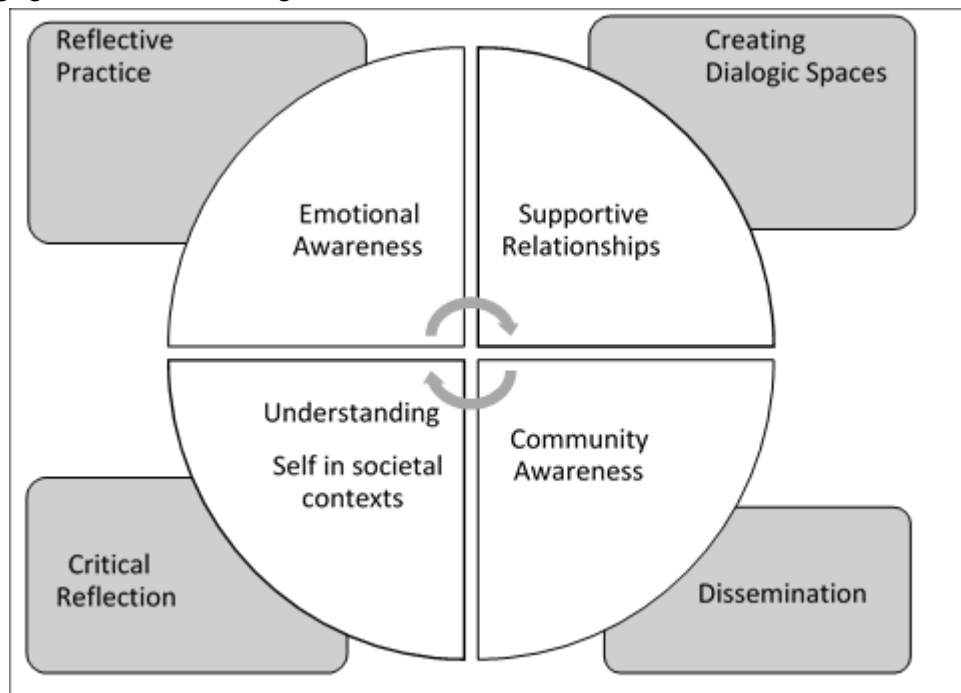


Figure 4 depicts two domains of engagement and practice; one domain has a focus on developing personal competence among participants, while the other has a focus on developing community and relational competence between participants and members of their wider community.

#### **Reflective practice & Critical reflection**

In the domain of developing personal competence, reflective practice and critical reflection were crucial elements of building emotional awareness as well as understanding self in societal contexts. Fook’s (2015) differentiation between reflective practice and critical reflection are herein used. Reflective practice is defined as assessing your personal beliefs and examining assumptions which are supported by personal convictions and emotions, whereas critical reflection is reflective practice that “focuses on the power dimensions of assumptive thinking” (p. 443). I defined reflection for



participants as a way of looking at the interplay between thoughts and feelings and how these inform our actions. Participants actively engaged in questions like: *What was I assuming? What beliefs did I have? What are my most important values?* I defined critical reflection as examining the relationship between personal beliefs and social structures to determine what social and cultural influences, assumptions or knowledge may be affecting your actions. Critical reflection questions included: *How has my thinking changed? What might I do differently now? How do I see my own power? Can I use my power differently? Do I need to change my ideas about myself or situations?* (Fook, 2015). Reflective and critical reflective practices became essential for building emotional awareness, which informed key decisions in the research process, and thereafter propelled social action. For illustrative purposes, examples of a few responsive research turns that propelled action are discussed.

Recall that in the YPAR project, there were 2 groups of youth researchers; a group of six YPLWH (five of who were re-engaged for the photovoice study) and a group of 10 youth collaborators who were recruited to conduct data analysis. This research design was created to privilege youth perspectives in data analysis. The main tasks of the youth collaborators were coding, creating categories, constructs and themes and disseminating their findings. As part of their reflective practice, these participants were asked to critically assess how participating in data analysis discussions influenced their thoughts and feelings and, how these were in turn impacting their ability to complete research tasks. The participants' reflections through research journals, and group discussions, informed the creation of the documentary they eventually scripted. The original plan for the documentary was to disseminate their findings on HIV disclosure for young people; instead, the participants chose to disseminate their findings about **how** participating in data analysis impacted them. The final documentary became a call to action for young people to engage in activism. These youth participants questioned themselves in ways in which they had not previously anticipated, critically reflecting on their positionality – which included being HIV negative. Questions as, *How can I use my power differently? What ideas about myself or situations should be reconsidered?* led to moments of insight and internal interrogating of behaviours they had previously taken for granted.

The central task for the YPLWH was taking photographs and creating vignettes as they documented their experiences around HIV disclosure. During our weekly meetings, participants reflected on the experience of participating in group discussions about disclosure. The theme of invisibility and coping with the secrecy that shrouded their day-to-day interactions reoccurred. The participants were eventually able to discuss what it felt like to be seen by the group. By the end of the PAR sessions, these participants became a significant source of support for each other and their relationships have continued beyond the life of the project.

In the PAR project with participants living with mental illness, a significant reflective prompt was *what does stigma feel like in your body?* The invitation to locate self in the research picture, directed the participants to stop engaging in the research task at hand, and become aware of the emotions behind the action being performed. The new task for the research participants, and the members of the research team, was to let emotional awareness dictate the next steps. This in turn led to added dimensions of the study, including the use of ABR methods for data capture and analysis.

During PAR, participants make a collective commitment to understand a problem through engaging in both self, and collective reflection, and simultaneously carrying out individual or collective



action (Jarldorn, 2019). There is a reciprocal relationship between reflective practice and critical reflection. It was through this process that participants in both PAR projects were able to confront discrimination and examine prejudice as core processes.

### ***Creating Dialogic Spaces & Dissemination***

Owing to the cyclical nature of its inquiry, PAR has a call and response quality which creates opportunities for various exchanges - creating space for a dialogue amongst participants, between participants and researchers, connecting researchers to research audiences, between participants and policy-makers etc. Rowell et al. (2017) argues that “stretching dialogical spaces enables self-reflexivity and allows us to ‘grapple with the complexities’” of PAR (p. 92). Furthermore, the authors make the point that dialogical spaces are sites for “constructing shared meanings, generating knowledge flows, and growing and nurturing community” (p. 99). The dialogic approach of PAR builds relational and community competence. The call and response happens during the research process and during research dissemination. The latter is an essential facet of PAR studies that can take diverse forms, ranging from exhibitions to Orlando Fals Borda’s use of graphic histories, testimonial literature and chronicles made accessible to readers with minimal schooling (Rapaport, 2020).

*In the Silence of my Skin* took audiences through photographs organized around six themes: Medication and Education, Family and Inspiration, Identity, Struggles, Society, Truth and Faith. Each of the thematic areas created by participants disclosed different dimensions of HIV disclosure for young people. After journeying through the exhibition, audience members were asked to write messages to the participants. With markers, paint and chalk, diverse groups, from health care practitioners, to high school students on school outings with their teachers, to University based students and youth policy makers, used the opportunity to share their thoughts and feelings. Two weeks after opening night, there were scores of messages written to the participants on a large sheet of thick brown cotton. The messages had a common thread – they communicated to the participants that they were seen. This stood in sharp contrast to the sentiments of invisibility expressed from the initial in-depth interviews through to the exhibition. The many notes, some addressed directly to the pseudonyms the participants gave themselves, were direct responses to the silence and secrecy which the young people felt imprisoned them in their bodies. They presented opportunities for youth as well as other members of the public to witness and engage in discussions about the experience of being young and HIV positive.

*Why you wanna fly* consisted of 35 photographs, six art installations and found poetry. Each installation invited the audience to enter the lives of the participants in varied ways. For example, one installation was a replica of a participant’s bedroom which contained several symbols including a self-authored book of poems. Another installation consisted of a life size cut-out of a female figure in a wooden box. The cut-out included transcript data from a life story interview, where a participant described feelings of entrapment and suicidal ideation connected to her experience of stigma. Audience members were also invited to co-create an art piece in response to the exhibition. Using art materials, which included paint, markers, wool, paper, and glue etc., each participant created art related to the prompts: *What were your thoughts? How do you feel? and What will you do now?*

### **Epistemology, Ethics and Engagement in PAR**

I have argued that as a social work researcher approaching PAR grounded in core social work values, principles, and strategies, that I have ultimately engaged in research that is a form of social work practice. PAR presents unique ethical challenges as the most insidious of potential dilemmas are relational and involve issues of autonomy, power, and beneficence. Lake and Wendland (2018) notes that PAR is “particularly susceptible to what can be characterized as a potentially dangerous” practice (p. 35). Furthermore, they argue that both traditional/conventional research review processes, and “at times arrogant rejection of the ethical and legal oversight of external review” (p. 35) by PAR practitioners, contribute to this perception.

Blake (2007) in *Formality and Friendship: Research Ethics Review and Participatory Action Research*, notes that the ethical tensions in PAR often have roots in the ways in which the approach “diverges from the scientific tradition through the subjectivity of the researcher, and the relationships that form between the researcher and the researched” (p. 412). In both of the studies discussed in this article, relationships between the researcher and the participants, as well as among the participants, were integral to producing the results. The nature of these relationships operated beyond the scope of traditional research relationships. While participants in traditional qualitative research, may engage in one or two, 60 to 90 minute interviews, the young people in the PAR project engaged in interviews and discussion groups over a period of approximately 12 months. They spent many hours in active communication, and they formed a support group that continues to function several years after the end of the project. They have lost two group members, one, a young person who died from an AIDS -related illness and the other, a community worker and activist (an adult involved in the research project), who died as a result of cancer. We have also supported another member through gender transitioning. The group that worked on the mental illness and stigma PAR, a more recent research project, spent approximately 60 hours in individual interviews, group discussions, and mounting the exhibition over a 3-month period. Our research relationships are marked by friendliness, an affability which is inevitable as much as it is essential to the synergy that produces the work. As a social work researcher employing PAR, friendliness is a quality that I will not apologise for nor attempt to erase. My experience aligns with Cahill’s et al. (2010) sentiments regarding PAR work with young people around immigration where they note that “emotion was not only a point of analysis but ... was central to the inquiry” (p. 159).

A relational ethics approach is widely used by PAR practitioners as we aspire for transparent and self-reflexive ways to engage with the associated risks and challenges. Since PAR is characteristically a response to power differentials, “self-reflexivity, the practice of critically reflecting on how one’s own identity, experiences, and positionality contribute to systems of power and oppression” (Lake & Wendland, 2018, p. 22) becomes indispensable. The core elements of relational ethics are mutual respect, relational engagement, embodiment, uncertainty and vulnerability, and creating an interdependent environment (Austin, 2015).

Transparency is therefore crucial to developing and sustaining respect, and in these PAR projects it was fundamental to the work undertaken. Like other forms of social work practice, as community work and case work for example, boundaries and limits are communicated, and reinforced and there are occasions when clients make requests or behave in ways that push these limits. In

these instances, roles and terms of engagement are reinforced. There were occasions in these projects when ethical dilemmas occurred; some were easy to address, and others were addressed with feelings of ambivalence. I suspect in a conventional research relationship these dilemmas may not have arisen, and furthermore, that the friendliness and informality of our relationships played into these dynamics. I will briefly address two such instances: a participant's request for a loan and my decision to exclude a specific photograph in one exhibition against a participant's expressed wishes because it conflicted with the ethical protocol approved by the Institutional Ethics Review Board (IRB).

The first dilemma was easily addressed, however I had to do so by openly acknowledging that after working together for such a long period, it was understandable why asking for help felt natural. I connected the participant to resources, but in doing so I did not simply pass on a referral list as would typically occur. Our relational engagement required greater involvement. Upholding the decision to exclude a photograph taken by a participant (who was over 18 years old at the time) based on an IRB decision, was the most difficult of the dilemmas. In retrospect, if I were not a novice researcher at the time pursuing doctoral work, I would likely have appealed the IRB decision. However, the incident was indicative of a truth about PAR for those of us who wish to romanticise the notion of equal power sharing in research partnerships - there are indeed limits to power sharing. When we designate young people as "co-researchers" it is unethical to not delineate that there are power differentials and other dominant dynamics that can dictate research decisions and limit their agency.

Although my role as a researcher was explicitly outlined at the start of the project, a relational approach to ethics advocates for navigating uncertainty in a way that honours the emancipatory intent and the complexity of the evolving nature of research relationships (Austin, 2015). PAR researchers should not pretend that these tensions and challenges do not exist, nor should they shy away from attending to them. Ethical participatory research demands a recognition of collective reflexivity as an essential practice for addressing ethical challenges that may arise. Austin (2015) points out that "the mutuality of participatory research extends to vulnerability" (2015, p. 33). Self-reflexivity and meaningful oversight are therefore essential to developing an ethically sound yet vulnerable research practice. In the project with young people, supervision was crucial to working through dilemmas; while in the study on stigma and mental illness, peer supervision was indispensable. Securing IRB approval for both studies involved dialogue about participatory ethics which fell outside of the conventional submissions the committees usually received. These were by no means smooth processes.

On a final note on the ethical implications of the epistemology of this approach when seen as social work practice, the fluid and evolving nature of iterative PAR cycles is noteworthy. In a similar manner to social work practice, after termination occurs, reengagement may be initiated by either the client or the practitioner, at which time it is the responsibility of the practitioner to outline the new terms of engagement. In the YPAR project, we all agreed to terminate the research after the exhibition and release of the documentary, however, opportunities to do continual educational work subsequently arose. The participants continued to work on an HIV disclosure policy for a residential care institution and also partnered with two government agencies on HIV awareness-raising projects. This is yet another example of how PAR does not fit into neat social science research boxes as it tends not to have clear boundaries with definitive start and end points.

## Conclusion

PAR aspires toward social change yet often, as is the case with the studies described in this article, work with small groups of participants. The power of PAR however, is its ability to move beyond individual conditions while working within them. PAR is strengths based because it evolves from a conceptual frame that views marginalised groups from an assets-oriented instead of deficit oriented approach. In so doing, PAR works with people who characteristically cannot access circles of influence and decision making regarding an issue in which they have a vested interest. Through research participation, they can rescript inaccurate descriptions of marginalised groups and engage in decision making processes in previously unimagined ways. The work engaged in and produced can only be facilitated by tapping into participants' strengths. For vulnerable groups who are often framed in deficit oriented ways in social arrangements across micro and macro levels, participating in PAR is an opportunity to reframe the narrative for themselves as well as for others.

The participants in these studies conceptualised and mounted exhibitions and produced a documentary. These research outputs engaged a wide spectrum of audiences including but not limited to, in and out of school youth, service providers across various fields as well as policy makers. These actions with entities outside of the academy, supersede the typical engagement of researchers using conventional research approaches. What constitutes "action" in this type of research is the engagement of participants in **doing**; an engagement that moves them beyond participating in research interviews or discussions. They are actively involved in creating something that did not exist before, out of evidence they generated during the research process. Once participants engage others with their novel research product(s), that action can now stimulate further action in other social domains. These research products are not dissemination exercises but a form of praxis.

Powers and Allaman (2012) note that in youth PAR, young people use "their findings to consider alternatives and identify points of 'opening' where they can help change the status quo" (p. 1). These authors highlight that PAR initiates social change through a range of actions, from educational outreach to political lobbying. Following the exhibition, youth participants in the *In the Silence of my Skin* project convened a roundtable at the regional Caribbean HIV Conference: Strengthening Evidence to Achieve Sustainable Action. They were also engaged by two local government agencies (the Ministries of National Security and Social Development), through which they completed outreach work in a state institution, and participated in a national campaign and a public educational fair held at the Promenade in the city capital. These three projects were initiated by service providers and a technocrat who attended the initial exhibition and participated in the community dialogues facilitated by the participants. Udvarhelyi (2020) points out that action is "anything that disrupts existing relations of power and exclusion" (p. 26). For these participants, what begun as research into the experience of YPLWH around HIV disclosure (a micro/individual level phenomenon) has resulted in actions reaching into macro-level spheres. For example, one of the projects the young people engaged after the initial photovoice exhibition was drafting a youth HIV disclosure policy for a residential institution. This illustrates the capacity of PAR to bridge the micro-macro divide.

The PAR projects discussed produced results which were practice-oriented, utilized a problem-solving lens to facilitate an emancipatory experience for the participants and simultaneously sought to initiate social action and social change. Social work research and practice endeavour toward common

ends; they both mirror people's lives in context and share a mandate to improve everyday experiences of marginalised people. For the majority of our service users, their vulnerabilities are connected to social arrangements that disenfranchise and push them to the margins of society. As a result, the social work practitioner's call to serve, whether it be in the form of direct or indirect practice, is tied to connecting the improvement of the individual's lived experiences to the improvement of social conditions. PAR, as an empowerment, strengths-based, collaborative research practice, addresses vulnerabilities by concurrently investigating lived experiences, and making connections with oppressive social conditions in a tangible manner.

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Tracie Rogers, PhD  
Lecturer/MSW Coordinator  
Department of Sociology, Psychology and Social Work  
The University of the West Indies, Mona  
tracie.rogers@uwimona.edu.jm

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## BOOK REVIEW

### THE CONFOUNDING ISLAND: *Jamaica and the Postcolonial Predicament*

Orlando Patterson

2019, THE BELKNAP PRESS OF  
HARVARD UNIVERSITY PRESS

432 PP.

ISBN: 978-0674988057

*The Confounding Island: Jamaica and the Postcolonial Predicament* by Patterson (2019) has much to offer social work academics and policy makers who have an interest in Jamaica or in the Caribbean more widely. Patterson is a highly regarded professor of Sociology at Harvard University, where he holds the John Cowles Chair in Sociology. He was born in Westmoreland, Jamaica, and was educated at The University of the West Indies (BSc) and the London School of Economics (PhD). Before devoting himself more fully to an academic career, he was a special advisor to Michael Manley in the 1970s, a period he writes about in the book. Patterson's areas of specialization include slavery, the sociology of poverty and underdevelopment, political culture, and sports, especially cricket. He has received numerous academic awards, including the National Book Award for Nonfiction and the Ralph Bunche Award for the best book on pluralism from the American Political Science Association.

The book is a compendium of the author's research on a variety of topics. It is divided into three sections: Explaining Postcolonial Failure; Three Cultural Puzzles; and The Failures of Policy and Politicians. He explores topics ranging from development, to violence, workforce gender distribution, reggae, track and cricket. As the book title suggests, Patterson is particularly interested in the many contradictions that Jamaica poses and the "outsized" impact of this small country in a number of areas, good and bad. The volume draws heavily on sociological theory and is thoroughly referenced. The extensive reference section is a helpful resource for anyone wanting to explore more about Jamaica's development.

The first chapter (100 pages) of Patterson (2019) is an extensive exploration of the reasons for Jamaica's lagging development in comparison to that of Barbados. He uses 2017 figures from the World Bank, International Monetary Fund, and the United Nations Development Programme to illustrate the differences in post-colonial achievement. In 2017, Barbados had a GDP per capita twice that of Jamaica: \$16,978 for Barbados compared to \$8,095 for Jamaica. On the frequently cited Human Development Index of the United Nations Development Programme, Barbados is ranked 58<sup>th</sup> compared to 97<sup>th</sup> for Jamaica. Barbados also rated better on gender equality, literacy, and mean years of schooling. Perhaps most distressing were the numbers for homicide: 10.9 per 100,000 for Barbados



and 55 for Jamaica. One figure was in Jamaica's favour: Public debt was 157% of GDP in Barbados and 101% in Jamaica.

Patterson (2019) points out that Barbados entered independence with a number of advantages over Jamaica. He takes an institutionalist position on development, arguing that while good policies are important, strong institutions are more important. Barbados appropriated the institutions of the British colonials and built on them. He concludes that Barbados' success is largely due to "capturing, mastering, refashioning and deploying to their own ends the institutional knowledge and know-how of the ruling class and the broader cultural, political and economic context within which they were embedded" (p. 119). He contrasts this with Jamaica's proletariat who "take pride in rejecting the institutional and cultural practices of the elite" (p. 118). Patterson's argument is much more complex than this quick summary suggests, tying in differences in the settlement patterns of the British population and the contrasting economics of the slave systems in the two islands. Although both countries were colonized and subjected to a long period of slavery, Jamaica's experience was particularly savage; there "the 183 years of British plantation slavery may possibly have been the most brutal in the abominable annals of slavery" (pp. 4–5). Barbados had more British settlers, including a larger population of British women, and slaves were more likely to be seen as investments. In Jamaica, absentee landlords were common and the slaves were viewed as expendables, to be worked to death and then replaced. As a result, historians claimed that Jamaica "was the most unequal place on the planet" (p. 5). Patterson returns to the topic of the impact of the slavery experience in other parts of the book.

Social workers will be particularly interested in the author's analysis of violence in Jamaica in which he explores the causes of community violence and its devastating consequences. Patterson (2019) links tolerance and perpetuation of violence against women and children within the household and violence in the community at a level that continues to impair Jamaica's development and makes life miserable for many. The widespread and widely accepted practice of harsh physical discipline of children and abusive male–female relationships, he argues, contribute to community violence and Jamaica's high murder rate, although he acknowledges other factors, such as drug trafficking, unemployment and poverty. This argument is not new, as others including Horace Levy have linked child rearing methods to fueling the community gangs (Levy, 2009). As Levy (2009) wrote of the poor functioning of the family and lack of parenting: "beatings are the chief and only method of discipline and are often savage, driving many boys to escape onto the streets" (p. 74).

Patterson (2019) further ties family violence to the legacy of Jamaica's slavery past. The especially brutal system of slavery in Jamaica left a legacy that includes "the belief that all forms of discipline and persuasion ultimately rest on force" (p.156). He argues that "this valorization of corporal punishment was also culturally perpetuated in child-rearing practices" (p. 156). In addition to the damage caused to the child victims, this "violence within the family then breeds violence toward others outside the family" (p. 160). He makes this very strong statement linking child abuse with the murder rate: "There is a straight pipeline from the 'murderation' of children by their parents to the murder of others by those very same children before they even become adults" (p. 168).

It should be clear that Patterson does not see child-rearing and other cultural factors as the sole explanations of Jamaica's levels of violence and homicide. Patterson's (2019) discussion of violence

is extensive and goes beyond the cultural dimension. He ponders the question of the links between democracy and violence and asks “Why is so genuine a democracy so utterly violent?” (p.7). Contrary to popular view, in fact is violence a component of democracy? He explores numerous factors that contribute to high levels of violence, explaining that studies continue to show conflicting results. He cites a 2011 United Nations Office on Drugs and Crime study concluding that inequality was among the important drivers of high homicide rates, but explains that other studies have contradicted its importance and looked at other factors, including poverty, unemployment, and urbanization. In each case, disentangling the threads is complicated. There are also externally introduced factors such as the drug trade and a ready supply of guns. He concludes that although it is challenging to directly link lack of development to violence, it is clear that high levels of violence negatively impact development by discouraging investment and leading to emigration of the skilled population.

Patterson calls for “much needed changes in interpersonal, gender, and child-rearing beliefs and practices” including the “island’s horrendous homophobia and violence toward LGBTQ individuals” (p. 165). Of course, social workers and policy makers in Jamaica are aware of these issues and have taken steps to address them, including parenting training, child abuse reporting laws, and the establishment of a Child Advocate. In the diaspora, child discipline is often a flash point for conflicts between Jamaican immigrants and social workers, as immigrant parents decry what they see as undisciplined children in the majority population and unwarranted intrusion into family life by child welfare officials. The recent reckoning with racism and the legacies of slavery sparked by the killings of George Floyd and others in the United States—a reckoning that has spread beyond the borders of the United States—could offer an opportunity to link the need to modify child rearing practices with rejection of the negative inheritance of behaviors from the slavery era.

Another important question asked in the book is why policies and programs designed to help the poor often fail. In the 1970s, Patterson was an advisor to Michael Manley and worked on a project to improve the lives of people living in the urban slums. Recognizing that it would be impossible to adequately replace the housing units with new housing, the approach he recommended was to build on Jamaica’s successful public health model to apply a basic needs and services strategy to the slums. This would entail improving sanitation, water, health care and other essential services, while selectively repairing and upgrading existing housing. As he put it, this would improve the well-being of the population, but would leave the slums still looking like slums. Ultimately, the project was rejected by politicians who relied on the clientelism of rewarding supporters in the garrison communities with the promise of new housing. Returning to the theme of the importance of institutions, he concluded that the project failed because of “flawed and inappropriate institutions, or, where the appropriate institutions exist, as they often do in Jamaica, institutional incompetence and bad politics” (p. 311).

There is much more in the book, including commentary on Jamaica’s phenomenal success in track on the global scene—by far the most Olympic medals per capita than any other country—and on the country’s global impact on music. The popularity and influence of reggae challenges assumptions about globalization and cultural homogenization. This is an interesting lesson for social workers interested in international issues. Patterson (2019) lauds the quality of The University of the West Indies— of which he was a beneficiary—but recommends that Jamaica divert more funding into improving primary and secondary education for the masses.

The book concludes with a fairly optimistic epilogue. His discussions of democracy and violence notwithstanding, Patterson (2019) applauds the strength of Jamaica's democracy and notes that the Jamaican press has been cited as one of the most free in the world. Jamaica has also demonstrated some success in taking control of external debt. As a small island nation, Jamaica's ability to chart its own course in development is limited by larger political, environmental and economic factors. A global pandemic such as the current struggle with COVID-19 can disrupt the economy and throw thousands in the tourist industry into unemployment and deepened poverty. Climate change probably poses an even more serious set of risks from rising sea levels to an increase in the number and severity of storms. Patterson sees hope in the new generation of leaders and in the resilience of the population. There is much for social work to learn from this book and to contribute to addressing the challenges it identifies.

Lynne M. Healy, PhD  
Board of Trustees Distinguished Professor Emerita  
University of Connecticut School of Social Work  
lynne.healy@uconn.edu

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Patterson, O. (2019). *The Confounding Island: Jamaica and the Postcolonial Predicament*. The Belknap Press of Harvard University Press.

# THE CARIBBEAN JOURNAL OF SOCIAL WORK (CJSW)

## Call for Papers

### COVID-19: Challenges, Opportunities & Innovations for Social Work

Editors: Tracie Rogers, Peta-Anne Baker and Maud Mthembu

The COVID-19 pandemic continues to have far-reaching impact on multiple dimensions of human functioning. How has social work responded? The next issue of the CJSW will have a special section on social work in the pandemic. This special section will provide an opportunity to interrogate the ways in which social work has been present or absent in the varied domains including policy, practice, and social work education. Papers may be theoretical, empirical, or conceptual in nature. Possible topics or themes include the following:

- Access to and provision of services
- Ethical dilemmas
- Mental health impacts
- State responses, social policy & service delivery
- Evaluating risk in pandemics and other large scale emergency situations
- Work with vulnerable and marginalized populations e.g., older persons, women in violent relationships
- Social work practice in secondary settings, including but not limited to schools, hospitals, and correctional institutions
- Impact on the professional: work from home, online teaching and learning, caregiving
- Conducting research during a pandemic
- Implications for social work education

**Authors may submit articles on topics other than the theme of this special section.**

**Deadline for submission: April 15, 2022.**

Manuscripts in Word format must be submitted electronically to:

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## Guidelines of Submission

Manuscripts should not exceed 8,000 words. All submissions must include an abstract of no more than 150 words. Manuscripts without abstracts will be returned. A biographical note of 15–30 words should be submitted for each author.

The CJSW uses the Publication Manual of the American Psychological Association guidelines in the publication. Authors must adhere to the most recent edition of APA Style <sup>TM</sup> when preparing their manuscripts. Manuscripts or materials simultaneously submitted for review elsewhere, or previously published will not be accepted for consideration. Reprints of articles published elsewhere will be by invitation only.

Manuscripts must adhere to the following:

1. Double-spaced throughout, with text left-justified (only).
2. Caribbean/British spelling conventions must be consistently used.
3. Cover page: Must include title, author's names, contact information for corresponding author (address, phone number and e-mail address), titles and institutional affiliation for all authors. Where there is more than one author, a corresponding author must be identified. The cover page must be separate from the body of the manuscript
4. Information that identifies the author(s) must not appear in text.
5. A Running Head with the title shall appear on each page of the manuscript. (Title may be abbreviated if necessary).
6. All sources cited must appear in the reference list following the Endnotes **at the end** of the manuscript. Endnotes should be kept to a minimum. The list of references is expected to be accurate and complete, including a functioning web page link where applicable, and Digital Object Identifier (DOI) where available. Authors are required to provide evidence of approval for use of any copyrighted material included in the manuscript.
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