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Redefining relations among minority users and social workers

Redefinisjon av relasjoner mellom brukere med minoritetsbakgrunn og sosialarbeidere

Marianne Hedlund & Anne Moe

In a global society, social practice must be imbued with an appreciation of both cultural differences and complex power relationships if services are to be adapted to people's varied needs and lifestyles. The aim of this paper is to contribute to reflective practices and engagement with indigenous people's worldviews and with the social worker's own views and perspectives when practising social work. The authors argue that social workers must learn to consciously reflect on historical facts of discrimination and recognise their political consequences while being sensitive to cultural minorities in a helping context. Reflectivity equips social workers from majority cultures with a greater ability to reflect and re-define power positions as well as create premises for 'good help' when working with users from minority groups. Data for the study include qualitative interviews with Sámi users of the Norwegian health and welfare system and Norwegian social workers. Analysis was carried out following a phenomenological approach.

Keywords: Ethnic Minorities; Sámi; Social Work; Cultural Sensitivity; Critical Reflection; Power; Phenomenology

I et globalt samfunn må sosialt arbeids praksis inneholde forståelse for kulturelt mangfold og komplekse maktforhold hvis tjenester skal tilpasses menneskers varierende

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behov og livsstil. Målet med denne artikkelen er å bidra til slik praksis og konsekvenser av et engasjement for urfolkperspektiv. I artikkelen pekes det på at refleksjoner over egne forståelser og ståsted må være til stede hos sosialarbeideren i utøvelsen av sosialt arbeids praksis. Forfatterne hevder at sosialarbeidere bevisst må reflektere over historiske fakta om diskriminering og hvilke politiske konsekvenser dette har medført. På den måten kan sosialarbeideren bedre forstå kulturelle minoriteter og bruke slik kunnskap i praksis. Refleksivitet hjelper sosialarbeidere til å redefinere tildelte posisjoner og bevisstgjøre synlige og usynlige maktstrukturer mellom majoritet og minoritetsbefolkning. En slik refleksjon skaper forutsetning for 'den gode hjelpa' til brukere med minoritet eller urfolksbakgrunn. Data fra studien omfatter kvalitative intervjuer med samiske brukere av norske helse- og velferdstjenester samt norske helse- og sosialfaglige arbeidere. Analysen ble gjennomført med utgangspunkt i en fenomenologisk tilnærming.

Nøkkelord: Etnisk Minoritet; Samisk Befolkning; Sosialt Arbeid; Kulturell Forståelse; Kritisk Refleksjon; Fenomenologi

An overarching goal is to ensure equal services and wide availability for all groups of users, across geographic, language and cultural boundaries. Based on this, there exists an important national responsibility to develop services that professionally and organizationally take into consideration, and are appropriate to, the Sámi minority's unique cultural, language and settlement practices. [*St. meld.nr.25 (1996–97). Openness and Wholeness—On Mental Health Issues and Service Provision (White paper no. 25; Sosial- og helsedepartementet, 1997)*]

Introduction

An understanding of ethnic relations and cultural sensitivity is more important than ever in social work practice. Conditions that allow for constructive interactions across cultures are of particular value in today's multi-cultural society, and also a concern for the social work profession. Social workers are involved in providing for the welfare of people who represent different cultural traditions, norms and heritages. To be qualified and competent to provide assistance, social workers require better cultural competence and more insight regarding their own role as cultural bearers and representatives of cultural norms and values (Jenssen, 2005). This means that it is not only insights into other and different cultures that must be investigated before conditions that are conducive to cultural encounters can be created. Also one's own culture and values should be questioned when helping clients who belong to a minority culture that is different from that of the majority in society.

The Sámis represent the indigenous people of the Arctic. As indigenous people, the Sámis possess legal and public rights in the Nordic region which were established before current national state boundaries were drawn there. The Sámis have retained some of their own social, economic, cultural and political institutions, though these institutions and customs have suffered for centuries in the face of lack of respect and

assimilation policies in Norway. This means that self-identification as an indigenous people and rights according to international law [such as Art. 27 of 1966 in the UN convention about civil and political rights (United Nations, 1966) and the ILO convention no. 169 of 1989 about indigenous people's rights in independent states (International Labour Organisation, 1990)] have been, and indeed are, debated. This debate is not over principles, but rather over how to practise and implement these fundamental criteria in the Norwegian context. For instance, Sámi traditions are closely linked to reindeer husbandry. Today, this livelihood is threatened by policies that protect beasts of prey and grazing rights for other animals, making it difficult for Sámi people to garner support for their own views.

The aim

The aim of the article is to contribute to reflective practices and engagement with indigenous people's worldviews when practising social work. The article explores and discusses three basic issues. (1) What characterises the interaction between health and welfare professionals and Sámi users of health and welfare services? (2) In what way is integrity ensured in encounters between local health and welfare professionals and users of Sámi origin? (3) Do certain patterns in interactions between health and welfare professionals and users lead to the development of cultural sensitivity and/or cultural competence?

The context—Sámi people contest their marginalised position

From having been a strong and unitary national state that held together a culturally homogeneous population, Norway today is what can be called a diversified and pluralistic society (Hall & Held, 1989); the politics of race and ethnicity have received greater attention in modern Norwegian society. This expanding pluralism, together with health and welfare services that are delivered according to principles of local self-determination as well as particular rights that have been awarded to the Sámi people by the central government, structure a context within which the Sámi people can claim common rights without giving up their cultural heritage and identities.

Indeed, the Sámi people today assume an active political position and assert and articulate their own needs in relation to society at large, and demand freedom from suppression. They actively resist being assigned a subordinated position in society and in so doing, articulate the need to redefine their status (Hall, 1996) as equal to but different from that of Norwegians. In recent times Sámi-policy and the Sámi Parliament (Sámidiggi) have undertaken supervision of, and interest in, social welfare and care issues (Arbeids- og inkluderingsdepartementet, 2008; Sámidiggi-Sametinget, 2009). So far the fight for equal status and social positioning in society has not resulted in demands for distinct health programmes or health services for Sámis. Rather, the Sámi Parliament has recommended that central and local governments adapt their health and social services and programmes to provide equivalent services

regardless of ethnic origin (Sosial- og helsedepartementet, 1999; Sosial- og helsedirektoratet, 2002). The overall aim of the Norwegian government is that 'everyone, regardless of origin and gender, shall have equal opportunities, rights and obligations to participate in Norwegian society, whether in school, the local community or organizational life' (The Ministry of Local Authorities and Regional Authorities, 2005). Nevertheless, knowledge about ethnic relations between Norwegians and the Sámi people is fairly new and has been given little attention within the education system that prepares professionals to work in the field of social work and welfare services. Norwegian dominance, ideology and suppressive policies towards Sámi people historically are neglected and thus a non-issue or 'structured absence' (Morley & Chen, 1996).

Despite the fact that 'Norwegianisation policy'¹ towards the Sámi people is considered antiquated and representative of only an early phase of Norwegian integration policy towards the Sámi population, this does not prevent suppression and dominance from occurring when Norwegians provide health and social services for Sámi people. When an awareness of Sámi cultural heritage goes without mention (either subtly or expressly) within encounters between users and professionals—often due to a lack of awareness on the part of the social worker—the Sámi people become an 'invisible' other (Hall, 1996), and often experience this as oppression. In other words, the context of dominance can be present precisely in its unspoken absence. A study about the health and living conditions among Sámi people conducted in part of the Arctic region of Norway and Trøndelag in 2003 illustrates such dominance. Some 36% of Sámi respondents reported that they were discriminated against and 37% reported experiences of being bullied due to their Sámi origin. Worth noting was that the experience of being bullied due to Sámi origin was more commonly reported among the younger respondents of the population investigated (Kvernmo, 2003). This could be an indication of risk for discrimination when Sámi people seek help or require assistance from social and welfare services. In the article we discuss the complexity involved in the interactions between health and welfare professionals (who are mainly Norwegians) and the Sámi people as users. We discuss how reflections and ethnic relations can be interwoven in a delicate and complex context.

The perspective

People's social identities are constituted by complexes of meanings and networks of interpretations (Fraser, 1992). At the same time, cultural identity is not born out of citizenship, but is intimately connected with, and constructed in relation to, a certain time and place (Hall, 1992; Pulkkinen, 1998). Foucault (Foucault & Sheridan, 1977; Foucault, 1989) suggests that studies of culture should be more concerned with how power is exercised through discourse (shaping social identities or representatives of identities) and the ramifications of discursive practices (as the perceptions of what is allowed within the framework of a particular social identity are framed). He offers an important reminder regarding the power of language and knowledge for producing

particular ways of thinking and seeing: that the symbolic has real repercussions. This study is inspired by a Foucaultian perspective of what is allowed within social work practice.

We analyse the problem at hand from a phenomenological perspective. Sámi users and health and welfare professionals co-create a particular practice or type of social interaction within a specific context (Denzin & Lincoln, 1998). According to a critical phenomenological perspective, each interaction between actors not 'only' reflects concrete actions between actors as independent individuals, but also the discursive context that frames the interaction. The actors are embedded within structures and world views. In this article we point to some of the most critical aspects of these complex interactions between Norwegian health and social workers and Sámi users.

According to Horkheimer (Horkheimer & Adorno, 1997) phenomenological analysis must always approach the phenomenon under study from a holistic and critical angle. The phenomenon will always reflect the society, the interaction between actors and vice versa. In light of such a perspective, health and social work professionals who are to support a user are influenced by external structures and beliefs. The same is true of the user. These types of processes and identification readily create stigmatisation of other ethnic groups, as people are assigned an identity that is not directly linked to the individual as a person, but as a part of a social group. Stereotypes express general characteristics in the individual, and both positive and negative stereotypes exist. When the individual is assigned an identity based on negative stereotypes, stigma results (Goffman, 1968). Stigma reflects human generalisations that function to 'brand' groups of people, and are common in interactions between minorities and majorities.

The method

The participants of this study lived more or less 'inside' a Sámi community while the researchers lived 'outside' such a community, but in the same rural areas. This made it possible to co-construct the findings and reconstruct their meanings, addressing a local context that was familiar to both the researchers and the participants and strengthening the phenomenological approach applied (Benner, 1994). Two social scientists, one sociologist and one social worker who had worked with education and research on marginalised groups and social work practice, carried out this study. Both researchers had personal experiences of knowing Sámi people or people of indigenous background and both had skills and experiences with conducting qualitative research in the local context. A basic point of departure for the two researchers was the epistemological assumption that 'the world can never be spelled out completely' (Benner & Phillips, 1994, p. 100). Thereby this study is inherently temporally bound and specifically focuses on the experiences of the participants and the subjects involved, i.e. both the researchers and the participants of the study.

Empirically, this study is based on data obtained from qualitative interviews with eight Sámi women and men in different age brackets (25–70 years of age) and seven

health and welfare professionals, who had worked in their profession for many years. All participants lived in five different rural areas where the Sámi represent a considerable minority. Among the Sámi users, some individuals were single and others were married, some worked with reindeer husbandry (a traditional occupation among Sámi people), others had a peripheral connection to reindeer husbandry as an occupation, but still a strong identification with reindeer herds. Some had a very mobile lifestyle, moving with the reindeer herd and the seasons to find suitable pasture-land, others were less mobile. Some Sámis continue to pursue a nomadic lifestyle that used to be common.

The study was conducted based on the informed consent of the participants, who could withdraw from the study at any time in accordance with the Norwegian Social Science Data Service (NSD), which approved the study. Sámi informants were interviewed after interviews with health and social workers were conducted. Possible prompts that had been collaboratively developed within the research team and found effective were shared and tested, and then the interview guide was changed accordingly. Two separate interview guides were used, one for the health and welfare professionals and another for the users of the services. Interviews with the users focused particularly on their own or close relatives' experiences with professionals from local health and welfare services.

The data were analysed using a qualitative phenomenological approach (Marshall & Rossman, 2006). There is a variety of strategies and techniques that could be used following a phenomenological approach, and we here chose to focus on using an interpretive perspective. The interviews commenced with a number of thematic questions concerning the interviewees' professional or personal situations. Thereafter, the interviewees were asked to describe, as concretely as possible, actual exchanges of support or experiences that were important for the research questions. The data were analysed according to a stepwise procedure. First, the data were *literally read* and structured in patterns of difference and commonalities. Then these data were *interpreted* in the sense that the researchers constructed a version of what we thought the data meant or represented, or what could be inferred from the data. We constructed a thematic data matrix, which comprised the interpreted data: (1) the 'perfect' user is of Sámi origin; (2) preventive care, risks and vulnerability; (3) pressure to conform and difficulties of being met on equal terms; and (4) influence and feeling of powerlessness. These were found to represent the versions or accounts that professionals and users referred to as understandings of each other when they interacted. From this, the next analytical step performed was to do a reflexive reading of the data. At this stage, we as researchers explored our own role in how to interpret and generalise from the data (Mason, 2002). We correlated and re-read the data to discover our own biases and considered the implications these could have for the data, and had conversations with key informants among the Sámi informants to help us interpret data in a more reflexive way. These analytical steps resulted in the reconstruction of the thematic data matrix and core categories (Corbin & Strauss, 1997; Mason, 2002). The core categories were based on the patterns described in the

data matrix covering the interpreted data. Further, they are based on consistent themes that were expressed by the health and social welfare professionals we interviewed, as well as by the Sámi informants. These core categories are also related to theories relevant to the research question, as well as critical reflection over how the role of the researcher might have influenced earlier interpretations of data. Based on an overall evaluation, the data were reconstructed to comprise the following topical categories: (1) struggle for equal status; (2) powerlessness and marginalisation; and (3) practising critical reflection.

Critical reflection as a knowledge-base for practice

Internationally, reflective practice as a basis for generating knowledge in social work practice has received greater attention in recent years. Key contributors to this discussion have been Jan Fook (Fook, 1996, 2002; Fook *et al.*, 2000), Nigel Parton (Parton & O’Byrne, 2000) and Stephen Webb (2001). Within Scandinavia, Pöso *et al.* (1999) have been important for developing this tool within social work arenas. Situations for social practice vary and thus require the professional to demonstrate an understanding of the situation and the ability to use his or her judgment. This means that there are no concrete standards regarding what would be good or what would work well in a specific situation facing a health and welfare professional. However, reflection can provide a tool for developing professional skills. Practical knowledge is referred to as discretionary or confidential knowledge (Polanyi, 1967; Josefson, 1992; Molander, 1996). Even if knowledge is subject to discretion initially, it can be articulated nonetheless and made conscious through reflecting over the action that was taken (Molander, 1996, p. 142). The practitioner’s knowledge can be identified through his or her practical actions.

Within professional healthcare and social work settings, reflection can be used as a method to reflect upon one’s own practice, actions and alternatives (Schön, 1983, 1987; Molander, 1996; Fook & Pease, 1999). Such reflection should be critical in order to generate new knowledge (Fook, 2002; Fook & Gardner, 2007). The critical perspective also involves analyzing power relationships and that which is taken for granted. If not, this easily leads to individualisation and structural naivety that makes the social worker unhelpful in the helping context. Use of critical reflection means that the social worker does not use standardised rules or approaches that give the impression that one is ‘acting correctly’. Rather, the social worker knows which choices he or she faces and chooses the best course of action on the basis of a critical analysis of the actual situation. This type of critical reflection can lead to a new regard for the situation and consequently make it possible for the social worker to change practice or approaches in a concrete situation. Because other action alternatives are made possible, this can contribute to altering otherwise unsuitable social practices (Fook, 2002; Askeland, 2006). In this context it is also important to reflect over how one’s own participation influences the situation, i.e. to be reflexive (Fook, 2002; Askeland, 2006). Local knowledge, together with professional knowledge, can provide

a better basis for avoiding a help context that is offensive or in which oppression arises.

Struggle for equal status

One pattern found in the data analysis related to Sámi people's struggle for equal status as an indigenous people in Norway. Sámis have been hindered by the shortcomings of the dominant culture of Norwegians for centuries. The data analysis showed that the Sámis have not forgotten these actions. Almost irrespective of their specific need for help or assistance, Sámis approached a health and welfare professional that was of Norwegian origin with caution. Sámis typically suppress their emotions. This could interfere with communication due to the fact that the health and welfare professional and the user had conflicting interests and underlying stigmatised concepts of each other's ethnic groups. Although social workers might expect Sámi users to express emotions, feelings and vulnerability, some Sámi users reported that these aspects of life were kept within their 'private world', and not always articulated or formulated in front of a Norwegian person (Minde, 1995). To approach this issue, a health and welfare professional needed to demonstrate cultural sensitivity and awareness before they could help. Sámi users could be very sensitive to the prevalence of popularised or traditional stereotypes about Sámis. Sámi users had extensive experience of the 'historical ignorance' demonstrated by the Norwegianisation policy that had dominated and suppressed Sámis for many years. If a service provider neglected this historical fact and how hard Sámis had fought to attain equal status in Norway, users from the Sámi population could become frustrated and angry when met with what they regarded as arrogance from the Norwegian social worker. Sámi users could feel the dominance of the Norwegian culture if the health and welfare worker operated with similar thresholds and offers for them as for Norwegian users. When this happened, some users interpreted it as an erosion of their cultural identity. For some health and welfare professionals, this way of thinking and relating to Sámi users was considered a good way for constructing help or assistance. One professional expressed it like this:

I treat everyone the same, regardless of whether they are Sámi or not. They get the same and what they need.

The health and social welfare professional cited here ascertains that he or she uses a principle of fairness in the design of support services. Sámi users do not need specially-designed support, but receive help on a par with others (understood to be Norwegians). However, among some Sámi users, this approach was experienced as unfair and disrespectful because these services were not adapted to what was particularly Sámi. For example, the possibility of dual residencies was not taken into account, and nor were everyday traditions or the necessary priorities one had to make in the context of reindeer husbandry. The data analysis showed that although the Sámi users seemingly could accept such services, they could experience them as

offensive. They could feel that it was they as Sámis who had to adapt to the health and social welfare apparatus and not the reverse. One interviewee expressed it in the following way:

We Sámis always have to adapt ourselves . . . also to the health and welfare services in order to receive help from it.

Why must we be so grateful when we have the same rights as others?

The fight for equality as Sámis affected the interaction between Norwegian health and welfare professionals and the Sámi users, sometimes implicitly and at other times explicitly. When services and the content of services were 'the same for everyone', and Sámi users were subjected to such a regime, the Sámi informants felt that the services were not appropriate and were not a service for them. The 'good help context' took place when Sámi users experienced being met with an equal status, and when the health and welfare professional exercised both cultural sensitivity and humility in relation to what was common in Sámi culture. When the health and welfare professional recognised and was conscious of these aspects of the health care apparatus, it was possible to construct a dignified and appropriate package of services. In other words, the analysis showed that the professional health and welfare worker must be conscious of the differences between Norwegians and Sámis in order to succeed in providing equal and appropriate help. An example of good professional social work is when the user has the opportunity to define the premises for how help is provided and to define the content of resulting measures.

Powerlessness and marginalisation

Another dimension that emerged in the analysed data referred to the topic 'Powerlessness and marginalisation'. This topic shared similarities with the topic 'Struggle for equal status', but had a different emphasis. Powerlessness and marginalisation was a general phenomenon that people with Sámi origin could feel, but it became particularly noticeable when users were in especially vulnerable situations. Needing help or assistance in a home situation, for a mental problem or being seriously ill or disabled could represent such occasions. In these settings, users needed help to manage daily life or daily life settings and required the assistance of a professional to determine their needs. The home or local environment or landscape may be a place for belonging (Gullestad, 1989; Hooks, 2009) as well as a place for personal integrity and the lifeworld, according to Habermas (1987). This makes those who live in the home sensitive to its possible invasion by professionals and professional support.

The data analysis showed that the home was a special help context. The care worker could possess much knowledge and power in relation to what should be done and measures that should be taken, but this was not always equally evident for his or her counterpart (the user) (Hedlund & Moe, 2000). The user is dependent upon help

from the one who provides it, and therefore an asymmetrical relationship emerges. In order to create more symmetry in the relationship, the social worker must demonstrate confidence in and intimacy with the Sámi identity and lifeworld. Some interviews cited experiences in which health and welfare professionals and Sámi users had successfully created more symmetry and identified good support alternatives because the Norwegian social worker had gained a completely new insight into the situation when the user's home became the arena for help and support measures. It was easier for the care worker to see Sámi expressions, identity and proximity to culture and find a way to shape help and support measures that would protect these aspects of a person's life. But this involved walking a fine line between the social worker allowing him or herself to become fascinated with that which was 'different' and when good help and support measures could be constructed. A greater feeling of powerlessness in the help context could arise if the user more or less became an 'exotic bird on display'. In other words, the health and welfare worker has to demonstrate knowledge and show insight into how the user regards his or her situation, and cannot 'reduce' the individual in need of help to someone who 'merely' represents something exciting and different. Simply being in a situation in which the municipal help and support services enter into the picture could be sensitive for some Sámi users. Sámi users could feel both shame and powerlessness over being in need of help and support. It was particularly important to show sensitivity for the user's response and interpretation of the situation.

A reindeer herder among the Sámi recalled a situation in which he had prioritised carrying out a necessary work-related seasonal task rather than do what the health and welfare services suggested was correct. In his mind he could not put aside his work with the reindeer even if he was in need of support. Long experience was an absolute necessity and essential in managing his reindeer herd, and he was unable to simply put it aside or transfer the work to someone else. The Sámi's experience was that his priorities of working with the animals in the mountains in order to ensure an income and protect Sámi traditions were not accepted. In another situation a Sámi woman explained that she had problems with a child and she did not know what to do. The welfare services were contacted and a meeting was arranged. The woman felt that the problem with the child was interesting because it existed in a Sámi context. In the interviews, experiences were referred to in which the Sámi have had the feeling that they were not understood or believed when they were in need of support from the health and welfare apparatus. Such rejections can be experienced by many people who are in contact with the social services, but when this happens to a Sámi, it is interpreted as a rejection of the Sámi identity and way of life among Norwegians. This contributed to a strong feeling of powerlessness in relation to welfare services. Moreover, these experiences contributed to the Sámis applying the same frame of reference when they applied for other public services. In this way, the Sámi users' negative experiences of trying to attain help were compounded. Help professionals of Norwegian background risked meeting a Sámi applicant who had stored up many

negative experiences, which influenced the help context, even if he or she had not contributed to the sense of inferiority experienced by the Sámi user.

When powerlessness overtook Sámi help-seekers, they could choose a strategy by which they had minimal contact with representatives from the health and welfare apparatus. To not speak could also be an expression of a number of different reactions such as anger, frustration, depression and resignation. One Sámi explained:

It is not easy to seek help when we feel we are misunderstood anyway . . .

When I tell older Sámis about everything we are up against, they say this is the way it has always been. And have many stories stored up.

Many years of Norwegianisation policy and discrimination of Sámis have also contributed to the current help context. Increased Sámi consciousness and the development of Sámi institutions are relatively new. How the experience of meeting a lack of understanding and powerlessness should be tackled in interactions between health and welfare professionals and Sámis had different solutions. Some Sámis were defensive and reserved when they met social workers due to all the Sámi stories about feelings of powerlessness. Other Sámis stated that they chose a more active and offensive strategy. Regardless of whether a passive or active strategy was chosen among the Sámis seeking assistance, the health and welfare apparatus risked running up against anger, resignation, depression or a lack of will to cooperate on measures. This could limit the possible alternatives the health and welfare professional had at his/her disposal and create stress and insecurity in the help situation.

Practising critical reflection

A third important aspect related to the possibility of preserving Sámi integrity within interactions with local health and welfare workers and in professional practice is critical reflection. As we have earlier noted, critical reflection can generate new knowledge in the situation.

The study made it evident that when professionals live within the same local contexts and small communities as Sámi users, the users and health and welfare professionals share complex relationships. The professionals have multiple private and professional roles that can easily lead them to relate to the Sámi based on stigmatising and stereotypical images that complicate the possibility of providing help on equal terms. Thus, if the professional is not acutely aware of how their own judgements and attitudes are shaped, they may unknowingly exercise institutional oppression. The social worker must reflect over how dominant structures and culture influence the social context surrounding their work with the user and their own social practices.

Professional work, for example with psycho-social problems, could take place within the Sámi environment, and in such cases it was imperative that the social

worker demonstrated a certain distance and 'professionalism' in relation to the problem. Relations and life situations within the Sámi environment were also experienced as burdensome for the Sámis themselves, and also in such cases it could be useful for the health and welfare professional to take advantage of being able to professionally distance oneself from that which was burdensome. Conflicts linked to reindeer husbandry sometimes developed into conflicts that created internal strife in local reindeer environments and families. Moreover, family issues could be difficult to resolve. When professional workers used local knowledge to differentiate measures of assistance in relation to the individual's and the family's issue, this was useful given that the values and norms that were relevant for that specific Sámi family or individual were known to the professional worker.

When a professional worker belongs to another culture, it can be useful to use a so-called 'naïve view' of the situation. A naïve view provides an opportunity to pose important questions in relation to the context and its importance (Eidheim & Stordahl, 1998; Saus, 1998). Other types of views are 'the informed view' and the 'blind eye' (Eidheim & Stordahl, 1998; Saus, 1998). 'The informed view' comes from being a part of the culture, and with it the social worker risks blind spots as he or she looks upon the situation. A reflective practitioner is able to use a naïve view to gain information and thereafter apply an informed view to transform knowledge and insight gained into concrete actions. When the professional health and welfare worker is Norwegian, this can be an important tool for creating good premises for providing help. They can reflect more, be more cautious, evaluative and sensitive, and see Sámi problems from the 'outside' rather than the 'inside', making it easier to determine which practical measures are appropriate for the situation, but this is premised on the ability of the care worker to 'see' alternatives and relate reflexively to cultural differences. Without such reflection, a 'blind eye' towards the situation is easily developed, and all users receive the same services according to a principle of 'same and equal' rather than 'different but equal' that might result in more distinctive service solutions. However, our analysis showed that knowledge and awareness of cultural differences also creates insecurity on the part of the professional. Insight and knowledge concerning the long-time discrimination of Sámis and the consequences this had sometimes contributed to the health and welfare professional becoming so reflective that he or she became paralysed when confronting the problems of Sámi users. Insecurity and becoming incapable of taking action could prevent practitioners from travelling into 'the unknown' or raising topics that felt foreign and unfamiliar. In such cases, the health and welfare professional needed to expand his or her reflection and the existing action alternatives, if he or she were to be able to provide help or support. Otherwise, Sámi users could experience that it was of little use to seek help. By including context and culture in professional work, the practitioner could gain a greater breadth of critical reflection and better understand issues, thereby performing better to provide more adequate assistance.

Discussion and conclusion

As this article has illustrated, there are particular challenges involved when users of a Sámi origin relate to local services intended to deal with social welfare. The challenges relate to aspects of the situation that are unrelated to the social problems or social issue at stake. Ethnicity and ethnic relations must be dealt with in a local helping context in which the Sámi population represents a minority and Norwegian welfare professionals are representatives of the main and dominant population. Developing cultural sensitivity is crucial in these settings in order to be able to provide help and assistance. To ensure the integrity of Sámi people when they are in contact with health and welfare professionals, cultural sensitivity and critical reflection are important elements of social work practice.

Social workers who belong to a majority population risk problems if they do not free themselves from the sins of their ancestors or from discrimination against indigenous people emanating from state policies (Gray *et al.*, 2008). As illustrated in the article, it is proven to be difficult for representatives of the majority culture to advocate and understand the practical reality and collective memory of these aspects in a minority population. This is also true for social workers, even those with the best intentions for providing good and equal relationships in a helping context. The actions of the social worker may unknowingly be regarded as discriminatory or may discriminate in their consequences (Payne *et al.*, 1998). Indigenous people, like the Sámis, maintain integral ties to and a historical memory with relatives and the indigenous community and how it has developed through history. These ties and collective memories and narratives can be awoken in interactions with social health and welfare professionals who are from the majority culture. Therefore these integral ties and stories must be acknowledged and respected by Norwegians when they provide social services or assistance. By broadening the context for understanding indigenous values and considerations, the health and welfare professional can better understand their own culture. An acknowledgement of this creates better premises for developing cultural sensitivity and critical reflective practice within health and welfare services.

Providing for accommodated services and assistance for indigenous people is not the same as treating them the same way as other ethnic groups are treated. On the contrary, a relationship based on treating people alike or similar, can be experienced as being forced into a Norwegian mould and as domination of the Sámi minority. Instead, the professional health and welfare practitioner must learn and reflect on historical facts of discrimination and recognise their political consequences while being sensitive to these in the helping context. The social worker needs both cultural competence and sensitivity about Sámi people to provide adequate service and help. Allowing indigenous people's voices to be heard in the interaction between health and welfare professionals and users is a key element. A good encounter between Norwegian social service workers and users from the Sámi population addresses cultural competence and differences. In addition, it is important to work analytically

and use critical reflection. Knowledge of different issues and situations in the cultural context, which are created through analytic work, must be transformed in order to be applied within professional practice that is directed at human conditions and relationships within the Sámi context. Cultural understanding is developed both through theoretical work and experience with cultural self-reflection (Stordahl, 1998). Culture should not be seen as an overcoat that can be pulled on or removed, neither is it a particular technique or set of skills that can be taught (Gray *et al.*, 2008). Culture is deeply ingrained in humans, both indigenous and non-indigenous people, and should be respected as such and for the complexity this adds in a helping context.

Structural power relations play themselves out in encounters between social workers and Sámi users and the professional must be aware of this and act in relationship to it. Reflection over how different structures threaten Sámi traditions and make life more difficult for Sámi users is important for practising quality social work. Specifying power structures in combination with working to provide individual users with the best possible support constitutes an ideal platform for providing culturally-sensitive support. As such, this article can be regarded as an important contribution towards moving this issue onto the agenda and identifies the potential for a greater ability to reflect and re-define power positions as well as the relationships between users from minority groups and health and social welfare professionals from a majority culture.

Note

- [1] This was a policy that operated to assimilate Sámi people through education programmes and institutions that forced them to adopt Norwegian language and culture, while effacing Sámi traditions, language and way of living. Both the church and state education system were active arenas for the Norwegianisation policy.

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