



Educator Q&A  
Participatory Models for Work With Communities  
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*How can I use this resource?*

At the heart of this educator resource is the belief that hope is a powerful strategy for healing and effective social work research and practice. Using participatory approaches such as asset-based community development and community-based participatory research (CBPR) that promote community engagement and human agency, we can infuse the practice of hope into social work research and practice. The resources provided can be integrated into macro-level social work courses at the BSW and MSW levels. Individual resource components, such as asset mapping and appreciative inquiry techniques, can also be infused with direct practice courses. These resources can also be very useful for teaching research methods courses to doctoral students.

*What are your thoughts on how social work can infuse the practice of hope into issues of diversity and justice in social work research and practice?*

The practice of hope in social work research and practice is both an art and a science. The science largely comes from organizing concepts drawn from the literature on community participation, community development, capability, and community psychology. The art comes from the understanding, skills, and empathy used to apply and adapt the science in ways that put community voices at the center of social work research and practice.

Although there is wide agreement on the critical role of hope in social work, the literature that examines hope is still very limited. In social work, hope has been examined in the areas of bereavement and social work aspirations across client groups—children and youths, older adults, people with disabilities, and people experiencing mental health issues. Over the years hope in social work has been perceived as co-occurring and co-existing with despair relationship and as having functions of maintenance, enhancement, and repair. Social work has also focused on the relationship between trauma-informed interventions and the fostering of hope. We need to think beyond trauma and articulate healing as a part of holistic well-being. We need to articulate social work's vision of equity for creating spaces of hope and healing across diverse communities.

Trauma, in essence, is a condition; healing is the pathway toward the ultimate goal of holistic well-being. I see hope as more than an acute individual act—it is rather situated in an environment that generates social toxins such as discrimination, racism, and structural barriers that, in fact, cause harm. Social toxicity is the result of inequality that poses serious threats to the development of identity, competence, moral reasoning, trust, and hope across vulnerable communities. So the challenge for us is to think about creating possibilities and opportunities to create spaces of hope across the diverse communities we work with. I strongly believe that



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infusing participatory approaches that focus on community engagement and human agency into social work research and practice has the potential to promote hope and healing across diverse communities.

### *What inspired you to think about hope, healing, and participatory approaches like CBPR?*

Hope is a powerful strategy to promote healing and holistic well-being. My own research working with immigrant and refugee communities, especially youths, has taught me how engagement and participation can build relationships of trust and create spaces of hope and collective healing. I am fascinated by the work of Shawn Ginwright, who works with youths in urban communities and investigates how youths navigate the constraints of poverty and how they struggle to create equality and justice in their schools.

In my own work I have seen the transformative capacity of research using participatory approaches: It can provide a platform for refugee youths to examine their cultural identity and cultural assets and can ignite their cultural leadership. For immigrant and refugee youths, current trauma-focused models provide little insight into the root cause of trauma in neighborhoods, families, and places of employment. As Ginwright suggests, trauma-focused models instead run the risk of focusing on the treatment of pathology rather than fostering the possibility of well-being.

So more research that uses participatory models is necessary to build the evidence for how participatory strategies can create spaces of hope and healing across diverse communities.

Although discussions around healing-centered engagement (HCE) are evolving, there are persistent gaps in how the knowledge of HCE can be translated into pragmatic action. Discussions of best practices that focus on healing, especially among refugee youths, are either very sparse or fragmented. Therefore, there is a critical need to build knowledge around action-oriented, healing-centered engagement strategies among diverse vulnerable communities, especially refugee youths.

### **About the Educator**



Dr. Arati Maleku is an assistant professor in the College of Social Work at The Ohio State University. Maleku's principal area of research is the role of social determinants of health in the migration context. Her research integrates participatory and transformative mixed methods approaches into cross-cultural contexts by incorporating novel methodologies, such as arts-based and photovoice inquiries, that place immigrant voices at the center of the research process. Dr. Maleku is chair of the South Asian Social Work Educators Association, an affiliate of the Commission for Diversity and Social and Economic Justice.

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