

# “Pasifika families aren’t accessing specialist services as much because those services require a really one-eyed view of the child”: How social workers engage Pasifika children with disability and their families

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## ABSTRACT

**INTRODUCTION:** Accessing disability services in Aotearoa New Zealand is not a simple process. Pasifika families experiencing disability underutilise disability services. This research explores how social workers work successfully with Pasifika families of children with disabilities in Aotearoa New Zealand, a traditionally western-practice-dominated country. It specifically explores how practice is adapted and which frameworks are deemed successful in this field.

**METHOD:** This qualitative research uses semi-structured interviews with four social workers working with Pasifika families of children with disability. Interviews were thematically analysed.

**FINDINGS:** Using an anti-oppressive framework for analysis, this study found it is important for social workers to understand the differences when working with Pasifika families of children with disabilities, this includes: knowledge of Pasifika values, Pasifika social work practice frameworks, relationships, cultural humility and meeting families where they are at. This understanding is necessary for successful social work with Pasifika families of children with disability.

**IMPLICATIONS:** Anti-oppressive practice addressing structural, cultural and personal oppression is crucial for successful social work with Pasifika families of children with disability. Using an anti-oppressive practice approach, which incorporates the intentional inclusion of decolonisation, indigenisation and anti-racist practice provides a conceptual framework for working successfully with Pasifika families of children with disability.

**Keywords:** Pasifika; children with disabilities; decolonisation; indigenisation; anti-racist practice

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Accessing disability services in Aotearoa New Zealand is not a simple process (Munford & Bennie, 2013), and Pasifika people with disabilities are accessing services at a much lower rate than other cultural demographics (Ministry of Health, 2017). Pasifika families of children with

disabilities (referred to within this article as “families” or “Pasifika families”) often experience *dual discrimination*, through being both a minority ethnic group in Aotearoa New Zealand and living with a disability (Bryan, 2007). This is further amplified for children with a disability who are described

as some of the world's "poorest and most marginalised people" (Groce, 2004, p. 13). The Aotearoa New Zealand Pasifika rate of disability is 19%, compared with Māori at 26% and European at 25%; however, once adjusted for age the Pasifika rate rises to 26 percent, second only to Māori (Statistics New Zealand, 2013b). The Pasifika population is projected to increase from 8.1% of the Aotearoa New Zealand population at the 2018 census (Statistics New Zealand, n.d.) to 10.9% (Statistics New Zealand, 2015, as cited in Crichton-Hill, 2018). With the above in mind, the provision of culturally appropriate social work is crucial for successful social work with Pasifika children with disabilities and their families.

This article presents the findings of a small-scale study carried out as a requirement for a Master of Applied Social Work at Massey University. The study explores how four non-Pasifika social workers are working successfully with families in Aotearoa New Zealand. It specifically sought to: a) understand how social workers adapt their practice to engage families and maintain these relationships; and b) identify whether there are approaches or practice frameworks that prove more successful for social workers in this field.

This study uses the term *Pasifika* to refer to people from the Pacific living in Aotearoa New Zealand and their cultures, excluding Māori who are tangata whenua, the Indigenous people of Aotearoa New Zealand (Ravulo et al., 2019). The term is aligned with *Faiva Ora*, the National Pasifika Disability Plan (Ministry of Health, 2017). For definitive purposes, the term includes the same ethnicities as the term *Pacific peoples* for census data (Statistics New Zealand, 2013a). It is important to be aware that the themes identified in this research cannot be attributed to all Pasifika families. As Crichton-Hill (2018, p. 115) points out, there is diversity both within and between Pasifika cultures, with commonalities providing a starting point to understanding Pasifika cultures.

The study also refers to both Western and Pasifika social work practice. This recognises the Western roots of social work in Aotearoa New Zealand which has seen individual and formula-driven practice dominating social work (Mafile'o et al., 2019). Mafile'o et al. (2019, p. 22) describe Pasifika social work practice as drawing from "knowledge, skills and values deeply rooted in ethnic specific Pacific-Indigenous worldviews". Mafile'o (2019) offers the key principles of Pasifika social work as love, relationships and humility. Mafile'o (2019) discusses the importance of practice that is beneficial, not just to individuals, but to their wider families and communities. The emergence of Pasifika social work practice offers opportunities for those working with Pasifika families to recognise and incorporate Pasifika values into their work to ensure culturally appropriate practice.

The United Nations Convention on the Rights of Persons with Disabilities defines people with a disability as including "those who had long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (United Nations, 2006). This is consistent with definitions used by New Zealand government departments such as the Ministry of Health or the Office for Disability Issues (2016).

The decision was made to use the person-first terminology *children with a disability* aligning with language accepted more universally (Carter et al., 2017) and recognising an individual as a person before the assignation of a label (Fuamatu, 2019). Person-first terminology was more suited to this research with participants noting families value their child as a whole and they did not wish to primarily focus on the disability, or the difficulties faced through the disability. The researcher's personal experience as a Pasifika parent of a child with a disability, including experience with

how that child has been viewed by others, has also influenced the decision to use person-first terminology for this research.

### Anti-oppressive practice

This project engaged an anti-oppressive practice (AOP) conceptual framework for analysis. AOP can incorporate an array of social work approaches (Callahan & Swift, 2007) but, importantly, challenges oppression in many areas including disability and ethnic perspectives (Dominelli, 2018). Maidment and Egan (2016) emphasised social workers must recognise and counter oppression, while Sims (2016) recognised the role discomfort plays in AOP as an avenue for challenging and changing the structures and beliefs that enforce oppression.

AOP creates awareness of, and confronts, oppression at structural, cultural and personal levels (Dominelli, 1996, 2018; Maidment & Egan, 2016). Structural oppression occurs when laws, policies, processes and ways of practice place minority groups at a disadvantage whilst dominant groups are further privileged (Maidment & Egan, 2016). Cultural oppression refers to the acceptance of the dominant groups' values, behaviours and worldviews without considering those of the minority groups, including ethnicity and ability (Maidment & Egan, 2016). Personal oppression is the way an individual's beliefs can align with society stereotypes and impacts their behaviours and interactions (Maidment & Egan, 2016). These levels of oppression provide a framework for organising information regarding both oppression and, in this case, approaching social work with families using an AOP lens.

### Method

This small-scale qualitative study used semi-structured interviews with four social workers who have worked with families for at least 12 months in Aotearoa

New Zealand. Following ethical review by the researcher and supervisor against the university's research code of ethics, a low-risk notification was made to the Massey University Human Ethics Committee.

All participants were female and worked for mainstream organisations—rather than organisations catering specifically for Pasifika families. Participants were located in two distinct areas in the North Island. Participants One and Two work together in a non-government organisation in the disability sector and were interviewed together—whilst still ensuring each participant was given opportunity to discuss each question. Participant Three works for a Needs Assessment Service Coordination organisation and Participant Four works for a District Health Board. To retain anonymity in what is a relatively small sector in Aotearoa New Zealand, little information can be shared about the organisations participants worked within. Participants One, Three and Four are New Zealand European and Participant Two is Māori. None of the participants was of Pasifika descent.

Purposive sampling to recruit participants with relevant experience was used (Ritchie et al., 2014), with emails sent directly to organisations in the disability sector and via contacts who shared the request for participants with their networks. Interviews were voice recorded and transcribed verbatim. Thematic analysis was undertaken to identify themes in the data using an interpretive approach (Ormston et al., 2014). The use of purposive sampling and the small sample size mean the findings cannot be generalised (Holosko, 2011). However, a recognised analysis process was utilised (Spencer et al., 2014) to ensure the data were trustworthy and grounded. As qualitative research leaves itself open to interpretative differences (Marlow, 2011), self-reflexivity was used to counter this and to reflect on biases (Ormston et al., 2014).

Participants were specifically asked how they engaged with Pasifika families, how this differed to their work with non-Pasifika families, and how they maintained relationships with Pasifika families. Questions also sought to identify practice models that have proven successful for practice with Pasifika families and how they came across these. Following the first interview, a question about access to training for working with Pasifika families was added. Interviews also explored differences participants had noticed in beliefs and behaviours when caring for children with disabilities between Pasifika and non-Pasifika families and how these differences impacted on participants' practice.

## Findings

Participants narrated how they adapt their practice when working with families according to the cultural differences they identified. The findings are outlined using 11 key themes and are organised under three anti-oppressive practice (AOP) headings: *structural*, *cultural* and *personal* oppression (Dominelli, 1996, 2018; Maidment & Egan, 2016).

### **Structural oppression**

Themes of structural oppression identified from the findings discussed here are systems and services, pace, racism and practice frameworks/approaches.

Theme: Systems and services

Participants recognised the need for adapted practice within systems and services. Participants identified flexibility, Pasifika representation, networking and Pasifika training and information, as areas needing to be addressed when working with families.

#### *Flexibility*

Participants discussed flexibility as important to successful practice with

families, whether this be from their organisation or through the contracts they deliver.

In a particular contract ... you are only allowed 24 hours of the year to spend with that whānau ..., so I needed to speak with my manager, because ... it was going to take a lot more conversations than one to go back into the whānau to allow them to feel safe with us ... it was more time that we needed and allowing that our organisation pay for that time. (Participant Two)

Inflexibility, alongside inability to recognise non-Western needs, further embed colonisation, and devalue and marginalise Indigenous practice and knowledge (Ravulo, 2016). Participants were aware of the importance of flexibility in their practice and would advocate for this when needed for Pasifika families.

#### *Pasifika representation in the system*

Participants were also aware of the lack of Pasifika workers available for clients should they prefer this, linking this to the lower number of Pasifika families engaging their services.

But I think if someone wants to work with a Pasifika [worker] there's no options, and so maybe if there were more options we might engage more Pasifika families. (Participant Three)

Other participants noted the benefit of having Pasifika colleagues they could turn to for support.

What I found was really good with [manager], in particular with my Samoan family, she came with me, and obviously had the ability to speak the reo, their own language. And the conversation that came out of it and through it, inviting me into that space culturally and making sure that it was ok, even though I'm not Samoan. (Participant Two)

Participants expressed concerns about the low number of families accessing disability services and the barriers to accessing services, with some processes identified as inappropriate for Pasifika families.

We don't have many Pasifika [families] and I think for a Ministry of Health (organisation) that's an issue because areas like [place name], there are higher Pacific numbers and families and where are they going for support? (Participant Three)

Pasifika families aren't accessing specialist services as much because those services require a really one-eyed view of the child ... it's not about the work they do necessarily, it's about accessing it, the referral process itself is very judgey and clinical and the paperwork is stuff that a lot of families don't want. (Participant Four)

Future work to explore the shortage of Pasifika social workers, the influence of the Western roots of social work on systems to access disability services, and how these might link to lower numbers of Pasifika families accessing disability services, is worthy of further investigation.

#### *Networking*

Participants One and Two felt that prioritising networking within their organisation, from management through to frontline workers, had led to an increase in families utilising their service. Further benefits of networking were the ability of the organisation to identify and access appropriate supports in the community for families.

For others, whilst it was seen as a priority when working with families, finding the time for networking was limited due to high caseloads and long waitlists.

We just need to network, to try and create these opportunities because it's

about building these natural supports for people. So that's been the biggest challenge but when you have a six-month waiting list, families going into crisis all the time, and... Covid – well it's just rocked that even more. (Participant Three)

#### *Pasifika training and information*

There was concern about the lack of training and information available for Pasifika social work knowledge. Participant Four felt there was a "big gap" particularly when working with families. There was a desire for more training and the opportunity to implement what was covered in trainings that had been attended.

Not just running a training course and then nothing comes of it, that's what really stuck with me you know, it's "like what do we do now? Oh, we've moved onto the next thing because we have no time". (Participant Three)

There is a need to address the structural oppression that occurs within organisations preventing the ability to change from the dominant Western practice paradigm.

#### Theme: Pace

Participants were intentional in changing the pace they worked when working with families, going slower and giving more time to the process.

I had to make different allowances by spending more time with them at the beginning. (Participant One)

I have this idea that you would go slower, and I guess that it's partly an assumption and partly experiential learning from what I've seen with families I've worked with. (Participant Four)

This change in pace makes the flexibility mentioned earlier even more critical, ensuring the ability to work at a pace that



works for the family in order to build and maintain the relationships important to successful practice.

Theme: Racism

Encountering racism in the system and the extra justification required in advocating for Pasifika families was recognised as a difference compared to non-Pasifika families. Whilst only one participant spoke directly about this, its impact on their practice warrants discussion.

I'm conscious that Work and Income will look at the referral letter and say "why did you have so many kids?" And think all of the thoughts that people think about being an Islander and having lots of kids, so I feel the need to justify things, like to say "this is a large and loving family who always planned to have this amount of children", and I don't know if that's the right or wrong way to go about it, because it's nobody's business. But I sort of feel the need to put a little bit more context around the facts that you see on paper about the family, because people look at those facts and they make assumptions that are unkind. (Participant Four)

Recognising the racism Pasifika families may face within the system provides opportunities to adapt practice and challenge systems.

Theme: Practice frameworks and approaches

Participants reported using their organisational frameworks as the basis of their practice as well as a strengths-based approach (Egan & Papadopoulos, 2016). Task-centred practice (Payne, 2014) was used with families by some, but seen as not appropriate by others. Family-led practice was seen as key when working with Pasifika families. Participants mentioned the use of Te Whare Tapa Wha (Durie, 2004, as cited in Hickey, 2006) and ecological systems theory (Payne, 2014). None of the participants used

any Pasifika practice models despite the continually growing body of knowledge. Some participants mentioned they often approached families in the same way they might Māori families. Participant Three felt that if bicultural practice was being achieved this would lead to better practice with Pasifika families.

There was strong agreement that when working with families, practice should be family led, with family / families making decisions about the work, goals and the pace of the work that was to be carried out together.

I know here [this organisation] it's just putting it back on the family, "it's your life", you know, "be brave about what you're going to say, you know I'm here to support you on your journey, what do you need?" (Participant Three)

Knowledge of the forms of structural oppression in social work provides opportunities to recognise it and adapt practice to eliminate oppression of Pasifika families. This research discusses the identified themes of systems and services, pace, racism and practice frameworks, what the participants identified and how they adapted their practice to counter it. Social work is recognised for its English and North American roots, with some questioning how it is suitable for work with Indigenous/Pasifika people (Crichton-Hill, 2018; Ife, 2020; Mafile'o et al., 2019; Tacsón & Ife, 2020; Weaver, 2015). In conjunction with social works roots, social work privileges white worldviews and knowledge through colonisation (Tacsón & Ife, 2020) and institutional racism stemming from historical enslavement of Pasifika people (Speedy, 2015, cited in Ravulo et al., 2019). The participants recognised the impact of structural oppression when working with Pasifika families and stated they worked to counter this.

Participants were able to outline how they addressed structural oppression in

the areas of systems and services, racism, and change of pace. However, Pasifika practice frameworks were not utilised by participants. The literature advocates the use of Indigenous/Pasifika frameworks in partnership with Western practice (Crichton-Hill, 2018; Mafile'o, 2019; Mafile'o et al., 2019; Weaver, 2015). Intersection theory (Weaver, 2015) provides the opportunity for this, with the term *intersection* describing where Western and Indigenous practice meet. The literature also provides different Pasifika frameworks that can be utilised in practice (Mafile'o et al., 2019; Ravulo, 2016; Su'a-Tavila, 2019; Yeates, 2019). Discussing Pasifika social work, Mafile'o (2019) identified love, relationships and humility as the core principles and advocates for their use by Pasifika and non-Pasifika social workers.

These core principles can be seen throughout the themes identified in this study, along with integration of practice that reflects a rights based approach in the telling of Pasifika peoples with disabilities stories as advocated for by Yeates (2019). However, the absence of Pasifika practice models and the need for practitioners to work in a way that relies heavily on their intuition, highlights a gap in the sector that needs addressing.

#### *Cultural oppression*

Participants discussed adapting their practice with families in response to cultural oppression using the themes of relationships, humility, religion and spirituality, family, boundaries and views of disability.

#### Theme: Relationships

Participants discussed their practice in engagement and maintaining relationships with families and the elements they felt were important for doing this successfully.

#### *Engagement*

The engagement process is referred to by Participant Two as the "cup of tea" phase.

I always call my initial face to face a "cup of tea". Always a cup of tea, it's never, "I'm coming to hui with you ... let's have a kōrerō and we'll talk about whatever you want to talk about and let me get to know you" in the respect and build a rapport with them. (Participant Two)

Participants also recognise the physical actions of meeting new Pasifika families such as:

You do the polite things like leave your shoes at the door and that stuff, I sit wherever they direct me to sit. (Participant Four)

While the above may imply a simple process, participants pointed out relationship building takes time and is not without complications.

I notice it was always me and the mum, we would do a lot of the discussions and it wasn't like free flowing talking, it was kind of awkward. I felt awkward. But over time it's become a bit of a laugh and a bit of a chat. I think it's just taken time for them to accept me or welcome me or feel comfortable maybe, that I'm here to work for them for what is going to work for your family. (Participant Three)

The process can be further complicated by previous interactions with agencies in the disability and other sectors.

[One] family had been in the system... for a long time, so were never happy there and that's possibly where they just thought, "my experience there is probably going to be the same and I'll be told the same", and it's probably been ... breaking down some barriers, you know, "we are different, this is not me coming in to tell you what you need". (Participant Three)

This was not an isolated response, showing there were barriers to overcome before beginning any work, due to prior interaction

with the system. Engagement is more than the initial phone call or visit, it may be a series of visits and phone calls. Participants were clear that their work was family led, with their role being to listen to what the family wanted and work from there.

### *Maintaining relationships*

Maintaining relationships with Pasifika families was also different for participants, with more contact required and understanding that Pasifika families were less likely to ask for assistance.

There are a lot of barriers around our Pacific whānau engaging. So the maintenance is quite high priority because you know, something they may not have thought about that's quite significant, they don't deem as significant, so they'll just struggle along without saying anything. (Participant Two)

(You) maintain that contact and that relationship ... because some families, if that relationship isn't strong they may go "oh I don't want to bother them" or "oh it's not important". They just ... feel that they maybe intruding, or that their needs aren't significant enough. (Participant One)

Participants identified the importance of following through on tasks and completing them when they said they would for building trust and respect.

I find that with Māori and Pasifika families ... you have to deliver, you have to own and honour what you say you were going to do. (Participant One)

Participants were clear that trust, respect, and integrity were crucial for successful relationships with families.

I find trust, integrity and respect goes a long way ... dealing with any Pacific whānau. Show respect, they give respect

back to you and then you can start building your rapport. (Participant Two)

So it's been about building trust, "you can trust me I'm here to listen and I'm here to guide". (Participant Three)

Seeing positive changes take place for the family also helped to cement good relationships. This next quote demonstrates this and is an example of countering structural oppression through applying creative solutions.

They want to employ Dad, and I said, "well just so there's no conflict of interest Dad would have to go through [organisation name]" (to) employ Dad to do certain hours for the other son and that's their choice. And we're working with Occupational Therapists, because Dad and the older son co-sleep and they don't want to change that situation ... so we've been working with the OT to get a new bed ... so they'll fund the hospital bed but they won't fund the companion bed, that's the system. So I've been talking to Mum saying "well let's put in the companion side into the funding" But what I've found is that ... as soon as I used to arrive, Dad would shoot off and not even talk to me, but now he's really friendly and he hangs around for a bit and just kind of chats and has a bit of a laugh then leaves. So I feel like a bit more accepted I think that is the word, like I feel like I'm more welcomed into their home maybe. (Participant Three)

### Theme: Humility

Participants noted the impact of humility in their interactions with families and the difference this made to their responsiveness and level of enquiry as practitioners. Participants were conscious of Pasifika families reluctance to ask for help and that they were not as forthcoming in sharing information to gain help.



I have this assumption that most of the Pasifika clients I've worked with may have a need but be shy to ask ..., just this cultural difference of being, "it's ok to offer help but you don't ask for it", and I've talked with one of the mums I work with about that ... she said "we don't do that, you know we can do this and this and this for other people, we don't ask for it in return. If you need it you'll receive it but you don't ask". (Participant Four)

This led to participants drawing on their skills to ask the right questions in order to ensure they had all the information needed.

I feel with Pasifika families, you have to put in more effort to actually draw out that information and sometimes that conversation about how many people actually get that help and how it's ok. (Participant Four)

Participants clearly recognised the difference with families not readily reaching out to ask for help, being apologetic for participants having to support them, playing down their experiences and/or not seeing them as important enough to require help. Participants adapted their practice to ensure more regular contact, listening for what was not said and asking questions to delve deeper. In addition to this, their responsiveness with families was quicker as they knew that requests for help only came if the need was more urgent.

Theme: Religion and spirituality

Participants identified the importance of religion and spirituality for families they worked with. They adapted their practice to ensure time was spent exploring the family's commitments to their church and ensuring their practice did not cause offence. The incorporation of religion and spirituality not only removes potential barriers, but provides opportunities for support and inclusion of children with disabilities.

Theme: Family

Another key difference between Pasifika and non-Pasifika families was the importance of, and priority placed upon, both immediate and extended family. Understanding the value of family to their practice held two important realisations. First was the opportunity for support for families in their preference of employing family to provide carer support.

So it was definitely more internal family and I think they've just got the family willing to do it ... yes, I think the priority is more family, family focussed, by family for family because actually you're employing a cousin, who will actually get paid quite well so that's helping her with her income because I don't think she works so it's kind of like it just helps everybody. (Participant Three)

Understanding commitments that may lie outside the immediate household for the families was important in helping the participants to recognise when extra support may be needed and may look different to supports provided for non-Pasifika families.

They have a lot on as well, very busy, so a lot of it is around family, the mother passed away, the grandfather, the fathers been sick so that's become the priority, there's been issues with the family in [another town], so even though they have massive issues going on themselves [they] still gotta support the family, so I'm kind of like "what about you guys? Let's get some more support in here because I know life is difficult". (Participant Three)

Listening to, and respecting, the wishes of the family provides opportunities for solutions within the family that may not have otherwise been explored. It also allows for critical reflection to gain insight outside of their own 'normal' to see where supports may be better utilised or needed.

Theme: Views of disability

Participant Two had noted a change in Pasifika views of disability over the years she had been in the role, describing the use of technology to explain disability using a medical explanation rather than a religious or cultural one.

In my early days it came across very loud and clear especially in our Pasifika whanau ... a lot of talking and explaining, it's about health... it wasn't about religion ... or a cultural taboo ... I think people are coming to the year 2020, a lot faster with technology around too, and our children being involved with technology these days ... it's easier for our young ones now to prove "no this is what it is Mumma, look, listen, read. I can tell you what it is". And they can get it translated straight away online. (Participant Two).

Participants also felt there was a need to differentiate that not having a Western understanding of disability is not the same as not understanding health and disability. Participant Four who works in the disability sector in the health system explains:

I went to a seminar where they were talking about medical literacy, health literacy which kind of seemed like a judgey term to use, because you can have an amazing understanding of your own health but it might not be a western medical understanding of it, but if it's not then you're not very health literate are you. And at that presentation they were saying that rates of health literacy for Pacific Islanders was very low. I don't think I've encountered that in my work ... Personally I wouldn't say it's a lower health literacy. (Participant Four)

Participants noticed a marked difference in how Pasifika view children with disability to non-Pasifika views. All children are seen as a gift from God, with or without a disability, which in turn influenced how they processed the disability.

... sometimes people will tell you "children are a gift from God and who am I to wish they that they are any different", really, really strong with Māori and Pasifika families, and that is just such a massive contrast to a lot of my other clients who are grieving for the child they could have had. I haven't seen that in Māori and Pasifika families. (Participant Four)

I think they just see them as these amazing gifts and they love them dearly and they do everything to include them and support them. (Participant Three)

Understanding this in practice was crucial, with participants discussing the hurt caused by practitioners who insist on working through the grief process they felt families *should* be experiencing. This view of children as a 'gift' was reflected in the way families discussed their children's disability and the difficulties they experienced.

I've noticed that Pasifika and Māori families don't describe the difficulties with their child's behaviour in perhaps such blunt terms as other ethnic groups do ... some families who just catastrophise stuff the way they describe it, I've never had a Pasifika family do that, ever ... I get the feeling that it's related to having a perception of the child as a whole person and not the sum of their behaviours ... it feels like a respectful way to speak about a child. (Participant Four)

The themes identified in this research which fit into the area of cultural oppression align well with common Pasifika values of family, dignity and respect, humility, religion and spirituality, collectivity and community (Crichton-Hill, 2018) and the importance of service to the church (Su'a-Tavila, 2019). The ability to pinpoint the importance of these values for Pasifika families allows social workers to address cultural oppression, and recognise and question the privileging

of Western values, customs, behaviours and knowledge over Pasifika and other minority groups (Maidment & Egan, 2016). Participants' commitment to AOP can be seen in their seeking to understand the differences between cultures (Mafile'o, 2019).

This difference in the engagement process shows a similarity to what Ife (2020) labels a three-step approach of stepping aside, falling in behind and walking alongside in support. The three-step approach aligns with AOP and promotes Pasifika-responsive behaviours in practice.

Practice by participants working with Pasifika families showed an openness to support solutions that not only included family, but provided good outcomes for the community, reflecting once again the importance of common Pasifika values (Crichton-Hill, 2018) in practice.

This research suggests there has been a shift in Pasifika views of disability. Participants experienced Pasifika views of all children as being a gift from God, whether or not they had a disability. This did not reflect the literature which identified Pasifika people as having views that disability could be explained through religious and cultural reasons of punishment from God or the breaking of cultural taboos (Fuamatu, 2019; Huakau & Bray, 2000; Tahaafe, 2003), suggesting a possible shift in Pasifika views of disability. Awareness and understanding of the cultural differences in the view of disability and children with disabilities can prevent the harm caused in assuming Western individualistic values are applicable to Pasifika families (Hickey & Wilson, 2017; Hollinsworth, 2013).

### Personal oppression

Participants demonstrated an awareness across the themes of personal oppression, this section will discuss the themes of cultural humility and boundaries.

Theme: Cultural humility

Participants were aware of the power imbalance that came with their role and, for some, their ethnicity, and the way this could be perceived by families they worked with.

I'm just aware of respecting culture, and I wanna do it right and not look like this white pakeha woman coming in and telling them what to do. (Participant Three)

That I don't come with my Māori perspective either ... So for me it's always my first note is to walk in Māori, you know, but then I've gotta revert and remember whose whare (house) I'm walking into. (Participant Two)

Additionally, participants discussed letting families lead the direction of the work and stressed the need to ask and check in that their practice was appropriate. They were aware of the need for differences in physical actions and responded by doing things such as keeping eyes down if the husband/father was present, removing shoes and waiting to sit where indicated.

Theme: Boundaries

Work with Pasifika families requires different boundaries to Western practice.

I suppose I need to bring a level of openness and maybe some type of vulnerability that's not inappropriate if that makes sense ... trying to be more conscious of the fact that it's relational work that you're doing and it is a two-way thing. (Participant Four)

This participant had recently read about the concept of love as a core principle of Pasifika social work (Mafile'o, 2019) and reflected on how this fit well with their practice. This identification of the difference in boundaries is reflective of the reciprocal nature of social work with Pasifika families (Crichton-Hill, 2018). In line with the description of

personal oppression (Maidment & Egan, 2016), participants were cognisant of how their own views and values may support stereotypes and impact on their interactions. Participants' intuition to recognise the importance of, and utilise, humility in their practice is supported by the literature. Humility informs "the position and approach of the social worker, but is also a concept that informs intervention strategies engaging individual, family and community change" (Mafile'o, 2019, p. 219). Ife's (2019) three-step approach of stepping aside, falling in behind and walking alongside in support, is a demonstration of humility in practice. All of which were undertaken in practice by participants.

So I am guided by them, I put a lot of emphasis around that, that we will do it their way and how it feels comfortable for them in whatever space that may be. So it's not me coming with my Western European views of this is how it should be done... it's about working alongside them and walking the path with them, whether it be, at their consent, in front or beside or behind, because that changes [throughout the relationship]. (Participant One)

Participants were also conscious of the power imbalance when working with families so would work to ensure families felt they were listened to and in control of their decisions.

It's put back onto families to say what is going to work for your family? And giving them that control to be able to say well this is what I want. (Participant Three)

Mafile'o (2019) discussed the use of language to situate one's self within or alongside the family, this providing opportunity for social workers who are conscious of the power imbalance. This can be seen emerging in the data as a strategy participants employed.

## Implications

It is recognised that Pasifika people are underutilising disability services in Aotearoa New Zealand (Ministry of Health, 2017). This research offers insight from social workers practicing in the disability sector, into the differences they perceive between Pasifika and non-Pasifika families they work with and how they adapt their practice in response to these differences. This research highlights the importance of social workers working with Pasifika families ensuring that practice adapts to reflect these differences and the needs of Pasifika communities. Links between the research findings and literature suggest knowledge of Pasifika values, Pasifika social work practice frameworks, relationships and cultural humility will contribute to successful social work with Pasifika families. The research identifies practice fitting within an anti-oppressive framework that offers social workers and other professionals working with Pasifika families opportunities to meet them where they are at.

It is important to recognise that the findings, either in part or as a whole, are not a 'one-size-fits-all' solution for successful social work with Pasifika families. Rather, they offer options to explore beyond the dominant Western frameworks when working with families. A family not accessing available services may reflect family preference. Caution must be taken to ensure families are listened to and that well-meaning implementation of AOP does not become another form of oppression for families.

## Conclusion

Research in the field of Pasifika disability social work is limited. This study provides insight into successful practice in this field and offers suggestions to enhance practice. While the findings from this research cannot be generalised, they do point to areas for further research and possibilities for practice.



Participants were clear that they adapted their practice with Pasifika families due to noticeable differences between Pasifika and non-Pasifika families. It is suggested that these cultural differences can be addressed by social workers through the use of an AOP framework that seeks to understand Pasifika values and incorporates these into practice; uses Pasifika practice models, understands and utilises cultural humility, and employs a non-judgemental understanding around different beliefs about disability Pasifika families may hold. It is also important that organisations are able to operate within an AOP framework by, for example, reflecting on the processes to access services, deciding whether they act as barriers for Pasifika families and then rectifying this. The study also identifies possibilities for further research to help understand the disability sector better from a Pasifika perspective including: how community networking impacts on utilisation of services by families; the number of Pasifika social workers in the disability sector and whether work needs to be done to increase this, and if so, what approach would work to encourage this; examining racism faced by Pasifika families across disability support systems to establish the extent of racism and to make recommendations on how to create change; and research that is undertaken directly with Pasifika families to determine why they are not accessing disability services and whether there are changes that could be made that would encourage them to do so.

Successful social work with Pasifika families requires practice which is anti-oppressive to counter social work's Western origins. Participants in this research demonstrated the use of AOP in their work with Pasifika families and provided a rich knowledge base to inform the direction of this research. In line with Weaver (2015), this research suggests there are opportunities within practice for the inclusion of both Western and Pasifika approaches to create a synergy

between the different worldviews. An anti-oppressive approach provides the framework to guide successful social work with Pasifika families of children with disability.

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