# AOTEAROA NEW ZEALAND
# SOCIAL WORK

# Resistance, reclaiming and reframing:
## Relationship-based Pacific social work practice

*Tu Mau* holds space for Pacific social workers to speak truth to power. Pacific social workers—social workers who trace their ancestral roots to moana-nui-a-kiwa—often find themselves in spaces of resistance, reclaiming and reframing for themselves, their families, and the Pacific communities they work with. This long-awaited *Tu Mau* issue gives necessary space and encouragement for Pacific social workers to speak into social work scholarship. To foreground the contributions in this *Tu Mau* issue, this editorial discusses two cross-cutting contemporary social work themes evident in the contributions: the Covid-19 pandemic's impacts on social work; and relationality and social work. The contributions to this *Tu Mau* issue are then introduced, highlighting how they enrich and strengthen the inclusion of Pacific perspectives in social work.

## Pandemic-related impacts on social work

A critical part of our social work role is an ability to engage people and structures to address life challenges and enhance wellbeing (International Federation of Social Workers [IFSW], 2014). However, the unprecedented arrival and ongoing impact of the Covid-19 pandemic has significantly altered global and local society, and subsequently social work practice. The first case of Covid-19 in Aotearoa New Zealand was reported on 28 February 2020 and within a month the New Zealand government, like many other countries, introduced a series of measures to respond to the pandemic. The initial Covid response framework was based on a four-tier alert level system (level 1 to level 4) aimed at eliminating Covid-19. At alert level 4, New Zealanders were advised to stay at home and maintain physical distancing, travel was restricted (where people could only leave home for work or obtain necessities), public and education facilities were closed, and people were encouraged to work from home where possible (Baker et al., 2020). For more than 90 days, Aotearoa NZ had experienced no instances of community-based transmission, however, this changed with the Delta outbreak in August 2020.

The pandemic made equity issues more visible. The initial Covid-19 Delta outbreak affected a higher proportion of Pacific communities, later spreading to Māori and other communities (Smith & Adams, 2021). At a time where there were relatively few deaths, the passing of four Pacific and Māori individuals in this initial cluster outbreak highlighted the disproportionate impact on Pacific and Māori communities and subsequently, interventions for Pacific and Māori needed to be prioritised and adequately tailored (Cheung et al., 2021; Fa'alili-Fidow, 2020).

## Impacts on Pacific population

While there are many inherent strengths within Pacific families and communities, the Covid-19 pandemic further exacerbated social, educational, environmental and economic challenges (Ioane et al., 2021). A larger proportion of Pacific communities are in the lowest socio-economic bracket—11.6% of Pacific are classified as *poor* compared to 5.9% of New Zealand Europeans (Plum et al., 2019) and experience poorer physical and health conditions (Cheung et al., 2021). This phenomenon, whereby Pacific populations had increased rates of Covid-19 infections

compared with other population groups, was also reported in the United States (Moore et al., 2020). While most Pacific communities were generally supportive of the lockdown restrictions (Long et al. , 2022), with some highlighting the positive benefits (Su'a-Tavila et al., 2020), such benefits were largely overshadowed by the negative social, emotional and financial impacts experienced. A study examining the impact of Covid-19 on the lives of 500 Pacific South Aucklanders in 2020 revealed that over a third of Pacific households have been financially impacted by Covid-19. Nearly one in five (18%) Pacific households lost half or more of their income, and almost 3 in 10 (28%) Pacific people who tried to get mental health support during alert levels 4, 3 and 2 felt they could not get this support (Colmar Brunton & Tupu Toa, 2021).

A further study exploring the experiences of Pacific women in Auckland during the Covid-19 pandemic involving 22 women in three focus group talanoa (Su'a-Tavila et al., 2020) highlighted the multifaceted challenges, including:

- uncertainty due to family future and financial support;
- stress—in case their family member/s caught the disease unconsciously;
- lack of resources to study at home and challenges of having children at home with fewer resources for schoolwork;
- basic information was not readily available, such as on health, food and finances;
- family violence increased within the community space;
- family members with long-term health conditions were at risk—very stressful and overwhelming as clinics gave wrong information in relation to attending clinics;
- challenges of accessing support services, especially when there was no access to mobile phones and internet connection;
- high demand for food parcels and frustrations due to long queues at foodbanks;

- frustration and fear of long queues at supermarkets; and
- mental health issues on the rise (Su'a-Tavila et al., 2020, p. 7).

For Pacific and other collectivist communities, the restrictions in social gatherings which included the outright banning, and then limiting the numbers of people attending significant milestones, such as funerals added to the emotional distress experienced (Long et al., 2022). This is particularly relevant as, in many Pacific communities, family and relational connections are particularly important, especially as family forms the foundation for one's health and wellbeing as depicted in the Pulotu-Endemann's Fonofale models of health (Cheung et al., 2021; Endemann, 2009).

## Impact on social work practice— Pasifika social workers

Dalhousie's "The Fono's 'Alert Level 4' Story" discusses how their multidisciplinary team at the Fono, including Pacific social workers, responded to the Covid pandemic. The increasing complexity of needs highlighted by Dalhousie are noted in other studies with Pacific front-line and essential workers (Fa'alili-Fidow, 2020; Independent Pacific Researchers, 2021; Smith & Adams, 2021; Su'a-Tavila et al., 2020). Supporting Pacific communities during the Covid outbreak, particularly during the 2021 Auckland August lockdown, took an emotional, physical, spiritual, and social toll on many workers. Pacific social workers experienced an increase in their workload, were asked to support new Covid response initiatives whilst simultaneously facing increased responsibilities on the home front with caregiving responsibilities. Many accepted this call from an innate desire to serve (*tautua*) and protect their community, a trait underpinned by Pacific cultural values of caring and love (*alofa*) (Independent Pacific Researchers, 2021; Ioane et al., 2021).

In light of social distancing requirements, social workers, like many health and social service professionals, had to quickly pivot and create and maintain relationships using online mediums. The increased effort to maintain connection and relationships, an essential part of social work, has taken a personal toll with many Pacific workers not recognising until too late that they were burnt out (Independent Pacific Researchers, 2021; Smith & Adams, 2021). As noted by Smith and Adams (2021) in their reflections on the experience of Pacific nurses in the Covid pandemic:

> It sits in our heart and our passion for our communities to heed the call and keep going. We may not see this as burnout, we just carry on because we know it is what we need to do for our families and communities. (p. 98)

With the shift to online interactions, maintaining vā/ethical practice with clients has been at the forefront for many Pacific clinicians. In a recent paper, a group of Pacific theorists (Faʻavae et al., 2022) provide a conceptualisation of *e*–talanoa—an extension of talanoa research engagement and practice through digital tools and platforms. Whilst this paper focuses on research processes, these principles are applicable to social work practice and a number are presented here:

- As a method, e–talanoa is strengthened when participants are familiar with, and can confidently use, information technology and digital tools.
- The quality of e-talanoa negotiation between researchers and participants depends on their willingness to tauhi vā and teu le va.
- The values of respect, reciprocity, humility, love, care, and generosity were identified as important elements within e-talanoa (Anae, 2016; Kaʻili, 2017). As Halapua (2003) points out, tauhi vā enables respectful communication during in-person talanoa.

- Pacific researchers require a sound understanding of ethical and socio-cultural principles to navigate meaningful online vā relations through vā māfana and a good grasp of the communication services and online forums they and their participants can access together.

Studies undertaken with social workers across the globe reveal additional issues experienced by social workers (Ashcroft et al., 2021; Banks et al., 2020). An international study of the ethical challenges faced by social workers from 54 countries during the Covid-19 pandemic in 2020 revealed six key themes relating to social workers' ethical challenges:

1. Creating and maintaining trusting, honest and empathic relationships via phone or internet with due regard for privacy and confidentiality, or in person with protective equipment.
2. Prioritising service user needs and demands, which are greater and different due to the pandemic, when resources are stretched or unavailable and full assessments often impossible.
3. Balancing service user rights, needs and risks against personal risk to social workers and others in order to provide services as well as possible.
4. Deciding whether to follow national and organisational policies, procedures or guidance (existing or new) or to use professional discretion in circumstances where the policies seem inappropriate, confused or lacking.
5. Acknowledging and handling emotions, fatigue and the need for self-care, when working in unsafe and stressful circumstances.
6. Using the lessons learned from working during the pandemic to rethink social work in the future (Banks et al., 2020).

## Impact on social work education

The advantages and challenges of maintaining client-social worker connections

via electronic platforms were also present in social work education (Bay et al., 2021). Like our international counterparts, the lockdown measures required Aotearoa NZ social work educators to quickly shift teaching and assessment to online conference platforms, such as Zoom. Traditional face-to-face lectures were replaced with those either audio-visually recorded, and/or streamed live. Conference platforms, such as Zoom, also enabled educators and students to connect in online tutorials and small groups. The ability to teach and assess core social work skills such as active listening, rapport-building and empathic communication through online platforms requires unique skills as outlined by Bay et al. (2021) who provide a useful account of overcoming common online teaching practice issues.

## Where to next?

Covid continues to influence the lives of our clients and communities, and it is clear that the tail of recovery for our Pacific communities will be long (Ioane et al., 2021; Smith & Adams, 2021). The pandemic has revealed the inequities in Aotearoa NZ society and has provided an opportunity for workers and organisations to reflect on ways of effectively responding, including the need to invest in the Pacific workforce (Ratuva et al., 2021). As social workers, we are in a strong position to contribute to these efforts, particularly with our knowledge and skills of community development. This is vital, given that addressing the social determinants of poor health with thoughtful, targeted strategies will help ensure that the long-term effects are mitigated.

## Relationality and social work

Relationships are central to social work. Amidst the pivots necessitated by Covid—working from home and online engagement—social workers continue to demonstrate agility in their relationship-based practice. Relational and culturally responsive social work approaches are

also themes which the contributions to this *Tu Mau* issue elaborate on. Pacific social work embeds culturally resonant relational approaches, drawing deeply from Oceania cultural values, knowledge and ways.

Relationality is addressed in broader international scholarship and in Moana-Pacific scholarship (Fa'avae et al., 2022; Koya, 2017; Mafile'o, 2019). Relational epistemology, as discussed in the international literature, highlights connectivity and knowing done in connection with others (Huffman, 2018); it is an epistemology which is wholistic and more than logical (Lim, 2015). Relationality as an approach means the scope of what is considered relevant and legitimate knowledge is extended—not narrowed. Whilst none would dispute that the social work relationship is foundational in social work, cultural interpretations of relationship vary.

In practice, relationality means social workers' decision-making, for example, it considers a wide range of knowledge sources. Knowledge sources such as voices of extended family members or community members beyond the individual recorded as a 'client'. An implication for practice is that confidentiality concerns are weighed up against the benefits of a holistic, collective and relational approach. Another implication of relational epistemology in Indigenous social work is that sources of knowledge are inclusive of spiritual insight and intuition or signs in the natural environment and is related to human action.

Relationality between people and the environment is central to Indigenous ways of knowing, being and doing (Hart, 2010). This relationality is evident in social work programmes and interventions which centre this connectivity between land and people. Examples are land-based interventions with Indigenous Hawai'i families (Morelli & Mataira, 2010). Such approaches are holistic, and the processes and outcomes are

congruent with relationality as a principle. Climate change is emerging as a pressing social work concern and there are calls for sustainability to become more central in social work (Ellis et al., 2018). In this sense, relationality includes consideration of the human–environment relationship. In all its many facets, relationality will continue to be central to social work, and Pacific social work in particular, as richly illustrated in the contributions to this *Tu Mau* issue.

## Overview of contributions to this *Tu Mau* issue

*Tu Mau* opens with an article by Delena West, "Pasifika families aren't accessing specialist services as much because those services require a really one-eyed view of the child". West explores how social workers engage Pasifika children with disability, and their families. Acknowledging that, for Pasifika families, accessing disability services in Aotearoa New Zealand is a complex undertaking, West utilises an anti-oppressive analysis to explore how non-Pasifika social workers engage and maintain relationships with Pasifika families and if there are approaches that might be advantageous to this work. The findings highlight the structural, cultural and personal oppressions experienced that need to be addressed in order for social workers to successfully practise with Pacific families.

As noted earlier, Dalhousie's viewpoint on "The Fono's 'Alert Level 4' story" explores the journey of organisational change that The Fono, a Pacific Health provider, engaged in in response to the first wave of Covid in 2020. As Dalhousie shares, the arrival of Covid required many organisations to respond in ways that were unprecedented. We have heard the words that organisations had to be 'agile', 'resilient' and 'responsive' to provide much-needed services to communities. What we are really talking about is the willingness of employees to conduct their work differently—and oftentimes in new settings—to respond to

a health issue that was unfamiliar, with no certainty of what the coming weeks and months would bring. Dalhousie's viewpoint provides an insight into the process of organisational transformation, where innovation and transformation became embedded as part of The Fono's integrated model of care. Central to The Fono's metamorphosis was a strong communication strategy that aimed to keep their workforce connected with each other while moving together towards a common purpose. This viewpoint highlights the ability of Pacific organisations to be agile change agents within Pacific communities.

In "Understanding I-Kiribati wellbeing and its implications in health and social services", Louisa Cleverley considers how understandings of wellbeing can inform the delivery of culturally appropriate social services. Cleverley's research findings are the result of interviews with I-Kiribati professionals working in health and social service organisations in a particular geographical area within Aotearoa New Zealand. Cleverley identifies four key findings from her research: I-Kiribati perspectives of wellbeing; family and home as central to I-Kiribati wellbeing; the importance of the preservation and maintenance of cultural practices; and the centrality of community connection in wellbeing. In relation to the maintenance of cultural practices, Cleverley notes that, while there are smaller numbers of I-Kiribati in Aotearoa New Zealand than in other Pacific nations, there has been an increase in migration propelled by the impacts of climate change for the island nation. Cleverley gives attention to how wellbeing for I-Kiribati must consider the importance of maintaining cultural heritage and practices in the event of displacement from island homelands. The literature agrees that climate change is an urgent issue for Pacific nations, where the cascading effects of increased global temperatures have impacted small island nations, contributing to displacement (Veitayaki et al., 2021) The

article explores the impacts of these findings on social service provision, concluding that approaches to I-Kiribati practice should be grounded in Pacific Indigenous knowledge and experience.

In a reflective piece, "Fieldwork placement reflection from a regional Pacific university during Covid 19", Soro Ramacake examines the challenges and lessons learnt from coordinating student placements and supporting student learning across a vast geographical area (the Pacific) in a global pandemic environment. Ramacake found that the challenges of operating a fieldwork placement system in a pandemic context were mediated by having strong networks in place; engaging in a culturally responsive way with fieldwork providers and students; creating assessments that were culturally sensitive; and by employing a patient, flexible and understanding approach with students. The learning shared by Ramacake can inform work in Pacific social work education as a matter of course, but also in disaster or crisis conditions.

Up next, Waqa et al. share the reflections of students, graduates and junior staff from the University of the South Pacific (USP) on "Culturally relevant social work in Oceania". The university provides education to students across 12 countries in the Oceania region. Importantly, this article acknowledges the increased voice given to Indigenous social work knowledge and theory and considers the implications for how social work is taught in the Oceania region. The findings acknowledge that social work education has an over reliance on Western knowledge and practice frameworks. The authors argue for the ongoing development of Pacific specific social work education that maintains Pacific cultural identity; includes Pacific Indigenous knowledge; uses Pacific languages; addresses issues relevant to Pacific nations and communities; and uses assessment practices that are culturally inclusive and responsive. Deciding the approach for social

work education in Oceania should be, the article suggests, determined by Pacific social workers, educators and social sector leaders.

In this *Tu Mau* publication, we also present two book reviews. Aulola Lino has reviewed *Pacific Social Work: Navigating Practice, Policy and Research,* edited by Jioji Ravulo, Tracie Mafile'o and Donald Bruce Yeates. Our second book review, *Disrupting Whiteness in Social Work,* is provided by David McNab.

We wish to congratulate all of our authors, reviewers and contributors to *Tu Mau* and thank you for your persistence and commitment.

**Yvonne Crichton-Hill**

**Tracie Mafile'o**, Guest editor

**Analosa Veukiso-Ulugia**, Guest editor

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# "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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# Understanding I-Kiribati wellbeing and its implications for health and social services

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## ABSTRACT

**INTRODUCTION:** Pacific people in Aotearoa New Zealand are a fast-growing population, and research shows that they do not experience the same health benefits others do. While effort has been made to better understand the needs of this population, the results remain largely unchanged. Additionally, practice methods and research to better understand the needs of this group tend to accommodate the more dominant Pacific populations, while less research has gone into understanding the smaller Pacific ethnic populations such as I-Kiribati. This research sought to explore I-Kiribati meanings of wellbeing and how these understandings contribute to creating more culturally appropriate social services.

**METHODS:** The research employed semi-structured interviews to explore the perspectives and experiences of five I-Kiribati professionals working in health and social services. Recruitment was through purposive sampling.

**FINDINGS:** The findings outline important aspects that contribute to the wellbeing of both Kiribati and other Pacific groups, factors preventing Pacific minority groups from accessing social services, such as language barriers, acculturation issues, and lack of cultural knowledge and understanding within health, and social services. The findings also suggested the importance of utilising cultural knowledge to inform social work practice, as well as the need for service providers to expand their understanding of the Kiribati culture through more collaboration with Kiribati communities throughout Aotearoa New Zealand.

**CONCLUSION:** The findings aid further understanding of wellbeing, knowledge on the Kiribati culture and needs of this group, while also informing practice methods for enhanced engagement to best meet the needs of ethnic minority groups.

**Keywords:** I-Kiribati; health and wellbeing; family and home; culture; community; culturally appropriate services

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There is a consensus that Pacific people living in Aotearoa New Zealand do not acquire the same health benefits as non-Pacific peoples and are disproportionately represented in lower socio-economic areas, have poorer mental health compared to non-Pacific peoples, live in over-crowded homes and have much poorer health in general than non-Pacific peoples (Ministry of Health, 2015). Additionally, Pacific peoples have lower access rates to health and social services despite their higher rates of health issues (Health Promotion Agency, 2018; Vaka et al., 2016). Furthermore, there is undeniable evidence that, although Pacific people access health and social care services, they do not attain the same health benefits as others (Tukuitonga, 2013). This suggests

that the services they are accessing may not be offering the right or appropriate treatment required (Tukitonga, 2013). While there have been vast improvements over the years in understanding Pacific wellbeing and how health and social services can accommodate the needs of this group, there is a gap in the literature around knowledge and understanding of the smaller minority groups such as Kiribati.

Although there are smaller numbers of I-Kiribati in Aotearoa New Zealand compared to other Pacific groups, they are the fastest growing Pacific group. According to the 2018 census, the population of I-Kiribati in Aotearoa New Zealand was 3,225. This shows an increase of over 50% since the 2013 census, which recorded 2,115 I-Kiribati people (Statistics New Zealand, 2020). Additionally, given the impacts of climate change, many I-Kiribati have migrated to Aotearoa New Zealand over recent years, in hopes for better future outcomes. Thus, the Kiribati population in Aotearoa New Zealand is predicted to increase further due to the effects of climate change (Schutz et al., 2019).

## I-Kiribati wellbeing

Defining wellbeing is complicated due to its multi-layered nature. Like Māori, Pacific and indigenous people perceive wellbeing as holistic, encapsulating physical, social, spiritual, and mental dimensions (King et al., 2009; Ministry of Social Development, 2015; Tiatia, 2008). A shared aspect across Pacific cultures is that an individual cannot exist in isolation but, rather, exists in relation to others. Relationships with and between others in their community or village, the land, family, and the spirit realm are all co-dependent and are all important to Pacific worldviews of health and wellbeing (King et al., 2009; Tiatia, 2008). While there is limited research around what wellbeing entails for I-Kiribati in Aotearoa New Zealand, research by representatives of the Kiribati community highlighted four main aspects

perceived to be important for enhancing I-Kiribati wellbeing in the home. These are having a healthy environment, skills of self-reliance, maintenance of Kiribati custom, and respect within the family and the Kaainga (extended family hamlet) (Ministry of Social Development, 2015). Research by Kuruupu (2009) also highlighted the importance of community and working collectively to combat daily stressors to achieve wellbeing. Their research suggested that, while community/church gifting and gatherings may put a financial strain on some families, they perceive it to be necessary because it is believed that their community will be the ones who come to their aid when they are in need. This stems from the notion that a group of people can accomplish far more things in life than an individual can do alone. Furthermore, both studies highlighted that community and family are important contributors to I-Kiribati wellbeing as they provide the social space for the maintenance of I-Kiribati culture and traditional practices.

## Challenges I-Kiribati face

There is limited literature concerning I-Kiribati in Aotearoa New Zealand, and only a few studies focus on the challenges I-Kiribati face. For instance, research by Gillard and Dyson (2011) and Teariki (2017) studied the support system around the settlement for Pacific migrants, including I-Kiribati. Their research indicated that many Pacific families felt there was a lack of support from the government to help them adjust to their new environment. Instead, they must rely on their own families and communities to provide financial and socio-economic support and, in most cases, the accommodation arrangement leads to overcrowded homes; this results in poor health, tension and unnecessary stress to both the host families as well as the newcomers (Teariki, 2017). Additionally, due to their smaller number, I-Kiribati tend to have fewer cultural networks compared to other Pacific groups, which may become an issue particularly for those who do not

have family living in Aotearoa New Zealand (Teariki, 2017).

Family violence is an issue facing a disproportionate number of I-Kiribati women and families in Aotearoa New Zealand. Domestic violence is very common in Kiribati and is generally seen as acceptable by both men and women (Teatao, 2015). In Kiribati, men are typically seen as superior to women and are justified in beating their wives if they are disobeyed, or if women are suspected or known to be unfaithful. This can be problematic for recent migrants from Kiribati, as they may be unaware of the legal consequences of domestic violence. Additionally, due to the commonality and perception that domestic violence is acceptable, such cases may go unreported, allowing for the continuation of violence in the home, consequently putting more victims at risk. Domestic violence not only impacts on the health of women but also restricts their power to make decisions, limits their access to health and social care services (due to fear), involvement in social activities, and even impacts on their ability to evolve and enhance their quality of life (Teatao, 2015). Furthermore, these issues are exacerbated by the barriers that prevent Pacific people from accessing health or social services. These barriers include lack of knowledge about the types of services Pacific people can access, language and communication barriers, fear of being judged, and minimal cultural knowledge or understandings on the part of the service provider (Cook et al., 2012; Tiatia, 2008).

Additionally, acculturation and adapting to the system, cultural and societal norms of the host country as a result of migration has been linked to mental health issues such as depression, as well as other health-related problems amongst Pacific peoples and other ethnic minority groups (Berry & Hou, 2005; Bhugra and Becker, 2005; Schluter et al., n.d.). Acculturation is a complex process occurring when individuals from a different culture migrate to another country and

eventually adapt to the culture of the host country (Khawaja et al., n.d.). Although previous studies have found acculturation to be linked to stress and health-related issues, some studies have found acculturation to have a positive impact on the wellbeing of migrants. Adapting to the cultural norms, values, and beliefs of the host country allows them to feel a sense of belonging (Khawaja et al., n.d; Ministry of Health, 2003). As there is no literature on the impact of acculturation on the Kiribati population, it is unclear whether acculturation contributes to the wellbeing of I-Kiribati in Aotearoa New Zealand.

## Cultural competency

Cultural competence requires an awareness of cultural diversity. It recognises the importance of culture and its role in care delivery, development of cultural knowledge, beliefs and worldviews, and the ability to operate respectfully and effectively when working with people from different cultures (Vaughan et al., 2018). The need for culturally appropriate health and social services is not a new topic and, although there has been great improvements over the years in research into understanding the needs of Pacific people and the development of Pacific models of health and wellbeing, it is essential to note that not all approaches and models of care are fitting for all Pacific groups due to the diverse cultures, values and or beliefs that are unique to each culture (Crichton-Hill et al., 2013; Mental Health Inquiry Pacific Report, n.d.; Mitaera et al., 2016; Southwick et al., 2012; Tiatia, 2008). While Pacific models of health are important, there is tension regarding ethnic-specific and Pan-Pacific when it comes to constructing approaches and models of care for Pacific people (Mental Health Inquiry Pacific Report, n.d.). However, there is some research to suggest that drawing upon, and utilising, ethnic-specific concepts or approaches have been deemed effective and valuable to many Pacific peoples, such as the Paolo suicide prevention resource

for Samoans and the Cook Islands ethnic-specific concepts and approaches to mitigating family violence (Mental Health Inquiry Pacific Report, n.d; Mitaera et al., 2016). Their findings also suggest that the process of enhancing the lives of Pacific peoples should always be supported by the theories and practice methods unique to their specific culture (Mitaera et al., 2016; Ravulo et al., 2019).

## Methods

This was a small, qualitative study, using semi-structured interviews with five I-Kiribati professionals working in health, education and in the public sector. All five participants are active members of the Kiribati community. As an I-Kiribati researcher, I was able to contact some of the leaders of the Kiribati community via email and telephone, who then connected me to potential participants who met the criteria of the study. All interviews were digitally voice recorded and transcribed verbatim. Thematic analysis was undertaken, allowing the researcher to explore key themes from the data (Burnard et al., 2008). The process of analysis took an inductive approach which began by thoroughly reading through the transcripts and taking note of any significant points or themes that arose from the data. Next, the topics were given labels and arranged in a way that related to both the research aims and the ideas raised by the participants. Once themes were labelled and grouped, patterns, resemblances in perspectives, and experiences were observed to gain a better understanding of the participants' views. Proper cultural protocol and approaches were considered when working with the participants. The project was reviewed by the author against the ethical principles outlined in the Massey University research code of ethics with feedback from peers and from the research supervisor. Regarding ethics, the project was assessed and subsequently registered as low risk and therefore was not submitted for full review by the institutional ethics committee.

Pseudonyms are used throughout this article. Due to the small number of participants, the findings are not generalisable. However, this research used semi-structured interviews, which provided a means of gathering in-depth information and insight from the participants.

## Findings

### Meanings of I-Kiribati wellbeing

This section explores meanings of I-Kiribati wellbeing from the perspectives of the participants. The participants believed that wellbeing is not only about being physically well but is holistic, involving the social domain, spirituality, culture, family, community, and the home. These aspects were perceived to interconnect and exist together to achieve wellbeing, rather than existing alone. Three broad themes were identified: Family and home, culture, and community.

### Family and Home

Family and home were believed by the participants to be important aspects of wellbeing. All participants described wellbeing in the home as having a healthy support system within the family, spending quality time with family, respecting one another, loving and nurturing your children and ensuring that parents are meeting children's needs, and lastly, that there is financial stability:

> Wellbeing to me as an I-Kiribati is not just about having no medical condition, it's based on having strong family support, financial support. I believe that if you are raised in a loving and caring family you will be healthy, you have a clean environment, dishes are done, happy home, the parents and siblings work well together to help around the house. (Sally)

> I think wellbeing starts within the home, it's about looking after your money,

your house, and ensuring your children feel supported and happy. So even the support system needs to be strong within the family because if there are fights in the family it will cause dysfunction and wellbeing won't exist. (Areta)

These findings were in line with the literature (Gillard & Dyson, 2011; Kuruppu, 2009; Ministry of Social Development, 2015) that family includes both the nuclear and extended family and is the foundation of many Pacific cultures. A recurring finding in the research was that establishing wellbeing in the home is necessary for other areas of one's life to flourish, and if wellbeing is not achieved in the home first, then it may cause dysfunction between family members and affect other areas of wellbeing. Within the family structure, it is important to know what your roles and responsibilities are: to obey both male and female elders/leaders of the family and to have a helpful attitude (Ministry of Social Development, 2015). Their findings also highlighted that within Te katei (customary practices) the concept of Te karinerine (respect) is core. This suggests that family is the foundation of I-Kiribati wellbeing. The participants also agreed with the broader Pacific literature (King et al., 2009; Tiatia, 2008) that both financial and emotional support, praying, spending time with the family, and socialising also contribute to their wellbeing.

### *Culture*

Maintaining cultural practices, values, and beliefs were also important to all five participants in achieving wellbeing. Additionally, feelings of sadness and homesickness as a result of migrating to Aotearoa New Zealand led to the desire and need to maintain cultural links with their homeland. Thus, establishing a community where I-Kiribati can come together to celebrate, socialise and revive Kiribati cultural practices were deemed significant and important in achieving I-Kiribati wellbeing. Additionally, given the impact

of climate change, the number of I-Kiribati migrating to Aotearoa New Zealand is predicted to increase over the coming years, thus maintaining the Kiribati culture in Aotearoa New Zealand is significantly important, especially for the next generation of Aotearoa New Zealand born I-Kiribati.

To me knowing your culture … your language is part of wellbeing … because if you don't, something is missing and you don't feel whole. Sometimes when I am feeling down, I will do something that connects me back to my culture … like for example, I will sit down and begin weaving Te mae (traditional Kiribati garland) and just by doing this I will all of a sudden feel happy … it's almost as if I'm back home again. (Bella)

Our goal as a community is to sustain the Kiribati culture because our belief is that there are many ways that our people can be helped but we also believe that our Kiribati culture, our values and how we use these, can help the wellbeing of our people in their environment and homes. (Tatibe)

Although culture is difficult to define, it is known to encompass many things, such as one's values, traditional beliefs, language, way of living, and cultural practices distinct to a particular culture (Tiatia, 2008). Despite the limited research around the implications of culture in I-Kiribati wellbeing, the findings were consistent with the literature that maintaining one's cultural identity is an important contributor to people's wellbeing (Biddle & Swee, 2012; Dockery, 2019; Ministry of Social Development, 2003). Additionally, the literature on culture is often explored in deficit terms in attempts to explain cultural differences in health or wellbeing (Tiatia, 2008). However, there are possible opportunities for service providers to diminish inequalities experienced by minority groups through better research and understanding of the beneficial effects of culture in care delivery (Tiatia, 2008).

Furthermore, the findings reflect that of the current literature (Khawaja et al., 2016; Ministry of Social Development, 2003) that maintaining and having a strong cultural identity provides feelings of belonging and security. One participant expressed that when she is feeling sad and low, she will begin doing something that links her back to her culture, such as creating a Kiribati garland, and by doing this, she will, all of sudden, feel happy. Therefore, sustaining the Kiribati culture is vital for I-Kiribati living abroad, as it allows them to feel connected to their motherland.

### Community

Community was also perceived to be important to I-Kiribati wellbeing. In the Kiribati culture, Te mwaneaba is a traditional meeting hall, where people of the village gather for meetings, and the elders make decisions for the wellbeing of the villagers. It is a form of governmentality that forms and guides how an I-Kiribati thinks and acts (Namoori-Sinclair, 2020). Given the vital role of Te mwaneaba system, I-Kiribati living in Aotearoa New Zealand may find it difficult to seek help from social services as it is a foreign concept to them, and instead are more likely to seek aid from their families and trusted community leaders / members; this stresses the importance of collaboration between Kiribati communities and social service providers.

> When we look back to our childhood and how we were raised … Te mwaneaba is a place of gathering … everyone gathered at te mwaneaba and that's wellbeing … when we are at te mwaneaba we gather there to talk about some of the things we can do in our community … if it's to help a family with their plantation… and these are all part of our wellbeing … these are a part of our cultural values which are important not to lose when we come here. (Tatibe)

The findings from the current study found that collectivity and community are significant components for I-Kiribati wellbeing that should be encouraged and supported, especially for new I-Kiribati migrants. This was also reflected in the literature (Gillard & Dyson, 2011; Kuruppu, 2009; Ministry of Social Development, 2015; Namoori-Sinclair, 2020) which discussed the vital role of Te mwaneaba and how it is a central part of I-Kiribati culture and wellbeing as it provides a space for families and individuals to gather together and discuss the responsibilities of a community around ways to enhance wellbeing, celebrate their culture through dancing, singing, and more importantly, to maintain the Kiribati custom and ensure that it is passed down to the younger generations. Additionally, there is a strong sense from the findings that community has an even greater importance to the participants now that they are living in Aotearoa New Zealand. Thus, coming to Aotearoa New Zealand can be a cultural shock for many I-Kiribati migrants, as they try to navigate life through a system that stresses self-responsibility and individualism (Berry & Hou, 2016; Bhugra & Becker, 2005; Namoori-Sinclair, 2020).

Additionally, findings of the current study suggest that service providers working with recent migrants from Kiribati should ensure their clients are well connected with their communities, as this can enhance their wellbeing and contribute to their settlement in Aotearoa New Zealand. However, this can be made complicated if both service providers and the families do not have connections or knowledge of the Kiribati communities around Aotearoa New Zealand. Therefore, more community involvement and exposure across Pacific communities is necessary if service providers are to further their cultural knowledge, build meaningful connections with I-Kiribati families to ensure they are well equipped with the right support which, in turn, can contribute to better outcomes for Pacific peoples (Mitaera et al., 2016; Ravulo et al., 2019; Tiatia, 2008).

### How do these understandings contribute to creating more culturally appropriate social services?

This section explores a few of the main challenges that hinder I-Kiribati from accessing social services. The participants identified that having some knowledge of the Kiribati culture and a few of the challenges they face are important to understand so as to help I-Kiribati achieve wellbeing. Without a deep understanding of the Kiribati culture and ways of approach, social services have minimal success in providing I-Kiribati with appropriate help.

### Cultural challenges: Language barrier

Lack of understanding and speaking the English language was a common barrier that some of the participants believed hindered I-Kiribati from accessing social services:

> Language is perhaps something stopping our people from seeking help, they may feel shy or embarrassed to speak English. (Stelly)

> I am always happy when I work in the hospital and I see Kiribati people because that's where I can help my community, I can help translate for them, especially if they can't speak English. There is some medical terminology and sometimes it's hard for them to express themselves which is a worry for me in case they go home with a completely different medicine or understanding. (Areta)

> The other thing is when they are working with a professional, that they don't like to ask many questions because they feel its disrespectful … Kiribati people tend to always say yes even if they do not understand. So, it's important to understand this because sometimes "yes" will mean "no". (Stelly)

This finding is also in line with previous literature (Schutz et al., 2019; Tiatia, 2008; Vaka et al., 2015) where it is found that difficulty speaking and understanding the English language is a common barrier preventing Pacific peoples from accessing social and health services in New Zealand. This is important to note, because language barriers could impact the quality of care for the client—for instance, if there is any confusion or misunderstanding regarding the patient's illness, this may affect their diagnosis or the patient may not understand the instructions given for the use of their medication (Tiatia, 2008; Vaka et al., 2015). It is important to involve the entire family in the discussion (if possible) because, the chances are, one or more family members present in the home may be able to help the client understand what is being discussed.

### Shyness/shame

Shyness was another common issue believed to hinder I-Kiribati from seeking help. Seeking help from outsiders can, at times, be difficult as it is not a part of the Kiribati way or culture, and this can prevent many I-Kiribati accessing social services.

> In the Kiribati culture we were raised to not be so "reberake" [forthcoming/ upfront] it's sort of frowned upon, so it's in our culture to just wait and be helped instead of going there to seek help. (Stelly)

Another informant stated:

> Another barrier is culture, they don't understand how Kiribati people operate … most of the Kiribati people don't tend to ask for help, they don't want to be "out-there" so they tend to hold back … and if you think about it, there are many differences within Pacific groups and I feel like Kiribati people are different to other Pacific groups, in the sense that we are not so outspoken, we are more reserved and not willing to seek help, and that's our culture. (Sally)

While shyness to speak English or to approach services was seen as a recurring

problem, some other participants noted that laughing for no good reason is something non-I-Kiribati practitioners should be aware of when working with I-Kiribati families. Laughing without good reason may discourage them and hinder their willingness to engage.

> The other thing is laughing … because when you laugh, I-Kiribati people see that as mocking, and so you should never laugh for no reason when you are working with an I-Kiribati because that's their perspective, and so I never do this unless the person makes a joke. As a practitioner it's important to understand this, even if you're not laughing for that reason, but an I-Kiribati may take it as mocking or making fun of them. (Bella)

The findings suggested that the cultural mentality of being too forthcoming is usually not culturally accepted. This is perceived by the participants to be the main underlying issue preventing I-Kiribati from seeking help from many social services. Additionally, given that family and community are perceived to be two very important contributors to I-Kiribati wellbeing, it is no surprise that I-Kiribati will often seek aid from their families and communities first—before going elsewhere. This cultural mentality can therefore be misunderstood by non-Kiribati service providers as a reluctance to seek help from social service providers. Thus, the need for more collaboration between Kiribati communities and social services is important as this can provide a safe space for community members to discuss any concerns they are having or to seek help to mitigate some of the barriers that Pacific minorities face (Tiatia, 2008).

### Difficulty with adapting to Aoteroa New Zealand culture and way of living

Lack of flexibility with adapting to the Aotearoa New Zealand culture and way of life was another recurring challenge that was identified. Although cultural knowledge and understanding is an important component of I-Kiribati wellbeing, the participants recognised that it is also essential for I-Kiribati in Aotearoa New Zealand to adapt and have some awareness and knowledge of the Aotearoa New Zealand culture and system, as this will help them achieve wellbeing. However, this was perceived by the participants to be something that I-Kiribati people themselves need to address first:

> As one of the leaders of the Kiribati community, one of the challenges we have faced is … how can we reconcile the New Zealand way of thinking and the Kiribati thinking? That's the challenge, because their mindset is fixed … they have come from Kiribati with this type of thinking and ways of doing things and they want to bring that approach here which doesn't work or fit in this context. (Tatibe)

The normality and acceptance of domestic violence amongst many I-Kiribati people was a concern for one participant. The participant uses this as an example to emphasise her point that I-Kiribati need to adapt and learn the system in Aotearoa New Zealand, especially those who have recently migrated from Kiribati:

> We get a lot of seasonal workers coming here from Kiribati and their thinking is very typical of Kiribati culture, where they accept violence as the norm and so we have to educate and tell them that if this occurs here in New Zealand you will be punished and imprisoned for it. Even women, they have this idea that this is normal and so when it happens in their home, they accept it and won't say anything. (Bella)

The current study also found that the lack of flexibility of I-Kiribati to adapt to the Aotearoa New Zealand culture and system is another barrier preventing I-Kiribati from achieving wellbeing. The literature states

that individuals who migrate experience many stressors, including the loss of cultural norms, social support systems and feeling homesick which, in turn, impact on their mental wellbeing (Berry & Hou, 2016; Bhugra & Becker, 2005; Gillard & Dyson, 2011; Teariki, 2017). The participants' views accorded with the literature when they stated that when they first migrated to Aotearoa New Zealand, it was difficult to adjust to the culture and way of life. The participants stated that, because I-Kiribati do not tend to seek help from outsiders, their families and community are usually their first point of help. This suggests that I-Kiribati in Aotearoa New Zealand may find it difficult to access professional help as it is not in their "I-Kiribati way" or culture to ask for help from those they do not know. This reinforces the importance of collaboration between I-Kiribati communities and social service providers as they can provide the link necessary for I-Kiribati to obtain the help they require.

In the previous section, the participants identified a few common barriers that hinder I-Kiribati from accessing social services. The participants provided their views on how these challenges can be mitigated. This next section will present a few themes related to what the informants believed would contribute to creating culturally appropriate social services for I-Kiribati.

### Having knowledge of the Kiribati culture/ways of communicating

The informants believed that, due to some of the barriers I-Kiribati face, having some knowledge of their culture, language, and ways of approach can help mitigate some of these issues.

> When working with I-Kiribati, it is good to talk non-sense first, to warm up first and then get to the main points because if you go straight to the point, it can be off-putting. Also asking open-ended questions because Kiribati people won't elaborate when you ask them closed

questions, and knowing how to talk to them … it's more appropriate to ask rather than to tell. So, for example, "shall we do this?" rather than "let's do this". (Bella)

> When working as an interpreter I would always tell them that if they have to touch the head they need to ask the patient first, because a Kiribati person will become very angry if you come and touch their head especially when you approach from the front. Unless you ask for permission … and Kiribati people are never violent to someone they don't know unless they feel threatened and touching their head is a big threat to them. (Bella)

> Being at their eye level is important because it is less intimidating for I-Kiribati, especially if you are a professional that they do not know. I never stand and talk to them, I will actually get down to their level when talking to them, so I sit down or sometimes I will kneel when there are no chairs. But the key thing for me is not to be standing and talking above them. (Stelly)

### Collaboration

Collaboration between Kiribati communities and social service providers was deemed to be a significant and necessary step towards mitigating some of the cultural barriers and challenges experienced by I-Kiribati in Aotearoa New Zealand. The participants strongly believed that having representatives from the Kiribati community who are able to work in partnership with other social service providers could help I-Kiribati feel more comfortable in approaching social services. By creating this link, the participants feel that I-Kiribati can easily approach the leaders about whatever needs they have, and the leaders will then link and guide them if necessary, to the appropriate services:

> Looking at the perspectives of service providers who are non-I-Kiribati,

understanding our culture is important and also leadership. Say, for instance, I was a Pacific service provider wanting to know how to help I-Kiribati consumers, I need to know how to partner up with Kiribati people, but if they just leave us out, then that's a problem … because as an I-Kiribati, I know that we don't like to be the one to approach first. (Tatibe)

There needs to be that trust and rapport, and I think through the body of our committee, the trust is already there, so we feel more comfortable talking and telling them what is going on. Also, because the Kiribati representatives are in a place where they can inform those services on the appropriate cultural approaches to use. (Sally)

The current study raised important issues and challenges that face I-Kiribati in Aotearoa New Zealand. While the participants believed that understanding Kiribati worldviews and culture are significant to developing more culturally appropriate social services, the participants also stated that working in partnership with other service providers would be a better solution to some of these issues. Given Te mwaneaba system that I-Kiribati are accustomed to, it makes it difficult for them to seek help from those they do not know. Instead, the most effective way of reaching out to I-Kiribati in Aotearoa New Zealand is to collaborate with the Kiribati community leaders or representatives because they have full understanding of the Kiribati culture, appropriate methods of approach and, more importantly, they have established trust and rapport with their community members. The current findings reflect the broader literature on indigenous social work (Gray et al., 2008; Rowe et al., 2015) which reinforces the importance of working alongside indigenous communities to implement cultural practices and ideas in this modern-day context for the purposes of healing and empowerment of the community. Thus, knowledge and practices learned from indigenous communities can be applied in western

contexts, which becomes particularly important when working across culturally diverse groups (Gray et al., 2008; Ravulo et al., 2019).

The results from the current study have consistently highlighted the importance of culture and its role in the wellbeing of I-Kiribati in Aotearoa New Zealand. The participants agreed with the literature (Cook et al., 2012; Te Pou, 2010; Tiatia, 2008) that it is necessary for service providers working with Pacific or minority groups that are of a different culture, to have some understanding of their client's cultural background as this helps the practitioner become more attuned and sensitive to their client's cultural beliefs, values, and specific needs. However, because service providers have little knowledge of the Kiribati culture, it is challenging to provide the necessary help to achieve I-Kiribati wellbeing. Community involvement and collaboration are therefore significant for effective service delivery (Gray et al., 2008; Rowe et al., 2015).

## Recommendations

The recommendations of the study have been divided into two categories: practice recommendations and research recommendations. The practice recommendations of the study are: to increase the diversity of the Pacific workforce, as this can help mitigate some of the barriers that prevent Pacific people from accessing health and social services. Secondly, to have more Pacific workers involved at the management and decision-making level as this allows Pacific people to be active in creating and making policies that will benefit their people. And lastly, to increase involvement and collaboration between service providers and Pacific minority communities as this can establish positive relationships and connections, particularly with smaller communities such as I-Kiribati— this can allow for the integration of cultural knowledge, cultural practices, language skills, and a deeper understanding of the issues Pacific people face.

The research recommendations of the study are: to attain better research on how to address some of the issues and barriers Pacific minority groups face in accessing health and social services. This will help inform policy makers and those in management roles who have the power to make better changes for the wellbeing of Pacific people in New Zealand. And finally, to have more research around ethnic-specific initiatives and interventions that can support and accommodate the specific needs of Pacific minority groups.

## Conclusion

Overall, this study met its research aims of exploring the meanings of I-Kiribati wellbeing and how these understandings contribute to creating more culturally appropriate social services. The method used for data collection was a qualitative design using semi-structured interviews. The findings of the study were mostly consistent with those found in the reviewed body of literature. However, participants did offer perspectives that extended the information in a few areas. According to the participants, maintaining Kiribati cultural knowledge, values, and beliefs are significant contributors to the wellbeing of I-Kiribati in Aotearoa New Zealand; merging the best of both Kiribati and Aotearoa New Zealand cultures can positively impact and enhance the wellbeing of I-Kiribati living in Aotearoa New Zealand.

Additionally, challenges and barriers that prevent I-Kiribati from seeking and accessing social services are mostly influenced by cultural factors and a lack of Kiribati cultural knowledge on the part of the service providers. Thus, service providers can utilise this knowledge when working with I-Kiribati people to develop effective strategies that will improve their accessibility to social services. However, due to the small-scale qualitative nature of this research, its scope is limited. Thus, more research is needed to add further knowledge and understanding around

Pacific minority groups. The study also supports the broader literature on the importance of ethnic-specific interventions, which recognises that the process of enhancing wellbeing for Pacific peoples should always be underpinned by the theories and concepts unique to their own cultures. The Kiribati proverb "*Kateira ma rabakaura bon kinaakira*" which translates to "our culture and our knowledge are our identity" perfectly sums up this point, as it guides us to recognise and ground our approaches in indigenous Pasifika concepts and ideologies to empower and enhance the wellbeing of Pacific minority groups in Aotearoa New Zealand.

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# Culturally relevant social work in Oceania: Reflections and perceptions

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## ABSTRACT

**INTRODUCTION:** This article presents reflections of junior staff and final year students at a regional academic institution based in Oceania. Reflections are based on the theme, "What culturally relevant social work in the Oceania context encompasses."

**METHOD:** The reflections were gathered as part of a *talanoa* (discussion) and evaluation focused on the same theme at an international symposium, where students were participants. Even though the *talanoa* also included social service stakeholders, this article primarily focuses on reflections from students and junior staff at the university.

**FINDINGS:** Reflections add to recommendations for social work education at a regional university. Culturally relevant social work for respondents meant that the curriculum needed to be inclusive of alternative forms of assessments; encouraging the use of Pacific language; advocating for more Pacific scholars in social work education; promoting collaborations with other international organisations and institutions; and, most importantly, making the institution a regional hub for Pacific social work education that is research informed.

**IMPLICATIONS:** These reflections are outlined and explored further in this article and recommendations are offered for the continual development and sustainability of social work education in Oceania.

**KEYWORDS:** Culturally relevant practice; talanoa; Pacific social work education;

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Social work education globally, in the region, and in Fiji, has emerged in response to growing social needs (Dominelli, 1996, 2004, 2008; Ramacake, 2010; Saxton, 2019). Social work education is built on western frameworks that often do not take cultural understanding and indigenous knowledge into consideration (Durie, 2005, 2011; Helu-Thaman, 2003; Mafile'o & Vakalahi, 2016; Matsuoka et al., 2013). Over the past few years, the emergence, adoption and revival of indigenous ways of knowing and indigenous models of practice are increasingly being recognised and becoming an integral part of social work education (Mafile'o, 2008, 2009; Meo-Sewabu, 2014; Mila-Schaff, 2006; Ravulo, 2016; Ravulo et al., 2019).

This article reflects our views as future social workers and our perceptions on what should be an integral part of our learning in a regional institution producing future social workers for the Oceania region. We are final-year students and graduates of the social work programme at the University of the South Pacific (USP) and these reflections were collected as part of a *talanoa* discussion that occurred at an international symposium at USP.

The symposium was part of an initiative to get stakeholders within social services, government, civil society organisation, and academia to have a talanoa aimed at exploring what a *culturally relevant curriculum* would need to incorporate. As final-year students and graduates of the programme, our views and perceptions were viewed as an integral part of the talanoa which led to this article.

These reflections add to the developing discourse of social work in Oceania from perspectives of junior staff, graduates and final-year students in the social work programme at USP. The institution is responsible for 12 regional countries in Oceania and is at the crossroads of developing a curriculum that is relevant and suitable for the work in Oceania.

## Methods

Junior staff, graduates and final-year students who attended the symposium were asked to respond to four questions outlined later. A total of about 15 students enrolled in the social work programme attended the symposium and two student leaders compiled responses that are reflected in this article. The junior staff facilitated the process for the talanoa with students and responses were collected thereafter via email and followed up by phone with the two student leaders. Data were then analysed systematically using thematic analysis.

Confidentiality and anonymity of participants were ensured and consented to. Pseudonyms are used in place of respondents' real names and consent was given to include responses in this publication. Main themes from the talanoa were analysed and are outlined and summarised in this article. Responses were based on the following key questions:

1. What do you think needs to be included in a social work curriculum to make it culturally relevant for Oceania?

2. How do you see these being taught across the Pacific (in terms of language, delivery and access plus practice)?
3. What is your view or opinion on the future of social work in Oceania?
4. What are some of your reflections on the symposium on culturally relevant social work in Oceania that occurred in February 2020? Discuss some of the highlights, or something you learned, or just your general opinion.

## Reflections and analysis

Several themes emerged from the discussion on what the curriculum should include in order to be culturally relevant. Respondents called for the inclusion of indigenous knowledge in the curriculum and a pedagogy that responds to, and recognises the needs of, communities. Responsive pedagogy included ensuring that assessments were not limited to academic writing but also encompassed artistic presentations such as dance, music, poetry and forms of presentation that are part of most indigenous cultures' ways of being.

Respondents highlighted how current forms of learning and assessments are dictated by the influence of western ways of learning within a classroom setting. This is often a learned skill for students which can then be lost in translation from the student's indigenous language into English. Therefore, a curriculum that encourages the use of alternative forms of presentation and assessment should be encouraged and recognised as a viable assessment form as is expressed here:

> I believe culturally relevant social work must integrate indigenous and cultural education programs that are suitable for Pasifika young learners and international practitioners who would want to practice social work in Oceania. Student must be given the space to present their assignments not only through writing but also through art (dance, music, poem) these are unique cultural methods

of telling and conveying significant and symbolic ideas about cultures and tradition in our various heritage in the Pacific. (Mika)

The inclusion of ways of learning that are already ingrained in the culture as highlighted by respondents have been embraced by many Pacific educators (Helu-Thaman, 2003; Mafile'o, 2008, 2009; Nabobo-Baba, 2006; Ravulo, 2016; Ravulo et al., 2019). Respondents added that the curriculum should also include aspects of cultural identity, traditional knowledge (TEK), and indigenous resilience. This is important specifically as global economic crises are looming in addition to climate change issues experienced by "Small Island States" (SIDS). These issues can lead to displacement of population groups and loss of identity, culture and ways of being. These points highlighted the importance of maintaining forms of indigenous resilience that may be lost as population groups become displaced (Bryant-Tokalau, 2018; Meo-Sewabu & Walsh-Tapiata, 2012).

Maintaining aspects of cultural identity and TEK were highlighted by a respondent as follows:

> I believe many of our upcoming generation and probably some current are beginning to ignore cultural practices which is a core value for us Pacific people. May be more case studies needed to be included whereby students see the value of cultural practices in social work … program should be organised whereby students are exposed to how cultural practices such as "sevusevu" can actually open up the conversation especially when visiting a village for the first time. (Milika)

The respondent clearly highlights how important cultural practices such as the *sevusevu* are in creating an inclusive environment in practice. If done correctly, the sevusevu can open doors, lighten the mood and strengthen skills in working effectively within a traditional Fijian setting. In addition, the inclusion of organic intellectuals from the communities and community knowledge hubs is critical for informing practice. Understanding the significance and *mana* associated with cultural protocols first and foremost, removes the barriers within a cultural setting and ensures that gaps between academia and practice are bridged creating pathways for a meaningful interaction with various cultural settings across Oceania.

Indigenous practice forms are encouraged in social work programmes in Aotearoa New Zealand where *bicultural* practice is a critical part of social work – bicultural as well as Pacific cultural values and practices (Crawford, 2016; Crichton-Hill, 2018; Dominelli, 2004, 2008, 2010; Gray & Crichton-Hill, 2019; Walsh-Tapiata et al., 2018). The inclusion of such values and practices in the social work registration process in Aotearoa also shifts the perceptions favourably towards best practice in a cultural setting (Social Workers Registration Board, 2017). The incorporation of Pacific cultural practices into the social work programme at USP can set a benchmark for the rest of Oceania.

Another recurring theme that was highlighted is the need to be fluent with literature, frameworks and laws and policies associated with the rights of indigenous and marginalised groups. Therefore, diversity must be embraced, and strengths-based approaches should be used when working with contemporary Pacific Island communities.

A number of points were highlighted in response to pedagogy, including the use of relevant language, delivery, access and practice. Respondents highlighted the following:

> Social work curriculum must be taught in vernacular (in the respective languages spoken across the Pacific) for better understanding…students should be able to write their assignments, and

submit their thesis and Ph.D. work in their language … should be examined by Pacific scholars understanding theories and practice from both worlds. (Jone)

There was a consensus amongst respondents that the inclusion of the languages of the Pacific is critical as English is often the second language spoken. It was also highlighted that unpacking concepts in the vernacular language brings about a deeper understanding of social work practice concepts. Respondents added that, due to urbanisation, most young adults have lost their sense of identity in relation to cultural practices. Respondents felt that cultural ways of being are critical to social work practice and, therefore, the curriculum may need to include practicums that encourage the practice of these skills and, more importantly, increase awareness of the significance of these cultural skills.

Respondents were optimistic about the future of social work in Oceania. They emphasised that practitioners they had interacted with at the symposium were also optimistic about the future of social work in Oceania. This positivity emanated from the discussions on the professionalisation of social work practice in the Pacific as stated here by Seini:

> The future is getting brighter because the professionalisation of the social work profession is in progress and also with the establishment of the Fiji Association of Social and Community Workers (FASW) the future is promising.

Respondents discussed that such development is critical for graduates but learning from what has happened in Aotearoa New Zealand and Australia, along with deciding what will be best for Fiji and the Pacific needs to be self-determined by Pacific practitioners, educators and leaders in social services across the region. Graduates felt that they were part of a programme that is grounded in indigenous knowledge, responding as follows:

We are also at the heart of indigenising the social work program given that the social work program at USP is led by Pacific scholars who are well-grounded about the norms of Pacific people … who would be able to translate and transcend social work education and practice in Oceania. (Samuela)

> We need more indigenous scholars, scholars who are familiar with Pacific identity and the Vanua (land) to lead us through these changing social, cultural and economic times. (Milika)

Respondents agreed that having a program that is "for Pacific and by Pacific" creates and produces effective practitioners for the Pacific. Pacific scholars have also contributed to this discourse (Autagavaia, 2001; Crichton-Hill, 2018; Mafileo & Vakalahi, 2016; Ravulo, 2016; Ravulo et al., 2019). There is a need to build on existing scholarly work by creating a knowledge hub that promotes research-informed social practice for the Pacific. USP is currently the only institution in the region, other than the University Papua New Guinea and the University of Guam, that offers social work education at undergraduate level. Respondents agreed that, as the only regional institution, USP should then work towards becoming the institution of choice for Pacific-specific social work education and practice. USP therefore, should be seen as the knowledge hub for Pacific social work education and ways of practice, highlighted as follows:

> Social work program[s] in the Pacific should provide resources to feed the social work curricula in the Pacific for this we need to be at the centre of research and delivering excellence in social work education. (Mika)

Respondents also highlighted that, in the future, the institution should also offer postgraduate social work programmes that can set the benchmark for the Pacific. In addition, USP could consider forming key partnerships with international institutions

and organisations in order to keep up with global trends on social work education and development, as stated by the following respondent:

> The program must also offer post graduate certificate and PGDip and also Master of Arts in Social Work to set the benchmark for social work practice in Oceania. (Jone)

> Social work in Oceania must also partner up with international organisation in terms of capacity building and curriculum updates and the transitions in the various field of practice so that social work practitioners are updated with trends. (Samuela)

Findings clearly indicate that graduates were interested in pursuing further education and wanted to be part of the development of social work education and practice in Oceania. Postgraduate social work studies were seen as necessary and respondents expressed that social workers and humanitarian work would always be needed across the Pacific, thus further reinforcing the need for ongoing Pacific research contributions.

Discussion also focused on the need to make social work a recognised profession. Students and graduates felt that there were a lot of misconceptions in their own communities across Oceania on the role of social workers:

> My view is that social work in the Pacific is not taken seriously by the public like other professions. It's the responsibilities of those who go through social work studies to advocate for it so people on the ground level can understand the roles of social work and not hesitate to ask for help. (Jone)

Jone highlights the need for awareness of the profession and felt that graduates should be the first to advocate for this across the Pacific. Discussions revealed that many

first-year students felt that social work was about volunteering with organisations. This view was connected with student placements which were considered *volunteer work*. Uncertainty by students on volunteer work social work placements added to the overall discourse of social work education and the profession across the Pacific.

Respondents were asked to discuss some of the learnings from the symposium and reflections on the theme of culturally relevant social work in Oceania. An overriding theme, as noted earlier, surrounded the need to integrate indigenous knowledge in the social work curriculum. To do this effectively, respondents felt that practitioners and academia would need to maintain a platform where information can be exchanged freely to inform training and that academia could organise training and resources that can be made available to practitioners. This would ensure that development of social work education can be done collaboratively with the practitioners, policy makers and the greater social service industry.

A positive observation focused on the respondents' discussion on the launch of a book on Pacific social work (Ravulo et al., 2019) that highlighted Pacific authors who were present at the symposium. Respondents agreed that being part of the book launch by Pacific authors made them realise that goals to publish, and to be social workers are achievable as there were Pacific role models that they could meet and have discussions with about social work education. The symposium therefore provided a platform that was welcoming for respondents and affirming for their cultural identity, as stated by Seini and Milika:

> Having been part of such a big occasion is a memorable one especially having to hear and learn from authors and founders of Pacific Models. (Seini)

> We need people who can think from their hearts, people who have the interest of

helping someone in need despite of the situations we are facing. (Milika)

A final remark related to the need to work with organisations and key stakeholders in order that USP also considers providing opportunities for continuous professional development training.

I believe more training or may be … unlearning process should be conducted [for] existing social workers in Fiji … so that everyone could lift their service to another level, and everyone would then be conversing on the same level. (Jone)

This statement highlights the need to focus on current social workers in the field ensuring that continuous developmental education is offered to ensure that social work education is available to all and there are common understandings in social work education and social work practice skills across Oceania.

## Discussion and conclusions

The responses provide a clear view about how social work needs to develop a curriculum that is culturally relevant. Incorporation of indigenous knowledge in the training programmes, the use of alternative forms of assessments such as art, poetry, drama must be considered moving forward.

As the region consists of various cultural groups – across the colonial constructs of Polynesia, Micronesia and Melanesia – there is a need to encourage Pacific communities to create their own models of practice that can add to the resource hub. The university may need to consider how a resource hub can be established and linked to international universities and organisations which can then collaborate on research, course design, and co-teaching of postgraduate programmes. It must be highlighted that these collaborations must be of mutual benefit rather than dictated

by the international institutions' terms. The need to professionalise social workers is critical and was welcomed by participants at the symposium. However, it is critical that the form of professionalisation is mutually agreed to by social service stakeholders and educators across Oceania and is inclusive of students' voices. Collaborative effort ensures that a mechanism suitable for the Pacific is explored and agreed to.

Moreover, responses indicate the need for the cultural and contextual relevance of social services training, preparing graduates for practice within various fields of practice (Autagavaia, 2001; Ravulo, 2017; Matsuoka et al., 2013; Meo-Sewabu et al., 2008). This is a continual development that cannot be done by the university alone. Development of a culturally relevant curriculum must be developed with key stakeholders across Oceania. The institution will have to organise a systematic way of developing this with those in the social service industry, with community groups, and with regional bodies from across Oceania. Student voices once again are critical to these developments and course evaluations and graduate feedback will need to be collated and reflected upon. These voices need to be systematically heard and considered to ensure that social work education in the region remains relevant.

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# The Fono's "Alert Level 4" Story

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## ABSTRACT

During the 1970s and 1980s, Pacific people tended to seek medical care from Accident and Emergency centres only when they were in an acute condition. As a result, Pacific mortality rates were high and Pacific people were unnecessarily suffering with poorer health outcomes. By 1987, a group of Pacific community leaders in Auckland came together and formed *The Fono* (originally known as *Pasifika Health Care*), to provide a Pacific community-led health practice and improve access to high quality, culturally appropriate primary care services. By 2020, The Fono had nine sites with four medical clinics, three dental clinics, a vast range of public health and social services, and a trades training academy.

Aotearoa New Zealand's initial Covid-19 Alert Level 4 period was a time of intensive service delivery and significant innovation at The Fono. As a result, incubation projects were catapulted into life, transforming key aspects of the organisation. For The Fono, this transformation occurred on the following timeline:

- *pre-Covid* (time before Alert Level 4, before 26/03/2020);
- *Covid (Alert* Level 4 period, 26/03/2020–3/05/2020);
- *post-Covid* (the time after Alert level 4, 13/05/2020 onwards).

This viewpoint outlines the projects that contributed to organisational change at The Fono with the first Covid wave in 2020.

**Keywords:** Pacific; Covid; integrated model of care; food security; health; transformation

From its earliest beginnings, Pacific leaders envisaged that The Fono would become an integrated service provider that effectively met the health and social needs of Pacific communities in Auckland so that they could enjoy healthier, longer lives. The Fono today exists in Manurewa, Mt Wellington, Auckland Central, Blockhouse Bay, Henderson, Northcote and Northland. Unfortunately, the inequities which impacted on Pacific in the 1970s and 1980s continue to burden Pacific peoples today (New Zealand Treasury, 2001) and the best way to improve long-term health outcomes is still by providing integrated, wrap-around support which is both family-centred and family-led.

One significant barrier to achieving integration is that each service The Fono provides is funded separately, requiring detailed delivery and financial reporting for each. Although practitioners could work across services, managing multiple databases to record work and outcomes was time consuming and undermined essential face-to-face work with Pacific communities. However, integrating services was unfeasible within the context of individually funded services.

The advent of Covid in Aotearoa New Zealand provided The Fono with opportunities for innovation. The Fono's period of transformation can be thought of

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in a timeline of pre-Covid, Covid, and post-Covid as displayed in Figure 1.

## Integrated model of care

When Covid first arrived on Aotearoa New Zealand shores in February 2020, The Fono was, soon after, approached by key funding partners, Pasifika Futures Ltd (PFL), the Ministry of Social Development (MSD), the Waitemata District Health Board (WDHB), and the Ministry of Justice (MOJ), to support the pandemic response effort. As most of Aotearoa New Zealand headed into lockdown, The Fono responded by introducing a Mobile Covid-19 Testing Service and a comprehensive Foodbank, while maintaining medical and social services, primarily online.

Heightened anxiety on a national and global scale being the "new norm" (Liu et al., 2020; World Health Organisation, 2022), The Fono grounded itself by recalling the aspirations of its forefathers. Pacific families were about to reach out for help like never before, and The Fono needed to respond with its own model of integrated care (see Figure 2). The Aotearoa New Zealand government response to Covid-19 had provided an opportunity for The Fono to fight even harder for holistic culturally appropriate services for Pacific people. Families are at the centre of the model and all Fono services are there to surround, support and meet the needs of the whole family system.

### Food security

Food security is an ongoing issue for many Pacific families in Aotearoa New Zealand (Rush, et al., 2007) and the issue of food security for many populations globally has been exacerbated by the Covid pandemic (Martin-Neuninger, 2021). The Fono's response to food security can be conceptualised in a timeline (Figure 3).

Figure 1: Model of Care Assertion Timeline

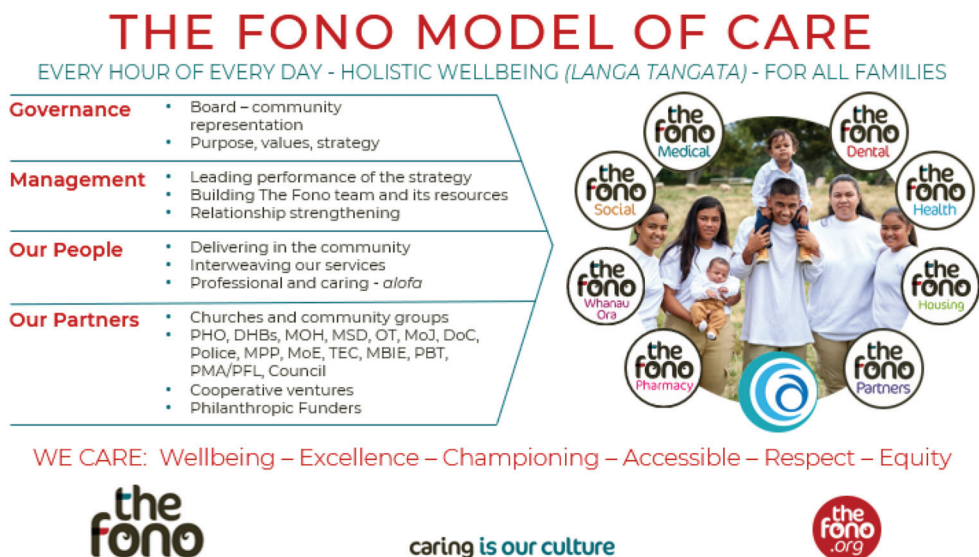| The Fono's Integrated Model of Care | | |
|---|---|---|
| Accepted Silo-ed Services | Asserted baseline model | Confident baseline model |
| Pre-COVID | COVID | Post-COVID |

Figure 2: Integrated Model of Care

Figure 3: Food Security Response Timeline

| The Fono's Response to Food Security | | |
|---|---|---|
| Rescued Food Distribution | Foodbank | Feleoko |
| Pre-COVID | COVID | Post-COVID |

Pre-Covid, The Fono received donated food on a weekly basis which was then delivered to families in need by the community services staff. This arrangement worked well for a number of years, as The Fono had limited food storage capacity and food could be redistributed quickly.

In 2020, The Fono received relief funding for Pacific families who were negatively affected by Alert Level 4. Alert level 4 was part of the Aotearoa New Zealand government's alert level system that ranged from Alert level 1 to Alert level 4 (New Zealand Government, n.d.). Each level determined the public health and social measures to be actioned. Level 4 is a lockdown level, implemented when Covid was not contained and there was widespread community transmission. Many Pacific people lost their jobs, had reduced incomes, or had additional family members staying with them. With decreased income and increased expenses, families quickly experienced intensified strain on their already pressurised financial situations (Tanielu, 2021).

Prior to Covid, The Fono had no experience in providing a foodbank service. Within two days of Alert level 4, The Fono had set up a temporary food provision solution until a full distribution centre was established the following week.

The entire social service workforce of 40 staff were quickly redeployed to create and deliver over 8,000 relief packages in five weeks.

This work was supported by The Fono's Community partners the NZ Police, Corrections staff, Pak'nSave supermarket, Corbans Estate Arts Centre, and church and community volunteers.

The need for relief packages continued in the post-Covid phase. The Waitakere Licensing Trust answered a social media plea for a permanent site, and the *Feleoko* was born. The Tongan concept of *feleoko* refers to the food storage *fale* (house) that was once an important part of every home in the Pacific. The *feleoko* is a separate *fale* from the *peito* (cooking house) where food is stored and prepared for daily consumption. The main purpose of the *feleoko* is for food security, to ensure that there will always be food available, especially when disaster strikes.

Such is The Fono's vision for its *Feleoko*. A place where quality food is stored for when the need is great. When families face difficulties, they know that the *Feleoko* has nourishing food to share. It is hoped that The Fono will be able to provide the support and resources to ensure that families do not

Photo 1: Assembling Food Parcels

find themselves in the same situation in the future, by helping them to build their own *Feleoko*.

## Enhanced access: Clinical services

The Fono has four medical clinics across the Auckland region providing primary care services to over 16,000 patients. Patients typically come to the practice to see a GP or a nurse.

The Covid context, as with services mentioned, necessitated a different response, as indicated by the timeline below (Figure 4).

After a period of negotiation, The Fono's Integrated Mobile Testing Service was implemented. The Fono's public health staff were redeployed to provide wrap-around support which included assessing families in need during Covid testing in the home, providing follow-up social support as needed and advising families of their test results.

The Mobile Testing Service included influenza vaccinations and assessment and follow-up, carried out by a social worker, with other family needs such as Pacific Relief Packages and referrals to other services within The Fono and external to the organisation. This service ended on the 31 July 2020 and led to the development of the Pacific Mobile Service which provides outreach GP, nurse and social work services to families unable to attend clinic appointments or are who are not enrolled with a GP clinic.

In pre-Covid times, The Fono Henderson had provided GP phone triage services to assess whether patients needed to attend the clinic. GP services tended to always be provided in the clinic with the occasional home visit which was often for palliative care. Clinical outreach services tended to be nurse-led with social workers meeting social support needs.

## Virtual consultations

In Alert Level 4, the national target was for GP clinics to provide at least 70% of their consultations by phone or on a virtual platform such as Zoom or Teams. Without virtual capabilities, Fono GPs provided most of their consultations via phone. For The Fono this was unprecedented, and the GPs quickly adapted to managing patient care using the patients' medical records and speaking with the patients. Some patients still attended the clinics but had to be screened for Covid before entering premises.

In the post-Covid phase, The Fono is embarking on an information and communications technology (ICT) infrastructure upgrade whereby all GPs will have the equipment to provide virtual consultations as preferred by patients.

Additionally, The Fono had considered whether or not an 0800 telephone number would make access easier for patients. Pre-Covid, the unknown demand and cost concerns prevented The Fono from progressing the idea. However, during Covid, the demand for accessing the relief packages via social media and GP consultations forced The Fono to pivot quickly and provide an 0800 number so that the call-centre could provide responsive support to the growing demand. The 0800 number is now the main contact Fono phone number which directs callers to the new Contact Centre for easy redirection to any Fono service.

*Figure 4: Clinical Outreach Timeline*

| Access to The Fono Clinical Services | | |
|---|---|---|
| Clinic-based | Community-based mobile | Integrated Mobile |
| Pre-COVID | COVID | Post-COVID |

Figure 5: Transforming Flu Vaccinations Timeline

| Access to The Fono Clinical Services | | |
|---|---|---|
| Clinic-based | Drive-through service | Annual Drive-Flu Clinics |
| Pre-COVID | COVID | Post-COVID |

## Flu vaccinations

The demand for flu vaccinations was high during the Covid period and providing flu vaccines to large numbers of people was a challenge within the medical clinics because of the social distancing precautions. One way around this was to offer a drive-through service, where families could be vaccinated in their vehicles. The service was a great success with almost 600 people being vaccinated at our Henderson and Manurewa clinics over three Saturdays. This was a change to the provision of flu vaccinations prior to Covid as indicated in Figure 5.

Right throughout the Covid period, despite the urgency and need to focus on the development and maintenance of The Fono's innovative approaches to the delivery of services, high levels of internal and external communication had to be preserved. This was essential to foster cohesion and unity of purpose amongst our now dispersed workforce where some staff were working from home, some at the practices and other staff in the outreach services and the food bank depot. There were social media posts that highlighted the services being provided and every day the CEO sent a personal inspirational message out to staff.

## Reflections

Without doubt, Covid influenced a dynamic period of empowering transformation for The Fono. For the first time ever, over 60 staff out of 150 were redeployed into new roles which were physically demanding and vastly different to what they had been trained for. The willingness of the staff to help was undeniably strong, and the staff gave their all to help those in great need. Across all services the initial stages of Alert

Photo 4: Drive-Through Flu Vaccinations



Level 4 were unique and exciting, and once the novelty had worn off after a few weeks, work became increasingly demanding but remained rewarding.

*Ala 'i sia* (Tongan) or *Ia aoga* (Samoan) is "to be useful" and is a key concept which is highly upheld by Pacific people. To be useful gives one a purpose and a sense of belonging. To be useful makes one a contributor and enables one to feel satisfied with their place in the world. As an organisation which provided essential services, The Fono proved itself to be useful to Aotearoa New Zealand during the state of national emergency and Alert Level 4. This was an important achievement for The Fono, which validated the organisation's humble assertion of its wisdom in knowing how best to provide effective services for Pacific.

Post-Covid, The Fono continues to drive forward the implementation of its integrated model of care by building on the transformations gained through the Covid pandemic. The equity gap between Pacific and mainstream Aotearoa New Zealand remains significant and can be more effectively addressed when drawing on the wisdom of those who are affected. The

Fono's integrated model of care represents that wisdom and is owned by the Pacific communities of New Zealand. It is time to harness that wisdom and apply the most appropriate methods of supporting people to close the widening equity gap. Now is the time.

*"As always, look after yourselves, look after your loved ones and look after your community."*

(Director-General of Health, Dr Ashley Bloomfield, 28/03/2020)

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# Fieldwork placement reflection from a regional Pacific university during Covid-19

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## ABSTRACT

The Covid-19 pandemic has affected many people around the globe, creating havoc and stress unlike anything ever seen before. For social work educators engaging Pacific-based audiences, the pandemic brought many challenges—the restrictions imposed in Fiji meant that social work teaching and fieldwork placement coordination was conducted virtually, until the situation improved. The Covid-19 pandemic necessitated a re-think of the status quo regarding fieldwork coordination and unveiled new considerations for the role. Experiences from fieldwork education provided a unique chance to reflect, highlight the lessons learned during a global pandemic, and consider opportunities for the future.

This reflection is written from my own experience as a relatively newly appointed academic with a regional university in the Pacific[1], providing tertiary education to 12 nations in Oceania. Field education has been a part of the social work curriculum at this regional university for over seven years now. Students are required to complete two fieldwork placements during their three-year study towards a Bachelor of Arts (Social Work) Degree. Fieldwork placement provides an opportunity for students to have a practical, hands-on experience within an organisational setting.

This paper will, firstly, discuss challenges and lessons learned in a changing employment context amid a global pandemic. Secondly, the paper highlights the challenges encountered while coordinating fieldwork placement for Pacific Island based students across Oceania. Finally, recommendations will be provided about ways to strengthen the co-ordination of fieldwork placements.

## Locating ourselves

I am an i-Taukei[2] who has lived in Aotearoa New Zealand for over 40 years, and I have worked with children, youth, families, and in community development for over 20 years. I am an academic and practitioner with experience specifically focusing on bi-culturalism[3]. This stems from years of experience working with Māori[4], Fijian[5], and Pasifika[6] populations and in multi-cultural settings. I previously worked as a lecturer and fieldwork placement coordinator in Aotearoa New Zealand. In April 2020, I took up a new position with a regional university in the Pacific when Covid-19 was beginning its global spread. At the time of my appointment, international travel bans were imposed, and so I worked remotely from Aotearoa New Zealand in the first four months of my new employment. I had to quickly adjust to conducting staff meetings, student supervision, and course-related work from a distance via online platforms. Working from a distance, in isolation, and trying to navigate new systems and processes became my new norm. As

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someone who had lived in Aotearoa New Zealand for many years, I was unknown to the network of Pacific students and stakeholders in the Pacific. It has been said that success comes when a person is already known by its population (Kanuha, 2000) and has a shared identity, language, and experience with participants (Assesslin, 2003). It was, therefore, important for me to establish trust and credibility quickly with the field education stakeholders, a challenging task given the newness of the role, and the fact that Pacific field education in the Pacific covers a large and diverse geographical area.

### Challenges faced in a changing employment context amid a global pandemic

Changing employment and opting for an international posting amidst a global pandemic created uncertainty for me. This action may seem absurd to some, especially during a time of uncertainty and significant challenges. Many people during the pandemic were worried about their future (Donthu & Gustafsson, 2020), with the rise in unemployment, and the disappearance of some job sectors (Hite & McDonald, 2020). As employers faced significant challenges (Akkermans et al., 2020) I questioned whether it had been risky to accept a new employment opportunity during a global pandemic.

According to Hite and McDonald (2020), because of the global pandemic, some sectors are expected to experience growth and there was the possibility that new industries would emerge. I believed that social work was going to be a growth sector and that social workers would be in high demand due to an increase in social problems as a direct result of the pandemic. Buoyed by this possibility, I was more determined more than ever to return home to Fiji and give back to the students, stakeholders and the Pacific region by sharing my knowledge and experience in a field that I was passionate about.

Next, I explore the challenges of coordinating placements during a global pandemic.

### Fieldwork placement challenges

This section will discuss challenges encountered from fieldwork placement co-ordination across Oceania and the lessons I learned from being engaged in this process.

*1. A complex undertaking*

Coordinating fieldwork placements in Oceania is an enormous undertaking. There is a large geographical area to cover, and 12 Pacific countries to engage with. Additionally, for most students engaged in the programme, English is a second language. The students enrolled came with challenging experiences and on occasion, from difficult circumstances, that could act as barriers to succeeding in social work study.

Securing placements was initially slow and demanding and there was little success due to the reality that I was unknown to the network. I found myself in a less than ideal situation of not having enough placements for the numbers of students I had to place. Quintanilla (2020) has reported that, since the pandemic began, internship opportunities for university students in the USA have decreased by 75%. Time was not a luxury I had, as students needed placements confirmed so they could commence. I, therefore, needed to find alternative ways to gain access to the networks so that I could secure placements. One of the challenges I encountered was not having an updated agency directory, including details about the agency contact person and the agency's core field of practice. Additionally, some organisations were not willing, or able, to take students for placement due to Covid-19.

Another challenge I experienced was related to working with different time zones across the Pacific. On one occasion I had scheduled a Zoom meeting with a student and on the day and time of the meeting, I logged

in and waited for the student for about 30 minutes and when the student failed to turn up, I logged off, thinking that the student must have forgotten about the meeting. The student emailed me an hour later to advise that they logged on, but no one was present. In this instance, the student was not the problem, I had not factored in the time difference for both countries.

*2. New initiatives*

While working with a large geographical area like Oceania, I engaged with a diverse group of people. While it helped to be a Pacific person, as Pacific people share some common values and beliefs, what was critically important was understanding the geographical area that was covered, being aware of basic greetings, common phrases, and cultural protocols. These are essential competencies to have when working with Pacific students and placement networks—having Pacific cultural knowledge helped to open doors and not be met with skepticism.

The pandemic impacted field placement work in that different methods of engagement with industry stakeholders were employed; the face-to-face meeting was replaced by virtual and other meeting modes, such as emails, phone calls and Zoom meetings. I had to adjust quickly to this alternative mode of operation which might seem to be impersonal compared with face-to-face meetings, but which became part of a new way of conducting the work. To support this new way of working with stakeholders, a list of social work qualified social workers who would become field educators was created to capture an accurate record of those that could support students.

I developed an organisational database created from previous data and from staff knowledge. The database enabled me to network and familiarise myself with the stakeholder landscape. Organisations in Oceania were still willing to take students on placement, and with limited time available to secure placements, the database helped me to be more strategic and purposeful in targeting agencies to achieve a higher rate of return in securing placements. I came to appreciate the use of networks in the diaspora and to acknowledge that, although I was not known to the networks, I was connected by the ocean to the wider Oceanic peoples (Hau'ofa, 1994). Utilising an intermediary from within the Pacific diaspora helped me to establish connections; the intermediary's introduction opened doors that, in the end, secured placements. To develop further connections I included previous contacts, conducted an internet search and used a snowball method to gain contacts. Having face-to-face talanoa[7] with people within organisations in order to get clarity on who they were and what they did was very helpful. Being provided with the opportunity to share Pacific values of respect, humility and reciprocity in our interactions was greatly appreciated. The agency database is now a sustainable placement database that can be utilised for future social work practice placements. The process of engaging fieldwork stakeholders was a valuable experience in expanding my knowledge of the networks and establishing new relationships.

Because of the limited number of organisation-based placements (OBP) available, I developed other placement types, the Research-Based Placement (RBP) and the Virtual Based Placement (VBP). These new placement types required high levels of collaboration between the university, placement organisations and communities. For the RBP option, students undertook 12-week online work focused on research projects about their experiences of fieldwork placement during the Covid-19 pandemic. The VBP was 12 weeks of online-based learning which provided students with weekly learning packages that included simulated case management scenarios. The online learning arrangements followed on from an online 'preparing for placement' workshop I had organised to support student understanding of placement expectations.

To be successful, online placement learning modes needed to be easy for students to navigate and to understand. For the VBP, I needed to develop a partnership with the technical experts to create online forms and simulated learning for students to complete and save on the system; the aim was to ensure that there was no double-handling, valuable information was not lost, and to make certain that the process was less time-consuming. Offline support and guidance to students in a timely manner was critical to their learning progression.

*3. Diverse learning needs*

A challenge that I experienced was in managing the diverse learning needs of students, for example, students with visual impairments, and students for whom English was a second language. At times, students needed extra support to clarify placement options and assessments as they struggled to understand course instructions, which led to delays in meeting placement deadlines. For example, some students struggled with how to submit an assignment or how to upload a large file, and some did not understand the assessment requirements. Corresponding individually with students was time-consuming.

Additionally, many students were juggling family, cultural and religious obligations on top of their academic requirements, were managing cross-discipline demands, and were living in remote locations and working in isolation. While it was expected that students engage in distance learning, some did not have personal devices to complete academic work and some students also had poor (to no) internet connection. During the Covid-19 pandemic, distance learning has increased around the world (Lassoued et al., 2020); students' learning needs must be understood, and technical issues overcome, for students to meet the workload required of fieldwork placement and to succeed. To support students in their learning endeavours I

developed a 'Frequently Asked Questions' resource along with audio and video instructions that provided clear information about assessments. I also included aspects of Pacific languages throughout the lessons to support student engagement with content. Students who have limited internet access or faced financial constraints, should have access to course material offline. To assist students with these issues, our programme partnered with the various regional campuses to make this support available and accessible to students who required it. This was a small, but effective, way students could be supported to succeed and it was also an approach that promoted educational equity (Lim et al., 2020; Yang et al., 2018).

Being well-prepared and ready to successfully engage in learning utilising an online platform requires attention and focus. Along with the challenges noted earlier, being novices in the world of online learning also makes the learning journey extra challenging for most students. As progress is made internationally on information communication and technology within higher education (Reddy et al., 2016), there is a great need to increase Pacific students' digital literacy (Pacific Islands Forum Secretariat, 2018). There is clear evidence that vulnerabilities are increasing and inequalities are deepening, and it remains for many a distant dream to be able to access and use technology (Pacific Islands Forum Secretariat, 2020). There is a big push in the Pacific region for 'prosperity' and the promotion of productive lives for all Pacific people (Pacific Islands Forum Secretariat, 2018). Pacific students face a mammoth task in achieving their aspirations. Coleman (2020) stressed the importance of creating and designing ways where students can support each other—or be better supported by tutors—while doing distance learning. One way of supporting students, which was part of my pastoral support strategy, was to allow handwritten assignments to be submitted, especially for those who did not

have access to a computer or a device to type their assignments.

To be culturally appropriate, one aspect that could be explored is for assessment instructions and written assignments and/or presentations to be in the first language of the students. Additionally, assessments could be in the form of dance, song, cultural frameworks, and poems. Thaman (1990) stated that the language of instruction is closely linked to the students' ability to learn and conceptualise. I offered two students the opportunity to present their assessments in their first language; the students did exceptionally well, proving that this approach can work in a predominantly western-dominated academic environment. The approach encourages confidence in the students because they are comfortable with the familiarity of their own language. As an academic, I aim to continue to build an inclusive and constructive teaching style, one that promotes culturally sensitive practice that is meaningful to the context of Pacific students and works side-by-side with the learner (Yang et al., 2016).

I aimed to be constructive and transformative in my teaching approach. To this end, I responded to students in a positive, encouraging and supportive manner. I was very aware that, for many students, succeeding in education could be the difference between remaining in, or breaking, a life of poverty. A transformative approach is therefore required, one that contributes to making a difference in students' lives. Adopting a flexible and accommodating approach, exercising patience and leniency, and promoting a culture that supported students to thrive and succeed were principles that guided my work.

## Conclusion

Placement co-ordination in Oceania is a unique task that covers a large geographical area, with students who have diverse learning needs; the work requires a value-based approach that is culturally sensitive, and which provides proactive functional support. Reflecting on the challenges and lessons learned from coordinating fieldwork placements in Oceania during a pandemic has been a valuable experience. It has been a worthwhile opportunity to take stock of how fieldwork education is delivered and highlight the learning that will hopefully benefit future academics, students and social workers who will engage with Pacific social work education in Oceania.

## Notes

[1] Relating to the island groups within the Pacific Ocean.

[2] Indigenous Fijian from the island of Fiji.

[3] Consists of both the indigenous people (Māori) and Pākehā (European or white person) of New Zealand.

[4] Indigenous people of Aotearoa/New Zealand.

[5] Citizens or residents of the country of Fiji.

[6] People from the various island nations in the Pacific Region.

[7] To tell a story, have a conversation, chat, sharing of ideas.

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# Pacific social work navigating practice, policy and research

Jioji Ravulo, Tracie Mafile'o and Donald Bruce Yeates (Eds.)
Routledge, New York, 2019
ISBN: 978-1-315-14425-2(ebk), pp.238, paperback, $NZ82

This book is the first, in its entirety, focusing on Pacific social work practice, policy, and research. It is heartening to see how far Pacific social work has developed internationally and the growth of Pacific social work knowledge, theories, and practices in Aotearoa New Zealand. Contributions in this book recognise the needs of Pacific people in diverse areas of research that can, in turn, inform policy and practice to better serve Pacific communities. Likened to skilful weavers, the editors have carefully selected strands of Pacific knowledge and experiences that beat to the heart of Pacific social work practice. In doing so, the editors have produced a publication that acknowledges the present, and the ways of the past in preparation for the future. Further, *Pacific Social Work Navigating Practice, Policy and Research*, invites those engaging with Pacific families and communities to decolonise hegemonic practices and claim our space as Pacific people. As highlighted, the book is "striving to promote an ongoing local, regional and international conversation about the importance of decolonising professional practice, including social work" (p. 9). The book is structured into five key parts: Pacific Social Work; Fields of Practice; Social Policy; Research; and Future Directions.

A key theme to emerge from the book is the focus on transforming spaces in social work practice by employing a Pacific lens. The publication clearly demonstrates a commitment by the editors and contributors to enhancing the wellbeing of Pacific families and communities through seeing themselves reflected in Pacific-centred theory, practices, and approaches. Pacific treasures such as Pacific cultural knowledge and Pacific ways of being have been woven throughout the book to highlight social work practice values in engaging with Indigenous and culturally diverse communities throughout the Pacific region.

Part 1 invites the reader to understand that, although Pacific nations share common cultural understandings, it is also important to engage with Pacific points of difference. As a Pacific social work educator, it is validating to see that "appreciating the cohesion that comes from including cultural diversity and its differences" (p. 9) is recommended.

Part 2 offers inspirational Pacific views and experiences in various settings, drawing from different fields of practice ranging from child protection, disability, and justice to communities of practice. It is a delight to read contributions acknowledging the strength of a Pacific worldview that emphasises interconnectedness amongst people, land and culture when working with Pacific individuals, families, and communities. The publication acknowledges that *vā* (relationships) are pivotal in working collectively and are essential when engaging with Pacific communities and in shared decision making. This section encourages the Western social work world to see the relevancy of Indigenous and Pacific knowledge and concepts to social work practice, and to be allies in supporting Pacific social work to assert its rightful place across social work on a global scale.

Part 2 emphasises holistic and strength-based approaches to Pacific social work—thereby affirming Pacific identity.

Part 3 of the publication focuses on social policy, engaging the reader with the social policy machinery that exists in the Pacific context. The call is made for Pacific social workers to understand the complexities of social policy making in the Pacific region. This knowledge is important because of how policy impacts daily lives; social workers are uniquely placed to privilege Pacific cultural knowledge when advocating for political change in communities.

In Part 4, the focus turns to research and the authors advocate for research paradigms that embed Pacific knowledges and practices so that it is Pacific-Indigenous research paradigms that are at the fore of research for the advancement of Pacific wellbeing. In promoting Pacific-Indigenous research, this section acknowledges the approaches to research that already exist, including: the Tongan *Kakala* framework; the Fijian *Vanua* research approach; the *Talanoa* approach; and the Samoan *Fa'afaletui* research framework. The authors provide research stories as examples of Pacific-Indigenous social work research.

Finally, Part 5 of the book considers the future direction of Pacific-Indigenous knowledge and practice, calling, in particular, for the inclusion of Pacific-Indigenous perspectives—not only in the practice of social work but also in social work education. The point is made that Pacific and non-Pacific social workers have the opportunity to engage with each other to shape and promote Pacific social work.

Many of the authors have bought to life Pacific knowledges that have been like footprints in relation to social work practice; we know that Pacific ways of knowing and being have a role to play in social work practice, but perhaps they have been just out of reach. The authors in this book have articulated, and therefore rejuvenated, the meaningfulness of Pacific Indigenous knowledges to social work practice. It is understood that embracing a Pacific worldview is often complex and conflictual due to organisational systems and structures that are not yet in a place to recognise the relevancy of the Indigenous Pacific voice in social work practice. It is therefore encouraging to consider that this publication can be a platform for Pacific practitioners, educators, and researchers to mobilise and begin *talanoa* about aspects of past and current social work systems that do not work for Pacific communities.

The book was designed to assist social work practitioners in gaining better insight to a Pacific worldview. For myself as a Pacific social work academic, there is a great sense of fulfilment and pride at what a great accomplishment the book is, and that Pacific and non-Pacific contributions have been made with a view to being more able to serve families and communities in the Pacific diaspora. Although the publication is a mark of celebration, the book also raises questions to be further explored. How can Pacific social workers lobby for effective policy? How can Pacific social workers utilise empirical data to inform research and practice? How can Pacific social workers contribute to ongoing professional development after graduation and in practice? How can Pacific social workers assist other non-Pacific practitioners to integrate Pacific cultural competency across practice, policy and research? Lastly, how do Pacific social workers maintain their Pacific-ness?

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# Disrupting Whiteness in Social Work

Sonia M. Tascón & Jim Ife (Eds.)
Routledge, Oxon, 2022
ISBN: 978-0-367-24750-8, pp.204, hardback, $291 NZD

### Why do I like this book?

What I like about this book is that it is a call to action to confront the whiteness of our social work profession and to root out colonisation and racism or, more specifically, white colonialism. In social work, we are more likely to speak about colonisation and racism in a broader societal sense, if we talk in this space at all, but much less about whiteness and the problem of how it has largely taken over our profession. Thus, we have the goal summed up in this book's title—*Disrupting Whiteness in Social Work.*

The authors in this book affirm the voices of black, Indigenous and people of colour (BIPOC) and the vital role they have in leading the disruption of whiteness toward the transformation of social work. BIPOC readers are likely to see themselves well reflected in this text. The message to white readers is to confront our white privilege, and join with BIPOC colleagues in decolonising social work.

### BIPOC and white social work authors

Most authors represent indigenous voices from Australia, Oceania, Chile, Kenya, Uganda, and Brazil, bringing BIPOC voices to this text. However, a single white author also speaks to white engagement with decolonisation. The book is co-edited by Sonia M. Tascón, a descendant of the Chilean Indigenous Mapuche Nation, and Jim Ife, a white Australian well known to many social workers in Aotearoa New Zealand. Having outsider and insider relationships to whiteness illustrates the critical tension between these identities but also speaks to the collaboration across this divide by insiders and outsiders. It offers the possibility of joint work toward the task of decolonisation and fighting racism.

The book follows a structure where a range of authors write different chapters, and one or two other authors respond to the chapter's author. BIPOC authors reflect on what others have written and note similarities and differences in their stories. It also presents an interesting situation where a single white author has Indigenous authors offering a response to their chapter and where the white author also gets to respond to some BIPOC authors.

### What is whiteness?

*Whiteness* is rooted in Western culture and its growing global dominance since the 18th century with the privileging of white people and, thereby, the oppression of people of colour, including Indigenous peoples. Whiteness highlights the way colour has become racialised through the process of Western colonisation. A vital feature of the book is a focus on knowledge as a core component of culture and a core of social work where "the whiteness of social work is a consequence of the whiteness of its knowledge" (p. 2). White knowledge arose from the development of modernity in Western culture and the notion of dualism made famous by Descartes with the conceptual splitting of the human mind and body as a binary approach to viewing knowledge. Modernity was grounded in empiricism, prioritising Western scientific knowledge over other knowledges and ways of knowing. Also associated with white knowledge is individualism with the separating of people from their context; the

focus on the use of the English language to the marginalising of non-Western languages; neglecting the use of metaphor, story and history in constructing knowledge; side-lining art, music and dance within knowledge; and anthropocentrism with the degradation of the non-human world.

### White is right and West is best

This book tackles colonisation and racism by prioritising the voices of BIPOC and focusing on the dominance of white culture, and the benefits white people get from the global power of white culture. The harmful aspects of white culture include the notion of white supremacy, which puts white culture at the top of the hierarchy with coloured, black and Indigenous cultures in descending order of merit. White supremacy fuelled the colonists who spread out from the West in recent centuries to conquer countries across the globe. We know the contemporary challenge of the white supremacy movement in the West and within Aotearoa.

Privileging white knowledge denigrates other cultural knowledge. By side-lining non-white knowledge, BIPOC communities are also side-lined and become forced to assimilate into the dominant white knowledge system. The oppression of BIPOC peoples and their specific knowledges forces them to assimilate into white culture with the consequent repression of identity. It leads to *epistemicide* with an attack on non-white knowledge.

### How white is social work?

The focus is not just on whiteness but on its influence within the social work profession. The history of social work in the UK and the USA ensured it has strong white roots that have continued to the present. Confronting white colonialism also means addressing the social work professional identity and the infrastructure it stands on.

The foundation of any profession is knowledge, and the privileging of white

knowledge in social work has created its trajectory. Non-white knowledge has to fight against the dominance of the West. BIPOC social workers must fight to hold their knowledge or assimilate into white social work knowledge. In this way, white social work is guilty of epistemicide, marginalising and extinguishing BIPOC knowledge.

### Pasifika social work

Pasifika authors include Tracie Mafile'o from Aotearoa New Zealand, who identifies as Tongan and white and also highlights the intersection of Indigenous and white heritage with the unique context it creates. Mafile'o has a delightful and quite different chapter to others: "Cake art as social work – creative, sensory and relational knowing". Cake art is a highly creative practice that some of us would not immediately connect to social work, which only highlights the dominance of more traditional notions of social work practice. Mafile'o bases her practice on a Tongan tā-vā epistemology where symmetrical relationships are privileged with the goal of harmonious relations linked with the sensuality and beauty of artistic food. This practice contrasts with the Western notion of rational and technical knowledge.

"Cakes with love – sweet art with heart" is a further framing of her practice that centres love and focuses on relational knowledge, challenging the strict Western personal–professional binary where a *self-compartmentalisation* can undermine a strong relationality. This practice echoes the tikanga pou at the heart of our recently revised code of ethics (ANZASW, 2019), where Aroha (love, compassion) is a central feature of social work practice—highlighting an ethical quality that aligns more strongly with Indigenous knowledge.

The other chapter by a Pacific author is written by Jioji Ravulo, titled "Supporting the development of Pacific social work across Oceania – critical reflections and lessons

learnt towards disrupting whiteness in the region". Ravulo is a social work academic living in Australia who brings an Indigenous Fijian perspective to his work. He notes the enormous chasm between traditional Pacific cultures and the Western context that dominates social work. Along with other authors in this text, he not only works to decolonise social work but to Indigenise social work with Pacific epistemologies and ontologies. Ravulo uses the concept of *solesolevaki*, a traditional Fijian perspective that speaks to reciprocal well-being, emphasising collective responsibility central to their Indigenous world. This approach counters Western and white views that highlight an individual focus and a linear and less holistic approach.

Ravulo proposes an inclusive approach where Pacific ways of knowing and doing are centred on social work research and practice to serve Pacific people more effectively. He acknowledges the dominance of a Western context and opens the door for non-Pacific people to be part of this decolonising work. It is another application of solesolevaki where a shared approach allows for both Pacific and Western contributions toward more just societies.

### White social work insiders

What is the message for white social workers? Many social workers in Aotearoa New Zealand will be familiar with Jim Ife, a prolific Australian social work author. In his chapter, Jim Ife positions himself as a white, middle-aged male (just like myself), who has come to acknowledge his complicity with white culture and the predominant whiteness of social work.

Many of us white social workers will have been brought up and trained into thinking that we are friendly people who avoid the worst excesses of racism and are in a position to do good and work for change. We have struggled with the reality of white culture and its insidious power worldwide and within our lives.

This book, and Jim Ife's chapter, mainly speak to the white experience and the link to white social work. Given white social workers' enmeshment within the dominant discourse, highlighting this is a necessary action.

Jim Ife encourages white social workers to be active in decolonisation work. Still, this first requires us to confront privilege and the unearned benefits of being white in a white-dominant world and profession. Climate justice and survival are other reasons Ife gives for decentring Western knowledge.

### White social worker action

Ife proposes the following actions for white social workers: 1. Step aside—so BIPOC knowledge can take centre stage. 2. Fall in behind—so BIPOC social workers can become the leaders in reformulating social work knowledge. 3. Walk alongside—be in solidarity with BIPOC social workers, to be part of the review of white social work knowledge and what parts of it should be saved for decolonised social work.

Further advice is offered to white social workers by an Indigenous colleague about entering an Indigenous space and engaging in decolonisation: am I wanted? Am I needed? Am I doing this for me or authentic reasons? Can my ego handle it? Also, that cultural responsiveness for white social workers involves: self-awareness, an understanding of privilege, learning about Indigenous peoples' past and their lived experiences, needing to seek guidance, developing cultural awareness and communication skills, a commitment to advocacy, maintaining accountability, and relational reciprocity.

Facing up to being white includes grasping significant challenges. Rossiter states "I want my white students, for example, to be able to tolerate the knowledge that they will be dangerous to people of colour all their lives" (p. 101). The social work profession should also "reflect on itself as potentially contributing to structural racism" (p. 101).

### Pākehā social workers

Those of us in Aotearoa New Zealand who are white Pākehā have the dual challenges of facing up to settler colonial privilege and white privilege more generally. These two closely related forces have led to a social work profession that remains dominated by Western knowledge despite change led by Māori, Pasifika and people of colour.

### Gaps for application to Aotearoa New Zealand?

While this book includes a majority of Indigenous authors, including some from Aotearoa, it does not directly speak to our context and our profession's commitment to honouring Te Tiriti o Waitangi. The theme of disrupting whiteness and Pākehā culture is essential in addressing colonisation and racism within Aotearoa; however, we need another text that builds on *Disrupting Whiteness in Social Work*.

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