



Organisational Guidelines for Disability Support Services

Working with Pasifika People with
Disabilities and their Families



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Cover art by Keke Brown.

Keke Brown is an Auckland based artist. Recently she returned from a trip to the United States where she started to draw again beginning with her many train trips to and from New York City. Inspired by the diversity of the city, and its inhabitants she spent a lot of time riding the subways and observing people. Currently, her work predominantly explores intersections with line, in particular the cross section of line and life itself. She has returned back to basics working with pen and paper, the immediacy of this form, which meant she was able to create work wherever she was. Keke began her career in the arts as a founding member of New Zealand's first mixed ability dance company Touch Compass Dance Trust. She graduated from the University of Auckland with a Bachelor of Arts in English and Pacific Studies, focussing on postcolonial art and literature, to learn more about her Samoan heritage but also exploring the complexity of being a New Zealand-born Pacific Islander and the cultural clash and challenge this can be. As an 'afakasi New Zealand-born Samoan woman who happens to also have a disability, Keke can see all different perspectives. As a member of many minorities she is interested in how all people themselves interact and behave.

Contents

Overview.....	4
Purpose.....	6
Rationale	7
Guiding principles.....	7
Why these guidelines are needed.....	10
New Zealand's Pasifika disability profile.....	12
Nine organisational guidelines for disability support services working with Pacific disabled people	15
Build trust.....	16
1 Demonstrate organisational cultural competency.....	16
2 Focus on a 'person-centred' family approach.....	19
3 Prioritise effective communication with Pasifika	20
Partner with Pasifika.....	23
4 Develop Pacific leaders	23
5 Engage with Pacific communities.....	24
6 Connect with Pacific support services	27
Commit to action.....	28
7 Collect Pacific data to inform practice	28
8 Ensure effective resourcing.....	29
9 Build cultural competency at all levels.....	31
References	33
Acknowledgements	35



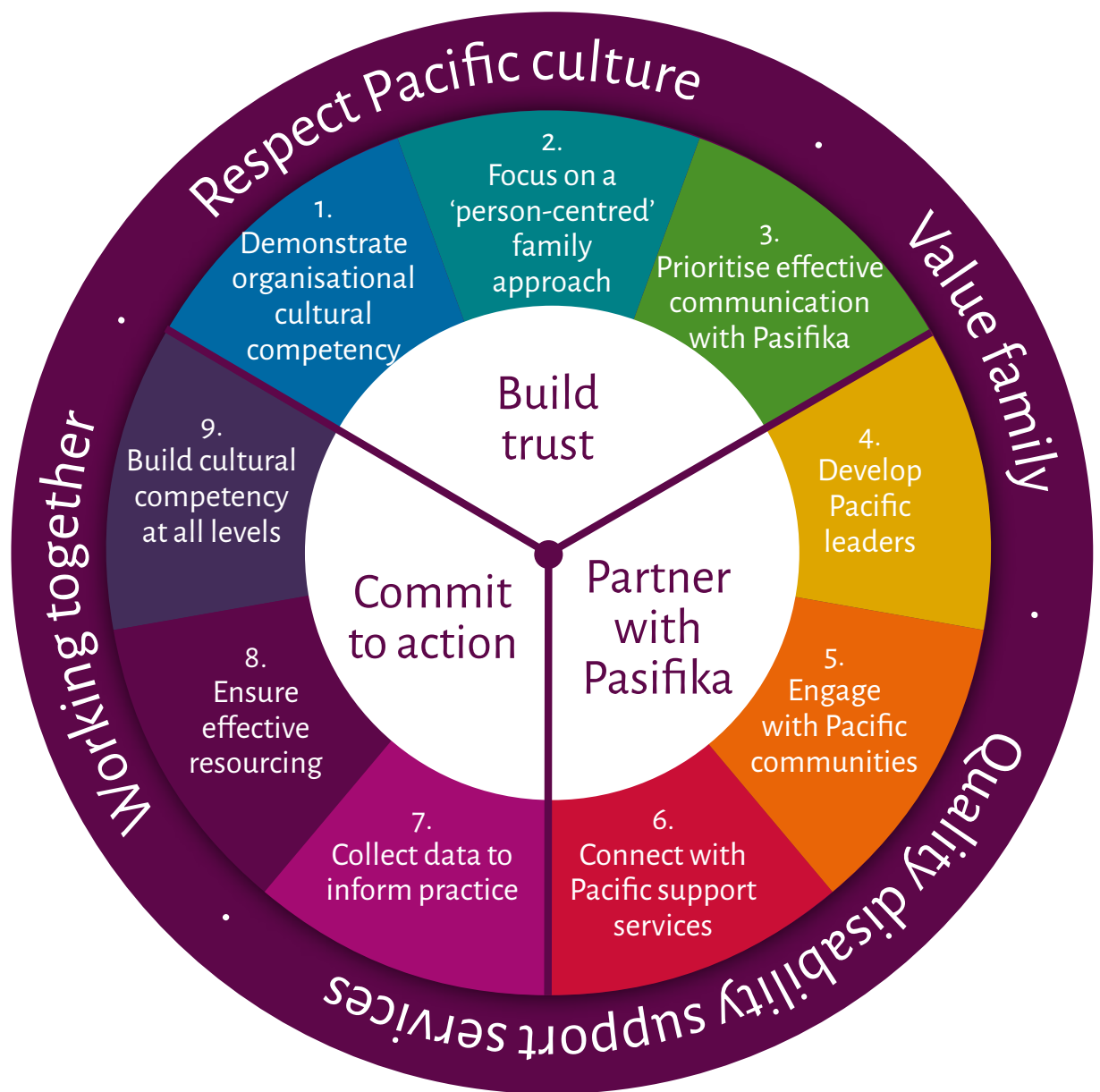
Overview

Nine organisational guidelines for disability support services working with Pacific disabled people

The purpose of the nine guidelines is to provide organisational guidance to disability support services working with Pacific peoples to ensure the delivery of high quality support, and improve access to disability support services amongst Pacific communities.

The nine guidelines are inter-related, organised into three themes and underpinned by four guiding principles. Together they form a cohesive cycle for improving service delivery.





Purpose

The purpose of these guidelines is to provide organisational guidance to Ministry of Health funded disability support services working with Pacific peoples to ensure the delivery of high quality support, and improve access to disability support services amongst Pacific communities.

These guidelines were developed as a result of an analysis of an international and local literature review combined with qualitative interviews with key stakeholders (see page 35) across New Zealand. An overarching outcome indicates that in order to effectively address quality care for Pasifika, disabled people and their families, disability support services should consider implementing a range of interventions across the whole organisation. These organisational guidelines should be used in conjunction with Le Va's *Your Guide to Disability Support Services* (available in English and Pacific languages),¹ and other Le Va initiatives designed to enhance quality services and access for Pacific peoples and their families. Practical application can be enhanced through Le Va's Engaging Pasifika² cultural competency training programme for disability support services.

The authors wish to emphasise that these organisational guidelines are the first of their kind in New Zealand and should therefore be considered as a starting point for implementing organisational cultural responsiveness for disability support service providers working with Pacific disabled peoples.



Rationale

Research into New Zealand's disability populations notes that Pacific peoples with disabilities are historically low users of disability support services, access services late and present high support needs.² Addressing these issues effectively not only requires increasing the capacity and capability of the Pacific health and disability workforce, but also lifting the responsiveness of non-Pacific disability providers for Pacific clients, families and communities.³

More responsive disability services which are organisationally culturally competent means that Pacific clients, carers and families are accessing and engaging services in a timely manner, more often, and receiving at least the same quality services as other New Zealanders.

Guiding principles

These guidelines form part of the Ministry of Health's *Faiva Ora – National Pasifika Disability Plan 2014-2016*.⁴ *Faiva Ora* fits within the Government's *New Zealand Disability Strategy*,⁵ which aims to value and enhance the lives and participation of disabled New Zealanders. These guidelines acknowledge the overarching principles and framework of the *UN Convention on the Rights of Persons with Disabilities*,⁶ to which New Zealand is a signatory. The four principles that shape this work are based upon 'Ala Mo'ui: *Pathways to Pacific Health and Wellbeing 2014-2018*,⁷ a Ministry of Health strategy for improving the health and wellbeing of Pacific peoples and *Pacific responsiveness for disability support services*,² a report by Le Va.



The four principles that shape these guidelines are as follows.⁷



Respecting Pacific culture

Individuals and organisations in the health and disability system recognise that Pacific peoples' experience of health and disability care can be influenced by cultural beliefs and values. Given the dynamic nature of the Pacific population in New Zealand, these cultural beliefs and values are diverse and evolving. In general, Pacific peoples in New Zealand maintain strong links with the Pacific Islands, through family, culture, history and language.



Valuing family

Workers in the health and disability system are aware that, for most Pacific peoples, family is the centre of the community and way of life. Support for family members with disabilities or older family members is often informally provided from within the family. Whanau ora is a holistic and strengths based approach to developing and maintaining strong and vibrant families.



Quality health and disability support services

The key dimensions of quality – access, equity, cultural competence, safety, effectiveness, efficiency and person-centredness – are implicit in the delivery of health and disability services to Pacific peoples. Quality health care and disability support is apparent at the individual, team, organisation and overall system level.



Working together

The health and disability system works together to provide seamless and integrated quality care to Pacific peoples. The health and disability sector focuses on social, environmental, economic and cultural factors that impact on Pacific health outcomes. The sector partners with education, housing and social development.

Why these guidelines are needed

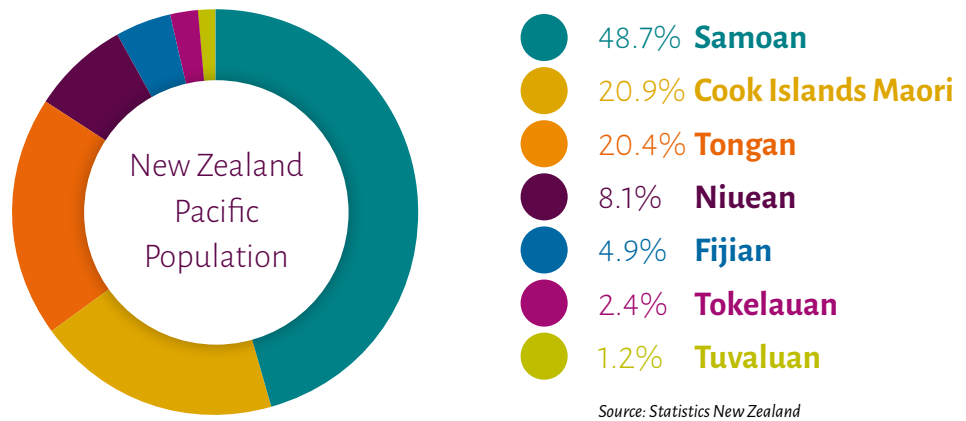
From 1945 to 2013 the Pacific population in New Zealand grew from 2,200 to 295,941, representing 7.4 per cent of the total New Zealand population. Today, two thirds of Pacific people are New Zealand-born (62.3 per cent or 181,791 people), are a very youthful population with just under half of the population being under the age of 20, and also have the highest proportion of children (35 per cent) aged 0-14 compared to other ethnicities.⁸ This youthfulness is reflected in the demographics of Pasifika peoples using disability support services, where the median age group of Pasifika service users is 20-24 years (compared with 35-39 years for those of European ethnicity).⁴

Two thirds of Pacific peoples live in the Auckland region. Importantly, the Pacific population in New Zealand is highly diverse and made up of many different ethnic groups. The largest Pacific ethnic group in New Zealand is Samoan, followed by Cook Islands, Tongan and then Niuean.⁸ Although all of these groups have similarities each group is unique with its own cultural beliefs, values, traditions, language, social structure and history. It is therefore important to acknowledge that there is no generic 'Pacific community' but rather Pacific peoples who align themselves variously depending on social and cultural circumstances.⁹

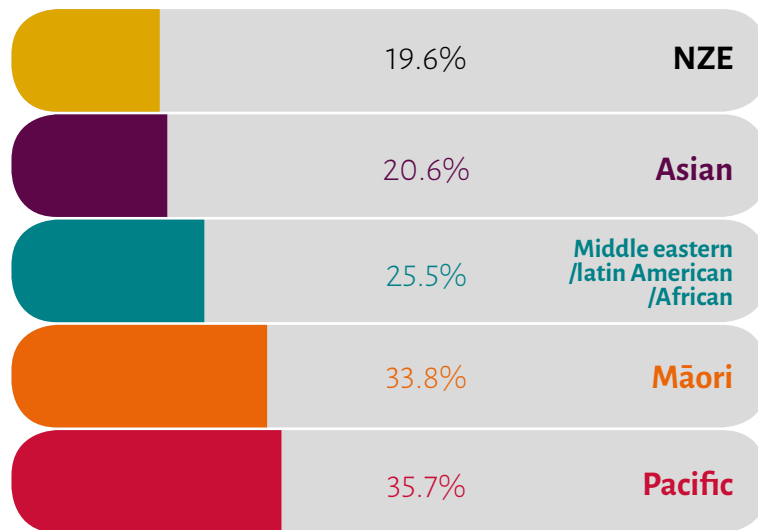
**2/3 of Pacific
people in New Zealand
live in the Auckland region**



295,941 Pacific peoples living in New Zealand



Highest proportion of children aged 0-14 years compared to other New Zealanders



of Pacific people are less than 20 years old

Source: Statistics New Zealand

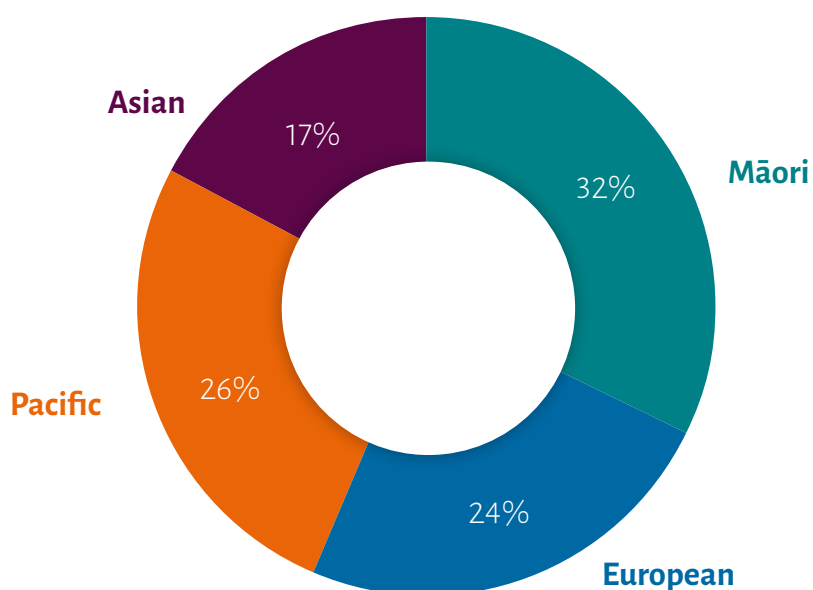
New Zealand's Pasifika disability profile

The 2013 New Zealand Disability Survey

In 2013 one in four New Zealanders live with a disability. That is 24 per cent or a total of 1,062,000 people were limited in their ability to carry out everyday activities by at least one impairment type.⁹ The 2013 *New Zealand Disability Survey* reports that Pacific people have higher than average disability rates, after adjusting for differences in ethnic population age profiles.⁹ It estimates the rate of disability among Pacific peoples in New Zealand to be 19 per cent (around 51,000 people), and after adjusting for differences in ethnic population age profiles, the rate of disability within the Pacific population is 26 per cent.

Nearly one-fifth of disabled Pacific people (around 9,000) are children between the ages of 0-14 years. Fifty one per cent of all disabled Pacific peoples reported having more than one disability. For Pacific, the most common type of disability is physical disability, with 'other' disabilities reported as the next most common. These include impaired speaking, learning and development delay for Pasifika children aged 0-14, and impaired speaking, learning and remembering for Pasifika youth and adults aged 15 years and older.

Age adjusted disability rates by ethnicity*



* The true extent of differences between disability rates for ethnic groups is masked by the different age profile of ethnic populations. The age-adjusted rate is the disability rate the ethnic group would have if their population age profile was the same as that of the total population.

Source: Statistics New Zealand

Ministry of Health Disability Support Services

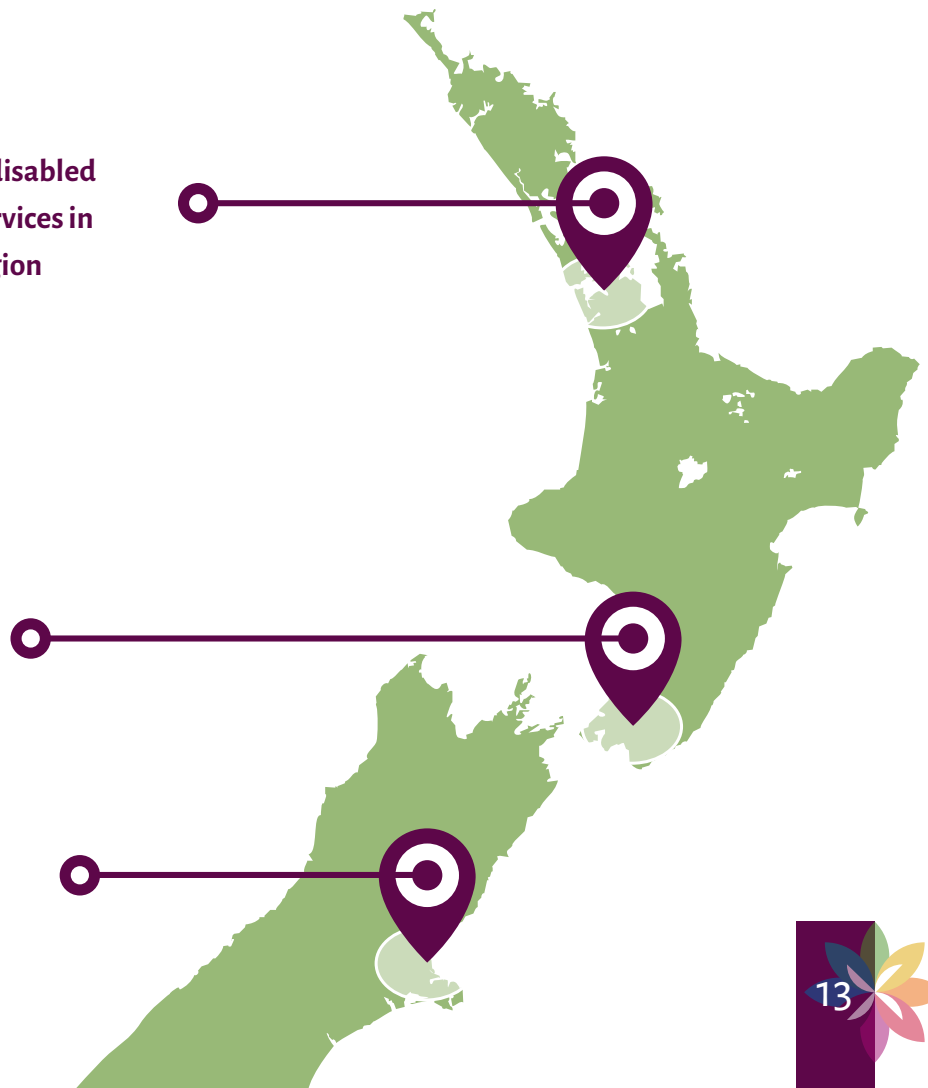
A report on the demographics of users of Ministry of Health funded disability support services in September 2013 noted the following:⁴

- Pasifika peoples represented 5.9 per cent (1,874) of people who access the Ministry of Health funded disability support services.
- A large proportion of Pasifika people accessing disability services are under the age of 19 years old (42 per cent compared with 32 per cent of European/Other ethnicity).
- 50 per cent of the Pasifika people accessing Ministry of Health funded disability support services have an intellectual disability. This includes intellectual disability (type not specified) (27 per cent), autism spectrum disorder (9 per cent), disabilities relating to developmental delay (8 per cent) and down syndrome (6 per cent).
- Pasifika represent 7 per cent of people accessing of carer support, 7 per cent of respite and 6.5 per cent of home and community support services (personal and household assistance). However Pasifika are particularly under-represented amongst users of residential services (3.3 per cent) and supported living (2.8 per cent).

74% of Pasifika disabled people access services in the Auckland region

11% in the Wellington region

3% in the Christchurch area



Ministry of Health Faiva Ora National Pasifika Disability Plan 2014 - 2016

Prior to 2010, Pasifika peoples were traditionally lower users of Ministry of Health funded disability support services. Negative stigma associated with disability and low health literacy has contributed to lower rates of access to services for Pasifika peoples in the past. Over the last three years, significant work has been undertaken to address these issues and more, through the first *Ministry of Health Faiva Ora National Pasifika Disability Plan 2010-13*.³

Actions taken to improve outcomes for Pasifika disabled people and their aiga were as follows.

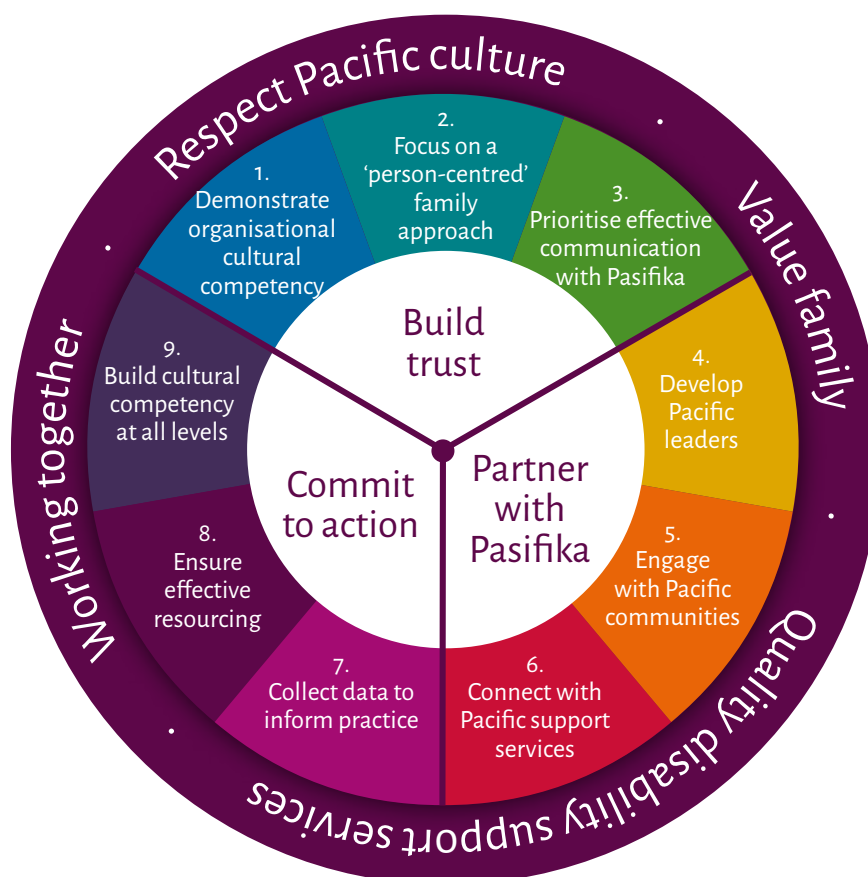
- Enhancing **health literacy** through the development of an all-encompassing *Guide to Disability Support Services* in six Pasifika languages, promoted and disseminated widely (including regular updated versions).¹
- Fostering more **positive views of disability** amongst Pasifika people through targeted campaigns delivered via Pacific radio and churches.
- Supporting **consumer leadership** through the facilitation of the National Faiva Ora Leadership Group led by Pacific disabled people and people who work with or care for people with disabilities. The purpose of the group is to provide advice to the Ministry of Health and **reduce negative attitudes and stigma** towards Pacific people with disabilities.
- **Improving cultural responsiveness** through the development and national delivery of Engaging Pasifika, New Zealand's disability support service cultural competency training programme.
- **Developing the Pacific disability workforce** through the Le Tautua emerging leaders programme and promoting career pathways for Pacific students and workers.
- Providing **national coordination** and forums promoting integrated, responsive and more accessible services.
- Promoting inclusion of Pacific disabled people in their communities through the provision of **appropriate and relevant resources, information and tools**.

Following the three year implementation of the *Ministry of Health Faiva Ora National Pasifika Disability Plan 2010-2013*, in September 2013 the Ministry of Health report on the demographics of users of disability support services confirmed the increase in disability support service use by Pasifika peoples.⁴ Anecdotal evidence also suggests that these activities have had a positive impact in raising the awareness of services and changing community attitudes and behaviour towards disability.⁴ The *Ministry of Health Faiva Ora National Pasifika Disability Plan 2014-16* will continue to build on these initial achievements.³

Nine organisational guidelines for disability support services working with Pacific disabled people

The purpose of the nine guidelines is to provide organisational guidance to disability support services working with Pacific peoples to ensure the delivery of high quality support, and improve access to disability support services amongst Pacific communities.

The nine guidelines are inter-related, organised into three themes and underpinned by four guiding principles. Together they form a cohesive cycle for improving service delivery.



Build trust

The following three guidelines aim to help disability support service providers build a relationship of trust within Pacific communities and support transparent processes for Pacific communities.

1 Demonstrate organisational cultural competency

Ultimately, Pacific cultural competency is recognised as an essential means of reducing ethnic disparities in access, quality and outcomes in health and disability support services. The level of organisational cultural competence can be described as the degree of compatibility and adaptability between the characteristics of the Pasifika populations we serve, and the way our organisation's policies, structures and processes work together to facilitate (or impede) access to and use of support services for Pacific communities.¹⁰

A culturally competent organisation ensures that a commitment to culturally inclusive systems and services with Pacific cultural competency is reflected in their philosophy, governance, vision, purpose, policy, structures, procedures and practices.

The development of organisational cultural competence has been described as a process.

- ↓ **Cultural knowledge:** Familiarisation with cultural characteristics, history, values, beliefs and behaviors of another ethnic or cultural group.
- ↓ **Cultural awareness:** Developing an understanding of another ethnic group, involving attitudinal change.
- ↓ **Cultural sensitivity:** Valuing cultural differences and similarities.
- ↓ **Organisational cultural competence:** brings together the previous stages - and adds operational effectiveness. A culturally competent organisation has the capacity to bring into its system many different behaviours, attitudes and policies, and work effectively in cross-cultural settings to produce better outcomes for people of all cultures.¹¹

Organisational management and governance should commit to establishing business plans, goals and policies that ensure the effective delivery of culturally competent disability support services. This can include the responsibilities for the board of

directors, internal committees and managers, as well as the content of plans, procedures and rules that support culturally competent practices for staff working with Pacific disabled peoples and their families.

One way of reinforcing this is for organisations to nominate Pacific ‘champions’ at board and management levels who are responsible for overseeing progress with respect to improved service delivery and outcomes for Pacific peoples. A concerted effort by an organisation’s chief executive officer and board is likely to have the greatest impact.¹² The responsibilities of these Pacific champions should contribute to individual and organisational key performance indicators and quality standards set out in organisational policies. Reporting against progress should be published in the organisation’s annual report – publicly stating the organisational commitment and results enhance trust and engagement with Pacific communities.⁸



Reflection questions

To assess organisational readiness, management and governance might start by asking themselves the following questions.

- What are our goals and priorities regarding cultural competency development and Pasifika communities?
- How interested are our staff and board in training and strategic planning to increase Pasifika cultural competency?
- How will we assess our current cultural competency and measure our future progress?

Organisations that improve service delivery to Pacific clients take pride in their commitment to organisational cultural competency for Pasifika. Consequently, they take time to shine the spotlight on it – primarily within their strategic documents. This results in a high level of transparency and clarity of vision for staff, accountability for Pacific clients and communities, and a clear commitment at all levels of the organisation.¹¹





International best practice

Dr Joseph Betancourt examined 'best practice' examples of culturally competent services being delivered in the United States across academia, government, managed care and community health.¹³ In each of the organisations visited, key factors that had led to the effective implementation of culturally competent care were across three domains: clinical, organisational and systemic.

Staff and/or clinical competence referring to training and upskilling in the knowledge, skills and attitudes required to work cross-culturally at the frontline.

Organisational cultural competence in policies, governance and the workforce, such as ethnic minority leadership and career advancement programmes.

Systemic cultural competence in the structures of the health care system, such as:

- ensuring ethnicity data is recorded and collected accurately (particularly for quality improvement and to monitor ethnic disparities)
- culturally and linguistically appropriate health and disability education material is available
- health promotion, disease prevention and injury prevention initiatives are undertaken
- procurement leveraging.

Results indicated that in order to achieve the intended positive health outcomes as a result of cultural competency interventions, change had to be affected in all three inter-connected domains.

2 Focus on a 'person-centred' family approach

Organisational processes for engagement with the Pacific community should incorporate a commitment to being people-centred, family-oriented and reciprocal. The role of family must be acknowledged in policy and process as playing a fundamental role in ensuring the services delivered to the Pacific client are appropriate and effective. Clients should always be provided with an opportunity to have family members present. The role of cultural advisors or cultural brokers employed by the organisation should extend to providing support and channeling feedback from the client and family back to the organisation to ensure services are meeting their needs. By employing a 'person-centred' approach, organisations will also be able to tailor the delivery of information and services according to the diverse needs within the Pacific community, especially with respect to youth and New Zealand-born Pacific peoples. This guideline supports the principle of 'nothing about us without us', which is fundamental to building a relationship of trust with all disabled people.

“... in the eight years since the accident I have never been provided with the opportunity to involve my family in a [service provider] meeting. This made me feel isolated – and I was wary of wanting to access services unnecessarily”. - *Pacific consumer*

Case study:

Delivering 'person-centred' disability support services

A national organisation committed to delivering 'person-centred services' has shown exemplary results by ensuring clients are empowered to identify their own personal goals and aspirations. These are developed into a personalised and achievable outcomes plan, which supports service users to achieve their immediate and lifelong objectives.

To support this person centred philosophy, the organisation has undertaken several initiatives at different levels across the organisation, including:

- culturally competent models of service delivery throughout all levels of the organisation

- developing and maintaining culturally-specific residences where Pacific clients can stay together
- encouraging use of community support systems - for example families, friends, sports, crafts, as determined by the personal goals and aspirations of the service user
- ensuring its workforce is not only qualified but also has linguistically and culturally competent workers
- dedicated support for two-way cultural advocacy, for example cultural support team members provide advocacy for both the service user and frontline staff, and liaise between families and government or local agencies
- establishment of a formal Participant Advisory and Rights Committee that reports directly to the board of trustees and senior management team on clients' experience of service delivery and support (including cultural issues)
- family governance groups also provide advice and input into the operations of some residences to discuss continuous quality improvement, including cultural and personal outcomes.

Notably, one of the key features of the model employed by this organisation is the inclusion of 'champions' who advocate cultural outcomes across the organisation. While 'champions' exist at all levels, having senior leaders – at governance and senior management levels – who advocate for cultural outcomes is key to ensuring that Pacific focused initiatives are developed and fully supported.

3 Prioritise effective communication with Pasifika

A culturally competent organisation addresses the language barriers of the communities it serves. Pacific languages should be taken into account in organisational communications strategies. This includes exchange of information between different levels of the organisation; between the organisation and Pacific communities, and partner organisations. This also means factoring language barriers in to budget planning.



Le Va's publication, *Your Guide to Disability Support Services* was designed to help staff in disability support service organisations in New Zealand enhance their health literacy and cross cultural capability when working with Pacific disabled people and their families.¹ The guide also improves the health literacy of consumers by providing translated information in various Pacific languages, about how to access the health and disability system and specific health conditions.



www.leva.co.nz/library/leva/your-guide-to-disability-support-services

Pacific disability support service consumers and workers alike identify that Pacific disabled people and their families should be provided with fair and equitable access to services that are responsive and high quality. This means access to information in a way that they can fully understand. Interpreting and translating services should be part of everyday practice when working with Pacific families. This is particularly critical during the initial period of engagement and when needs assessments are being undertaken. Best practice is that the interpreting and translating services also have technical expert knowledge and experience in the area of disability and disability support services. It is not recommended that family members replace the role of translators.



Case study:

Best practice by Pasifika providers

Pasifika providers of disability support services have reported taking a sensitive cultural and holistic approach to the delivery of services to Pasifika communities. They report that best practice is employing ethnically diverse staff who represent all of the major Pacific sub-ethnic groups, and reflect the populations they serve (such as Samoan, Cook Islands, Tongan, Niuean, Fijian, Tokelauan and Tuvaluan). Whilst some workers may require brief upskilling, the value of addressing language and cultural barriers via the workforce should not be under-estimated. One Pacific provider demonstrates a process where they match the client with a support care worker, a field coordinator or a clinical coordinator from the same ethnic group at the beginning of the process. This recognises the importance of language, cultural diversity and meaningful engagement with Pacific communities, and can establish a relationship of trust between the client and organisation at the point of first contact.

In terms of communicating general messages with Pacific communities in New Zealand, Pacific providers and consumers emphasised that ethnic radio stations, with messages in Pacific languages, were a highly effective channel for communication and had been effective at increasing awareness of disability issues and decreasing negative stigma within Pacific communities, particularly those with traditional values and practices.

Reflection questions



- Are Pacific resources, including language resources, readily available to employees and clients in the workplace?
- Does your organisation know how to access translation and interpreting services?
- How are Pacific responsive policies communicated and implemented throughout the organisation?



Partner with Pasifika

The following three guidelines aim to help disability support service providers to effectively partner with Pacific peoples to deliver culturally competent services that meet their needs and improve overall service delivery.

4 Develop Pacific leaders

Organisations and disability support services are shaped by the leaders who design them and the workforce that carries them out. Developing Pacific leadership in an organisation that serves Pacific populations is an effective strategy towards organisational cultural competency. Growing Pacific emerging leaders in disability support services by investing in upskilling, mentoring, and career advancement programmes plays a critical role in providing services that effectively meet the needs of Pacific disabled people and their families. Effective workforce planning can help the organisation to have the right Pacific people in the right place at the right time, and with the right skills to serve Pacific communities and also enhance the overall responsiveness of the organisation.

“I am often asked to lead on Pacific initiatives in our organisation over and above my full-time role. I have a lot of support from higher levels for this work... but my immediate manager questioned the value of that extra work. They suggested I resign from my Pacific role, to focus on my ‘main’ job... It was a difficult and frustrating position to be in.” - *Pacific worker*

Pacific staff who are called upon to provide advice and support based on their cultural expertise should be acknowledged and feel valued for this contribution through an organisational commitment to their professional leadership development, formally incorporated into their role and workload.

Internally, developing emerging Pacific leaders (particularly within 'mainstream' organisations) can also enhance team morale and loyalty, promote diverse thinking and creative problem solving at higher levels, cultivate an environment of mutual understanding and respect, increase Pacific participation and involvement, and promote inclusion and equality.



Reflection questions

- If we take the time and invest the energy and resource into growing Pacific leadership, what would be the greatest return on the investment?
- If we don't do this work, what is the loss we could realise?

5 Engage with Pacific communities

Organisational engagement with Pacific communities is a two-way process. It's the extent to which the organisation participates in Pacific communities, as well as the degree to which Pacific communities and Pacific consumers participate in the organisation's activities, including input to decision-making.

Ongoing community outreach to Pacific communities through events such as church or cultural celebrations, can help an organisation and its leaders understand specific needs of Pacific disabled peoples, and how the organisation can reduce barriers to access and quality services.

Pacific staff within organisations often spend time building relationships within their communities to help achieve better services for the organisation. They are often the best people to identify who should be involved, at what point, and the correct process and protocol for community engagement. The organisation in return should recognise and acknowledge this 'cultural brokering' role by Pacific workers by formally

incorporating the responsibilities into their role and workload. By supporting this process, the organisation will send a strong message that Pacific communities are valued and respected, and gain trust with communities, which can help both workers and organisations engage community members in organisational efforts.

This concept of 'cultural brokering' is supported by international literature as an important tool in helping improve outcomes for ethnic groups affected by disability.

“Cultural brokers may serve as intermediaries... bridging the cultural gap by communicating differences and similarities between cultures. They may also serve in more sophisticated roles – mediating and negotiating complex processes within organisations, government, communities, and between interest groups or countries.”¹⁴

- United States National Center for Cultural Competence

Case study:

Engaging through integrated care

A national not-for-profit organisation providing disability support services to all New Zealanders dedicates an entire unit to Pasifika communities, led by Pasifika staff. The Pasifika team sits within the organisation as its own business unit, as well as infuses its services across the organisation to ensure responsiveness to Pasifika needs at all levels. The Pasifika service team which works directly with Pasifika clients assessing needs, providing peer support and raising awareness within Pasifika communities. The Pasifika staff reported that in their roles they also acted as intermediaries or cultural brokers - facilitating two-way engagement between Pasifika clients and the organisation.

The cultural competency expertise and knowledge held by the Pasifika team is not only utilised at the individual engagement level but also to inform processes for quality client engagement. For example, a Pasifika team member makes first contact with the Pasifika client before a needs assessment and rehabilitation services are provided. They also stay in close contact with the client during service delivery. In addition the coordinators provide cultural support for wider organisational capacity building, such as for the induction process and facilitating Pasifika cultural competency training for the whole organisation.

Pacific community participation in the activities of the organisation can also be gained via consultation forums, consumer advisory committees (such as the Ministry of Health's Faiva Ora National Leadership Group), surveys and focus groups. Organisations are encouraged to involve Pacific participation through seats on the board of directors, and participation in board sub-committees.

“Nothing about us without us”

Faiva Ora National Leadership Group



The Faiva Ora National Leadership Group has been the Ministry of Health's national reference group for Pacific disability issues since 2010.

It is made up of people from all around New Zealand who are:

- Pacific people with disabilities
- Pacific people who work with, or care for, people with disabilities.

Facilitated and supported by Le Va, the group exists to:

- provide quality advice and support to the Ministry of Health and Le Va on the development and implementation of the 2014-2016 *Faiva Ora National Pasifika Disability Action Plan*⁴
- reduce negative attitudes and stigma towards Pacific people with disabilities.

6 Connect with Pacific support services

Relationships with Pacific information and advisory services should be actively cultivated. These organisations are best placed to provide, advice, support and assistance with respect to community outreach. They are also well placed to assist organisations with identifying emerging needs and vulnerabilities within the community. Vaka Tautua is an example of a national Pacific support service that can provide organisations with advice and support for providing services to the Pacific disabled community. Le Va also provides many resources and services to complement and support effective service delivery to Pacific disabled people and their families.

Organisational collaboration with Pacific community-based and other support services may include purchasing goods and services from Pacific agencies, who are best placed to provide the services. It is often useful to have an independent perspective ensuring that any relevant policies, planning and strategies are informed by the actual needs of the Pacific clients and families that the organisation serves.

Reflection exercise

List Pacific organisations nationally and in your local communities that your organisation will engage to support your responsiveness to Pacific disabled people and their families. Can you name key contact people?



Commit to action

The following three guidelines provide insight into the kind of information Pacific peoples are looking for to assess whether an organisation has a firm commitment to delivering high-quality, culturally competent care in disability support services.

7 Collect Pacific data to inform practice

Culturally competent organisations have mechanisms and processes in place for the systematic collection of ethnic-specific baseline data as well as ongoing information. They also track self-assessment progress of organisational cultural competency.

Gathering data on ethnicity and language preference of clients is recommended as a minimum data collection requirement for best practice in Pacific disability support services. Collecting ethnic-specific Pacific data enables the organisation to identify disparities in care and/or outcomes and then take appropriate steps to eliminate them – thus addressing inequities and inequalities.

It is imperative that organisations also look externally to:

- understand the demographic and historic composition of the diverse populations they serve
- tailor the delivery of disability support services to their clients
- obtain feedback from Pacific clients to assess their performance on quality measures
- evaluate Pacific-dedicated projects
- develop appropriate quality improvement interventions.





Reflection questions

- Are we collecting and reporting on ethnic-specific data of our clients in a systematic way?
- Do all staff have a strong understanding of the cultural profile of our service users local community?
- Are we using data to inform quality improvement and best practice?
- Does using the data improve the timely delivery of culturally competent services? Such as ensuring an interpreter is present for appointments, sending materials in the appropriate language, or assigning clients to an appropriate coordinator or worker.

8 Ensure effective resourcing

Organisations that meet the needs of Pacific communities plan and resource for this outcome. Culturally competent organisations ensure the required infrastructure and organisational resources are in place to deliver or facilitate delivery of culturally competent services. Infrastructure and resources include financial allocation, staffing, language and communication capacity, technology, database systems, the physical environment and links with community partners.

Developing a targeted resourcing approach for improving service delivery to Pacific disabled people indicates to internal and external stakeholders that Pacific communities are important to the organisation. It also demonstrates that the organisation delivers on what it promises.

Organisations that invest in the development of comprehensive organisational cultural competency often realise additional benefits.¹¹ Some of the organisational benefits have been identified as potentially:

- reducing Pacific DNA (did not attend) rates and misunderstandings, consequently increasing cost savings
- improving efficiency of service delivery, therefore increasing cost savings
- enhancing diverse thinking and creative problem solving in decision making
- cultivating an environment of mutual understanding and respect
- promoting inclusion, equity and equality.

For Pacific clients, some of the benefits include:

- accessing and engaging with the support service in a meaningful way
- increased trust of the provider
- being empowered to include their family and extended family
- being enabled to take responsibility for managing the services they receive.



Reflection questions

- What organisational resources (including staff time and monetary resources) can we commit to this work?
- What other organisational priorities might be supported by this work?
- Does the timing of the resource match the readiness of the organisation?
- Is there a system of incentives or rewards for Pacific initiatives in the workplace which are culturally competent?

9 Build cultural competency at all levels

Evidence suggests a strong relationship between the cultural competency of organisations and the cultural competency of their workers – after all, people make an organisation's purpose happen. Undergoing cultural competency education and practical training ensures that staff learn the foundation attitudes, knowledge and skills for effectively engaging with Pacific disabled people and their families.

All members of the organisation, including those with strategic governance responsibilities, should attend Pacific cultural competency training as a part of an organisational commitment to responding to clients in a professional, appropriate, informed and knowledgeable manner. All new members of an organisation should attend cultural awareness training as a part of their induction (see details below). The scope of the organisation's performance monitoring framework should incorporate cultural competency as a valued area of expertise that contributes to the delivery of outcomes.

For organisations that serve Pacific populations, recruitment and retention activities should include Pacific cultural competence requirements. Recruiting Pacific staff with knowledge and experience of the community they serve, particularly those who speak Pacific languages, should be seen as an adding value to the organisation.

Additionally, a framework for professional development and maintenance of competencies for the Pacific workforce should be implemented to ensure a high standard of service delivery.



Le Va's Engaging Pasifika cultural competency training for disability support services

Cultural competency training programmes are in their infancy in New Zealand and are part of a wider workforce development and quality service approach. A workforce with capability, competency and capacity is required to effectively engage with Pacific communities to deliver effective disability support services.

The application of Pacific world views requires growing and upskilling Pacific cultural knowledge holders in disability support services, as well as enhancing the cultural competency of the general workforce.

Le Va has implemented Engaging Pasifika, New Zealand's national Pacific cultural competency training programme for disability support services.¹⁵ The programme focuses on the essential skills, knowledge and attitudes required to work effectively with Pacific consumers and their families.

Engaging Pasifika ensures an understanding of Pacific values and practices, and importantly how to apply this understanding in practice. The approach emphasises relationships, and the importance of building trust and rapport between individuals, families and health care workers and the environments that bind them. This holistic approach to relationships with family, community and environment and a values-based approach have also been highlighted in the Medical Council of New Zealand's *Best Health Outcomes For Pacific Peoples: Practice Implications* guide.¹⁸

Based on international evidence, supported by Professor Joseph Betancourt from Harvard University, and acknowledged by the New Zealand Health and Disability Commission, the Engaging Pasifika programme consists of an online module, face to face workshops and post-training support via an online forum for continued support. There are also ethnic-specific online training modules available for those who want to learn more specific knowledge about individual Pacific cultures (for example Tongan, Cook Islands, Samoan).

References

- 1 Le Va. (2013). *Your Guide to Disability Support Services*. <http://www.leva.co.nz/library/leva/your-guide-to-disability-support-services> Auckland: Le Va.
- 2 Le Va. (2011). *Pacific Disability: Disability Among Pacific Peoples In New Zealand*. <http://www.leva.co.nz/library> Auckland: Le Va.
- 3 Ministry of Health (2010). *Faiva Ora National Disability Action Plan 2010-2013*. Wellington: Ministry of Health.
- 4 Ministry of Health (2014). *Faiva Ora National Disability Action Plan January 2014– June 2016*. Wellington: Unpublished Draft as at 7 July 2014.
- 5 Ministry of Health (2001). *The New Zealand Disability Strategy: Making a World of Difference: Whakanui Oranga*. Wellington: Ministry of Health.
- 6 United Nations. (2007). *United Nations Convention on the Rights of Peoples with Disabilities*. New York: United Nations.
- 7 Ministry of Health (2014). *'Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014-2018*. Wellington: Ministry of Health.
- 8 Statistics New Zealand. (2014). *2013 Census QuickStats about Culture and Identity*. <http://www.stats.govt.nz/Census/2013-census/profile-and-summary-reports/quickstats-culture-identity/pacific-peoples.aspx> Wellington: Statistics New Zealand.
- 9 Statistics New Zealand. (2014). *Disability Survey 2013*. http://www.stats.govt.nz/browse_for_stats/health/disabilities/DisabilitySurvey_HOTP2013.aspx. Wellington: Statistics New Zealand.

- 10 Harper, M., Hernandez, M., Nesman, T., Mowery, D., Worthington, J., & Isaacs, M. (2006). *Organizational cultural competence: A review of assessment protocols (Making children's mental health services successful series, FMHI pub. no. 240-2)*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research & Training Center for Children's Mental Health.
- 11 University of Kansas Work Group for Community Health and Development. (2013). *Cultural competence in a multicultural world*. The Community Tool Box. (Chapter 27). Retrieved from: http://ctb.ku.edu/en/tablecontents/chapter_1027.aspx
- 12 Baruch, E. & Walker, F. *Health Equity and Leadership: the importance of leadership in achieving organizational cultural competency*. USA: Colarado Trust.
- 13 Betancourt, J.R., (2002) *Cultural Competence in Health Care: Emerging Frameworks and Practical Approaches*. Field Report, New York.
- 14 National Center for Cultural Competence. (2004). *Bridging the Cultural Divide in Health Care Settings: The Essential Role of Cultural Broker Programs*, Rockville, USA.
- 15 Faleafa, M., Lua, M., Tiatia, J., (2012) *Engaging Pasifika Training Programme: Engaging Positively at the Critical First Point Of Contact*, Discussion Document, Auckland: Le Va.
- 16 Le Va, (2009) *Real Skills Plus Seitapu: Working With Pacific Peoples*, Auckland: Le Va.
- 17 Te Pou, (2013) *Te Pou | Let's Get Real*, retrieved from <http://www.tepou.co.nz/supporting-workforce/lets-get-real>
- 18 Mauri Ora Associates, (2012) *Best Health Outcomes For Pacific Peoples: Practice Implications*, Wellington.

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