



Improving Support for Pacific Families in New Zealand

Project Report

2015

Acknowledgements This research was partially funded by KPS.

We would like to thank all participants of interviews and focus groups, for their time and willingness to share their views and ideas.

Our Vision Together, the best start for every child.

Mā te mahi ngātahi, e puāwai ai ā tātou tamariki.

Our Mission Plunket believes in supporting the development of healthy families.

E whakaponono ana Te Whānau Āwhina Ki te tautoko te kaupapa o te hauora i te whānau.

Plunket Values Trust (*Te Aroha*).

Quality of Service (*Te Ūnga*).

Inclusiveness (*Te Mahinga Tahī*).

Commitment (*Te Tautukunga*).

Plunket

Contents

Executive Summary	6
Background	6
Aims and methods	6
Results	6
Discussion	7
Recommendations	8
Overall	8
Helper skills and qualities	8
Family characteristics	8
Service characteristics	8
Introduction	9
Background	9
Research rationale	17
Aim and Objectives	17
Ethics	17
Methods	18
Results	22
Construction processes	22
Helper qualities	23
Respect	23
Helper skills	26
Enthusing and encouraging	26
Communicating in a way that can be understood	26
Language	28
Reliability	29
Digging deeper and exploring	29
Making use of technical knowledge, expertise and experience	30
Effective partnership	32
Developing and maintaining genuine connectedness	32
Communicating clearly	33
Working together with active participation/involvement	34
Recognising complementary expertise and roles	35
Negotiation of disagreement	36
Developing and maintaining openness and honesty	38
Sharing decision making power	38
Sharing and agreeing aims and process of helping	39

Family characteristics	40
Nature of parent and child problems	40
Barriers to engagement	40
Attitudes and beliefs about services	42
Culture	43
Service characteristics	45
Skills, knowledge and competence of staff	45
Drive and enthusiasm of practitioners, managers, etc	46
Organisational culture, structure, stability, openness and flexibility	47
Attitudes and beliefs about service provision	49
Expectations of change and outcome	51
Resources available and their use	51
Discussion	53
Relationships - using the Family Partnership Model	53
Pacific leadership, workforce and cultural competency	53
Barriers to improving Pacific child health and well-being	54
Improving outcomes for Pacific children	55
Future considerations	56
Recommendations	58
Overall	58
Helper skills and qualities	58
Family characteristics	58
Service characteristics	58
References	59
Appendix 1	
Definitions and measurement of ethnicity	61
Appendix 2	
Interview questions	63
Focus group interview questions	63
Staff interview questions	63
Key informant interview questions	63
Appendix 3	
Immigration Status and Access to Plunket Well Child Services	64
Legal opinion 20 October 2014	64
Appendix 4	
Cultural Competence Continuum	66

Ututu `ia ngā pōtiki nō rātou `oki āpōpō



a Cook Island proverb which translated means “nurture our young children for tomorrow belongs to them.”

This proverb is very appropriate to this report as the content of this report will inform and assist Plunket in its work as summed up in the Plunket mission statement: “Together the best start for every child.”

It’s a reminder to us that we have an obligation not just to raise but to nurture our young children because they are the future. As the sun sets on our generation the future literally belongs to them.

Executive Summary

Background

In 2013, the Royal New Zealand Plunket Society Inc (Plunket) undertook research into how Plunket services could better support Pacific clients. The rationale for this research was the evidence and knowledge that many Pacific families experience one or more socioeconomic disadvantages and that Pacific children have worse health outcomes in many areas, which mean that they could benefit from Plunket's services. However, current data suggests that Pacific families' engagement with Plunket services is less than it could be. For example, Pacific Plunket clients have higher rates of appointments not kept and being not at home for visits. From the latest Well Child/Tamariki Ora (WCTO) Quality Indicators report (September 2014), in the first year of life, only 61% of Pacific infants received all of their core WCTO visits, compared to 76% of all NZ infants.

Aims and methods

The aims of this research were to better understand how we could improve engagement with our Pacific families and better support Pacific families in the way we provide our services. We undertook twelve focus group interviews with Pacific parents, ranging in size from five to eleven, including a total of 84 parents. Eleven of the focus groups were ethnic-specific (Samoan, Tongan, Niuean, Tokelauan (2), Kiribati, Cook Island Maori, Fijian (2), Tuvaluan) and one was mixed ethnicity (a teen parent group). We also interviewed seven key informants from within Plunket and from external organisations with expertise in working with Pacific clients. Interviewers were bilingual and used a Talanoa interview approach. We analysed the interviews using thematic analysis and found that the themes fit broadly into the Family Partnership Model (FPM) of practice currently being promoted within Plunket. The FPM is an evidence based model developed in the UK as a method for working with families to improve outcomes, particularly the satisfaction of parents with services, improved parenting and wellbeing of children and improved ability of health workers to identify the needs of clients (Hilton Davis and Day 2010). This framework was used to present the results and recommendations.

Results

Constructions and relationships

People reported a range of sources from where they learnt their parenting practices, most commonly their parents and extended family, but also from midwives, nurses (including Plunket and PlunketLine), doctors, other parents and friends, parenting groups, and through the media (internet, television, brochures, newspapers, etc).

There were often different constructions or perceptions around parenting practices, which could occur between health professionals and a family member or even between different cultures within the same family. Recognising these different constructions and perceptions is the first step in using the FPM to explore and negotiate, and using various helper skills and qualities. Respect, empathy, emotional and intellectual attunement and humility were qualities that were necessary for developing a trusting and honest relationship with families. A good relationship increases the chance of positive outcomes and ongoing engagement. This relationship takes time to develop and needs to involve the whole family.

Communication

Communication was a vital skill - using language that was clear and easily understood. For people with English as a second language, having access to resources or people who could speak in their own language was an important aspect of communication. Providing useful knowledge and practical assistance was a valued aspect of Plunket's services.

Barriers to engagement

Developing an effective partnership with Pacific families involved recognising power imbalances and working in partnership with clients and with other providers, to provide a service that best met the needs of the family. Some of the barriers to engagement from the families' perspective included:

- lack of transport
- difficulties around making contact
- cultural differences
- lack of knowledge about Plunket's services (e.g. that it was free, or the 24/7 availability of PlunketLine).

Some of the barriers to engagement at a service level included:

- a small Pacific workforce
- inconsistent levels of cultural awareness
- lack of Pacific leadership within Plunket
- a perception of Plunket being Palagi and child-centred rather than Pacific and family-centred
- a lack of flexibility in service delivery to cater for the needs of Pacific communities.

Discussion

This research has identified similar barriers to engagement as found for Pacific families accessing primary care in NZ (Southwick, Kenealy, and Ryan 2012). We can learn from the rich resource of stories that these families have told us, both what works well and what we can do better. The key to engagement seems to be developing and maintaining a respectful relationship. The FPM is one way of prioritising the importance of relationships and working in partnership to improve outcomes. This model empowers and enables parents and shifts health practitioners out of the 'expert' mode in which they often function.

There are other specific areas we can work on improving, in order to improve engagement with Pacific families and improve outcomes for Pacific children. These include better use of interpreters and language-appropriate resources, strengthening our Pacific workforce and improving the health literacy of all families, through clear and interactive communication.

Recommendations

Overall

- Set up a Working Group within Plunket to implement these recommendations and evaluate the progress of these.
- Use the results of this research in education and training of staff and volunteers.
- Present the final report of the research to participants who provided the content and data to complete the cultural process undertaken and preserve the integrity and authenticity of the research process
- Communicate and circulate the research to all staff and other relevant/key stakeholders.

Helper skills and qualities

- Promote the Family Partnership Model as a way of working with Pacific families, which is also compatible with the Fonofale Model and Whānau Ora. Adopt this as best practice.
- Develop, nurture and maintain cultural awareness and competency in all staff, including knowledge of Pacific language, Pacific culture and parenting practices.
- Promote health literacy in all client interactions by:
 - using appropriate language (ethnically and linguistically)
 - using appropriate level of language (plain language, avoiding jargon)
 - evaluating the family's understanding of advice and information given.

Family characteristics

- Improve Pacific communities and families knowledge about Plunket services through working in partnership with other groups and agencies to promote Plunket to these communities.
- Use opportunities within communities to advertise Plunket services, through different media outlets and community engagement, activities and events.
- Promote PlunketLine more actively to Pacific people.
- Take an explicitly family-centred approach in implementing Plunket services to Pacific clients, families and communities.

Service characteristics

- Ensure that all organisational performance targets and indicators aim to improve the health and wellbeing of Pacific children, by delivering services that will reduce disparities.
- Set up an external Pacific Advisory Group to support and provide advice to Plunket on best practice service delivery to Pacific families.
- Look at methods of service delivery that are Pacific-centred, which may include Pacific-specific services.
- Use and have available resources that are at an appropriate level and language (translated if necessary and developed with the target audience).
- Encourage and promote the use of interpreters for Pacific clients for whom English is a second language.
- Improve the ethnicity data collection of the Plunket workforce so we have accurate data on the proportion of staff in different roles who are Pacific.
- Develop and implement a Pacific Workforce Plan, which includes retention and support for existing Pacific staff as well as active and effective process of recruitment to ensure we attract and employ Pacific staff, especially in areas with a high proportion of Pacific families.
- Disseminate clear advice and information about immigration status and Plunket Well Child services so families know that all children are able to access free Well Child services (see Appendix 3).
- Develop a system for active follow up of Pacific clients who are lost to follow up, as part of Plunket's quality improvement culture.

Introduction

Background

In 2012, the Royal New Zealand Plunket Society Inc (Plunket) undertook research into how services could better support Asian clients. This provided valuable information on how Well Child/Tamariki Ora (WCTO) and other services could be improved, to increase the engagement of Asian families with the range of Plunket services and improve the wellbeing of Asian children. We identified barriers and facilitators to engagement and gaps in services. In 2013, we undertook a similar project for Pacific families, who make up another significant proportion of Plunket's clients and are likely to have specific needs and service gaps. Such a project had not been done within Plunket for many years.

To give some context, before describing the research project and the results, we give a brief overview the demographics of Pacific peoples in New Zealand and some of the issues that many Pacific children and families currently experiencing. We then outline some features of Pacific clients enrolled in Plunket services.

Demographics of the Pacific population in New Zealand

Pacific peoples made up 7.4% percent of the New Zealand (NZ) population (295,941) in the 2013 Census, up from 6.9% in 2006. The Pacific population in NZ is made up of a range of ethnic groups, the largest being Samoan (almost half the Pacific population or 144,138 people), then Cook Islands Maori (21% or 61,839 people), Tongan (20% or 60,333 people) and Niuean (8% or 23,883 people). As a whole, the Pacific population is younger than other ethnic groups, with a median age of 22 years (compared to 41 years for European, 24 years for Maori and 31 years for Asian). A large proportion (36%) of the Pacific population is children aged 0-14 years, compared to 20% of the European population, 34% of the Maori population and 21% of the Asian population. The proportion of all children in NZ who are aged 0-4 years over the past three Censuses is shown in Figure 1 by ethnicity. Around 12% of all children under 5 years of age in NZ are Pacific. This proportion has remained constant while the proportion of European children has dropped over time and the proportion of Asian children has increased. In 2013, 62% of people who identified as Pacific were born in NZ. The majority (93%) of Pacific peoples lived in the North Island and almost two thirds (194,958) in Auckland, and 12% in the Wellington region (Statistics New Zealand 2013). Although 'Pacific' is often used as a generic, descriptive term, it must be remembered that there are many diverse Pacific cultures and ethnic groups (see Appendix 1).

Health outcomes for Pacific families and children in NZ

Pacific families and children are known to have worse socioeconomic circumstances and worse health outcomes than those in other ethnic groups in NZ. From the Ministry of Social Development's (MSD) Household Income report, around one third of Pacific children ages 0-17 years were in income poverty in 2013 and around 30% of Pacific children experienced significant material hardship (Perry 2014). Pacific families and children are much more likely to live in more deprived neighbourhoods. In the Auckland region, nearly 60% of Pacific peoples live in the most deprived areas (NZDep2013 areas 9 or 10) compared to less than 10% of European/Other ethnicities (see Figure 2).

Although the participation in early childhood education (ECE) by Pacific children is increasing, it is still the lowest participation of all ethnic groups in NZ (see Table 1) and is less than the WCTO Quality Improvement Framework target of 98% children enrolled in ECE.

In Pacific Plunket clients, 58% were exclusively or fully breastfeeding at core one (two to six weeks), dropping to 17% by core four (see Figure 3). This is also not meeting the Quality Improvement Framework (June 2016) targets of 80% exclusively or fully breastfed at two weeks, 75% at six weeks and 60% at three months. A high percentage of Pacific children are up to date with immunisations (see Figure 4) which is a success story, but the oral health of Pacific children is much worse than NZ children overall (see Figure 5), even when in areas with fluoridated water.

Figure 1 Proportion of 0-4 year old children in NZ by ethnicity from the last three Censuses

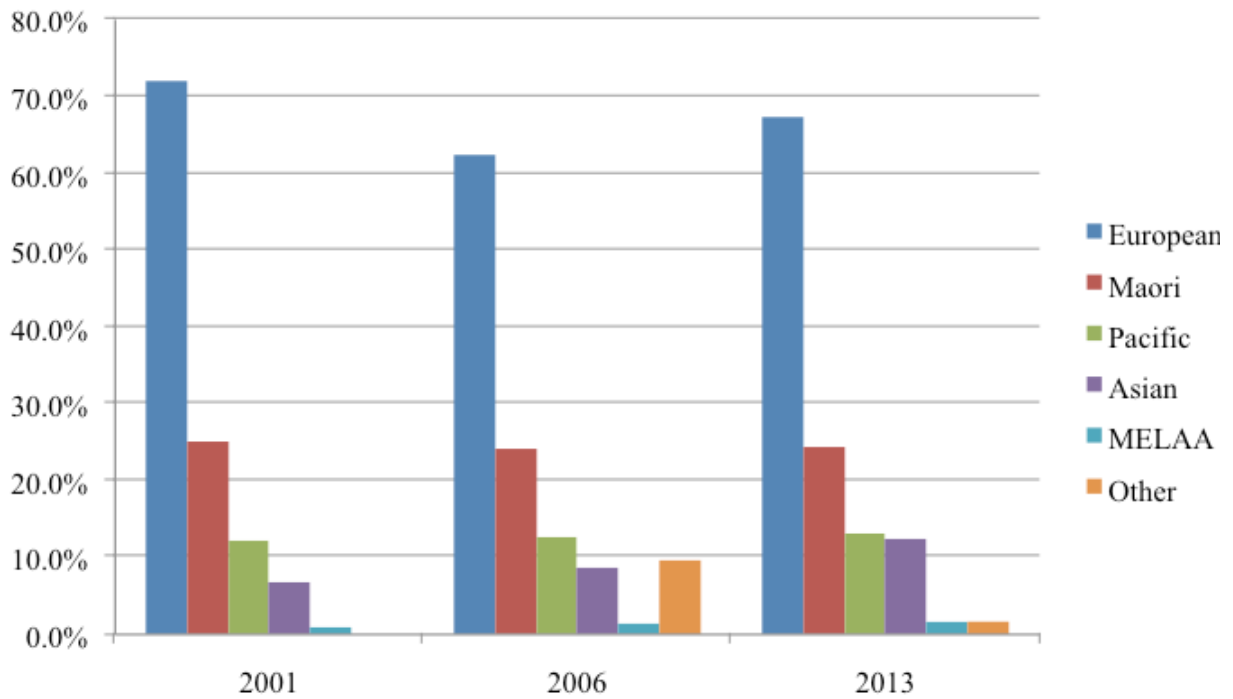


Figure 2 Proportion of Auckland region residents living in NZDep2013 areas 9 or 10 by ethnicity (Census 2013) from (Gomez, King, and Jackson 2014)

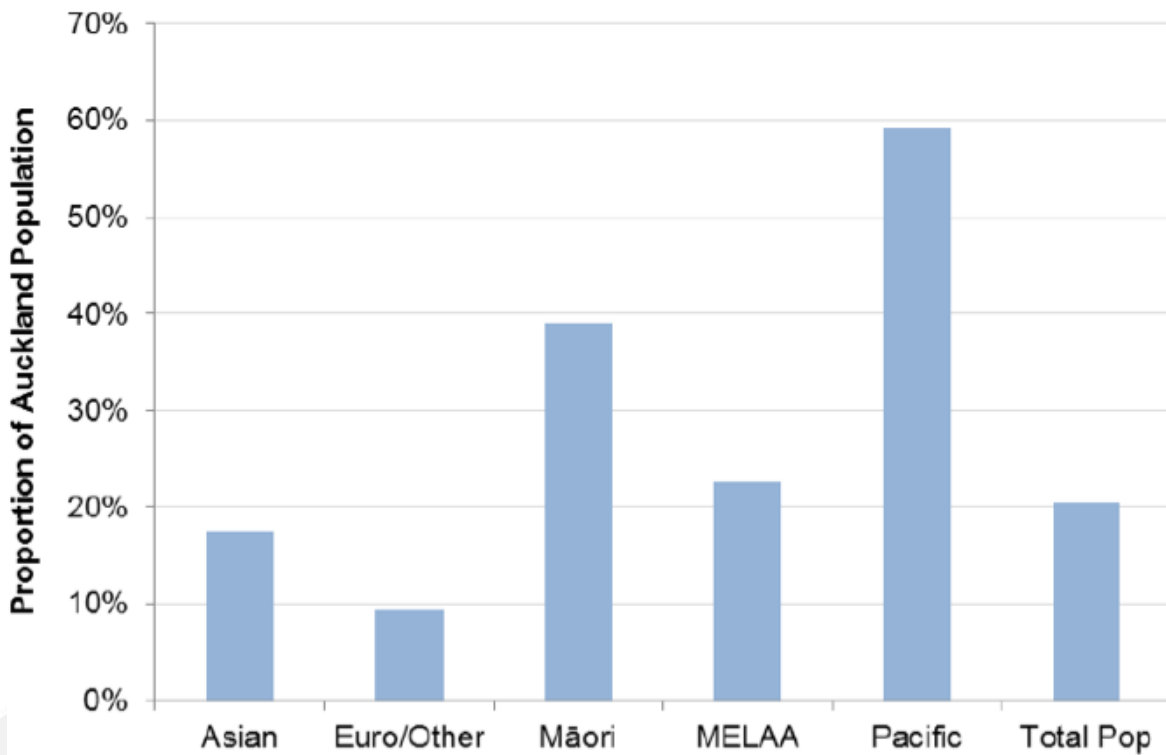


Table 1 Prior participation rate in early childhood education for all children starting school in the twelve months ending by ethnicity

Participation rate

Year	European/ Pākehā	Māori	Pasifika	Asian	Other ethnic groups	Total
Dec 2009	97.4	89.8	85.3	95.2	94.1	94.1
Dec 2010	97.8	89.5	86.6	95.9	95.2	94.6
Dec 2011	97.8	90.2	85.9	95.9	95.7	94.7
Dec 2012	98.1	91.3	87.3	96.1	95.4	95.2
Dec 2013	98.2	92.6	89.3	96.7	94.5	95.7
Dec 2014	98.0	93.6	90.7	97.3	95.3	96.1

From <http://www.educationcounts.govt.nz/statistics/early-childhood-education/participation>

Other health outcomes are also worse for Pacific children. For example, infant mortality rates are nearly double those of European/Other children (see Figure 6) and hospital admissions for conditions with a social gradient are far higher in Pacific children than in any other ethnic group (see Figure 7). Sudden Unexpected Death in Infancy has been fluctuating over time for Pacific children (see Figure 8).

Figure 3 Proportion of breastfeeding outcomes at core visits in Pacific Plunket clients, 2013-2014

**Proportion Breastfeeding
By Age Band**

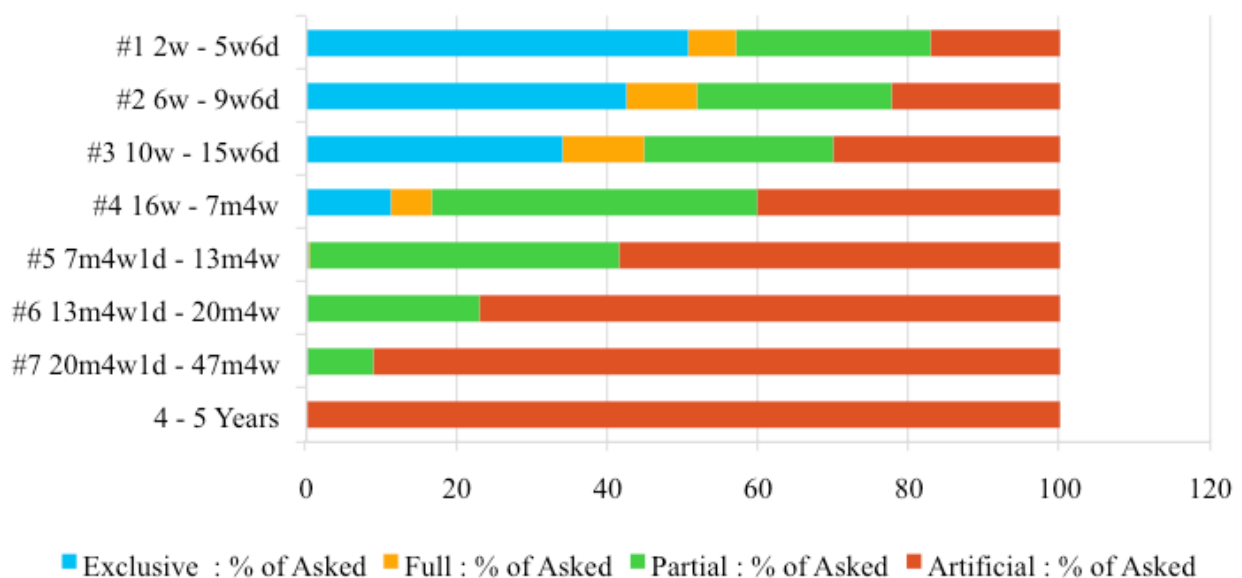


Figure 4 Immunisation rates for Pacific and all NZ children on the National Immunisation Register, for the three month period ending September 2014, from <http://www.health.govt.nz/our-work/preventative-health-wellness/immunisation/immunisation-coverage/national-and-dhb-immunisation-data>

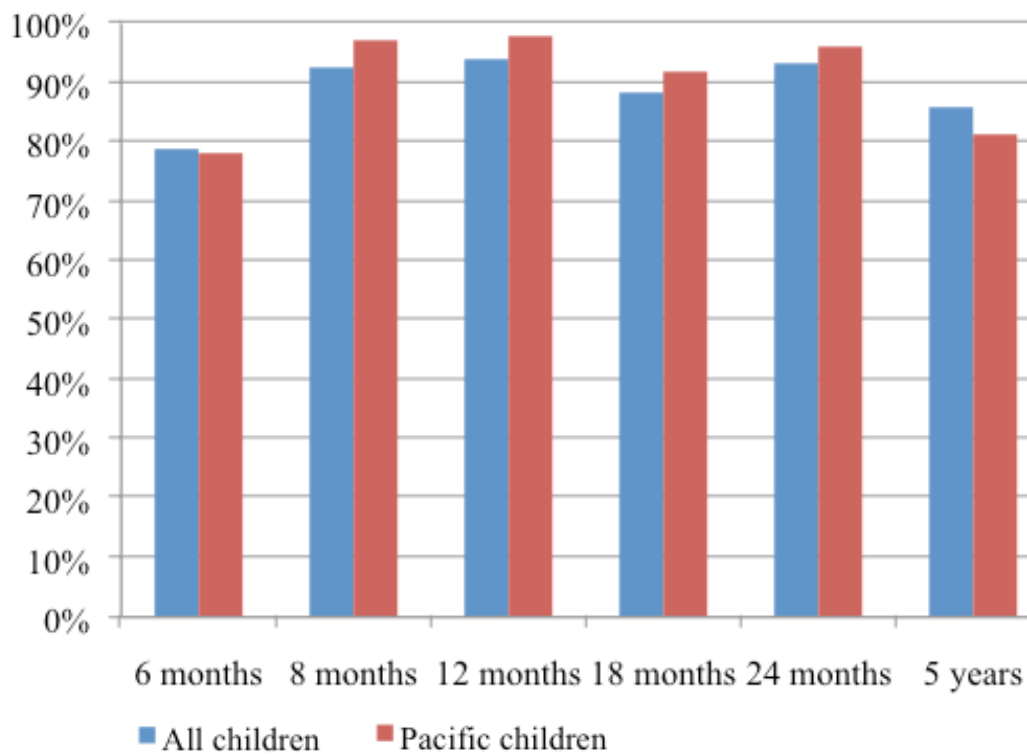


Figure 5 Mean decayed, missing and filled teeth of five year old children, 2012 (from Community Dental Health Services data) from <http://www.health.govt.nz/nz-health-statistics/health-statistics-and-data-sets/oral-health-data-and-stats/age-5-and-year-8-oral-health-data-community-oral-health-service>

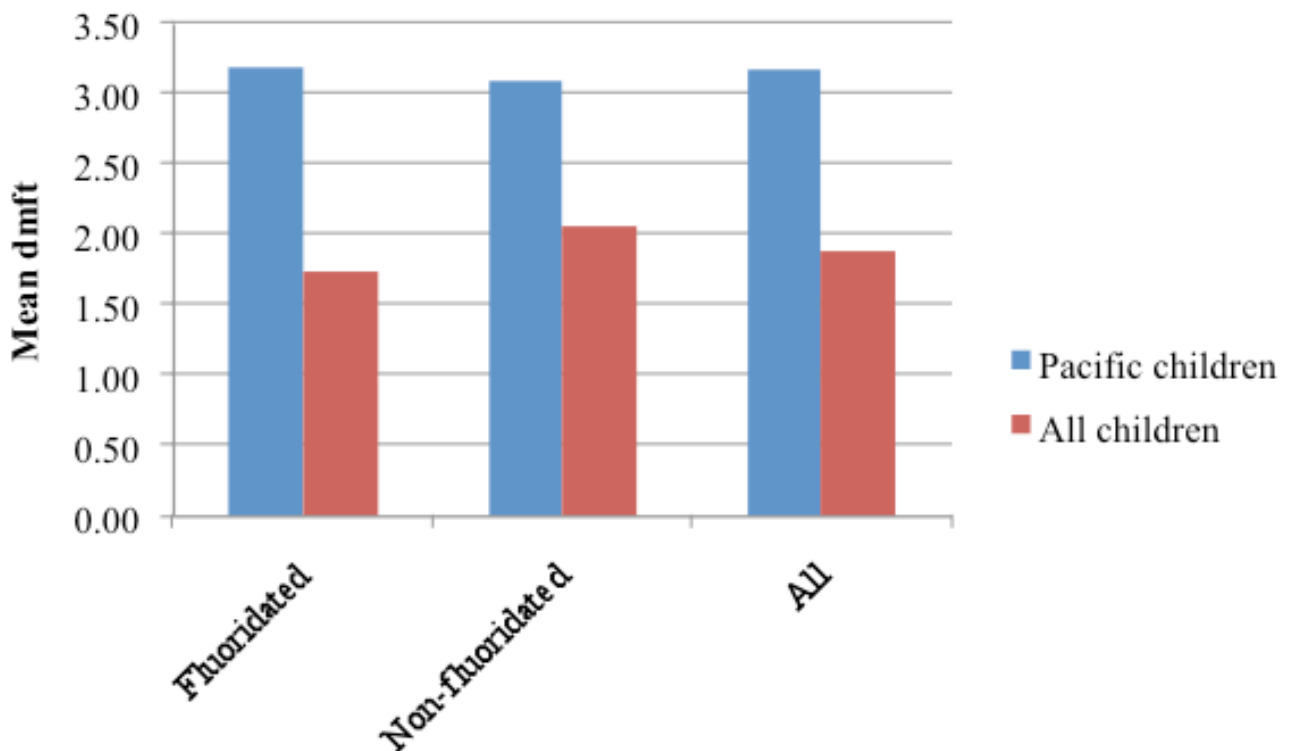


Figure 6 Total infant, neonatal and post neonatal mortality by ethnicity, 1996-2011 from the Child Poverty Monitor <http://www.childpoverty.co.nz/>

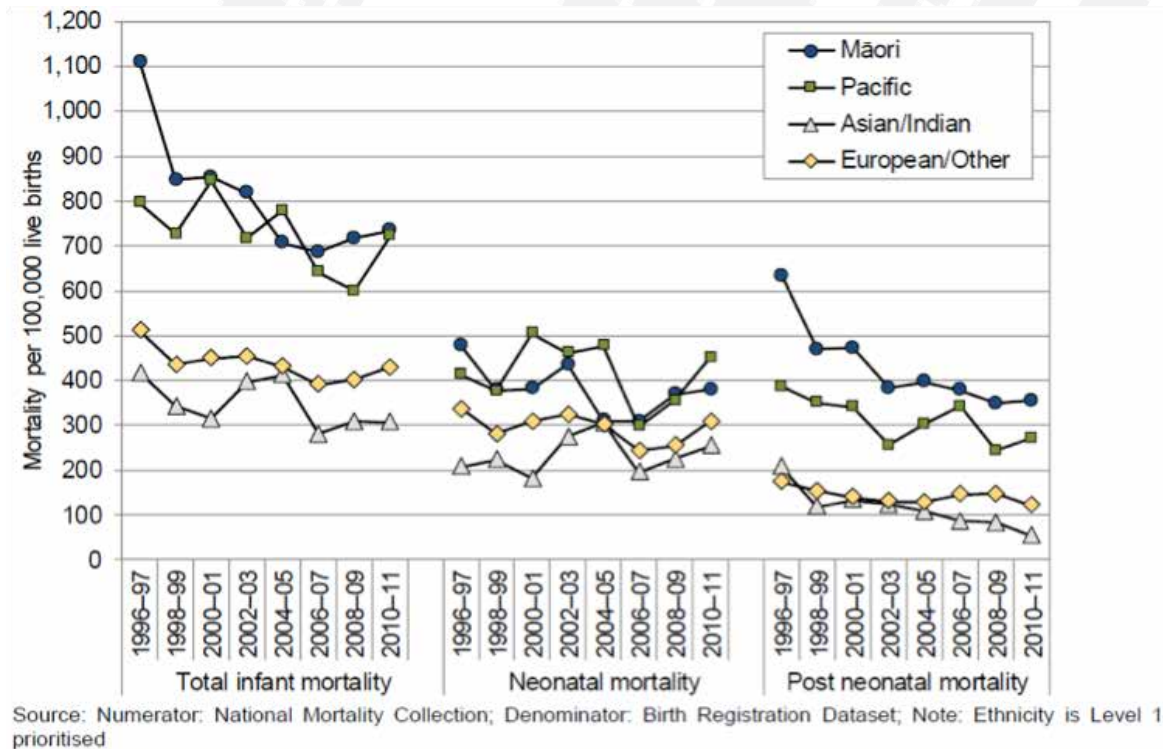


Figure 7 Hospitalisations for conditions with a social gradient in children aged 0-14 years (excluding neonates) by ethnicity, 2000-2013, from the Child Poverty Monitor <http://www.childpoverty.co.nz/>

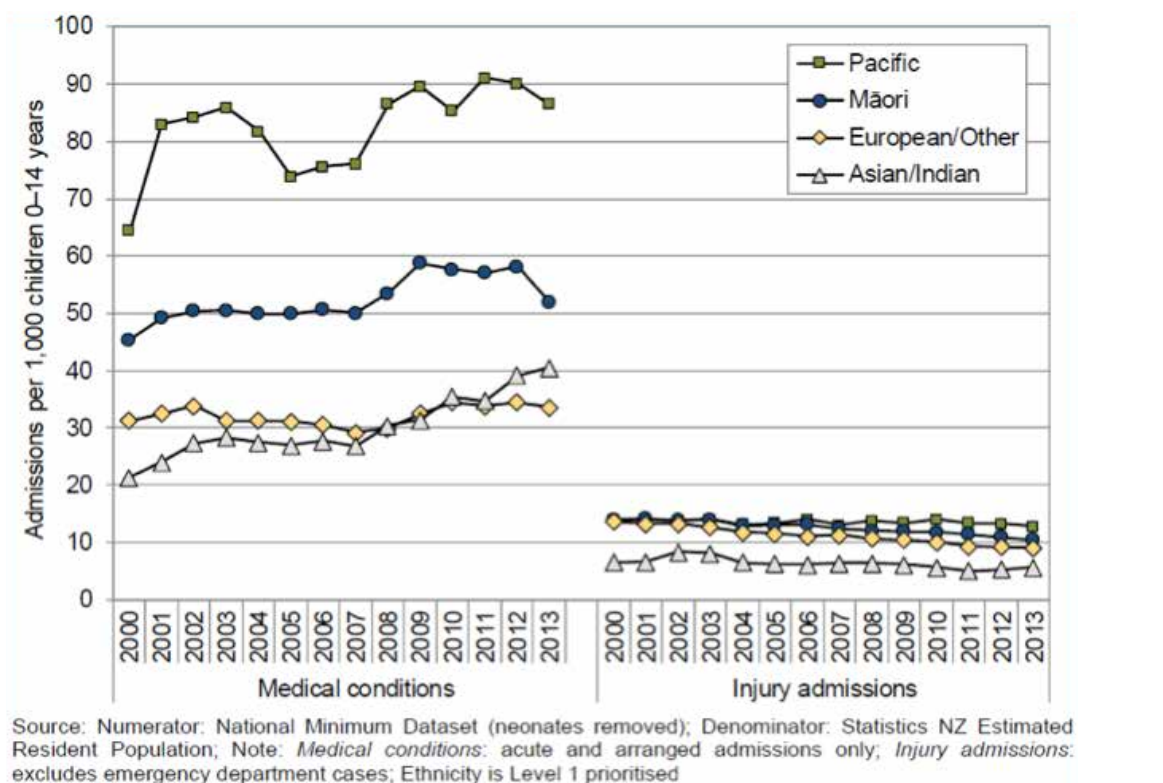
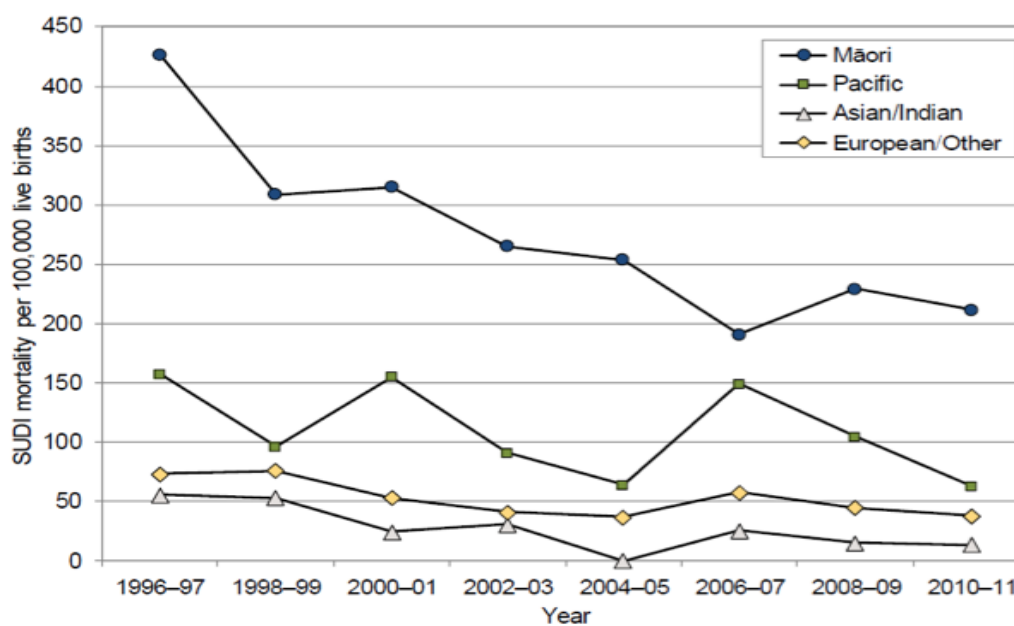


Figure 8 Sudden Unexpected Death in Infancy mortality rates by ethnicity in New Zealand, 1996-2011,
 From the Child Poverty Monitor <http://www.childpoverty.co.nz/>



Source: National Mortality Collection; Note: Ethnicity is Level 1 prioritised

Pacific clients in Plunket

Pacific clients made up 10% (nearly 5,300) of Plunket new baby cases in 2013-2014. More Pacific Plunket new baby cases live in deprived areas (see Figure 9). The number of (live) children born and identified as having a Pacific ethnicity in New Zealand is on average around 10,000 or 16% of total births. However, because birth statistics count babies in every ethnic group specified (e.g. a baby who is identified as Tongan and Maori will be counted in both the Pacific and Maori ethnic categories), these are not directly comparable to Plunket statistics, which reports on number of clients using prioritised ethnicity (where the baby who is identified as Tongan and Maori will be counted only in the Maori ethnic category). Information on the number of Pacific babies who are enrolled in other Well Child/Tamariki Ora (WCTO) services is not readily available. Therefore, we cannot estimate how many Pacific families do not access any WCTO services.

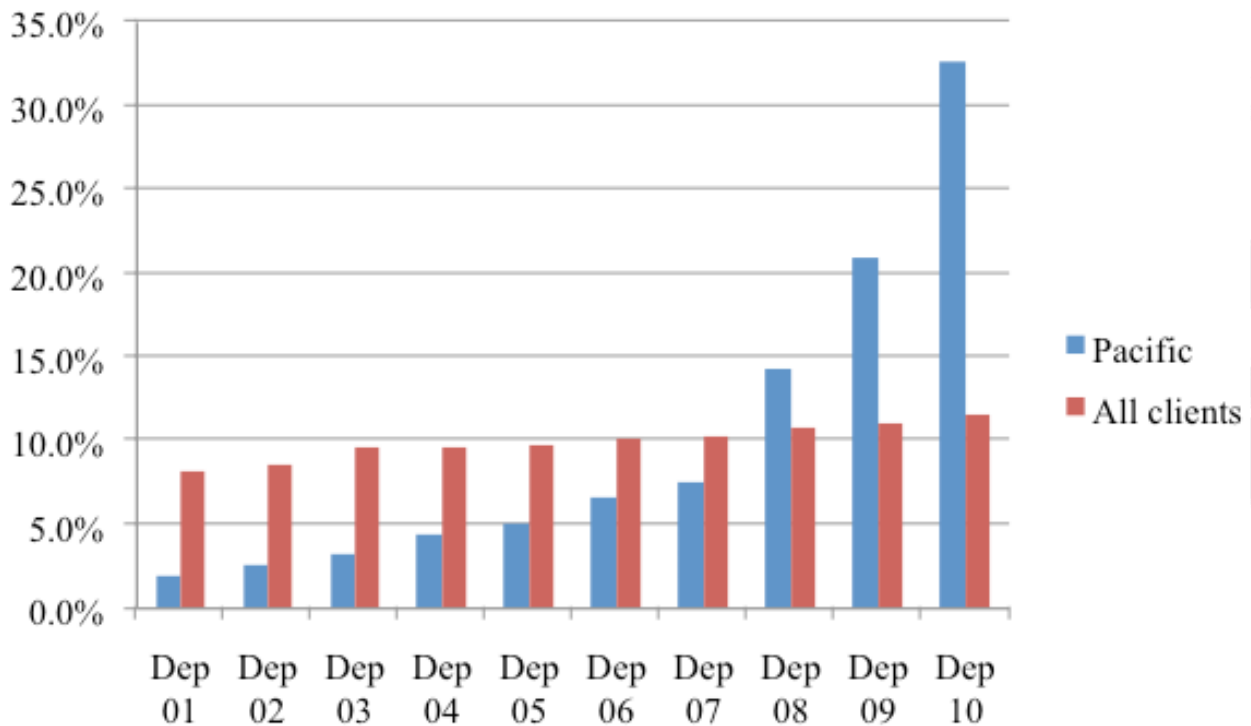
Pacific mothers are more likely to be young (nationally, nearly 40% of Pacific mothers are aged less than 25 years), less likely to have accessed maternal health services, are much more likely to live in deprived areas and have lower socioeconomic status (McCormack et al. 2012). Pacific children have the lowest rate of participation in early childhood education, are more likely to be overweight or obese and less likely to be breastfed as infants (McCormack et al. 2012). For all these reasons, Pacific families may stand to benefit most from Plunket services. However, Pacific clients have higher rates of 'missed' contacts with Plunket ('not at home/NAH' or 'appointment not kept/ANK') and only 2% of clients attending Plunket's parenting PEPE groups in 2013-2014 were Pacific (see Table 2). Note that the information collected about PEPE groups is incomplete but this is probably indicative of Pacific participation.

At present Plunket offers few groups and services that specifically cater for Pacific clients, such as parenting support groups or play groups for clients of Pacific ethnicity. Although Pacific parents can and do attend generic groups (although in relatively small numbers), it is not known how many Pacific clients would prefer attending an ethnic-specific group. In 2013, an evaluation of two Pacific groups that are currently running in Auckland (Heilala Tongan Mothers group and Pasifika Beatz playgroup) found that cultural connections are important to facilitate participation, for example through culturally significant activities, food provided and the people involved (Asiasiga 2013).

Similarly, research on Pasifika families' participation in early childhood education has found that participation increases if the activities and facilitators are of the same cultural background as the families (Dixon, Widdowson, Meagher-

Lundberg, Airini, & McMurchy-Pilkington, 2007).

Figure 9 Plunket Pacific new baby cases by deprivation, 2013-2014

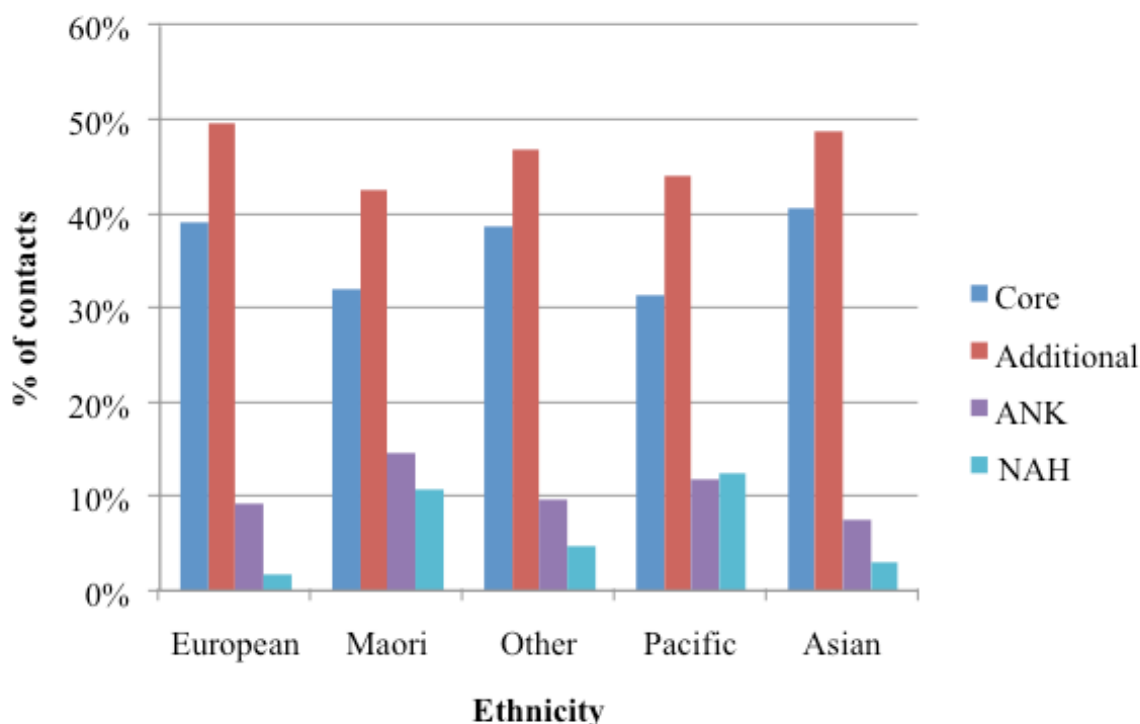


Only a small number of staff are known to be of Pacific ethnicity. From payroll in 2015, there were 56 Pacific staff, which made up 4% of the workforce. However, ethnicity data was unknown or not available for 37% of Plunket employees. Just over half of these Plunket employees were known to be Plunket nurses or health workers. Plunket employee data aligns with national figures, with small numbers of Pacific nurses and health workers and little Pacific representation at Area Society or Board level. Although Pacific practitioners make up 4% of the nursing workforce, 7% of the population identify as Pacific. Nationally, 68% of nurses are NZ European/Pakeha (Clendon & Walker, 2011). Data on the ethnicity of volunteers are unavailable but anecdotally, the proportion of Pacific volunteers is low.

Table 2 Recorded ethnicity of participants at Plunket's Parenting (PEPE) groups 2013-2014

Ethnicity	Number of participants	Proportion of participants
European	26,230	72.9%
Asian	3,444	9.6%
Maori	3,186	8.9%
Unknown	854	2.4%
Other	802	2.2%
Indian	759	2.1%
Pacific	709	2.0%
All	35,984	100.0%

Figure 10 Contacts with Plunket clients 2012-2013, by ethnicity



From the 2013 Plunket Client Satisfaction Survey, Pacific Peoples were mostly satisfied with Plunket services. However, when asked to rate Plunket services away from the home, a high proportion replied 'don't know/does not apply', suggesting that many Pacific clients do not know about or access services other than the 'core' nursing visits. In addition, all of the Pacific respondents from this survey identified the place of last contact with Plunket to be at home or at a Plunket clinic or family centre, unlike clients of other ethnic groups who also reported contact with Plunketline, car seat rentals and Plunket groups. In support of this, data from Plunketline for the year July 2013–June 2014 found that only 4% of people who called Plunketline (and had ethnicity recorded¹) were Pacific, which is much less than would be expected, given that 10% of new baby cases are Pacific.

Pacific clients in Plunket also have higher rates of 'ANK' (appointments not kept) and 'NAH' (not at home) than European and Asian clients (see Figure 10). This ties into why the percentage of Pacific infants who receive all their core visits in their first year of life is lower than the total NZ population (61% compared to 76% from the September 2014 WCTO Quality Indicators Report)(Ministry of Health 2014a).

Currently, data on the amount of professional interpreter use in Plunket's WC/TO service are not systematically collected. Professional interpreters are available nationally through Language line and some DHBs or PHOs offer local services. In Auckland, the Northern DHB collaboration provides interpreting services as part of its Culturally and Linguistically Diverse (CALD) portfolio. This service is free to Plunket in the greater Auckland region.

¹ While the majority of callers to PlunketLine will have their ethnicity elicited and recorded, this is not done for every call. For example, ethnicity may not be recorded from short calls that do not include care delivery or anonymous calls.

Research rationale

We have evidence that many Pacific families experience one or more socioeconomic disadvantages which mean that they could benefit from Plunket's services. Pacific children also have worse health outcomes in many areas. However, current data suggests engagement with services is less than it could be. Barriers to engagement may include lack of knowledge about services, lack of Pacific staff within Plunket, language and cultural differences, socioeconomic disadvantage and lack of resources. We explored the following questions, in order to find out how to improve engagement with Pacific families and the health and wellbeing of Pacific children and families:

- What is the level of knowledge among Pacific clients of existing Plunket Well Child/Tamariki Ora and other services to support parenting and child health
 - What services do they know about?
 - How do clients find out about services?
 - How would they like to find out about them?
 - Why do they use them? Why not?
- How can we improve Pacific clients' access to existing (and future) services?
- Do existing services meet the needs of Pacific clients?
 - What types of services are most valuable?
 - What do these look like/how are they best delivered?
- What other services would Pacific clients use to support their parenting?

The Plunket Business Plan into 2020 contained the objective of 'We are able to understand and describe the barriers for service access for both Māori and Pacific clients'. Hence, this project contributes to meeting one of these objectives.

Aim and Objectives

Overall aim:

To find out how Plunket can improve services to support and engage Pacific families

Objectives:

- Discover the level of awareness and knowledge about Plunket's services amongst Pacific families
- Define models/characteristics of service delivery that better engage Pacific families
- Describe gaps in services to Pacific families

A qualitative approach was used to achieve the objectives, including interviews with Plunket staff and key informants from other organisations and focus group interviews with Pacific parents, to identify barriers to engagement with Plunket services that Pacific families experience and how engagement can be improved. We can then make recommendations on how the organisation could improve its services to Pacific families.

Ethics

Ethics approval for this project was granted by the Plunket Ethics Committee in January 2014. All interview participants received an information sheet which outlined the purpose and scope of the project and signed a consent form. These were translated into different Pacific languages as required. No interview participants were individually identified in transcripts or the final research report. Interviews were transcribed by an external organisation and/or focus group facilitators (where translation was required) who signed a confidentiality agreement with respect to the data. Transcripts of interviews were stored on a password-protected computer. All recordings of interviews were destroyed after transcription. Participants will be offered a summary of the results and these will also be disseminated on the internal and external Plunket websites.

Methods

The project began with the appointment of Pacific Project Co-ordinator, Pele Head-Tuariki, in April 2014. The Co-ordinator was primarily responsible for recruiting, organising and conducting individual and focus group interviews and organising Pacific-language appropriate interviewers for focus groups and transcriptions of interviews. The Project Leader, Falenaoti Mokalagi Tamapeau, provided support in recruiting participants and interviewers and being involved in interviewing where required. Interviewers also reported their impressions and observations from the interviews in a key informant interview.

Focus group interviews

The aim of the focus groups was to promote discussion with parents to gain information about their views and experiences of Plunket services. Twelve focus group interviews were completed, each lasting approximately an hour (see Table 3). Focus groups were ethnic-specific except for the teen-parent group, which included parents of different ethnicities. The ethnic-specific groups were Cook Islands, Kiribati, Samoan (2), Tokelauan (2), Tongan, Niuean, Fijian (2) and Tuvaluan. Four groups were held in Wellington, one in Wanganui, and seven in Auckland. The groups ranged in size from 5 to 11, with a total of 84 participants (and an average size of 7). We followed the process of running a focus group described in (Tolich and Davidson 2011) but used a Talanoa methodology (see below). All interviews were audio recorded and transcribed. Focus group participants were offered a voucher of \$40 and refreshments (often dinner or supper as a shared meal) were also provided at the group. Child care was provided if required at the time of the focus group so the participants could concentrate on contributing to the group. We recruited a variety of parents who were of different ages, new migrants versus New Zealand-born families and those who did and did not use Plunket services. Recruitment was largely through the networks of the Pacific interviewers, who were bilingual and had good access to their communities.

Table 3 Focus group details

Focus Group	Number of Participants
Samoan (Wellington)	9
Fijian (Wanganui)	5
Fijian (Wellington)	9
Kiribati (Auckland)	9
Cook Islands (Auckland)	8
Niuean (Auckland)	7
Tongan (Auckland)	5
Samoan (Auckland)	5
Tuvaluan (Auckland)	6
Tokelauan 1 (Wellington)	5
Tokelauan 2 (Wellington)	5
Teen parents (Auckland)	11

Key informant interviews

The aim of the individual interviews was to gather in-depth information about the experiences of those working with Pacific clients, to learn from these experiences and reflect on how to improve ways of working. We interviewed four key informants from external organisations in Auckland that offered specific services, programmes and initiatives to Pacific clients. We also interviewed three Plunket staff with particular interest in and contact with Pacific clients. The six facilitators of the focus group interviews also gave feedback in a group session and their reflections and discussion were included as a key informant interview.

All interviews were audio recorded and transcribed, except for one key informant who did not give consent for the recording. This interview was written up from notes taken by the interviewer.

“Am kete ibukia ataei”



This proverbial Kiribati expression means a basket of knowledge of vital information for children. The word “kete” in Kiribati can have several meanings but in this context it means a basket or collection; “ibukia ataei” refers to children. In traditional Kiribati the elders meet in the “maneaba” (central meeting fale) to engage and discuss the affairs of the village; the collective knowledge from these fonos is the content of the kete.

The Kiribati community in New Zealand considers Plunket as a first point of call for families to seek and receive information to help raise their children. This Pacific research provides Plunket with important information from the Pacific community to empower and enhance its work with children’s and families’ health and wellbeing.

Analysis

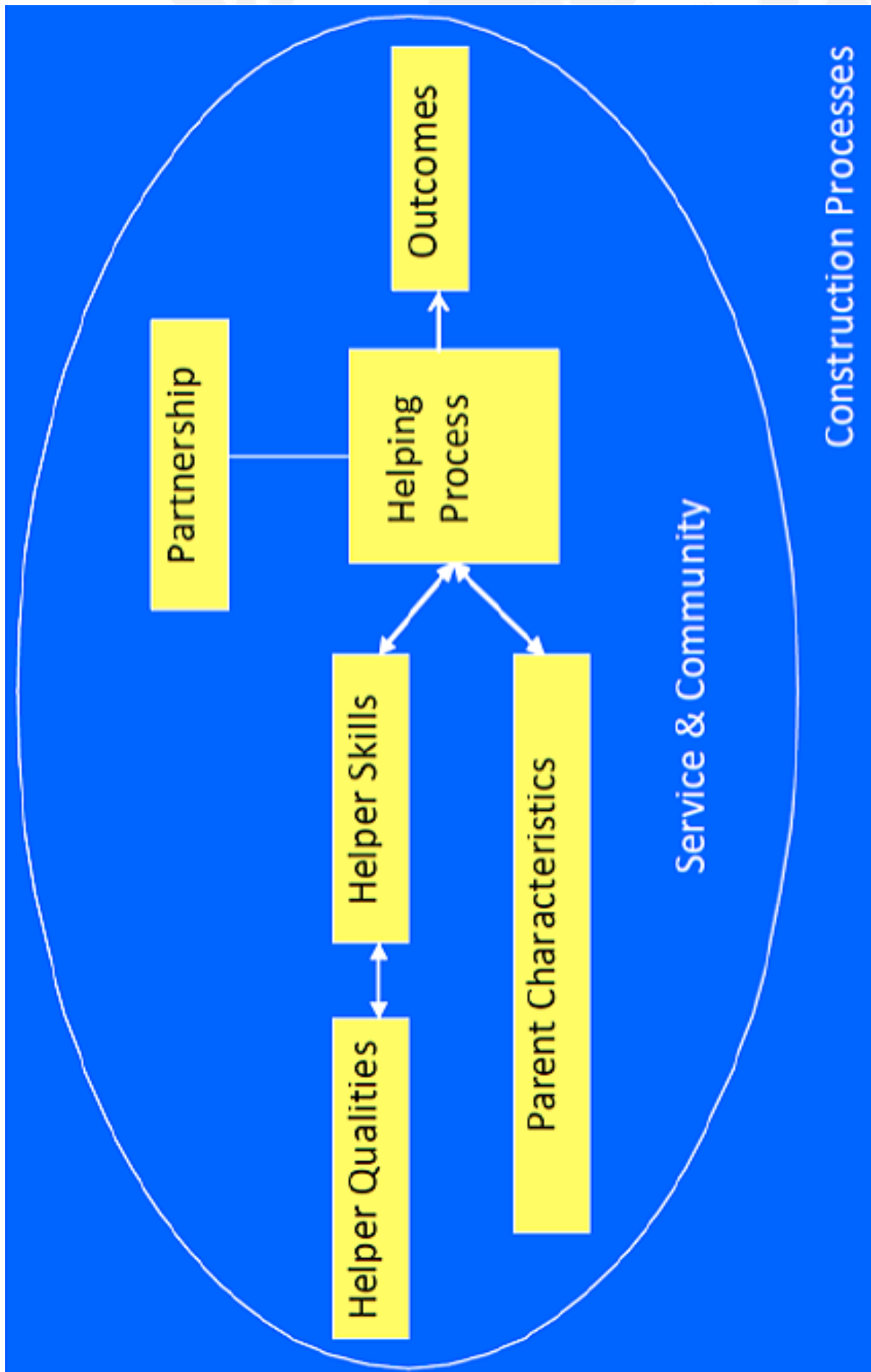
Once the interviews were completed, we undertook a thematic analysis of the interview transcripts, looking for common themes across responses, and demonstrating these with selected quotations. Broad interview questions can be found in Appendix 2 although the interview structure followed a Talanoa research methodology (Vaiolati 2006), which is a qualitative approach developed for Pacific research where the researcher engages with participants in a general two-way conversation, to establish trust and rapport, while eliciting the stories needed for the research. This approach was particularly relevant for Pacific-born participants, who were noted to respond to questions by telling stories, in contrast to more direct and concise answers from New Zealand born participants.

We used the Family Partnership Model (FPM) framework as an analytical tool. The FPM is an evidence based model developed in the UK as a method for working with families to improve outcomes, particularly the satisfaction of parents with services, improved parenting and wellbeing of children and improved ability of health workers to identify the needs of clients (Hilton Davis and Day 2010). It was initially developed for practitioners supporting families with children with chronic illness or disabilities but has since been applied to many other contexts (Barlow et al. 2003)(H. Davis et al. 1997)(Keatinge et al. 2004). The Families Commission has recognised the potential of the FPM in the NZ context, both to benefit families directly and to help practitioners work together (Wilson and Huntington 2009). The Family Partnership Model was explored as a potential cultural competency framework within Plunket when working with Māori whānau and was found to contain useful elements which align with client satisfaction (Tipa 2013).

This model is promoted within Plunket as a means by which professionals can engage with families and children to achieve outcomes, through working in partnership with families to identify needs and solutions. The formation of an effective partnership between the professional and the family and working out the process of how and what to 'help', is the key aspect of the model. The professional can develop essential qualities and skills to facilitate this process. Essential to this is recognising and understanding individual and organisational constructions (worldviews or beliefs) that may help or hinder engagement and the partnership building. Families may also have characteristics that make the process easier or more challenging. There are also broader service characteristics that may act as barriers or facilitators to the notion of working in partnership. These six major aspects of the Family Partnership Model fit the major themes expressed in the interviews. We wanted to know to better engage Pacific clients, and we found examples of how we did well and how we could improve services in all areas of 'helper qualities', 'helper skills', 'effective partnership', 'family characteristics', 'service characteristics' and 'construction processes' (see Figure 11).

We have used quotes and vignettes to illustrate these themes extensively, as in the Pacific culture particularly, it is important to tell, hear and learn from stories. Quotes from focus groups are notated FG1-FG12 and from key informant interviews KI1-KI9. All quotes are taken directly from the transcripts of the interviews.

Figure 11 (Opposite page) Current Family Partnership Model, from <http://www.cpcs.org.uk/uploads/downloads/family%20partnership%20model/Current%20FPM%20Framework.pdf>



Results

There is significant overlap between some categories (e.g. the quality of respect is also necessary for development of effective partnership; communication is a helper skill but also used in developing partnership), therefore some quotes may relate to more than one theme.

Construction processes

Everyone takes in and processes information for meaning.

Mainly get help from my family friends and random things I read on newspapers and magazines but mainly family. Doctors, Plunket and Plunket guide the book. FG2

People reported a range of sources from where they learnt their parenting practices, most commonly their parents and extended family, but also from midwives, nurses (including Plunket and PlunketLine), doctors, other parents and friends, parenting groups, and through the media (internet, television, brochures, newspapers, etc).

Everyone constructs a model of the world.

Even though they were Kiwi born, they were torn between the teachings, messages on how to nurse and look after their new babies, given from their midwives and Plunket nurses and when they go home, their mum, aunties, grand-mothers whanau and extended family have the opposite and a different perspective of child rearing. KI9

There is a confusion that people don't realise what should be the wholesome food to be able to feed a baby. And that is where confusion comes in and there is a lot of people listen to the myths that the grandparents, and the other thing too is like the conflict between, there is a lot of inter marriage these days and it is just like, you say twenty years ago you only had a Tongan marry a Palagi, but now you have a Tongan or Cook Island or Maori or Samoan so they all bring their difference to the house and the way they were brought up, it actually make the mother confused because the Samoan mother used to feed this and the Tongan grandmother was saying to feed this and the one element of people, that is why they are confused. KI6

Family partnership is a really good one... Some of the SUDI training talks about difficult conversations so the whole thing, conversations that families feel uncomfortable and the staff then feel uncomfortable, it is not just difficult for the family but for the nurse to bring up because they might think oh gosh what if she says yes or what if she says no she wants to sleep baby on their tummy, what if she says well actually I am going to give him food from six weeks, what do they say then. So all of these topics include how to approach difficult conversations. I think too it is a journey for the families and the staff... It asks about constructs so what would the family be thinking and why might they be thinking it can you get some information about why they are thinking that and how can you challenge that if it is an unhelpful construct for them. Is it by giving more information or asking them if you go back what is likely to happen, what has happened in the past, what do you want to do to change that. KI4

Constructing a model of the world could be difficult when there was a clash of cultures, with New Zealand born Pacific mothers caught between different perceptions on parenting from family members and health professionals or even between different cultures within the same family. Recognising these different constructions is the first step in using the elements of the Family Partnership Model to explore and challenge, using the helper skills and qualities discussed in later sections.

The Family Partnership Model allows conflicts of view between the health professional and the families to be explored and clarified by talking about the constructs behind beliefs about how to do things, asking questions and allowing the families to reach their own conclusions and change in their own time, without undue judgment or pressure.

Social perceptions, interaction and feelings determined by constructions of others

They asked me too (for them) to come home to see where baby is sleeping. I told her straight, the baby sleeps with me. She said, was I aware I could suffocate the baby and press her down, but I said to her, mums and babies sleep together. But we have to buy the cot to be there in the room so they can see. The baby refused to sleep in the cot. She just wanted to sleep with me. But they wanted to see where baby sleeps. So every time they come, clear the cot and make out like the child sleeps there every night, but actually we use it as a storage. It's good to tell them I tell them she sleeps with me all the time. FG2

Like how they say for the baby to sleep in its own cot but sometimes you feel it's too cold and I'm scared they might kick the blanket off and get cold. I think it's part of the culture to sleep with baby. FG2

My mother that said to me that the body has its way of cooling itself down when it is hot and that is why you have the baby chilled and cold and we had a thing, and we still have it today, all my nieces have it and they have got a fever pack so if the child has the fever you have to have lemonade ice block in the fridge, a white sheet, a white singlet and anything with white so it is reflective of the old days of the hospital being clean and that is how I taught my nieces to have, all of them do that, they have a sick pack that they pull out as soon as the babies get sick. FG6

It was hard with food. The Plunket asked me what was I feeding and I told her and at four months she said no and I said but he likes it. Like I see all my aunties and stuff feeding their baby that food at four months but here that is six months hey... Yes my mum said if baby is hungry feed her some solids. FG7

These examples show how the constructions and views of some families differed from traditional Western practices, often due to the influence of family and culture. It would take all the skills, qualities and principles of working in partnership over time to challenge some of these beliefs and behaviours. How these skills and qualities can be used to promote working in partnership is explored next.

Helper qualities

Respect, empathy, humility, genuineness and intellectual and emotional attunement (showing warmth and friendliness) are helper qualities described as essential in the Family Partnership Model. These were also described in interviews with focus group participants and key informants. Being approachable, respectful, available, warm, and caring about the mother and the child were qualities that were valued by clients. Lack of respect, conveying a judgmental attitude, not taking time to build rapport or communicate, not being friendly or making the visit feel like a tick box exercise would create barriers. Trust and respect could be lost when communication was (or perceived to be) poor.

Respect

Some Plunket nurses have attitudes that sometimes disrespect the mothers in terms of communication, poor rapport building, some nurses are not friendly at times. FG4 The biggest thing is respect because at the end of the day coming out any time to the house, and I guess that goes whether you are Pacific or non Pacific. KI3

Think of how you would want to be greeted so if you put yourself in that situation I think your job will go very well. FG6

Respect was the foundation upon which the relationship between the Plunket staff member and the family was based. Although some clients expressed preferences for having Pacific (and ethnic-specific) Plunket nurses (but others didn't), all wished to be treated with respect. The advice to put yourself in the clients' shoes and think of how you would like to be greeted and treated would probably apply to any interaction.

Empathy

I think that when the Plunket nurse came to visit us she adapted well, she got down to that level and she was really able to communicate which I liked because I was worried that she was coming in to my house and at that time I was staying in a Housing New Zealand home and she was going to judge me. That was my fear that she was going to make that judgement, the preconception of it, yes and that sort of set me up thinking O better go and clean up my house but you know this was a mum who had no sleep, I knew that in my, what I had been taught was that people come in to your home you have got to have your house clean. The toilet has got to be clean, everything has got to be cleaned for her. That was in my mind, the baby was crying in the room and I need to get that, that was hard work. And that is why I went to the clinic instead not come home. But when she came in I felt my preconceived ideas actually minimised and I was actually, I could see that, and the discussions that we were having. So I felt really comfortable with her. But I was more determined to go down to the clinic and not have the home visit because it was too hard for me. FG6

Just because we are new mums it does not mean we are dumb, they don't have to go at it that way. FG7

I felt like, cause like my girls they get eczema and I think they just tend to sort of make, well I don't know if this is me personally but just make you feel like oh you probably got a dirty house sort of thing. FG8

Yes, they are all the same [Pacific and non Pacific nurses]. They treated you the same, they don't make you feel bad or ashamed if your house if it is in a mess. I enjoyed the Plunket service. I think we would be quite stuck if there wasn't any Plunket service around. FG3

I find their helpline very helpful, accommodating, very friendly and always have time and a lending ear to listen to and a shoulder to lean and cry on when things get tougher. FG11

I just loved having my Plunket, I wish I could have kept them after the age of five. It was a time to reflect and it got to that stage where I said can I come to your place instead, you know and I used to go to the office and I could sit there and chat, just offload, it was a place where I felt safe to offload. FG6

The fear of being judged was strong in many stories from the focus groups. Some mothers felt their fears were realised (they did feel judged) and others, that their Plunket nurse was understanding and empathetic. Many mothers felt particularly vulnerable having visitors come into their homes and felt a strong pressure that the house had to be clean and tidy (see also the story in Effective Partnership: Sharing decision making power). These quotes show the value of feeling listened to - and a phone call may be all that is required, either from the Plunket nurse or to PlunketLine.

Intellectual and emotional attunement

She came late she did a quick look and she went. I was thinking if you're going to check my baby, do it properly. If you're late, take your time.... I wasn't impressed with what she did. It's a child, I'm her mum, I want the best care for her. But don't come and do your quick jobs and just go. I wasn't impressed with her and I was hoping she wouldn't come back. FG1

She is almost like a mum and my mum died on 2003 but the fact that she is actually, I actually call her auntie now cause we have built this really awesome rapport that I feel comfortable that she is in my home and she is educating me in how to raise my son so yes I love that, I love Plunket... Like I know cause [my child] does actually call her nana sometimes because he sees the blue car pull up and goes nana here. FG10

The Plunket people that I have seen they have been really good and they see us at school, she is really good and she is really kind and considerate and she knows what she is talking about. FG7

If they were nice and if they just asked and can come and be nice and speak to me nicely then just yes I would listen, if they are mean then not, yes. FG7

The last two I had, (Plunket nurses), they just came in to do the weight, baby's getting bigger and that's it, his eyes are, the head's growing, and there's just where it ends. There's no actual, oh, so, How are things with you? Things at home. I think if you looked after mother and child, that would improve the service. FG1

Cause I sort of sensed that from the lady who was doing my four year old back to school check, it was just sort of like oh, you know, get it done. It felt rushed, she was just trying to tick her off that list just to get whatever target she was trying to go for, yes. FG8

Being warm, caring and genuine were essential qualities to build trust and rapport - as one mother put it, if they spoke nicely, she would listen, but if she thought they were being 'mean', then she wouldn't! For trust to develop, it was also important that the mother was confident in the nurse's knowledge and skills, as well as her kindness. Clients who sense that the nurse is only interested in the baby's development and not in their (the mother's) welfare will be less engaged. Clients can also sense when the nurse is rushing and not willing or able to take the time to develop a rapport with the mother or find out more about the child and family's needs.

Humility

I think as a staff member we need to be humble, we need to understand where they are coming from and not to judge them and just being patient and work alongside them. KI8

And I think that is where staff maybe need to, when they are making that next approach with families start with an apology, I am sorry I have not caught up with you, I am sorry you have not been seen recently even though the family may have moved and we have got their new address through the GP you still start with the apology first, it is not acknowledging fault on our part in any way but saying I am sorry we have not been in touch regardless of fault... And it is linked with humility, it is the humility, it doesn't matter that we have not caught up for six months cause you have moved three times and not let us know, the fact of the matter is we haven't caught up for six months and I have missed it. KI4

Empathy, respect, humility, seeing the client's perspective and understanding or being willing to learn about their culture (and understanding our own) are qualities that are necessarily interlinked. Practising humility will help focus on the needs of the family and what the Plunket service may offer to help support this child. Service and humility are two sides of the same coin.

Helper skills

Enthusing and encouraging

Sometimes it's more like it's knowing the art of greasing. Ever heard of that? (Greasing? Greasing up?) to the family because it's not greasing but you know like, it's an art...like you go back to being positive and praising the family for, it doesn't matter, look for the positive thing and say, wow, I really appreciate then bring it back to this thing. Again, it's a skill, it is a skill, to take it back to them to be responsible. You know because at the end of the day this is their child, I'm just the worker here, get paid to do my thing, get my money and go home. That's real, but you do have the passion because you want these people, like you're teaching them to fish not to hand over the fish. It's an art just to when you go in, you know like the ... respect to the family regardless of what the house looks like, cos you'll slowly address those things but also be mindful of your own behavior. KI5

My first one was awesome. Just the way she spoke to all the information, she was very encouraging. FG1

A lot of people think that Plunket come in to change the way we do things but it is not, it is to just reconfirm that you are doing really well considering what is socially, you know what the social demands are out there. FG6

They often called on the phone, the Plunket nurses. As a mother, emotionally and physically, you do not feel down about things because they really care about the child and they are also concerned with the well being of the mother. They were very helpful to me. FG3

Linked to respect and empathy, is the ability to inspire families with confidence in their own ability to parent well, with encouragement and praise - in fact, modelling the positive parenting approaches taught in PEPE and SKIP and other parenting courses.

Communicating in a way that can be understood

Plunket has always been good in following up with new born; I think the issue is the appropriateness of how information is given to Pacific mothers and whether they fully understand what they are given. So we need to say, while Plunket seems to have come to the party, they need to look at how their services are delivered to our families and whether our Pacific mothers understand the language and the palagi words or names given within the information they provide. Our mothers are very polite they would nod their heads as if they have understood when in actual fact they did not. FG5

It is the way they communicate with us and also the space, the time, they keep rushing us instead of saying, and then they use all these big words... Yes and you say like okay but you don't really know the full meaning of that word. FG8

The language you know that we are using, cause we are not going to use these big fancy words and nobody has ever, what is that passed the NCEA level 1, it is like, I would quite easily switch off. Because when I hear big words I am sort of thinking what does that mean I will see if I can complete the sentence and see if I have grasped it otherwise, oh, I just think that when I don't ask the question I write it down to look up what it means rather than ask, yes. FG8

But with this, when we talk about the Pacific, our understanding of words is different. People can say, you know the conversation, you know if you're facilitating and use palagi words, it's still okay but they're not getting it... The Niuean person, or the Samoan or the Cook Island person, they listen to you but their words could be misinterpreted, and also their own feeling because they know, ok, we do it this way. This is the way we do things. When you want to introduce something new to them without them understanding it they'll just close it down. KI5

But there are traditions in terms of speaking to a Pacific, whether it be, I mean you want to be welcomed at a level that you both understand. There is no point coming in with all this medical jargon on my high horse talking about this when you can clearly see the mother or father or uncle auntie does not have a clue what you are saying. KI3

I wish the relationship is a lot more open and clear so that I as a mother is more confident to say that I am fully understood rather than guessing whether I am doing the right thing or not. I know this is quite common amongst our Pacific mothers. Sometimes our fa'aaloalo deemed to suggest that asking too many questions is rude and therefore I'd rather not know than being le mafaufau (rude). This is why it is really important for workers like our own people to work with our mothers because they will pick up easily this kind of dilemma and would likely to extend the conversation to ensure the information is well received and clearly understood. FG5

I mean you can have so much experience but lack communication skills. KI3

Using appropriate words and language is extremely important when talking to Pacific clients, or anyone with English as a second language. Interviewees talked of not understanding what was said but being too embarrassed to ask for an explanation or misunderstanding words or phrases. One example given was asking clients if they know their 'rights', where the health professional means the health and disability code of patient rights but the client is thinking of rights 'when you get caught with the police' (KI5). There might be nods of agreement but a complete lack of understanding. One solution offered to this was more Pacific health workers, who could communicate in their own language(s).

We need to understand we need to use simple language and speak slowly and making sure that we communicate and respect them, yes. If you are using English I think it is really important that we use simple language and just be, and bring yourself down to their level and not see yourself as a health professional, you need to be with them and walking alongside them. KI8

With some Pacific women they are shy...there are people that come from the Islands and are too shy to ask questions. FG3

And some mothers, especially our Pacific people, they don't feel comfortable asking questions cause then it is, we have this perception that some, like you wonder if you are asking the right question or whether it is the wrong question. But in fact we have been taught now that no question is a dumb question, so you need to be asking. FG9

I like it when they visit me at home because I feel comfortable to ask questions at home about my children and parenting and they always help by giving me clear answers. FG2

Using simple, clear language and checking that information given is appropriate in language and level and fully understood is part of the reflective communication and active listening style of the Family Partnership Model. This would work well with Pacific families, as well as recognising that some Pacific mothers have discomfort in asking questions as they may not want to appear rude, may be shy or may find it hard to establish an open clear relationship.

In communication, as in other aspects of building a relationship, respect and a partnership approach are important, as are checking for understanding and for questions, decoding technical language and being approachable, and trying not to make assumptions.

Language

Staff still seem to be thinking I am sure that we can understand each other so we don't need an interpreter. I think that is okay for the majority of a contact but at some point they will say to the person who seems to understand you and you seem to understand them but we also have access to a phone interpreter would you like that for ten minutes just in case there's anything we may have misunderstood with each other. Right up to the point that if we know there is an easy identified language issue to be able to say to the family member or sponsor actually thank you for interpreting the majority, husband or son or whatever, we now need to move to the interpreter part because we have got some questions that we want to and some discussions to have with the woman's health issues that we don't use family and friends for. I think there is still work to be done on that. I think that it is probably a historical thing that it was so difficult to get a professional interpreter in the past for free that we have left staff with this almost fear of using them because oh they cost money. For Plunket and most of the country it does still cost money, they actually do cost Plunket money but for the Northern region it is free so for Counties Auckland and Waitamata DHB areas which is thirty three plus percentage of Plunket new baby case population it is free. We can get it face to face and for deaf interpreters and I think it is ongoing work to empower staff to know that we should be accessing this, not necessarily for the whole contact but for people that have a, we can reasonably understand them but we can still offer it to them in case there are words that they don't know in English that they are not attempting cause they don't know them. KI4

One of the problems is the language. Mothers may not go to the appointments because of the language difficulty. FG3

I was thinking somebody would say well why don't you use the language line. Well I have rung language line when I had an Iranian woman and the man was a translator and it was totally inappropriate. And it was awful and it got me nowhere and I think she didn't like it and so I don't use it because I think, it is not really, maybe if you are going in for an emergency operation it is probably good in that regard but for asking about breastfeeding or, all of those sorts of things, you can't really do that with a translator. KI2

The information is in English. There's Maori, it must be important and it should be in other languages too. If the information is important, then put it into the ethnic languages. Because sometimes it's the grandparents who look after the children. Really, they are the ones who Plunket nurses are seeing because the parents are at work. There is a language barrier with our old people. FG1

Language was raised as a barrier to services and understanding for some clients, especially for grandparents or new migrants. Respondents spoke of feeling more able to express themselves in their own language and that inability to communicate in their own language led to misunderstandings about Plunket's role (Why are they here? What are they here for?), unsatisfying interactions with staff and ultimately non-attendance at appointments (KI5). The use of interpreters was promoted as service to be used more frequently, but this was not without practical difficulties, as one practitioner found (see quote above). Many people requested more translated material (see also Service Characteristics: Resources available).

It is about respecting mothers. There was a language barrier that we don't really speak much to the Plunket nurse, we just say oh come in and then keep smiling. Come and stand over the baby so the Plunket, yes and two mothers felt that they never talk to us they just come and did their job with baby, yes thank you and left, yes they felt that was disrespectful. But then other young mums there was a debate around that because the young mums said you need to start the conversation, that is not our job. KI1

Partnership, trust and communication are skills and ways of working. This story is an example of how clients felt they were not respected, because of a failure in communication.

Reliability

She was not that good. She only kept up for one and then she stopped coming round. And I don't like her anyway... I don't know why she stopped. Then the one time I went to go to her she wasn't there so I had to see a different lady and the other lady who I saw, she was supposed to come around on Friday with a nurse but she didn't come. So I don't even bother contacting Plunket anymore. FG9

This quote, although only one woman's experience, shows how lack of reliability can lead to disengagement, and goes hand in hand with lack of communication ('I don't know why she stopped'). The client's feeling of not liking the nurse and not thinking she was good is understandable - it would be difficult to feel positively about a service that, for whatever reason, appears to have let you down.

Digging deeper and exploring

Also you know just a lot of our stereotyping that is one thing that came up. How we feel that Pacific Islanders because they are overcrowded a lot of them live with other extended family members we always expect that they have got a lot of help so we don't offer sometimes and they don't get offered the Plunket nurse and one of the mothers had problems with breast feeding and she felt like she was really close to giving up breast feeding, she was a first time mum and all that and you know just talking to her after the group and I asked her why she didn't get this help and she said it was because the Plunket nurse probably just assumed that her whole family is there and her mother is there and she would have helped her with the feeding not knowing that the mother actually works twelve hours a day, six days a week and has never been there to help her daughter with the breast feeding. So just little, just yes, just because one Pacific Island family so that is the way, doesn't mean that everyone is in the same boat. KI1

I think also when I had Plunket come in to see me and when I went to the clinic that I agreed, everything was okay, actually she didn't know and it wasn't okay but my life was not good at that point. So she never dug deeper which I underneath I was needing that support. FG6

Digging deeper means that you don't take things at face value or make assumptions about people's circumstances. The quotes above give two examples of where the participants wished the Plunket staff member had dug a little deeper to find out about the struggles they were facing and offer some help they may have needed but were unable or unsure how to ask for.

It is actually counselling skills, it is actually a communication skill that Plunket has to do to be able to train. Like for me that we a great part of our training, you have to know how to prompt, how to listen and how to ask questions for people to think. And it actually as I said it may not happen the first visit but you actually know, cause you, Pacific are actually quite good. They are good in the sense it is like they

want to suss you out, if you are here because of your expertise they actually can be arrogant, they won't tell you because they think oh you are only paid to do your job, you don't really mean what you say. KI6

Communicating clearly, listening carefully and exploring issues with a client in a respectful and empathetic way will help build a trusting relationship - but the client may 'suss you out' at the first visit to see whether the health professional is genuine, and they may not offer their trust and honesty immediately.

Making use of technical knowledge, expertise and experience

Plunket has picked up on all the information and the services since my son was born, like we didn't have with SKIP, they were not as, they didn't always ask questions. Have you done, have you taken your son to the dental clinic, have you done this you know, they were not that informative back then but now I find that Plunket is like always reminding me oh have you don't your injections, have you don't this, you know they are more proactive about it now, yes they are a whole lot more now than they were ten years ago. They were okay ten years ago but not as good as they are now. They are more helpful, they are always there and willing to help you even if you are not, even if you don't need them they are willing to help you and they always remind you of the 0800 number, here is our clinical number, they write it down again and again, they are more helpful now than they were ten years ago. FG10

As the other mother said as well, (Plunket nurse) brings in assistance as well as information so the mother knows other services available. When you are in contact with them, they also add other information about other services that are useful for you. That is really good of Plunket. FG3

When I was able to go, because at other times, you as a mother of a newborn is mostly tired, especially when there are other children at a young age as well, but when I managed to go, it was life changing. The children begin to socialise with other children, there were other source of help offered and provided by Plunket. Just take your children as there is breakfast prepared from there. All those things were provided, and other resource people were sent to speak to us at the centre about carseats and their importance, booster seats and when to use them and many other important information which were mainly provided by Plunket. FG3

Plunket said apply for that free insulation and I didn't think anything of it but the fact that Plunket was aware that through Counties Manukau District Health board there is that scheme with the government that you could get it either fully funded or subsidised and I applied for it and my husband and I just cried cause we just believe in having the infant in the home qualified us, cause we are on one income, for free insulation. So it is their awareness knowing about that so we got the free insulation and a really cheap heat pump and that is what our house needed. Again they are going to provide a healthier environment for our son so yes. Yes so the Plunket nurse she helped us get on to that service so I love the fact that if they can't help you Plunket will direct you to people. FG10

[Plunket] played a major role in helping families to sustain a basic need, shelter, they would also advocate, you know they are providing care for the mum and dad and they would go there are not many elders to look out and they would write those letters and advocate for the family and in particular my time in Housing [New Zealand] for making a difference, getting a decision around the wellness of the family. So that is for me that needs to be out in this whole calling of what they offer. FG6

The Vignette below from a participant who had had experience of Plunket services over a decade was that Plunket was offering more support now than in the past, and linking clients to more supports. The Plunket nurse's role as a source of knowledge about other service and able to offer or point to practical assistance e.g. with baby clothes, referrals to playgroups, referrals to dental and other health services, recommendations for insulation, heat pumps and housing, etc, was highly valued (see Vignette: Helper Skills).

VIGNETTE: Helper skills

I experienced the Plunket nurse's assistance as I mentioned before when we rented a 2 bedroom damp house. The house was really damp. The Plunket nurses came and they said the house was cold and it wasn't helping my child who had bronchitis. They told me to move houses, but I told them that we couldn't move because we couldn't afford from the earnings that we got. They told us that the only source they can refer us to were the social workers. For social workers, I think it depends on the case manager, and it was really stressful for me, so I couldn't be bothered to deal with a social worker. And they put me on a waiting list but personally, Plunket nurses know more of us because they come to the house, they've seen what it's like with my child compared to the social worker who only come in for a couple of minutes and hours, then they leave not knowing what's behind us. To me, like what she said, it's better off if they kinda work more in that service way because they know more about the lives of the child and the mother inside the house. Because I see with the Plunket, they spend more hours and they are more open to the opinions and what you say to them compared to the social workers, they do that, but to me, they are not so powerful in fighting your case. My child is 4 years old now, we are better off now but back at the time, like what she said, deeply we really wanted stuffs, and the social worker came and she started asking me, "why won't you buy a dehumidifier?" and I was like, "I can't afford, why would I buy a dehumidifier when I can't afford to live in a ...you know?" They are actually giving me ideas to buy things I can't afford as I told them, as for Plunket, they know more. So to me, it's quite nice if they kinda have that kinda of service because they can communicate within their field. With their Plunket nurse, that's right, like the case of that kid where, blah blah blah. My eldest child grew and so did my second child so we moved houses because of that - for the bronchitis of my child from 9 months to 2 years old, we were probably, for my eldest child, we were probably in hospital 20 something times, that's how bad it was for us. Now, he doesn't have bronchitis, he is really good now. Still, at that time as a young mother, very stressful, I didn't really know what to do, I even had that feeling as a mother, I was so useless blah blah blah. Without the Plunket being so supportive, I don't know what would have happened to me. In a way, I thank the Plunket for being there, basically, to guide me through, and for being a friend of mine that I have somebody to talk to. I was actually an isolated person but they were there to talk to me about everything, as for the social worker, I was involved with Housing NZ and I waited for... he's five now, I have waited for so long as they say, "Oh yeah, I've put you on the waiting list" because the social worker was involved and she even asked me "Oh can't you go and work?" and I was like "How can I go to work when my child is sick?" "Oh and your husband can't he go and work?" because he has limited English, like you know it was really stressful like with all that, I couldn't be bothered with the social workers coming to talk to me. So anyway, that's it but with the Plunket, they're not judgmental. What happened is they're very concerned, "Oh well, how do you feel?" You know at least, but that social worker they just don't understand me you know, where the Plunket nurses they're very concerned about my wellbeing and the wellbeing of my child. They were good friends of mine and my child when I went through hard times, yeah, they were very good. FG3

Effective partnership

Building an effective partnership means applying the skills and qualities to develop a respectful relationship, where both the professional and the client feel able to communicate honestly and share the decision making power. It also means including other family members (such as fathers and grandparents) and recognising that much information gets passed down through generations and may be in conflict with Western knowledge. Working in partnership also requires facilitating other services, through building good relationships with others e.g. GPs, social workers, midwives (see Vignette: Developing relationships).

VIGNETTE: Developing relationships

Please tell the government that they have to accept our ways too, it is hard for us just to acknowledge what they say. So to explain why with the sudden death and all that, yes, but yes it has to take time for our people. One of the things that we have a tip for Plunket nurses and people going in to visit Pacific families is that they ask and listen. There is a lot of not asking and not a lot of listening that is going on and that is a really good learning for us. So in terms of developing what we need to develop to support workers going in to the homes of the families. Cause what is happening here is there is quite a significant thing like the child's health and wellbeing and you just hand them over and you are given like your child is being rough handled and then that whole belief of, because of you are not sleeping with your baby it sounds like your Auntie is sleeping with baby so baby wakes up and gets hungry then they come and bring it over to you. So there is all of those things and of course that kind of belief and you will say all the research in the world does not matter and that is fine. But the baseline for Plunket is that it needs to explain that this is our research but for you that is your point of view and we need to be respectful of that as well and whatever we decide to do that is not ours, we can only advise and inform and be aware. But at the end of the day, I bet you there is a lot of houses with cots and bassinets that will never be used but they are there to show the Plunket nurse. This is where the blankets go.. But really where does baby go, in my arms. But the thing is just getting off with the right start with families and making them feel that you are not there to tell them what to do, you are there as partnership to help and support them so you know in what they do. Slowly when you get to know them it is easier to tell them off, don't do that because you know they do accept it... Yes you have that relationship with them. You know this is what you have to understand you are going to be with this family for five years if you want get the point across first or second visit just know that it is good, you have got another four years to work, maybe by the fourth child the mother will get it. You know if you are still through the door. KI1

Developing and maintaining genuine connectedness

I think dealing with or engaging with Pacific people you really need it takes a bit of time, you have got to build that relationship, a lot of us who are working with Pacific people we go out there and we want to give give, give what we want them to do but it is about building that relationship first so it is not a one visit. Take a few visits get them to trust you and build that relationship with them and that is when they start opening up and listening to. KI8

If I open up to anyone about any problem at home, I won't just come out and say it. Unless you build that bond. That's why I said from before, it's too long to wait in between visits, two months. It has to be something in between, to break it up. Or another visit. Just a short one. Nothing to do with baby, just to say hallo, have that relationship. FG1

...if I see another Pacific mother or father, male or female it is that instant connection because it is the first thing you have to give, you have that in common, if your Pacific background, they more relate to them and their struggles as well cause the struggles are yours and it is hard. Can understand that deeply because of my culture. Like I said it is not a black and white a, b, c framework that, sometimes there are grey areas. But definitely I feel like if I do come across a Pacific family I can make an instant connection because we are both the same and have a general understanding of each other and that we are not here telling you what to do. KI3

I have been in the community for fourteen years and people already know me so it has taken that long for me to earn their respect and their trust but for somebody totally new it takes time. The relationship building is really important if you want to engage with the community well. KI8

To build a partnership and to develop a connection takes time. This was a key message that came from participants about how to build relationships. Some Pacific workers felt that they could connect more readily with Pacific clients because of their shared culture and understanding but non-Pacific workers can also develop rapport with time and trust.

Communicating clearly

You know someone who is not on the phone and we are late they might think we are late because we don't value them, they might not understand at that time that we were late cause there was a car crash and we couldn't get through. But they may interpret it as the nurse does not value me enough to come on time. So the Family Partnership way would be to make more effort to make contact, apologise straight up, I am sorry I didn't make it on time, I hope you understand and offer a reasonable reason why you were held up. If you have also forgotten then be upfront with that. Actually I forgot I am really sorry. People will come to their own assumptions before the apology comes and that is all we can, and that can take a while. KI4

There was one instance where I left a message with Plunket not to come because there would be no one at home that day, but she turned up three times that day and left notes, and I felt quite bad about it. This is unnecessary pressure on mothers when in fact Plunket should have checked their messages every morning prior to visiting. FG5

When I was a young mother, my grandmother was so ika (angry) because she always arrive at the wrong time, because it felt like that she was invading our space, then someone would say to her, (she is here to check baby). (She should have rung or written to ascertain appropriate time for the visit). FG5

Most of the barriers is about the language and the lack of understanding of your role and boundaries. So whoever the professional is, to inform our families of your role and your function. For us, the Pacific way, we talk round and round about anything else, then we talk about the issue. But for the professional, timing is the issue. I don't have time to muck around. Get to the point. That's why the meeting is important. This is the key. I'm only allocated this time, but that doesn't stop you from asking me about anything else, so they may be able to ask you. So, no false pretence. So right at the beginning, you take care of this. This is you for about 20 minutes. But if you're concerned about the baby, your well being or if you're feeling sick, then you just call. Call me or this is the other services to link up to. KI5

It's good to follow up with a phone call in between. It's too long, 3 months to 5 months? Too long. They text to remind of the appointment but it would be nice to have a phone call in-between just to see how I am and how's the baby, do we need any help. FG1

The importance of simple, clear language and checking understanding was discussed in the section above and are essential skills for developing an effective partnership. Other issues of communication raised by interviewees were being clear about the role and purpose of Plunket at the outset. Many may not understand all of Plunket's services or reasons for visiting (see also in Family Characteristics: Attitudes and beliefs about services and Vignette: Communication about services). Also, clear and honest communication around when visits are late or missed (or happen when they are not expected) can help maintain trust and respect within the relationship, as can some extra contact between core contacts, for families who might need additional attention.

VIGNETTE: Communication about services

So that is one thing that came out and also just misinterpretation that was one thing one of the mothers brought up. So you know that question about other services that Plunket offers, she didn't know what it was called but she was able to explain to me about the outreach immunisations... So the outreach team went to her child for immunisation and I thought that we really sad how she didn't know what it was and yet she still said yes and let them inject her child, you know. So it was, you know and she didn't know why, she felt embarrassed when she was talking about it because she felt really embarrassed that she couldn't take her own child to get injected. Yet you can kind of see the situation, it is real genuine that she can't get to the GP, she can't drive, her husband works so he takes the car, the day she has three kids under five. So you know obviously those are the kinds of families that these services are for but she felt really embarrassed for the next time the child was due an immunisation her husband had to take time off work so they can go before the outreach comes. So I just felt it was kind of a miss, like just the outreach team was able to actually explain well who they are and what they do and why then she wouldn't feel that way. I have been in the outreach team and of course when they are injecting, you know you are done and move on but what I have learnt is if I do go back in that team I will remember to actually explain to the mothers, you know communicate well and listen to them and things like that. KI1

Working together with active participation/involvement

Working in partnership with clients

We also have this model of KEPA, choice in partnership, that is also a good model. Because you're giving people choice of partnership. Where do you want to be assessed? Do you want, you know, where, really asking the person, what is the problem, how can we help them? Where do you want, you know, a real partnership. KI5

You have to be ready to listen. You have to go to a family with a genuine understanding and they know you are here to help. Not here to complete a job. KI6

People always being experts, very difficult and very hard to break down but when broken down they can be your best friend. The other extreme the other people very quiet, they are not forthcoming, you have to, very reserved. You have got to have your skills and your wits about you in bringing that information to them. Take somebody with you that can do that. Don't take just anybody - take someone with a standing in the community, that can be listened to, that is the way to break it down, that is the way to deal with it. You know in between they are not bad, they are very forthcoming, they are very receptive to ideas but they need to be explained and they need to understand. The need to understand your point of view and you need to be skilful to put your point across. Just being aware of those people. FG6

Working in partnership, as one key informant pointed out, means offering people choices and 'really asking'. Another talked about the readiness to listen, understand and help as preconditions to developing partnership. One interviewee characterised two different types of people who could be resistant to Plunket's information - those who were already convinced of their own knowledge, and those who were quiet and reserved - and described the delicate skills of working in partnership to engage these people.

Working in partnership with other providers.

Plunket should be maximizing collaborations, relationship building. All providers should be enhancing each others' services. KI7

Plunket should be working alongside providers, you know organisations like us. I see there is a gap here and I think it, with a lot of the problems, like for rheumatic fever now we could link up with the Plunket nurse and they can refer their families to us. We can do the home visit and talk to the families about rheumatic fever, you know things like that. We could connect with them to invite them to our playgroup if they have a problem with transport we could do something about that. At least we are getting them out and I think there is a breakdown there that we don't have that close link with Plunket and I think there is a need for us to be working together. KI8

If we have got trained Pacific health workers I think we need to accept that they will go to and from Pacific providers and I think we should encourage a stronger flow of staff between the two agencies.. to have stronger links with staff moving between us and other providers and back again... Yes if they, I know they are short of staff, do any of our staff want to go and work with them for two years and then say well you know if there is a vacancy come back, make it warm and generous, make it oh you are thinking of going to another provider oh that is great, it is great. Let them know that if they want a position with us for a couple of years that is great too. KI4

I like the idea of Plunket going back to hospitals to make contact with the mums. KI7

Interviewees identified that working in partnership with other providers was necessary for a good service to families. Providers working together would help put children and families in the centre, to make sure they are not missing out on supports and opportunities. This working in partnership extends to supporting and encouraging Pacific (and other) staff who move from Plunket to Pacific providers (and vice versa), recognising the benefits that accrue to both organisations and keeping the connections, for the ultimate benefit of clients.

Recognising complementary expertise and roles.

Grandmothers have a way different perception from the mothers and fathers and there is always a conflict between what they believe in and what they believe the baby should be doing and you know we give the pamphlets to the actual mum and dad. KI1

There is a very strong influence from the old parents of how to look after the children. FG1

It is very important to involve the fathers when they visit. FG3

There is an assumption by Plunket workers that seems to suggest that they are visiting or working with mothers only, and therefore preparations are geared towards arriving at that context/ situation. There are fathers like me who am very involved with my children but somehow, I do not believe my needs as a father to know the how and the whats are being addressed. FG5

The roles and expertise of fathers and extended family (particularly grandparents) were not always being recognised or adequately considered. Mothers would have liked more involvement of the fathers in visits, often to enlist the Plunket nurse's support for them asking for more help from their partners. Conflicts between grandparents or extended families beliefs and Western teachings about parenting (and sometimes what the parents/mothers wish to do) were not uncommon (see Vignette: Cultural traditions and maternal health).

Negotiation of disagreement

I think people can feel very vulnerable relating to a lot of parenting issues and their health choices so yes breast feeding versus formula feeding, smoking versus non smoking. ..Yes weight, choices of food and I say use the word versus because that is often how people see it.. If you are for this you are against that. Yes we are against that but it doesn't mean we are against the person. Again it is role modelling parenting type things not necessarily agreeing with the behaviours but the behaviour is not the person. So we might not like what we do but that does not mean to say we are having a go at you but that is often how that is how they have built up their impression of the world. KI4

When they introduce foods that is quite western, not really adding any Pacific Island healthy foods or like any cultural foods that they know of. I think that is why some families find the introducing of foods quite weird because they have never tried these foods that they are introducing to the baby. And for me I won't buy something that I don't know of or have never tried ... some Pacific Island families or Maori families have not even heard of sliver beet or they don't use green vegetables. The normal foods like tomatoes, cucumber which they don't actually introduce, or I haven't seen Plunket introduce taro or how they can out that into the, cause it is a main food... It would be nice to incorporate some of the foods from the Islands that we can out in their diet, yes provided that it is healthy and how much they should eat. FG7

I'm good with the Palagi, but it's the ways. The approaches, their approaches. Like for example, you wrap up the baby (pulupulu), they say, it's hot, don't over wrap the baby. But you know your baby. If you put thermals on the baby, yes, the blanket is light, but if no thermals, of course, you will have a thicker outer wear. My stomach gets a feeling of deep satisfaction when I'm talking to a Pacific. I don't get that when I'm talking to a palagi. FG1

The way of the Palagi is a bit foreign to me like the food, the stages of when you can give the solids. I never listened to them. FG1 Cause I know there is a lot of, which, with physical discipline and I don't really know how to start. Just the slap on the leg or the slap on the arm or the threat of a slap and I think, this needs to be addressed but I don't really know how to start. I can definitely say we don't accept this in New Zealand, this is not part of it but that is not good enough. KI2

They don't talk to us, they don't explain why they are doing and sometimes they see the Plunket nurses as being rough to their children. You know how oh do it slowly, especially the newborn ones. But still quick, tune, yes they ask me because Plunket nurse they asked me to maybe pass the message to as part of the report for the Plunket nurses, they have to give this family, to research a little bit about them cause they felt that they are disrespected, they don't know their culture, they don't want to be told what to do with their children, especially the baby because that is taking the baby away from the mother, it is not the right way, it is a no-no to them. They all feel that why, they it is so complicated. What I acknowledge how they should give feelings about, you should get a bassinet or something and out baby aside away from where you are sleeping but still that is too much and they really can't accept this even now. Even the young ones because the grandmas or great aunts they still do it, mum is just there, wake up baby wants a feed you know. KI1

Negotiating conflicts could be particularly difficult when Western (Plunket-endorsed) and Pacific views about the 'right' way to parent did not coincide. This was frequently around food and cosleeping but there were many specific cultural traditions that Pacific mothers did not feel that palagi understood or appreciated. What comes through from these quotes is that the conflicts of opinion could be exacerbated by a lack of communication, the clients feeling disrespected and when the professional had a lack of awareness of their culture or how to engage appropriately with another culture. It is perhaps disappointing that more positive examples of negotiation, which would have demonstrated a true partnership approach, were not given. It seems as if many of the Pacific parents had experienced the health professional assuming the 'expert' role rather than 'putting the parents at the centre of the helping process' (Hilton Davis and Day 2010 p 79) and recognising the expertise and knowledge of the parents and empowering them in their choices.

VIGNETTE: Cultural traditions and maternal health

There is one thing I want to raise as I do not know whether you have experienced this or not. When you have just given birth and you are seeing the Plunket nurse, on matters regarding food because I have been fed so much by my family saying I needed that to increase my breastmilk volume. Even though I said I was full, they kept on encouraging me to eat more. At the time of my first child's birth, I did not talk with the Plunket nurse about your body as a woman and that the body can expand or whatever or whatever. Things like that, yeah. At least, for the mother to be concerned, because many of the mothers put on weight after giving birth. I don't know if you experienced this or not but I did. That was the lesson my family gave me and they fed me and they fed me... They just kept feeding me. When I wanted to go for a walk, they said not to as it might result in me getting excruciating stomach pain for not being careful. I didn't understand these beliefs at the time. During my first pregnancy, my midwife encouraged me to walk and to eat healthily for the child. And then after birth, it was that, that was it. No one told me what I should eat and what I needed to do to trim my tummy down. I see other people, very slim, well, I'm not slim now. Things like that (should be known), what food you should be eating and what things you should be doing. I was fed a lot by my family, and my breasts were full of milk without them feeding me. They kept feeding me corned beef and other food, gosh! Corned beef and rice because they say corned beef increases breastmilk. Banana salad and other food. Now my children are growing older now and I'm obese now (laughing). Now I'm having difficulty losing some weight and I can't say much (laughter) with other things, but I did put on weight after birth. A couple of months that I was fed by my family and then, I continued that habit, eating uncontrollably... And it was my first born, so I did believe that. So I was thinking, it would be good for the Plunket nurse to come on the first day and say, these are the kinds of food you need to eat and so forth so the mother is aware. There was nothing there so I thought that was the norm. If only they came and inform me of what I needed to eat to increase my milk supply. But if they did tell me on the first visit and say, your breast milk will be increased if you eat these types of food. You won't put on too much weight if you blah blah blah...It would be helpful for me. At the time it was about the baby's well being and about how you were and the bleeding and all that.. So I think it would be also helpful if Plunket knows about our culture and traditions on matters to do with the birth and baby and for them to understand them and why they are practised, and to dispel any myths. For instance, if the belief is that the more you eat, the more breastmilk will be produced, perhaps Plunket can assist in this regard to say that your breastmilk will be plentiful without the need to overeat yourself. Maybe stress the importance of eating a variety of food, for instance... The funny thing is with my second one, there was no feeding me to increase my breastmilk, but my breastmilk was plentiful. I was thinking, "Oh my gosh, I was ..." (laughing). There was no more feeding me with corned beef to boost my breastmilk and yet, my breastmilk supply was quite good and I was thinking, "Oh my gosh, all these times they were feeding me all those things ..." FG3

Developing and maintaining openness and honesty

There needs to be more openness to differences, more tolerance and acceptance of differences. KI7

I think it is just a lot to do with understanding of the culture and why we do things. I mean I know it is a big thing for a nurse to learn and to actually know but like having the mentality to acknowledge what mothers do because that is what their culture tells them to do and make that fit in to what is being researched and what we do here to, I think that is really important. KI1

Some of the barriers are systems, some of the barriers are professional, and some of them are cultural values, and also some of the problem is misplacement of respect. Meaning you know it's wrong, but it's not, we come from a background where we see nurses as high status? Nurses are known to be high status, because they're professional, help us to help people, stay well. So in some parts, they won't challenge the doctor, or a nurse. The only way? To avoid. KI5

My sister said to me one day, don't argue with the nurse. Yes yes yes, just listen and let them go but don't follow what they said. FG1

Following on from the quotes about negotiation of disagreement, several people raised the solution of being more open to differences and understanding of cultural differences as a way of engaging more effectively with clients. A barrier to openness and honesty can be the cultural view of health professionals as higher status. This can make it more difficult to develop a more equal relationship, giving more power to the client (see next), as instead of questioning and challenging, Pacific clients may opt to avoid, disengage or outwardly appear to agree but then ignore the advice, to avoid confrontation.

Sharing decision making power

Also not ringing before they come. You are sleeping and then they come, you are kidding, sorry I forgot I was on the road and thought I might drop in. The mum did not even know it is like go away. If they ring before, they come during sleeping time, how are you going to.... You just got to sleep and then knock... That is important hey, it is important that you feel that you can show and be ready and up, that was really important cause it was something that my mother instilled in me, was that you make sure that toilet is clean, the house is done before anybody comes, that was something my mother actually, I had to do. So when visitors came they, I would feel very uncomfortable if it was someone who didn't make an effort to ring beforehand. FG7

When I was a family worker for Family start Programme, quite a few ethnic families under this scheme are also visited or registered under Plunket. They always complained about the irregularity of the Plunket's visits, or the lack of visits without letting them know as to why. The planning of Plunket visits is not cleared with the mothers. FG5

They should give us a call and book a time to see us so that we can be sure we are available. FG2

We should be encouraging people to choose and make decisions for themselves. KI7

One way to share decision making power and to develop trust and respect (and improve communication) is around making appointments. Clients wanted to be more involved in the decisions of when and where they had their visits - for example, the story related above shows the client's discomfort about having an unexpected visitor when she hadn't prepared her house.

Sharing and agreeing aims and process of helping

That's a comprehensive [assessment] and then you sit down and say to the family, out of these issues, which is the highest for you. What do you want to address now because often we tell them this is what we're going to do... Because of instead of saying oh, ok we just stick to this, but by asking families, we say, out of all these, these are all the issues that come out of our assessment, which one do you think is the one we should address? Because some of them, the last thing they want to know is, to go, you know medication for the mental health, I need food for my kids to put on the table, where am I going to, you know, the need, the now need and that's what we need to look. KI5

You get into nursing cause you want to do nursing, you get into social work you want to help, but also remember, you don't hold the answer to everything. For me, the worst thing is not helping family to understand the process. KI5

in terms of care planning it is kind of in terms of Plunket nurse, it is our responsibility to follow up. So definitely, if they are using PEPE or car seat or PAFT I also just touch base in terms of how is that going, are you enjoying it, is it beneficial, do you like it, you know cause mums might not like it and some do. So no definitely touch base and see how that is going with them. KI3

Helping the client understand the service, the process and decide on priorities for helping is a key aspect of working in partnership. Part of the process of helping is keeping in touch, which is important for keeping the relationship going and for showing respect and valuing the client.

Family characteristics

Pacific families are diverse in many ways, although they often share common characteristics. However, broad generalities will not apply to all Pacific clients and each person should be assessed in their own context, without making assumptions about what they may or may not need. Participants mentioned a number of barriers to engagement, such as socioeconomic barriers, transport, cultural differences, difficulty in making contact and lack of knowledge about services. Other barriers are discussed under Service Characteristics (see below). Culture is important but many parents are open to other ideas and parenting support, if this is delivered in a sensitive, appropriate way and in the context of a supportive, trusted relationship which has been built up over time.

Nature of parent and child problems

In the Islands you have the neighbours to look after your child but here everybody is very isolated and I think a lot of people feel that isolation so they don't have the support... People who don't belong to the community groups or the family or, they are very isolated from their wider whanau, they are the people who kind of lack out and see that they need the support. That connectedness is actually kind of diluted in here. KI6

They (mum and dad) like had lots of kids, and I was able to change nappies, and I saw her breastfeeding and stuff, and I also got a lot of my information from my partner's mum and dad. There was heaps of support around me. FG1

Some Pacific families, particularly those who have been in New Zealand for some time, have strong family support and help with parenting. Others may be more isolated and less connected to family or their community.

Barriers to engagement

Transport

They give options to the mothers. So I tell them that it's quite difficult for me to take my kids especially with one of my children finishing from kindy at this time. We then arrange another time or they will come over to my house. So they do think about transport. FG3

The playgroups I think they used to talk about. But I mean that again, the barrier around that would have been the transport, finance. FG8

They always just tell me to go [to the clinic] so I am too ashamed to say I have no car and say yes. FG2

It does come down to location that is an important thing because some Pacific families don't have cars transport is a big issue. Then you don't want to go public transport because they will have one or two children with them and that can be quite tricky and safety is a concern as well. KI3

Even if you have to pick them up...make access a bit easier. KI7

Transport emerged as an important issue for many mothers - sometimes this was addressed well, for example, as shown from the quote from FG3 when the Plunket nurses negotiated a time with the client or arranged a home visit. At other times it was not recognised, as the participant in FG2 relates she was too ashamed to say she had no car to attend a clinic, so would just agree to an appointment, but not be able to attend. Another mother in FG8 talks about playgroups she had heard about but had no means of attending due to lack of transport.

Making contact

Most of the time to talk to my Plunket nurse I need to ring her but we only have one mobile phone and my husband uses it for work so I can't contact her. FG2

In terms of barriers, in terms of engagement I know that working in a high dep area it is sometimes hard to make contact whether that be by phone or cold calling. There are times when families are very transient families that are really hard to reach and you go back every day or a few times a day and you ring the midwife, you ring the GP, you know to see if there is another phone number or another address. So that is always a barrier and it is quite a tough one because you are up against a timeframe. So yes definitely contacting, current barriers to engagement, yes and the frequent change of address, disconnected numbers, child is staying with another family member in a different area, it gets quite tricky that way. KI3

Making contact could be an issue (and source of frustration) for both clients and health professionals. There could be many reasons for lack of contact on either side and finding solutions to this problem are time consuming and complex.

Pacific culture

One thing I noticed about the service was that they did not have a Pacific staff member. Only the Palagis, so, when you see a Pacific person, your stomach is relieved when you see someone brown like you. One is reluctant if it's a Palagi... And I only want the Pacific nurse. I don't want the Palagi nurse to come. That's my preference. FG1

What stopped me from going to those other services because they had, and I had a feeling of being an outcast and different. FG1

It'd be lovely if there's a group for people who've just had their kids, for Islanders. It's nice to have a little Island group. Everyone's different. Just the feedback, we're different to other cultures but we're similar in some things. FG1

Some clients noticed the lack of Pacific staff and would prefer a Pacific nurse, finding a Pacific nurse easier to talk and relate to. Others did not have a preference. Many also expressed a desire an interest in being involved in a Pacific Island parenting group, especially after the experience of getting together and talking at the focus group sessions. A couple of mothers had gone to a generic mothers group or other services but had felt out of place and different and had not returned.

Socioeconomic circumstances

Especially for mothers who are not legal residents of NZ, they are often afraid to ask many questions mainly on important issues such as housing, health where the mother is reluctant to ask on such things as she is not sure on what she may be entitled to... It's important for mothers to feel free to ask for help at any time without the fear of being caught and deported. FG3

There is a lot of financial stress and pressure through the responsibility of giving money to the church and sending money back home. Then getting loans through these rogue finance companies or you know like have had that as well. The stress and pressure for these families is huge. KI2

Economic stress was a particular burden for some Pacific and immigration could also be a barrier to accessing services. Both clients and staff could be uncertain as to what they were entitled to, whether they might be expected to pay for services and whether they might be referred to Immigration New Zealand. See Appendix 3: Immigration Status and Access to Plunket Well Child Services for a legal opinion on these, but Plunket should continue to provide free Well Child services to all children in New Zealand, regardless of immigration, and be under no obligation to disclose information about clients to Immigration New Zealand. See Appendix 3 for more detail about interactions with Housing New Zealand and Child Youth and Family.

Attitudes and beliefs about services

Knowledge about Plunket

I thought they were a bit like the helpline but with home visits. I didn't know that they would give me numbers or refer me to other people. FG9

I said to her if you wanted to have an issue with your baby who do you ring? And she said I don't know I would just wait for the next visit. So you know those are little things that you take for granted as a worker yes. You know they don't know who they are dealing with in a lot of the times I think. KI1

I like the Plunketline because it is 24/7 and I've used it quite a few times well after hours so that is very convenient. FG2

She asked me what is PlunketLine and I said it is the 0800 number that the nurse gave you to stick on the fridge. She said oh that is what that is for, you know you don't explain which is really sad because that is what our Pacific families need, it is a free phone call you know and it could save them from going to the doctor, little things like that but yes PlunketLine came up a lot of them not knowing it. KI1
So I think the services that they have now I think we just need to advertise it a bit more so that it is known to other Pacific families. Like it is stuff is there but our Pacific mothers and fathers aren't getting it, it is not there. FG10

I was surprised when Plunket came and said they were doing my child's immunisations so I didn't have to go to the doctors. So that was good. FG2

I need something that I can give that says this is what the service is, this is what you can expect, you know and I need some written information in Samoan on what the service is. KI2

Sometimes mums or dads or grandmas don't really understand that aspect of health and why we are actually visiting. So it is a lot of explaining in terms of why we do these things, why this service is available but yes a lot of it is more initiating, me initiating the questions. I understand in terms of my experience as a Plunket nurse that the majority of the questions that they do come with are around social economic community linkages and finances, housing, WINZ, where they can go to in terms of assistance. KI3

So Plunket should let them know that if they were to come they don't have to pay. They need to inform them do others, we could cause they feel like oh do you have to give money, you know. FG8

Some participants knew a lot about Plunket and other services apart from the Well Child services (e.g. PlunketLine), but others had little knowledge or did not know what to expect or what other services they could use. Specifically, some parents were not aware of the PlunketLine service or did not understand what it was about. Many suggestions were made about promoting the Plunket services more widely, for example through social media, Pacific radio and media, church groups, midwives and GPs. Some participants reported that families unfamiliar with Plunket did not realise that the service was free and this needed to be emphasised, as people would miss out.

The mum and child is the whole package. You don't just look after the child without looking after the mum. Because it is so important that the mum is well, not only to continue to look after the baby, but that's a long term, it is good for the mum to be well, for the future, childbearing general feeling. So I think for us as Pacific people, we don't separate the two services. However, we come into a country where they do separate the two. FG1

The perception of Plunket as only being interested in the wellbeing of the child (which may be a misperception) was at odds with the Pacific notion of families as a unit. This perception may add to the idea of Plunket as a white person's service.

Response to services

Pacific people, if they're happy, they are loyal and will come back if they find a service they like. KI7

In my experience Pacific families vote with their feet rather than a verbal or written complaint.... if they are not happy with something may not come back or may not engage. What they might not be happy with may be outside of the nurses control. Which is why where possible if in fact we see that we are losing engagement with a family we need to do the extra part to step up and ask have I upset you, you have been hard to find or what the issue is. KI4

The other thing is being able to be yourself without the judgment and I can say that if they don't like you they won't come back. They won't call to tell you that they won't be coming, they just won't show up. KI3

I was referred to Plunket by my midwife. I am, I chose Plunket because my family gave me good feedback about the Plunket, they wanted me to go with Plunket as well. They told me how good it is and what like services they get out of Plunket as well and what they can do to help baby and the baby develop and grow. FG7

I met with Plunket. I was given options but I chose Plunket because my mum had with my other siblings and I had a lot of cousins who have young babies and they all go through Plunket so I thought it was pretty good. FG7

Consistent with other feedback about how Pacific clients interact, several key informants mentioned that Pacific families would usually not tell you to your face or in writing if they didn't like the service they received, but they would just quietly disengage. It would be up to the health professional to ask if there was a problem and find out how to resolve it.

A positive aspect was when participants reported that family members had passed on positive information about Plunket or parenting services or they had seen Plunket working and giving good help and advice, so they themselves then chose Plunket.

Culture

Culture is very important for parenting or support for parenting. Culture is the core part of my child's identity, foundation and sense of belonging. This is encompassing of our beliefs, values, worldviews, language and our own way of parenting lay down by our parents, grandparents and elders. It is important to us to know that whoever comes with alternatives has some knowledge and an understanding of us. This is not to say, to do it our way, because we know times have changed and therefore compromises are required. FG5

Our culture is very important as part of raising our child in our own way as I-Kiribati. However, we are open to other knowledge/teaching around parenting support from other sources. FG4

We need to have some moral support /familiar faces, who know much better of our background and are familiar with our own cultural expectations-language, beliefs and values, who really will understand our Fijian cultural way of life. FG11

We want new skills to nurture our children to grow up as decent human beings, at the same time healthy and not forgetting who they are and where they have come from. FG5

Pacific cultural values and knowledge was important for parents in raising their children, and it was also important that the health professionals were familiar with their cultural values and could understand their perspectives. However, most were also open to other ways of parenting and other supports, to complement their own methods. Knowledge of cultural beliefs could be useful in understanding how families respond (or not) to services (see Vignette: Cultural beliefs and child health).

VIGNETTE: Cultural beliefs and child health

You know in our culture we believe in that a child especially girls is a reflection of their mother. So everything behaviour wise and physically yes they are a reflection of their parents, they should look like them but also what they do. We strongly believe that the kids are a reflection so you know if they didn't turn out well it is a reflection of my parenting, if my kids don't turn out well. You get judged and that covers a lot of, it really effects how some of the Tongans parent. Sometimes they give up on the child faster because they are ashamed you know, this is the way this child is like this is it because of me even though with physical issues you know we believe it is a reflection, culturally that is what the child was born with club foot and a lot of the times Tongan mothers will try and hide that for the fact of it is because we did something wrong when we were carrying baby. That is what they expect and with many, it was only touched base a little bit but I have to discuss it me because I have seen it a lot when I go out in to the Tongan families. Sometimes they are defensive when it comes to, they did a before school check at four years old, they don't like to accept the fact that maybe this child needs further help with either speech or socialising, it is a good thing this is being picked up because something can be done with it for the child before they turn five but because of the fact that we think it is a reflection of us some of them refuse to do the service, refuse to do the check, this child does not need any interventions you know, that is one thing that came out of our group. You know this grandmother was talking about the nurse would tell them something about this child and when the child's mother comes home grandmother tells her mother does not want to know and then nothing. So grandmother has a problem, yes that is one thing I felt was something. But I saw that in church, if a child is naughty you know that is what they see, you don't treat the child well enough, blame the mum and stuff like that but in saying that when we try and intervene, when Plunket tries to intervene with the mother, not the mother but the parenting, they don't really want to do something about the child so when it comes to intervening it is like the cultural belief changes. KI1

Service characteristics

A service that supports staff to work in partnership is one that develops and supports the cultural competency of staff and has committed and respectful leadership and management. Services are orientated to the needs of clients in terms of accessibility and availability. Other themes from the interviews included the importance of having Pacific staff and leadership and Pacific-centred service provision, Pacific-specific services and resources that were culturally and linguistically appropriate.

Skills, knowledge and competence of staff

Being culturally competent and saying to them, even learning how to pronounce the family's name, pronounce to say even, you know, apologise, I'm so sorry, I know you got a long name, what do you want me to call you and they will come up and say thank you and say, yeah, because I do it sometimes when we have meetings, and you know the doctor's prescriptions? Ae, I say, what is this? Is this a Niue word? I don't even understand this thing. But you know to lighten the atmosphere yeah, it's a huge thing, you know, cultural competency and also the respect because at the end of the day this family holds the key to their own problem, well-being, so cultural competency is a big thing, language, but also for some of the Palagi, just know some of the, know how to say "Fakaalofa atu", know who you are going to see first. If you are going to see a Tongan family, at least know how to say "Malo e lelei". That's it and say to them, and get an interpreter, a Tongan interpreter. Don't get a Tongan interpreter and then get there and oh, this is a Samoan family. You know those little things that matters. KI5

I mean with the tutorials we take we, that is like the first year within the role that they get this but people who have already been in Plunket, what are they getting? I guess it comes down to that continuous professional development for staff. KI3

I always think that they have the science and the evidence based knowledge what they lack is the cultural, that is where they are coming from... I think one of the things that we can work with is coaching them in, if you have someone that has all the stuff you have them working along with another Pacific girl and you go and you come back and you do your debrief and how would I ask that differently, because they are all willing to learn the way we do a Pacific one. That is where you can identify and coach them so that you will be able to work along you and go and do a visit. It is actually quite beneficial when you have two people to go away and do the assessment. KI6

I felt that the information I was getting from the professionals wasn't really culturally appropriate... like they are really good at the professional side and the white Western way of parenting but it is not really relevant to Pacific and Maori cultures. FG7

It would be good for Plunket nurses who work with Kiribati mothers to have some knowledge about Kiribati families. FG4

Expose the Palagi women to Pacific people. Like us. We go to learn about the Palagi ways, but they don't really know much about us. So the only way is to teach them about us. FG1

Being Pacific does not mean you know the Samoan culture or the Tongan culture. There are things that you need to learn before you go... like for me if I am going to a Samoan gathering I must wear a puletasi [Samoan dress] even though I am Niuean I don't feel comfortable wearing it but in respect for me for people to look at me and respect me I have to dress the way that they, yes, so every little thing like that you have to consider when you are working with the community and the Pacific families. KI8

The importance of skills and knowledge of staff has been discussed earlier, so this section is focused on cultural competency. This has been a theme throughout the interviews, that respect for and understanding of Pacific cultures is essential when working with Pacific clients, for all health professionals, and just because you are of one Pacific ethnicity doesn't mean you will understand or be accepted by all other Pacific groups - the same principles of respect and taking the time to learn about the customs also apply. Becoming familiar with other cultures learning from Pacific staff and learning from the families also would build respect.

There were many stories about specific parenting practices within each culture that were shared in the different focus group, that mothers did not always feel that their health professional valued or understood these (although in one story, the mother went to visit a doctor who was of the same ethnicity and was told to go home and use a traditional Island remedy for her baby's problem!) The mothers felt that the health professionals should know about and respect cultural parenting rituals and beliefs that may be handed down through generations.

Drive and enthusiasm of practitioners, managers, etc

I think to be successful it is important to have good leaders, leadership is important and leaders who understand and work alongside their staff and I think that is key. That is what I have found with our services now are successful because we have got that support from the top, the management down to the ground level, I think that is the key to the success of any programme. KI8

It is really important that we make our staff happy... I think management needs to also listen to some comments and ideas from the team and put it in to practice even though it works or not, give it a go. I think that is really important that relationship that you have with staff is important. You know if people are happy they will want to come to work and if they are unhappy they don't want to come to work and I remember sometime before this change on board a lot of people had time off, why, because they are not happy. But now there is a lot of changes here, good changes, yes. KI8

When is there a time for Pacific people to be on the Board? They [the Board] determine the direction. There's a big divide currently with Palagi affluent women. They might think they do [understand] but they don't. KI7

Involve the Pacific team. When nurses go to work for Plunket, they are also Pacific and they bring that. Pacific staff would agitate, advocate for the organization. Utilisation of Pacific staff must be thought of to maximize outcomes for Plunket and for Pacific families. KI7

Not having the Pacific Advisory Group in Plunket is a step backwards. KI7

Good leadership and management was identified as important for the success of the service, and the principles of partnership - mutual respect and listening to one another - apply to the relationships between managers and staff as well and clients and staff. Having Pacific leadership and advice at higher levels in Plunket, and involving Pacific staff in advocacy and promotion of Plunket services would bring a stronger Pacific presence into the organisation.

Organisational culture, structure, stability, openness and flexibility

Pacific staff

They offered to send me a Samoan nurse and I said I think that is so cool cause I was proud of the fact that we do have a lot more female nurses that are educated and have a degree in early childhood as educators that they could offer, if I was Maori would I like a Maori, you know just a lot more culturally sensitive if I wanted someone if they knew that I couldn't speak English they allow, and I think that is so awesome because again they are just more aware of our culture and our needs and our backgrounds. I love that, yes, I thought so, Plunket are, it just made me feel more supported. FG10

Make Pacific nurses feel a part of it. Determine the numbers of Plunket Nurses who are Pacific. KI7

Employ more Pacific nurses. Get the experienced ones and pay them more. FG1

It is definitely a question of having a worker from the same culture to work with their own if you consider culture as an important part of service delivery. FG5

I think it is important to have Pacific staff because they can relate to the way the Pacific person learn, the culture, you know being Pacific you also have that respect for each other and sometimes it can be quite hard when you are dealing with someone not Pacific and I think having Pacific staff working or using the Pacific person to link with the community is really important. KI8

Not to burn out our Pacific staff and expect them to cover a normal workload and do extra stuff with Pacific agencies. KI4

That's your job to promote to advertise so we know the vacancies available in Plunket. You come to us, to communities like us here, to give the information so our Niuean nurses can apply...You have to take it to the Pacific media. Pacific media like the newsletters, newspapers. FG1

Having Pacific staff was important, as some clients had a definite preference for staff of their own ethnicity and having that choice made them feel more empowered and supported and that the Plunket service was attentive to their culture. It was also important to make sure that Pacific staff were well managed and not over burdened, for example, that they could be asked to take on a heavy workload of Pacific clients and maintain contact with Pacific groups. Actively promoting vacancies through Pacific networks to increase the Pacific workforce within Plunket was suggested.


Our Pacific staff, I am going to put it out there now, need to not be afraid to stand up not be afraid of the tall poppy kind of syndrome that people are going to do and take the confidence and share with the other non Pacific staff information that will increase their awareness and sensitivity ... But if they can impart it to the non Pacific colleague their non Pacific colleague is going to be able to meet with and work with her Pacific families better. KI4

Encouraging and enabling Pacific staff to mentor and support non-Pacific staff to improve and expand their cultural awareness and competency would have benefits for everyone.



Pacific-specific services

I don't know of a Samoan [parenting group] or no one has been brave enough to create one. Cause I tell you there would definitely be support because we are young and new mums, just this hour and a half, I am loving it, I am loving just to share and then you can tell me what happens later, sharing, I love when I get together with another young mum and say [my baby] can do this and he does this and you know... We don't have a group so I would love for someone to give that to us. FG10



Responsibility on Plunket's behalf would be to use the Pacific workforce and have specific programmes and roles. There should be room to consider special clinics for Pacific people, e.g. Pacific lactation, breastfeeding. KI7

I know sometimes they would like a Pacific service, you know that is catered specifically for them. I mean the end goal is that you want really good quality health outcomes and when you see a Pacific family coming back you know that you have captured them in a way that no other service, I mean I could probably guarantee that they wouldn't go to another service if they feel comfortable with the one that they have. Hence the reason they come back which also decreased the ANK rate... I would say that it is very important for services that specifically cater towards Pacific families within Plunket cause at the end of the day we want better health outcomes. If it is them attending these things then it is for their benefit because they are gaining all this knowledge and they are gaining, I have got this [knowledge] now what can I do with it, which also leads to what can I teach my daughter, my sister, my aunt, you know, word of mouth. KI3

And the parents that come through because the whole idea is that we have a different understanding. If you put a Pacific parent, two Pacific parents in a group of ten other nationalities, they're not getting it. They're not, they won't participate as how when we put up our own Pacific people, because one, understanding of the language, understanding of the concept. That's the difference, of the [Pacific parenting] programme, and we.... have been delivering since 2011, just targeting Pacific parents, because they don't access mainstream. KI5

Things like specific Pacific playgroups again the assumption is being made that it doesn't matter whether you are Tongan, Cook Island or Tokelau, that you will still want to all come together in one group which may or may not be the case for all families. KI4

In some cases, Pacific-specific services are needed to cater for Pacific clients. This could be done using Pacific staff within Plunket or through partnering with Pacific-tailored services. The reasons for this include language and cultural understanding and the benefits include dissemination of knowledge into the community and improved outcomes.

Availability and accessibility

I am a full time working mum 7am to 7pm and it is very hard for me to attend my child's Well Child check and any other service Plunket offers. During the weekend I am busy with the older children's sports so I cannot attend the weekend clinics too. I would love to access more services like to see my Plunket nurse more often so I don't need to go to the doctors as often but because I work and my daughter goes to daycare we hardly get seen by the Plunket nurse. FG2

Also finding the time that best suits myself and the nurse. During the day I am busy and in the afternoon I am more available but the Plunket nurse has finished work for the day. FG2

When we talk about Plunket groups we have to consider how appropriate is it that we say to families you have to go from your place to this place and to start with place be where the group is being held hasn't been chosen by that person that you want to attend it. It has been imposed upon them by us because that is the only venue available that is within our price range. KI4

How do they get there, we have picked the venue, it might be the most wonderful venue but is it next to the dairy, the supermarket, the WINZ office, is it next to their church, why would they go to a place that is not somewhere they would normally go to, time is money for families it is not just the cash for the bus fare. It is not just the fact that we might be asking them to come to a venue in an unregistered unlicensed car with no car seats and then give them a talk about the benefits of car seats. KI4

Finding a time and place that suits everyone is always a challenge, and may be particularly so for Pacific families who often are living in more deprived areas, with fewer resources. A service that is as flexible as possible in adapting to the needs of the clients will be most successful in improving outcomes.

Variation in service quality

It's a huge difference in [Plunket] services. The standard of service to mum around South Auckland is not good. The standard service, if you think about that's her first baby, first experience ... she didn't really realize until she went to South Auckland and she said the standard of care there she got there is different... because she has something to compare with.... At first she said, ooh, she always come, the date they set, but it was done properly ... I think that's where the gap which we need to address. KI5

One mother described a change in Plunket's quality of service when she moved from one area to another, from being very reliable and helpful, to being very disappointing. Maintaining a high quality of service across all areas helps maintain trust in the Plunket organisation.

Attitudes and beliefs about service provision

Pacific-centred service provision

Best Practice may not be practice for Polynesians. KI7

Plunket in general, I mean it is black and white with the contract, the cores and things like that, and it is made, I don't know if it is made to fit everyone. It is a guidelines that we go to but I guess you can, I guess it goes back to that relationship with other services. Like whether it is a hub of services that come together around the Pacific health and around the Pacific families to be able to promote and I think this comes down to the discussion we had about the Pacific Plunket day when we had all these services that were able to tack into because we are all in the one area. They are all quite Pacific focused, wouldn't it be nice to have some, a service that is just Pacific. I mean there is also South Seas that are another Pacific service but I think Plunket needs to be doing a bit more that way and reaching in to our Pacific communities...I guess it is doing it in a way that is very much a Pacific style if that makes sense. KI3

You see a lot of Pacific mums and some, I do, and a lot of them are quite shy and not forthcoming in terms of what are the services that Plunket can help me with and then yes we are there in terms of child health but we need to look at the bigger picture and other influences in the family, whether it be finance, poverty, pay check by pay check, kids, you know, housing, health, they all kind of interrelate in to a bigger picture of how well is this family doing. Like I said if you look at St Heliers, they have got all the services, the paediatrician, they are very proactive. Yes. And I guess it is a fifty fifty in terms of Pacific families being proactive as well to get these services but also I think Plunket could do a bit more in terms of reaching out and saying yes we have these services, PEPE, car seat, but what else can we offer in terms of a Pacific... Holistic whanau approach. We are not just looking at mum and

baby but you are looking at the bigger picture. I don't know how to tackle that or what the answer is. But I sometimes feel like we could do more to reach out to the Pacific families whether it be baby or the whole family. Because it does affect the whole family. KI3

The day-to-day Plunket practice may not work for Pacific families. Something different may be required. As well as Pacific-specific services, Plunket's services to Pacific families in general need to be Pacific-centred, in terms of thinking about how Pacific families can be reached and engaged, what are the issues that are important for Pacific families and their children that will improve their health and well being and how can Plunket work in partnership with the families and other agencies to address some of these issues. The criticism or perception raised earlier that Plunket only cares for the child could be rebutted if a Pacific family focus was actively adopted.

Different methods of service provision

I think nothing will fit everybody. We have to offer a variety of options so that may well be playgroups at people homes, arranging for relatives, do you have two or three relatives with young children, playgroups in streets. So having a slightly larger mobile clinic than the ones we have bought now but a mobile playgroup clinic where you might only have two or three families for a time and it is in the street for an hour and moves to the next one... rural areas have had mobile play group clinics before and that would be an option for some and having them in a home would be an option for some... Then option for local, joining in with local groups, not necessarily creating our own.. if we are looking at hubs that there needs to be incentives for families to be there. An incentive that I have read about overseas is playgroups having commercial washing machines with dryers available so that mum can bring the washing and put that in the machine and while they are there playing with their children their washing is done and they just move it from the washing machine to the dryer. KI4

In terms of promoting within an area that is very high in Maori and Pacific I mean why not just put the Plunket bus in the middle of it and be able to give out help and pamphlets and promote it... you would be able to get across to those families and those families that haven't been seen by Plunket for so long. It is just seeing the opportunities within communities whether it be a fair or jubilee, carnival. KI3

They should run more programmes targeted at community groups like churches about parenting so that it can allow all the family members to be there at the same time so that we can all learn about ways to improve our children and family health. FG2

There is a big opportunity for the mobile clinics to offer more options to families so that a contact can be local in their street right outside their home so they don't have to travel too far. On the other hand they don't have all of that having somebody come in to their house and that can be good opportunistically because if you are wanting to find somebody they may have, if it was a planned visit, may want to present themselves in their house in the way that you normally would if you have guests or visitors you know. If we are turning up on the doorstep unannounced because we haven't been able to contact them by phone previously it is nice to be able to say would you like us to come in or would you like to come out to our mobile clinic.... So two fold it will address the barriers of transport and as well as catch those ones that we may not have, who may have fallen through the gaps and have not had an opportunity to contact them previously as an on the spot visit.. And the third one is for families who are highly mobile, if you are visiting in the area they can see you and the new mobile clinics are highly signed and also, so you will get people who will pop out or you knock on their door and that family has moved but a new family is in and if they can come out to the mobile clinic then I think it is more of a, not safe place, a neutral place so they don't have to worry about having someone unexpected in their home....a hub is great if you can get there but if you have no car seats, no car registered or warranted, if it is a bus journey and you don't have the money for the fare... if families with a baby a toddler and a preschooler trying to walk that distance and then get the bus sometimes, people don't I think always realise that you may in fact have to walk twenty minutes to the bus stop and then get on the bus and pay money. KI4

If different ways of working are needed, and nothing will work for everyone, there were plenty of ideas about what could be tried and each community would have different solutions to their own issues. The barriers of transport and lack of contact could be helped by services like a mobile clinic and promoting and providing the service directly to Pacific people where they congregate. Different designs and ways of working may be needed, but it is important to understand the needs of the community and adapt to these rather than try to fit a Western model to a Pacific community, which may not be successful.

Expectations of change and outcome

Management has targets to meet, but at the end of the day, what difference does it make to the children? KI7

It is more than just a number and a statistic and a step that I do that keeps the Ministry happy that we are doing, oh the Ministry could say yes Plunket is seeing all of these Samoan clients in this community, yes but does that actually mean we are doing anything. KI2

If you are working with the families that are highly mobile I think sometimes people make the assumption that a well-established group will last forever and I don't think that is the case regardless of their ethnicity or culture. I think in areas that are highly mobile and that is not just high deprivation I am talking CBD type areas as well, people who work, whose partners work makes them move frequently they can be fully immersed in the community for two to three years and then move and I think we may have to get over ourselves in thinking that playgroups etc will be sustainable for a long period of time... And if a group has fallen over after six months or a year it hasn't worked. Why do we have those expectations that a group will last that amount of time with the same people in it, yes, have a group for six to twelve months, serves its purpose, wait six months build up another group of people. KI4

We should have realistic expectations of what can be achieved over time but also make sure we are measuring the impact of the services on Pacific children, so we know we are making a difference.

Resources available and their use

I said hello my son was born in Samoa and she came with a little like booklet that was all in Samoan and I just cried ... I laminated them and everything. And it said, it just translated everything into Samoan ... she came with already translated little nursery rhymes and that. And I said that is amazing, it made me feel valued that the Plunket service had acknowledged that there is a, they have already done things in Samoan for our baby. So they are really culturally sensitive and the fact that we even have like a playgroup in here so I think they are doing a really great job. FG10

The majority of our Pacific mothers who are very shy and not well spoken in English this visit they are given everything, you know, here is, a lot of the time they are not even explained, Thriving Under Five book, I am a big advocate of that but don't just give them the book because it looks like a magazine, not knowing that every question that she has is inside this book, she can get the answer from that book.

How important the book is you know and sometimes you will come for a visit then it is five months, my baby is not eating this and what should I feed, did you look in your Thriving Under Five book, what is that. Okay where is the bag that the nurse gave you on the first visit. A lot of the mothers still have it packed nicely, you know, this is it and we will read it. So also that, they feel overwhelmed I think it is the time of things, space it out. KI1

A service that helps Kiribati mothers with English language barriers eg. interpreters, sharing of other Plunket services re resources that would benefit Kiribati children, information translated into the Kiribati language if possible. FG4

I tend to find that pamphlets are too much for our aiga Samoa, especially when they couldn't understand English that well. More likely than not those pamphlets would no doubt be in the rubbish when whoever brings those things leaves. The other thing is that the pamphlets are too wordy and sometimes people do not have the time to read every detail, let alone trying to deal with baby's needs. FG5

So what we have found a lot of our families now if you speak their language they are more willing to participate because they understand and what they say to some of the services. We spend a lot of money on resources, you know pamphlets but do they read them, no they don't. I would rather see more funding, more money invested in human resources so that way people can relate, people can ask questions, they get the answer straight away and I always say this because if you are reading a pamphlet you have questions who is going to answer the question for you. KI8

It was commonly reported that resources that are in English when the client's native language is not English are hard to read and often not used or useful. If they are used, they need more time to go through and understand the information and have questions answered. Resources in the client's own language were greatly appreciated and/or wished for.

Discussion

In this research, we sought to find out the level of awareness and knowledge about Plunket's services amongst Pacific families. We discovered that some people had a good understanding but some knew very little, even that the service was free. Some didn't know about or how to use PlunketLine, which is consistent with the low proportion of people of Pacific ethnicity who call PlunketLine (4%, whereas 10% of Plunket's new baby cases are Pacific). We also wanted to know about gaps and barriers to services and found that socioeconomic barriers were significant, especially transport, but also language and culture, accessibility and contactability and lack of Pacific-specific and Pacific-centred services.

The next morning after the focus group I met a young mother and she said to me thank you for inviting me because it has given me a passion now I will go and do my study and wanting to be a Plunket nurse because there is no Pacific nurses. KI1

This project had some immediate and positive outcomes. The process of engaging was invigorating for many. Several groups spoke about wanting to see outcomes from the research project, to know what happened as a result of their input, and that the act of meeting together was enriching and informative.

But I reckon they will be really happy to actually hear what we actually do with the information they gave, that they feel important, feel like they had input. KI1

We would like to get a summarized something for us to read, whether our contributions today has been of any use to Plunket. FG1

This is also a challenge, that the results and stories from the interviews will not be lost or ignored. Several focus groups gave the message that they thought Plunket has the capacity to do better than it does currently. The groups also offered many suggestions about ways to improve.

Relationships - using the Family Partnership Model

Developing good relationship with families was the key to successful engagement with the service. In one group, we asked 'What would make you like Plunket?' The answer was 'the relationship with the Plunket nurse'. This was why the Family Partnership Model was chosen as the framework for analysing the results, working in partnership, with respect and open communication, and taking time to develop rapport, seemed to be the essential factors for good relationships and good outcomes.

The Pacific community in New Zealand is diverse, in terms of different cultures, different experiences and different backgrounds. Consequently, making assumptions or generalisations about an individual client is likely to lead to misunderstandings. Key helper skills include involving the whole family and taking a broad view of the issues affecting the family and the child. Using partnerships with other agencies and networks and referrals to improve the social, economic and housing circumstances of the family were also key skills that developed that good relationship. No relationships would be sustained or built without the qualities of empathy and respect.

Pacific leadership, workforce and cultural competency

Support for Pacific staff and workforce and Pacific leadership emerged as areas that could be strengthened. Support for Pacific staff includes ensuring that Pacific staff are not overburdened, as one key informant identified is a particular risk. This can occur because Pacific staff tend to be given Pacific clients with higher needs, which take more time, but are also expected to do additional work in maintaining relationships with Pacific organisations, as well as keeping up a

regular workload. This same problem was recently highlighted in an article on the impact of institutional racism on the nursing practice of Maori nurses in New Zealand (Huria et al. 2014), where Maori nurses reported that their workload increased with the expectation put on them by their non-Maori colleagues that they would care and advocate for the Maori patients - or when they themselves wished to do this. Having leadership and workforce that is diverse and representative of the client population is a sign of an organisation that is culturally competent (Betancourt et al. 2003). Indeed, the existence of ethnic health inequalities, in combination with poor institutional cultural competence (and individual cultural competence) could mark the presence of institutional racism (Griffith et al. 2007).

Developing the Pacific workforce and the cultural competency of all healthcare professionals are also identified as priority areas in the Ministry of Health's strategic document 'Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014-2018' (Ministry of Health 2014b). Therefore, it is not surprising that these themes also emerged in our research. Le Va (New Zealand's national Pasifika mental health and addiction workforce development organisation) runs cultural competency programmes called Engaging Pasifika². They have identified three essential themes as critical for successfully engaging Pacific families, especially at the first contact. These are:

- family (social structures, roles and obligations)
- language (effective communication, including non-verbal and cultural nuance)
- tapu (understanding the Pacific person as a relational being).

On a broad level, all of these themes have also emerged in our interviews. The number of Pacific clinical staff in Plunket is very low, even in areas with a high proportion of Pacific clients, such as South Auckland. This is despite the fact that many clients would prefer to see a Pacific health professional, whom they can more easily relate to and may be able to speak the same language with, reducing the need for interpreters and reducing the chance of miscommunication.

Barriers to improving Pacific child health and well-being

The determinants of health (poverty, housing, social issues) are also priority issues in Ala Mo'ui, which Plunket can have a role in addressing, through advocacy and working in partnership with families and other agencies, as some of the quotes and vignettes in this document have demonstrated.

The Ministry of Health and Health Research Council recently funded research on how to improve Pacific health outcomes through primary health care. Their research also found barriers to be:

- transport
- cost
- difficulty making appointments
- seeing a different health professional at each visit.

Spirituality and positive family relationships were important to Pacific health and wellbeing to clients in this research. From the health providers' perspective, short appointments were often insufficient to meet the needs of Pacific clients. Flexible clinic appointments and hours were adopted by some services as a solution.

Health literacy and language were identified as important issues, as was cost, lack of Pacific workforce, socioeconomic forces and the higher rate of DNA (did not attend). This was often due to lack of transport, or no phone access or sometimes a person choosing not to address a health issue (Southwick, Kenealy, and Ryan 2012).

² <http://www.leva.co.nz/training-careers/engaging-pasifika>

Low health literacy is known to be associated with poor engagement with health services and poorer health outcomes (Greenhalgh 2015). Health literacy is defined by the World Health Organisation as “the personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health³.” Resources to assess and support clients with low health literacy have been developed by the Health and Safety Quality Commission⁴ which have been tested in different ethnic groups in NZ. The NZNO also has a policy on managing and improving health literacy⁵.

The family and importance of relationships make having a family-focused, Pacific-centred service an attractive model. We can see how the perspective of families and service providers differ over the issue of cold calling. From the service provider perspective, cold calling is a strategy to contact clients that are ‘hard to reach’ or that have missed appointments (for whatever reason) but there were multiple strong stories told about how mothers hated having unplanned home visits because they found it disrespectful and disempowering. The Family Partnership Model could be used to make a family-focused, Pacific-centred service a reality, by putting into practice the skills of respect, communication and working in partnership. The need for flexible services that respond to the diverse needs of Pacific communities has been identified in Plunket’s history, as documented in ‘A Voice for Mothers’ (Bryder 2003) which tells of flexible open clinic systems in South Auckland and groups sessions for Pacific Island women in the 1990s. An evaluation of the mobile clinics noted that ‘although Plunket was perceived to be Pakeha, those who used the service were happy with it if the person they dealt with was kind, informative and supportive.’ (quoted in (Bryder 2003) p251).

Improving outcomes for Pacific children

The objective of this research is to improve outcomes for Pacific children and families using Plunket services. In practice, this means ensuring that all Pacific children have access to the services they need and that Plunket works on multiple levels to reduce the health inequalities that Pacific children and families are currently experiencing. Ways that Plunket nurses can work to do this may include:

- putting the Family Partnership Model into practice
- recognising low health literacy (a person’s ability to access health information and use it effectively)
- taking steps to improve health literacy of clients (see Health Literacy Policy and Practice for Nurses published by the NZNO and College of Nurses Aotearoa NZ⁶)
- use of interpreter services
- reflecting on and developing individual (and organisational) cultural competence.

In Auckland, the Culturally and Linguistically Diverse (CALD) individual cultural competency training is free. Tools to assist organisations to assess their cultural competency include the cultural competence continuum (see Appendix 4), which recognises that cultural competence is more than awareness of differences but an active process by which a health service consider their own culture, are sensitive to other views, beliefs and attitudes and able to work effectively within these contexts (Waters et al. 2008). The cultural competence model goes from cultural destructiveness, where there is an attitude of cultural superiority within one culture, to cultural blindness, where there is a belief that what works for one should work for all, to cultural competence and cultural proficiency - where we aim to improve relationships and networks amongst other groups, not only our own organisation. The Ministry of Health published ‘Pacific Cultural Competencies’ in 2008, which contains both individual and organisational examples of working with Pacific people in culturally competent ways (Tiatia 2008).

³ World Health Organisation. *Health literacy toolkit for low and middle income countries*. 2015.

⁴ <http://www.open.hqsc.govt.nz/>

⁵ *New Zealand Nurses Organisation and College of Nurses (Aotearoa) Inc Call for Action: Health Literacy Policy and Practice for Nurses*. Last updated 16 December 2011.

⁶ Available at http://www.nzno.org.nz/resources/nzno_publications

The Medical Council of NZ's resource 'Best health outcomes for Pacific Peoples: Practice implications' also contains examples and case studies about communication, language and principles of cultural competency (Mauri Ora Associates and SAEJ Consultancy 2010). The Ministry of Social Development has developed a Pacific framework for addressing family violence in NZ (Nga vaka o kāiga tapu), which contains specific advice for the seven largest Pacific groups in NZ (Taskforce for Action on Violence within Families 2012). Many of the principles and concepts in Nga vaka o kāiga tapu, such as family-centred, respect, language and reciprocity, are those that can be readily used and applied in a framework such as the Family Partnership Model.

Future considerations

This work can be used in the training and education of current and future Plunket staff. We encourage people to use the stories and quotes in this document to reflect the voice of Pacific families in their practice. We also acknowledge that 'Pacific' describes a group of diverse nationalities, with distinct identities, languages and cultural practices.

Looking into the future, we see the potential for the Plunket Electronic Health Record to monitor Pacific family and child outcomes in a more comprehensive and detailed way than is currently possible. We need to monitor outcomes in order to ensure our services are high quality, and supporting all New Zealand families and children to achieve the best start in life.

Ua togipa tau ile 'ave...



is a Samoan proverbial expression which has reference to an ancient Samoan contest where the man who successfully fells the breadfruit from the tree with the throw of a stone gets the hand of the taupou (maiden). It is used by orators as an expression of joy for a job well done, a task achieved successfully.

This proverb is applicable to this important body of work. Plunket has made a good investment in commissioning this research. The findings from this research will provide valuable information that will light the pathway for Plunket to engage better with Pacific communities.

As with the proverb the successor gets the reward, the reward for Plunket in utilizing this research is the improved outcomes in its engagement with Pacific mothers, families and communities. It will greatly enhance Plunket's ability to meet its Pacific strategy and its strategic objectives into 2020.

Recommendations

Overall

- Set up a Working Group within Plunket to implement these recommendations and evaluate the progress of these.
- Use the results of this research in education and training of staff and volunteers.
- Present the final report of the research to participants who provided the content and data to complete the cultural process undertaken and preserve the integrity and authenticity of the research process
- Communicate and circulate the research to all staff and other relevant/key stakeholders.

Helper skills and qualities

- Promote the Family Partnership Model as a way of working with Pacific families, which is also compatible with the Fonofale Model and Whānau Ora. Adopt this as best practice.
- Develop, nurture and maintain cultural awareness and competency in all staff, including knowledge of Pacific language, Pacific culture and parenting practices.
- Promote health literacy in all client interactions by:
 - using appropriate language (ethnically and linguistically)
 - using appropriate level of language (plain language, avoiding jargon)
 - evaluating the family's understanding of advice and information given.

Family characteristics

- Improve Pacific communities and families knowledge about Plunket services through working in partnership with other groups and agencies to promote Plunket to these communities.
- Use opportunities within communities to advertise Plunket services, through different media outlets and community engagement, activities and events.
- Promote PlunketLine more actively to Pacific people.
- Take an explicitly family-centred approach in implementing Plunket services to Pacific clients, families and communities.

Service characteristics

- Ensure that all organisational performance targets and indicators aim to improve the health and wellbeing of Pacific children, by delivering services that will reduce disparities.
- Set up an external Pacific Advisory Group to support and provide advice to Plunket on best practice service delivery to Pacific families.
- Look at methods of service delivery that are Pacific-centred, which may include Pacific-specific services.
- Use and have available resources that are at an appropriate level and language (translated if necessary and developed with the target audience).
- Encourage and promote the use of interpreters for Pacific clients for whom English is a second language.
- Improve the ethnicity data collection of the Plunket workforce so we have accurate data on the proportion of staff in different roles who are Pacific.
- Develop and implement a Pacific Workforce Plan, which includes retention and support for existing Pacific staff as well as active and effective process of recruitment to ensure we attract and employ Pacific staff, especially in areas with a high proportion of Pacific families.
- Disseminate clear advice and information about immigration status and Plunket Well Child services so families know that all children are able to access free Well Child services (see Appendix 3).
- Develop a system for active follow up of Pacific clients who are lost to follow up, as part of Plunket's quality improvement culture.

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Appendix 1

Definitions and measurement of ethnicity

Ethnicity is a powerful population indicator for many child health outcomes in New Zealand. Ethnicity is self-perceived and self-defined. Personal definitions of ethnicity can change over time and individuals can identify with more than one ethnic group. Ethnicity is defined by Statistics NZ as a social group whose members have one or more of the following four characteristics:

- they share a sense of common origins
- they claim a common and distinctive history and destiny
- they possess one or more dimensions of collective cultural individuality
- they feel a sense of unique collective solidarity (Statistics New Zealand 2009).

Standardised ethnicity coding is required for consistency of data collection. Meaningful comparisons of data can only be made if common definitions to describe populations are used when information is collected. Statistics NZ describes a hierarchical classification system with four levels of increasing detail (see Table 6).

Table 4 Levels of ethnicity coding in New Zealand

Ethnicity coding level	Number of ethnicity categories
Level 1 one digit (1-5)	5
Level 2 two digit (10 -99)	25
Level 3 three digits (100-999)	41
Level 4 four digits (1000-9999)	231

Adapted from (Ministry of Health 2004)

The five Level 1 ethnicity groupings in New Zealand are European, Maori, Pacific, Asian and MELAA (Middle Eastern, Latin American or African). The Level 1 'Pacific' ethnicity code encompasses a wide people across a wide geographical area with different cultures, religions and languages (see Table 7, in the level 4 ethnicity coding groups). Common practice in NZ currently is to describe the Pacific population using the six largest groups in level two ethnicity coding, (Samoan, Cook Island Maori, Tongan, Niuean, Tokelauan, Fijian) and to group all the remaining into Other Pacific peoples.

Statistics NZ has undertaken several reviews of ethnicity data collection, and recommends that all official collections of data that measure ethnicity should be able to collect six ethnicity responses for each individual, with an acceptable minimum of 3 responses. Historically, there have been various ways of managing multiple individual ethnicity responses. These have been to:

- prioritise one ethnicity over another in order to derive a single count
- use counts of all the different combinations of ethnicity (e.g. Maori/European; European/Asian as separate ethnicity categories)
- use total counts of all reported ethnicities.

Each strategy has advantages and disadvantages. Using total counts of ethnicity means that people with multiple ethnicities, for example Asian and European, will be counted twice, once in the Asian group and once in the European group, and that counts of ethnic groups will not add up to the total sample population. This makes the assumption that all the ethnicities that a person identifies with have equal relevance to them, which is also a drawback of the method that counts combined ethnicities (e.g. Asian/European as a distinct ethnic group). This method also results in a large number of possible combinations, especially when more than two ethnic groups are reported, and some combination groups with very small numbers of people, which may mean these people can be identified from the data. Prioritisation of ethnicity is commonly used so that only one ethnic group is assigned to each individual. In New Zealand, this is usually done so the ethnic groups with the worst health outcomes have higher priority. Māori thus have highest priority, then Pacific peoples, then Asian

peoples, and lastly European. This means that anyone identifying with more than one ethnicity, one of which is Māori (e.g. Māori and Asian), will be categorised as Māori; if they have not identified as Māori but at least one ethnicity as Pacific, they will be categorised as Pacific; likewise, if they have not identified as Māori or Pacific but at least one ethnicity as Asian, they will be categorised as Asian. The disadvantage of this system is that the prioritisation method chosen may not correspond to how individuals prioritise their own ethnicity. For example, a respondent may choose Māori and Pacific as her ethnicity but chiefly identify with her Pacific identity, but the prioritisation method will classify her as Māori.

Table 5. New Zealand ethnicity coding for Pacific people, level 1-4

Coding level		Included Pacific ethnicities				
Level 1	Pacific Peoples					
Level 2	Pacific peoples NFD*	Samoan Tokelauan	Cook Island Maori Fijian	Tongan Other Pacific peoples	Niuean	
Level 3	Pacific peoples NFD*	Samoan Tokelauan	Cook Island Maori Fijian	Tongan Other Pacific peoples	Niuean	
Level 4	Pacific peoples NFD*	Samoan	Cook Island Maori NFD*	Aitutaki Islander	Atiu Islander	
	Mangaia Islander	Manihiki Islander	Mauke Islander	Mitiaro Islander	Palmerston Islander	
	Penrhyn Islander	Pukapuka Islander	Rakahanga Islander	Rarotongan	Tongan	
	Niuean	Tokelauan	Fijian	Other Pacific peoples NFD	Admiralty Islander	
	Australian Islander	Austral Islander	Belau /Palau Islander	Bismark Archipelagoan	Bougainvillean	
	Caroline Islander	Easter Islander	Gambier Islander	Guadacanalain	Guam Islander/ Chamorro	
	Hawaiian	Kanaka / Kanak	I-Kiribati / Gilbertese	Malaitian	Manus Islander	
	Marianas Islander	Marquesas Islander	Marshall Islander	Nauru Islander	New Britain Islander	
	New Georgian	New Irelander	Ocean Islander/ Banaban	Papuan/ New Guinean/ Irian Jayan	Phoenix Islander	
	Pitcairn Islander	Rotuman Islander	Santa Cruz Islander	Society Islander (including Tahitian)	Solomon Islander	
	Torres Strait Islander	Tuamotu Islander	Tuvalu Islander/ Ellice Islander	Vanuatu Islander/ New Hebridean	Wake Islander	
	Wallis Islander	Yap Islander	Other Pacific peoples NEC*			

*From Ethnicity Data Protocols for the Health and Disability Sector; *NFD = not further defined; **NEC = not elsewhere classified*

To align with the Ethnicity Data Protocols for the Health and Disability Sector (2004), Plunket aims to use the Statistics NZ 2001 Census ethnicity question for ethnicity collection, which asks respondents to identify their own ethnicity, to record at least three ethnicities if more than one is supplied, at level 2 as a minimum. The protocols require one of the three output methods (sole/combination, total response or prioritised) to be used, as long as the same method is applied to numerator and denominator datasets and a description of method is supplied.

Appendix 2

Interview questions

Focus group interview questions

1. Where do you get support, help and information about parenting and baby/child issues?
2. What Plunket (or parenting) services do you use?
3. How did you find out about these services? How would you like to find out about them?
4. What other parenting services, information or support do you wish you had?
5. How can Plunket's (parenting) services be improved to you and to Pacific parents in general?
6. What are the barriers or difficulties you experience in getting parenting support or attending Well Child visits/clinics?
7. What do you like about the Plunket (parenting) services you have used?
8. What didn't you like about the Plunket (parenting) services you have used?
9. How important do you think your culture is in parenting and getting support for parenting?
10. Do you feel that Plunket staff respect and understand your culture?
11. How could this be improved?
12. Any other comments/ questions?

Staff interview questions

1. As a Plunket staff member that interacts with Pacific clients, what has been your experience with their usage of Plunket services?
2. How can Plunket improve engagement of Pacific clients with Well Child and other services? What are the current barriers to engagement?
3. In your opinion, how well do you think Plunket services are promoted to Pacific clients? How can we improve?
4. How is cultural competency and safety towards Pacific clients currently ensured? How is it measured?
5. How important are services that specifically cater towards Pacific clients within Plunket?
6. What role do Pacific staff play in engaging with Pacific clients? Are Pacific staff numbers currently sufficient?
7. Who else do you recommend we should interview, including other Plunket staff, people from other organisations?

Key informant interview questions

1. Tell me more about your organisation and the services you provide. Who are they targeted towards and how many people access them?
2. Which of these services have been the most successful for Pacific clients? Why and how is this successful?
3. How do Pacific families access the services? How are they promoted? What strategies are there for engagement?
4. As someone who serves or interacts with Pacific families, what has been your experience with their usage of services that you provide? How do they receive and react to advice given by staff?
5. What are the current barriers of engagement for Pacific clients? How do you overcome these?
6. How important are Pacific staff in engaging with Pacific clients? Why or why not is this important?
7. How is cultural competency and safety towards Pacific clients currently addressed in your organisation?
8. How are Pacific staff recruited? What aspects are important in the attraction and retention of Pacific staff?
9. Who else do you recommend we should interview?

Appendix 3

Immigration Status and Access to Plunket Well Child Services

Legal opinion 20 October 2014

Plunket provides Well Child services to children in New Zealand without regard for their immigration status. Clarification was sought on the following questions:

1. What is the immigration status of children born to people illegally in New Zealand?

Since 1 January 2006, being born in New Zealand does not confer citizenship of itself⁷. In general, children born to parents who are in New Zealand illegally will not be New Zealand citizens. However, the immigration status of each parent could be assessed (to confirm they are both in the country unlawfully) given the fact-specific criteria in Section 6 of the Citizenship Act 1977⁸. Children born in New Zealand who would otherwise be stateless are entitled to citizenship⁹. This recognises New Zealand's responsibilities to reflect the articles of the United Nations Convention on the Rights of the Child in domestic law¹⁰.

2. What, if any, is Plunket's statutory obligation to provide Well Child services to children of people illegally in New Zealand?

Plunket's Well Child Agreement with the Ministry of Health requires it to provide Well Child services to all children 0-5 years old in New Zealand whose caregivers consent¹¹. These services are provided without regard for immigration status, pursuant to Clause B18 of the Health and Disability Services Eligibility Direction 2011, a ministerial direction issued under the New Zealand Public Health and Disability Act 2000¹².

The provision of Well Child services (and vaccinations listed on the New Zealand Immunisation Schedule) to children who are not otherwise eligible to receive services funded under the New Zealand Public Health and Disability Act is consistent with New Zealand's responsibilities to reflect the articles of the United Nations Convention on the Rights of the Child in domestic law¹³. It is also consistent with the Plunket philosophy of the best start for every child.

3. What obligation, if any, do agencies have to report suspected illegal immigration status: a) Plunket? b) Government departments such as Child, Youth and Family?

a) Plunket

The Immigration Act places obligations on certain agencies to disclose information to the Department of Immigration at its formal request. The agencies or classes of agencies that may be compelled to disclose information about a client's address do not include Plunket¹⁴.

⁷ Section 6, Citizenship Act 1977

⁸ Section 6 is reproduced in Appendix One

⁹ Section 6, Subsection (3)(a), Citizenship Act 1977

¹⁰ Article 7 of the Convention requires State Parties to ensure that no child is stateless (i.e. without citizenship).

¹¹ The Agreement states [Part F5 "Service Users and Access to Services"] F5.1 All children between 0-5 years and their families/whānau are eligible people in accordance with Clause B18 of the Health and Disability Services Eligibility Direction 2011.

¹² Section 32 of the New Zealand Public Health and Disability Act 2000 provides for ministerial directions to be issued.

¹³ Article 24 of the Convention on the Rights of the Child requires States to take measures to facilitate children's access to the "highest attainable standard of health"; one measure mentioned is preventative health care and guidance for parents.

¹⁴ Plunket is not one of the "[p]ersons required to provide access to address information" under Section 275 of the Immigration Act 2009.

b) Government departments

Certain government departments are **required** to provide relevant information (such as address) to Immigration New Zealand on being sent a formal notice. This would include Child, Youth and Family, a service of the Ministry of Social Development¹⁵. There are two matters to note: first, the family would have to come to the attention of Child, Youth and Family in order to create the possibility that information relevant to the family's immigration status would be shared; second, the formal request would have to be made by Immigration New Zealand; Child, Youth and Family has no statutory duty to provide such information. Housing New Zealand is another government agency that is required to supply Immigration New Zealand with access to address information¹⁶.

Information held by Immigration New Zealand may be **requested** by the provider of a publicly funded service in order to check a person's eligibility for publicly funded services¹⁷. As noted earlier, this is not relevant to children's entitlement to access the Well Child service¹⁸. It is relevant to access to Housing New Zealand homes, on the other hand. It applies also to publicly funded health and disability services that fall outside the Well Child and immunization programmes. In fact, the Immigration Act authorizes information matching to help health providers determine if a person is eligible for publicly funded health and disability support services¹⁹.

Conclusion

New Zealand's ratification of the Convention on the Rights of the Child obliges successive governments to pass New Zealand domestic laws that promote children's rights, including their health, education and protection rights. Article 24 of the Convention requires States to take measures to facilitate children's access to the "highest attainable standard of health"; including preventative health care and guidance for parents. Providing publicly funded Well Child services to all children in New Zealand, without regard for their immigration status, directly supports this Article. Such provision is clearly protected in domestic law by the direction made pursuant to Section 32 of the New Zealand Public Health and Disability Act.

Notes

Full copies of all legislation referred to are available on the New Zealand Legislation website at:

<http://www.legislation.govt.nz/>

The United Nations Convention on the Rights of the Child is available in Schedule 2 of the Children's Commissioner Act 2003 at:

<http://www.legislation.govt.nz/act/public/2003/0121/latest/DLM230971.html>

¹⁵ Section 275 Immigration Act 2009

¹⁶ Section 275 Immigration Act 2009

¹⁷ Section 301 Immigration Act 2009

¹⁸ It doesn't apply to Well Child services because of the combined operation of the statutory direction mentioned earlier in this opinion (the the Health and Disability Services Eligibility Direction 2011) and section 301 Immigration Act, which defines "**publicly funded service**" to mean '... a service where eligibility for access to the service or liability to pay for the service—

(a) is determined by or under a statute; **and**

(b) is related to, or **affected by**, a person's immigration status [emphasis added].

The Well Child service is not affected by a person's immigration status, as explained in Part 1 of this opinion.

¹⁹ Section 300 Immigration Act 2009

Appendix 4:

Cultural Competence Continuum

Cultural Destructiveness	Cultural Incapacity	Cultural Blindness	Pre-Cultural Competence	Cultural Competence	Cultural Proficiency
Disregards cross-cultural awareness, knowledge, behavior, skills in staffing pattern, service provision, program design, etc. Creates advertising that perpetuates stereotypes (e.g. women as depressed, substance abusers as black males)	Does not accept multiple perspectives as valid; there is one "right" or "best" way Speaks on behalf of vs. supporting special populations in efforts to speak for themselves	Disregards diverse religious/cultural practices when scheduling hours of operation Plans and implements special events assuming a shared value (e.g. Christmas Party)	Exhibits emerging visual representation of all ethnicities, genders, etc. as active and valued community members Recognizes that it is NOT connected with neighborhoods and coalitions that promote various groups, seeks to correct situation	Provides regular staff training in cultural competence and its relationships to service provision Ensure that all written and visual material is respectful, in multiple languages an Braille, with emphasis on the value of difference	Provides services in languages that meet the needs of populations served (consumers) Takes proactive stance on the advancement of cultural competence within the community
Creates criteria that exclude or create artificial barriers, or job requirements that have nothing to do with performance ability	Sees diversity as meeting quotas	Does not recognize or compensate for specialized skills or actively objects to compensation for specialized skills Requires all sessions to be conducted in English regardless of individual or families needs	Solicits diversity feedback from all staff at all levels on a regular basis Recognizes organization's high dropout rate of minority participants and seeks change.	Implements culturally competent plans and evaluates periodically for effectiveness Has balanced bilingual staff/customer ratio and provides support to staff for "other" languages and skills	Provides modeling and training to other organizations on diversity Provides mentoring program and paid stipends
Refuses to select and recruit bilingual staff	Downplays need to hire translators and translate paperwork	Is rigid about following paperwork requirements	Recognizes that paperwork and bureaucracy are driving individuals and families away Recognizes the lack of training for staff and is willing to implement a culturally appropriate training program	Establishes committee to revise paperwork, program literature, etc., for bilingual customers Screens for culturally offensive material and deletes from written and spoken communication	Streamlines paperwork and ensures that all material is in multiple languages Offers phone line services in multiple languages
Does not recognize the importance of family participation	Uses primarily Anglo-oriented methods of treatment too rigid to consider new methods for different cultures	Ignores the strength of the family unit	Recognizes staff have cultural limitations and encourages training	Takes responsibility for bringing family into the training circle	Values families and their cultures and commits to educating family on issues critical to treatment success
Refuses to be sensitive to different cultures		Lacks training to provide special services to minorities		Includes cultural issues in training plan	Displays sensitivity to cultural issues and provides education to their organizations





Plunket