

**SOUTH ASIAN PARENTS' EXPERIENCES OF CULTURAL  
RESPONSIVENESS WHEN WORKING WITH PROFESSIONALS: AN  
INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS**

**By**

**PREEYA CHIBBRA**

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## ABSTRACT

Professionals working across education, health and care in the United Kingdom, including educational psychologists, are providing services to an increasingly multicultural population. It is important to gain insight into the views of these populations concerning the cultural responsiveness of professionals in their lived experiences. This study used a qualitative semi-structured interview research design to explore the perceptions of parental experiences of cultural responsiveness when working with professionals. Transcriptions of the interview data were analysed using interpretative phenomenological analysis (Smith et al., 2022). The results of this research study included Personal Experiential Themes (PETs) for each of the four participants, related to their experiences and how they understood these. The PETs emphasised the significance of understanding how individual lived experience and background influences the meaning made of cultural responsiveness. Patterns were also identified across the four participants which gave rise to four overall Group Experiential Themes (GETs), summarising their experiences in terms of the importance of their own identity, communication between professionals and parents and the use of stereotyping or assumptions. The GETs also illuminated how participants made meaning of their experiences with professionals through their perceptions of power differentials, professional understanding of issues specific to South Asian cultures, and their individual context and identity. The paper concludes with a discussion of the study's strengths, limitations and implications for professionals, including educational psychologists. Recommendations for practice centre around the importance of responsive communication, including the use of person-centred approaches to understand individual contexts and taking the time to ensure parents have understood information conveyed. Drawing on existing resources in order to learn more about cultural differences is also highlighted, including fellow professionals and parents from diverse backgrounds.

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## Contents

ABSTRACT.....	3
ACKNOWLEDGEMENTS .....	4
<b>1. INTRODUCTION.....</b>	<b>10</b>
<b>1.1. Introduction to chapter .....</b>	<b>10</b>
<b>1.2. Background and context.....</b>	<b>10</b>
<b>1.3. Terminology.....</b>	<b>11</b>
<b>1.4. Rationale for the research undertaken .....</b>	<b>12</b>
<b>1.4.1. Diverse populations in England .....</b>	<b>12</b>
<b>1.4.2. Disparities in the number of children with SEND from diverse backgrounds.....</b>	<b>13</b>
<b>1.4.3. Demographics of professionals working with children and families .....</b>	<b>15</b>
<b>1.4.4. Cultural capital .....</b>	<b>17</b>
<b>1.4.5. Section summary and implications for the present study .....</b>	<b>18</b>
<b>1.5. Structure of the thesis.....</b>	<b>18</b>
<b>2. LITERATURE REVIEW.....</b>	<b>20</b>
<b>2.1. Introduction to chapter .....</b>	<b>20</b>
<b>2.2. Literature search procedure .....</b>	<b>20</b>
<b>2.3. Defining culture.....</b>	<b>20</b>
<b>2.3.1. Race, ethnicity and faith.....</b>	<b>21</b>
<b>2.3.2. Intersectionality.....</b>	<b>22</b>
<b>2.3.3. Hawkins’ (1997) model of culture.....</b>	<b>23</b>
<b>2.3.4. Summary and implications for the present study .....</b>	<b>24</b>
<b>2.4. Conceptualisations of cultural responsiveness .....</b>	<b>24</b>
<b>2.4.1. Considering cultural difference .....</b>	<b>25</b>
<b>2.4.2. Defining the term ‘cultural responsiveness’ .....</b>	<b>25</b>
<b>2.5. Theoretical models of cultural responsiveness .....</b>	<b>27</b>
<b>2.5.1. Tripartite model of Cross-Cultural Counselling Competencies (Sue et al, 1982) .</b>	<b>28</b>
<b>2.5.2. Multidimensional Ecological Comparative Approach (MECA; Falicov, 2014) ....</b>	<b>31</b>
<b>2.5.3. Developmental Model of Intercultural Sensitivity (Bennett, 1986, 2017) .....</b>	<b>33</b>
<b>2.5.4. Summary of section and implications for the present study .....</b>	<b>35</b>
<b>2.6. Studies on cultural responsiveness and how it is investigated .....</b>	<b>35</b>
<b>2.6.1. Exploring the self-reported perceptions of professionals’ own cultural responsiveness .....</b>	<b>36</b>
<b>2.6.2. Exploring parental reports of professionals’ cultural responsiveness .....</b>	<b>38</b>
<b>2.7. South Asian parents’ views and beliefs about education and SEND.....</b>	<b>41</b>
<b>2.8. Working with parents from diverse cultural backgrounds in education.....</b>	<b>46</b>

2.8.1.	<b>The benefits of parental involvement</b> .....	47
2.8.2.	<b>Standards for professionals</b> .....	47
2.8.3.	<b>Barriers to South Asian parents’ involvement</b> .....	52
2.9.	<b>The present study</b> .....	55
2.10.	<b>Chapter summary</b> .....	56
<b>3.</b>	<b>METHODOLOGY</b> .....	<b>57</b>
3.1.	<b>Introduction to chapter</b> .....	57
3.2.	<b>Ontology and epistemology</b> .....	57
3.3.	<b>Interpretative Phenomenological Analysis (IPA)</b> .....	60
3.4.	<b>Method</b> .....	63
3.5.	<b>Research context</b> .....	64
3.6.	<b>Ethical considerations</b> .....	65
3.7.	<b>Participants</b> .....	66
3.8.	<b>Quality assurance and trustworthiness</b> .....	68
3.8.1.	<b>Principle One: Sensitivity to context</b> .....	68
3.8.2.	<b>Principle Two: Commitment and rigour</b> .....	69
3.8.3.	<b>Principle Three: Transparency and coherence</b> .....	69
3.8.4.	<b>Principle Four: Impact and importance</b> .....	70
3.9.	<b>Data analysis</b> .....	71
3.10.	<b>Chapter summary</b> .....	73
<b>4.</b>	<b>FINDINGS AND DISCUSSION</b> .....	<b>74</b>
4.1.	<b>Introduction to chapter</b> .....	74
4.2.	<b>Research aims and questions</b> .....	74
4.3.	<b>Overview of analysis</b> .....	74
4.4.	<b>Personal Experiential Themes (PETs)</b> .....	75
4.4.1.	<b>Participant One: Amira</b> .....	76
4.4.2.	<b>Participant Two: Shereen</b> .....	84
4.4.3.	<b>Participant Three: Nabila</b> .....	91
4.4.4.	<b>Participant Four: Maryam</b> .....	100
4.5.	<b>Group Experiential Themes (GETs)</b> .....	107
4.6.	<b>Discussion of GETs in relation to research questions</b> .....	109
4.6.1.	<b>RQ1: What are South Asian parents’ experiences of working with professionals in relation to their child’s special educational needs?</b> .....	110
4.6.2.	<b>RQ2: How do South Asian parents make meaning of their culturally responsive and unresponsive experiences with professionals?</b> .....	116
4.7.	<b>Chapter summary</b> .....	122
<b>5.</b>	<b>CONCLUSIONS AND IMPLICATIONS</b> .....	<b>124</b>

<b>5.1. Summary of key findings and areas for further research</b> .....	124
<b>5.2. Strengths and limitations of the study</b> .....	126
<b>5.3. Implications for professional practice</b> .....	133
<b>5.3.1. Implications for all professionals</b> .....	133
<b>5.3.2. Implications for EPs</b> .....	137
<b>5.4. Concluding comments</b> .....	139
<b>6. REFERENCES</b> .....	141
<b>7. APPENDICES</b> .....	158
<b>Appendix 1. Participant Information Sheet</b> .....	158
<b>Appendix 2. Participant Consent Form</b> .....	160
<b>Appendix 3. Interview Schedule</b> .....	161
<b>Appendix 4. Transcript Excerpt with Exploratory Notes</b> .....	164

## List of tables

<b>Table 1.</b> Key definitions of culture from the literature. ....	20
<b>Table 2.</b> Bennett’s (1986, 2017) developmental model of intercultural sensitivity.....	32
<b>Table 3.</b> Guidelines and standards for professions addressed in the present study.....	49
<b>Table 4.</b> Inclusion criteria for participants and the rationale for these.....	65
<b>Table 5.</b> Participant pseudonyms and information sourced through demographic information gathering in the interviews.....	66
<b>Table 6.</b> The stages of IPA as presented by Smith et al. (2022) and how this was implemented in the present study. ....	71
<b>Table 7.</b> PETs, subthemes and experiential themes constructed for Participant One. ....	75
<b>Table 8.</b> PETs, subthemes and experiential themes constructed for Participant Two. ....	83
<b>Table 9.</b> PETs, subthemes and experiential themes constructed for Participant Three. ....	90
<b>Table 10.</b> PETs, subthemes and experiential themes constructed for Participant Four. ....	99



## List of figures

<b>Figure 1.</b> The five levels of culture outlined in Hawkins' (1997) model. ....	23
<b>Figure 2.</b> Tyler et al.'s (1991) distinction between three ways to respond to culture. ....	26
<b>Figure 3.</b> Tripartite model of cross-cultural counselling competences (Sue et al., 1982).. ....	29
<b>Figure 4.</b> The four domains of cultural similarity and difference in Falicov's (2014) MECA model.....	31
<b>Figure 5.</b> PETs that inhibit and promote communication between parents and professionals. ....	106
<b>Figure 6.</b> PETs that are interpreted to inhibit and promote power for parents .....	107
<b>Figure 7.</b> PETs that are interpreted to contribute to an understanding of cultural issues, in line with four levels of Hawkins' (1995, 1997) model.. ....	107
<b>Figure 8.</b> PETs that are interpreted to contribute to the narrative of a battle in parental experiences.....	108
<b>Figure 9.</b> PETs that are interpreted to contribute to stereotypes and assumptions in parental experiences.....	108

# 1. INTRODUCTION

## **1.1. Introduction to chapter**

In this chapter, I will first set out the background and context for the present study, including my interest in the topic. Next will follow definitions of key terms used, before considering issues in the field that provide a rationale for this research. This will serve to position this study within the current socio-political context in terms of diversity within the United Kingdom (UK) and in relation to professionals working across education, health and social care.

## **1.2. Background and context**

The present study comprises volume one of a two-part thesis to fulfil the award for a Doctorate in Applied Educational and Child Psychology at the University of Birmingham. I am a trainee educational psychologist (EP) and for years two and three of the course, I have been on placement with a large Educational Psychology Service in the West Midlands. This research consists of a small-scale study exploring the experiences of South Asian parents working with professionals, in relation to cultural responsiveness, using Interpretative Phenomenological Analysis (IPA).

My interest in cultural responsiveness stems from both my personal and professional experiences. As a South Asian individual, I am aware of some of the difficulties that stem from belonging to a minoritised group and this is corroborated by research as discussed further in Chapter Two. This also reflects recent discussions in my placement service around anti-racism and working with families; therefore, it is hoped the research will have relevance to the current context. Working in diverse regions, I have reflected on my own professional relationships with parents from diverse cultural backgrounds and how I respond to them.

Anecdotes from colleagues have also reinforced my interest in understanding the views of parents. A fellow trainee EP recalled a challenging situation she had experienced during which a parent was discouraged from speaking her home language with her child by a speech and language therapist (SALT). We have also shared experiences where schools have suppressed the involvement of families in meetings because they felt parents would have difficulty understanding. Although not direct personal experiences, these evoked feelings of discomfort and made me consider how professionals work with parents from diverse cultural backgrounds. I also wondered how parents would have understood these experiences and felt a need to empower them to share their perceptions, particularly minoritised parents who are infrequently provided with a platform to do so.

### **1.3. Terminology**

It is necessary here to define key terms that will be used throughout this paper: South Asian; parents; and professionals; as there can be variation in how they are understood. This will include formal definitions as well as my own conception based on the research topic.

*South Asian* refers to any individual who descends from any of the eight countries of South Asia: India; Bangladesh; Bhutan; Maldives; Nepal; Pakistan; Sri Lanka; and Afghanistan (Whittal, 2021). South Asian is capitalised throughout this paper, in line with the UK government's preferred style for writing about ethnicity based on research findings that groups should be capitalised only when the name includes a geographic place (UK Government, 2021). This also means that 'white' will not be capitalised. I have also referred to *minoritised* ethnic groups instead of *minority* ethnic groups, as this takes into account the social processes that have put individuals in this position and status through power and domination, rather than just existing as a statistical category (Milner & Jumbe, 2020). It also reflects the fact that ethnic groups categorised as minorities in the UK are classed as global

majorities in the wider population of the world. I have attempted to mitigate against grouping all minoritised individuals together by clarifying the subgroups that comprise the South Asian communities.

In this paper, the use of *parent* includes the legal definition of biological mothers or fathers, carers or guardians who have parental responsibility. It also covers the social construct, which is anyone who provides parenting via the provision of: housing; health; nutrition; safety; skilled interactions with their child; home conditions to support study or learning and development; and information to help schools know about the child and family (Desforges & Abouchaar, 2003; Goodall & Vorhaus, 2011).

A *professional* is an individual who engages in or belongs to a profession for their livelihood (Collins English Dictionary, 2023). For the purposes of my research, this will include: school staff, such as teachers, teaching assistants and Special Educational Needs and Disabilities (SEND) Co-ordinators (SENDCos); EPs, SALTs, Occupational Therapists (OT), medical professionals such as general practitioners (GPs) and paediatricians; and social workers. The decision was made to include this range of professionals to support parents in thinking about any and all of their experiences, rather than attempting to recall details of interactions with one particular professional.

#### **1.4. Rationale for the research undertaken**

This section provides a rationale for the present study based on the current education, health and care context in the UK. This includes the statistics related to diversity amongst children and young people (CYP) and their families, whilst considering the lack of representation amongst professionals working with them.

##### **1.4.1. Diverse populations in England**

The UK is becoming increasingly culturally diverse; for example, the most recent National Census demonstrated that the second most common ethnic group in England after white British was Asian or Asian British (Office for National Statistics, ONS; 2022). This represented the largest percentage point increase since the last Census in 2011, with Pakistani and Indian heritage individuals now the second and third most common groups. The West Midlands was the second most ethnically diverse region in England and had the second highest percentage of people who identified as Asian, after London (ONS, 2022) and the documentary ‘Back in Time for Birmingham’ reported that in this city specifically, a quarter of the population have South Asian heritage (BBC, 2022). Religion is another aspect of cultural diversity and in the 2021 Census, there was a decrease in the number of individuals who self-identified as Christian and increases in those describing themselves as Muslim and Hindu (ONS, 2022).

Although the focus of this study is on culture rather than ethnicity or religion specifically, this data demonstrates the level of diversity in England and supports my rationale to conduct research with individuals from culturally diverse backgrounds. Those of South Asian heritage are of particular interest, as this is a group that is increasingly represented in the population yet underrepresented in the literature, as demonstrated in Chapter Three. A more detailed discussion of culture, ethnicity and faith is provided in Chapter Two. For CYP in UK schools more specifically, the numbers of those from culturally diverse backgrounds appear to be increasing, with Asian pupils being the largest minority ethnic group in state-funded settings (UK Government, 2021). The next section will consider more specifically CYP with SEND in terms of cultural diversity.

#### **1.4.2. Disparities in the number of children with SEND from diverse backgrounds**

There is evidence of a greater incidence of learning and mental health needs within minoritised groups of CYP in the UK. For example, Heer, Rose and Larkin (2012) reported that the prevalence of learning disabilities amongst South Asian communities is estimated to be almost three times higher than in any other community, yet service utilisation amongst this group remains low. In terms of physical health, South Asian immigrant children are particularly vulnerable to morbidity and mortality from long-term health conditions such as asthma (Lakhanpaul et al., 2020). Profound multiple learning difficulties (PMLD) are also more common among Pakistani and Bangladeshi CYP (Emerson et al., 2012). These appear to have a clear biological underpinning, whilst other disparities can be argued to be the result of social inequities in socioeconomic status (SES) and ethnic groups.

As well as over-representation for learning difficulties, Strand and Lindorff (2018) found that CYP from minoritised ethnic groups are also under-represented for other types of SEND. School census data from 2005 to 2011 revealed that Indian, Pakistani and Bangladeshi students were substantially under represented relative to white British students for autism (Strand & Lindsay, 2012). This demonstrated that South Asian pupils are half as likely to be identified with autism as their white British peers, which could be attributed to lower awareness of the diagnosis and of parent's rights, language barriers, and cultural beliefs or attitudes about disability. The researchers also concluded that this may be impacted by access to specialist resources and support required. These statistics may be indicative of the systemic and institutional racism faced by South Asian CYP, which is an additional layer of potential discrimination beyond the cultural responsiveness of individual professionals. It demonstrates potential biases and social barriers within education, health and social care organisations and the impact of these on the support that CYP receive. This is further explored in discussions of models of cultural responsiveness, and alternative explanations of SEND and mental health.

This suggests that professionals in schools as well as those providing specialist support services will be increasingly working with CYP and their families from culturally diverse backgrounds, and should be sensitive to the inequities described above. It is also critical to gain an understanding of how parents understand these disparities and inequities through accounts of their experiences, and how they work with professionals. The next section explores the demographics of professionals that will be most likely working with these diverse groups discussed above.

### **1.4.3. Demographics of professionals working with children and families**

For EPs in the UK, Ashraf (2016) and Sakata (2021) highlighted the lack of information about ethnic diversity. However, within the field of clinical psychology, disparities have been identified (Sakata, 2021). Research by the Health & Social Care Information Centre (2013) reveals that minoritised individuals make up only 9.6% of qualified clinical psychologists in England and Wales, which is disproportionate to the general population (ONS, 2022).

Next considering school staff, data from the School Workforce Report 2021-2022 shows that 85% of teachers self-identified as white British and 5.2% as South Asian (UK Government, 2023). It is particularly interesting to note the lack of cultural diversity amongst senior leadership positions in schools. For example, 90.8% of deputy headteachers and 92.5% of headteachers described themselves as white British.

Limited up-to-date information is available for SALTs, however, Stapleford and Todd (1998) indicated a lack of ethnic diversity. More recent statistics from the Royal College of Speech and Language Therapists (2019) show that 97% of the profession is represented by females and the speech and language student population is much less diverse in socio-economic terms than the student population as a whole.

The Health and Care Professions Council Diversity Data Report for occupational therapists revealed that 87% of the workforce had a white ethnic background (HCPC, 2021). In terms of religious beliefs, 44% described themselves as Christian and 39% reported that they had no religion.

There is a lack of data on the ethnicity of GPs and no specific information for paediatricians. However, the latest figures from the NHS Workforce Race Equality Standard report (2023) show that the health service is more diverse than at any other point in its history. Examining the data on professionally qualified clinical staff, including foundation stage doctors, illustrates this point. Between 2009 and 2022, the percentage of professionally qualified clinical staff who were white decreased from 79.5% to 68.7%, whilst the percentage who were Asian went up from 10.1% to 15.9%. However, it should be emphasised that this still represents a majority white population. Jackson (2021) reflected on both the need for accurate data on diversity to be able to measure the extent of the problem, as well as the need to increase diversity in paediatrics to improve the care of children and contribute to a more equal society. I would extend this argument to all the professions included in the present study and this will be further explored in discussions on cultural capital. However, ethnicity is only one factor in cultural diversity and this increase in diversity should hence be caveated. There has been limited improvement in social diversity (British Medical Association, 2015) and the Social Mobility Commission (2016) found that only 4% of doctors came from working class backgrounds. Although the focus of this paper is on South Asian communities, these other aspects of an individual's identity should be taken into account.

Finally, a report on the children's social work workforce (Department for Education; DfE, 2023) revealed that ethnicity was known for 80% of children and family social workers employed by local authorities in England, which allows a better understanding of this aspect



of diversity. However, the figures show that 70.4% of those social workers whose ethnicity was known identified as white British, in contrast to 5.7% who identified as Asian.

This section has established that although demographic data are difficult to source, the available evidence suggests professionals are not generally representative of the CYP and families with whom they work. This could impact relationships with parents from South Asian backgrounds as it has previously been established that cross-cultural work can lead to challenges for professionals and services (Heer et al., 2012; Theara & Abbott, 2015). Researchers have thus emphasised the need to respond to cultural differences whilst also facilitating systemic and strategic change to increase the diversity of their profession (Sakata, 2021).

#### **1.4.4. Cultural capital**

Bourdieu (1977) coined the term cultural capital, referring to a collection of elements or social assets that are accumulated through learning and various opportunities in life. Bourdieu (1986) further specified these elements into three forms of cultural capital. Examples of *embodied* cultural capital could be an individual's accent or mannerisms; *objectified* cultural capital can be exemplified by material belongings such as a luxury car; and *institutionalised* cultural capital includes credentials and qualifications. Cultural capital can promote either advantage or disadvantage in society, which leads to social inequality, as certain forms are valued over others.

Cultural capital links to social mobility, as a lack of these social assets may act as a barrier for South Asian CYP and their families within South Asian communities to ascend the metaphorical hierarchy within society. This is critical for professionals to consider when working with culturally diverse families.

Social justice is also a related construct, defined by Bell (2007) as the “equal participation of all groups in a society that is mutually shaped to meet their needs” (p. 1). Social justice ideally incorporates the equitable distribution of resources in society and the physical and psychological safety of its members (Bell, 2007). However, for culturally diverse families who are often marginalised within education, health and care services, this social justice ideal is less likely (Ashraf, 2016).

Hence, it is hoped that the present study will lead to implications for professionals to promote social justice for families from culturally diverse backgrounds that are often described as *hard-to-reach* (Crozier & Davies, 2007) and therefore marginalised. Specifically for school staff and EPs, Schulze et al. (2017) put forward key social justice principles of advocacy, equity, inclusivity, opportunity and resources. Parents from diverse cultural backgrounds require culturally sensitive and specialised support in order to access these principles of social justice (Akbar & Woods, 2020). A model to support the development of competencies related to social justice is briefly explored in Section 2.6 below.

#### **1.4.5. Section summary and implications for the present study**

In Section 1.4, I have introduced a rationale for the present study through examining the current context. The data shows increasing ethnic diversity, particularly for South Asians as the target population of this research. However, this is not reflected in the demographics of professionals working with these communities. As well as highlighting the need for more comprehensive data on the diversity of professionals in the UK, this confirms that South Asian parents are likely to experience cross-cultural contact and it is important to understand their views of how professionals responded to this cultural difference.

### **1.5. Structure of the thesis**

Chapter Two begins with conceptualisations of culture and cultural responsiveness, followed by a review of the relevant literature, theories and policies that can support professionals' consideration of culture when working with parents. I also consider parental involvement and barriers to this for South Asian families. Chapter Three outlines key concepts relating to the philosophy of research and I present my position, in line with the methodological approach I am adopting in the study: IPA. I consider alternative designs that were not used, before describing the methods of data collection and analysis employed and actions taken to mitigate against ethical risks. Chapter Four presents the findings of the study following analysis of the interview data, with a discussion of the findings in light of relevant literature and psychological theory. Finally Chapter Five provides a conclusion with directions for future research, strengths and limitations, and implications of the study findings for professionals.

## **2. LITERATURE REVIEW**

### **2.1. Introduction to chapter**

In this chapter I review key literature, first defining culture and cultural responsiveness to provide context for the present study then considering research that has explored professional and parental views of these constructs. The role of parents in their child's education will then be discussed, with reference to relevant policies and guidelines, including thoughts about involvement for South Asian families specifically. Finally, this is drawn together to provide the rationale for the present study based on gaps in the literature, ending with the research questions.

### **2.2. Literature search procedure**

To search for relevant literature to review, I used the search terms 'cultural responsiveness', 'culturally responsive', 'cultural competence', 'culturally competent', 'parent', 'carer', and 'professional'. I searched on the databases ProQuest and Google Scholar, and used the search engine 'Google' to access relevant policies and guidelines. I initially restricted my search to the most recent literature, then referred to older literature that seemed particularly relevant to this review. I filtered out literature that was not relevant to the aims of the present study. I also followed citations and references from these papers to find additional relevant research.

### **2.3. Defining culture**

I will begin by considering culture and what this means to me as the researcher. As with many similar constructs that are complex to describe, there is no universally agreed definition of culture (Spencer-Oatey, 2012).

<b>Citation</b>	<b>Definition</b>
Matsumoto (2007)	“...a unique meaning and information system, shared by a group and transmitted across generations, that allows the group to meet basic needs of survival, coordinate socially to achieve a viable existence, transmit social behavior, pursue happiness and well-being, and derive meaning from life” (p.1293).
Hofstede (1994)	“The collective programming of the mind which distinguishes the members of one category of people from another” (p.5).
Kroeber & Kluckhohn (1952)	“Culture consists of patterns, explicit and implicit, of and for behaviour acquired and transmitted by symbols, constituting the distinctive achievements of human groups, including their embodiment in artifacts; the essential core of culture consists of traditional (i.e. historically derived and selected) ideas and especially their attached values...” (p.181)
(Cross et al., 1989)	“The integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group” (p. 3)

**Table 1.** Key definitions of culture from the literature.

I have extracted key features of culture from these various definitions, to clarify the meaning I make of this construct and provide context for the literature review that follows. Culture is pervasive and collective, going beyond the individual and their values and beliefs, to the group and environmental context in which they live. This fits Hawkins and McMahon’s (2020) assertion that culture is not simply a within-person construct. There is a complex reciprocal and dynamic interaction between the individual and their culture; rather than a linear relationship.

In the present study, I am exploring culture with reference to South Asian parents. My understanding of culture based on the literature and my own experience thus allows a consideration of the interactions between various factors in each parent’s life and their environment, such as their position within their family and the wider socio-political context.

### **2.3.1. Race, ethnicity and faith**

Associated with culture are the constructs of race, ethnicity and faith, although these can often be confused or inextricably linked (Tsui et al., 2014) when there are in fact important distinctions between them. The term *race* has generally been established as a system to categorise individuals based on shared features of their external appearance (Mukhopadhyay, Henze & Moses, 2013) such as skin colour, hair texture, and the shape of the eyes, nose and lips. *Ethnicity* is also a term used to denote classification into a group, but instead is based on common descent or cultural traditions and norms relating to history, language or religion, as examples (Stamper, 2019). It is understood that there is no biological underpinning to this grouping of individuals, so race and ethnicity are therefore considered social constructs (Flanagin, Frey & Christiansen, 2021).

Hawkins and McMahon (2020) highlight religion and spiritual belief as important elements of culture which influence group values. However, faith is often not accounted for when thinking about working with cultural difference. This may be due to the fact that religious beliefs are a personal, less visible aspect of identity which can make investigation or study into an individual's faith difficult. Nonetheless, it is essential to consider faith in a study exploring culture and further detail for South Asian parents of children with SEND is provided in Section 2.7 below.

In the present study, I am aiming to investigate South Asian parents' understanding of their own culture and their experiences of how professionals respond to this. Race, ethnicity and faith are hence important factors to consider, among other aspects that contribute to cultural diversity. Culture is not limited to differences between racial and ethnic groups, but also encompasses values, beliefs, norms and behaviours of other groups who vary in other ways.

### **2.3.2. Intersectionality**

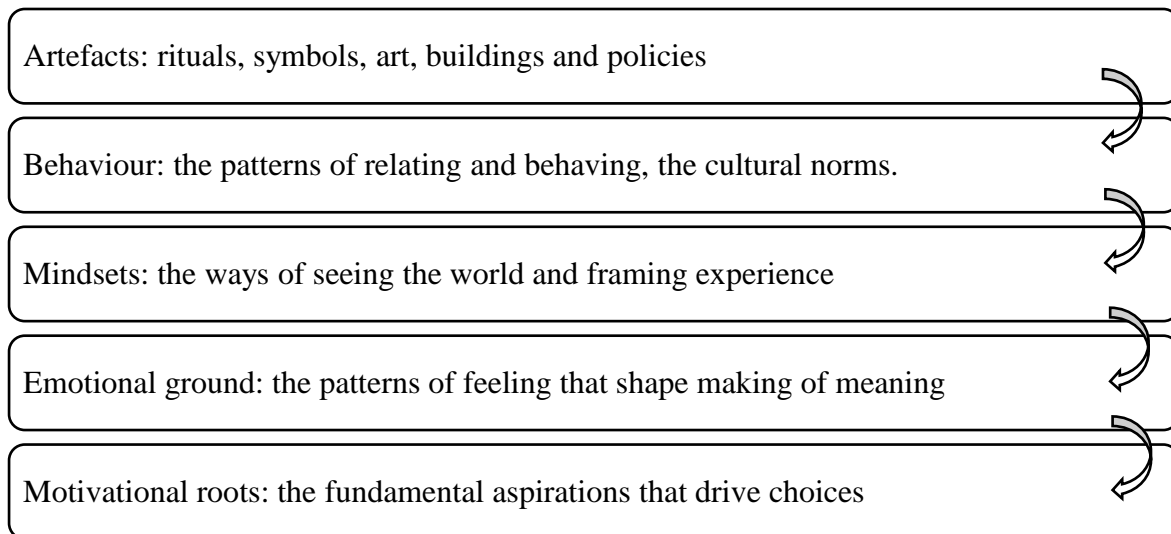
Crenshaw (1989) first used the term intersectionality to describe the layers of both racist and sexist discrimination faced by black women. This was rooted within the context of black feminist activism, in response to the sole focus on either feminist theory or anti-racism policies in anti-discrimination law. Theara and Abbott (2015) supported the utility of considering intersectionality within the contexts of the UK and disability research, broadening out from its original use in the US and feminist discussions. Thus, it is helpful for the present study to understand the metaphor of intersectionality, in order to consider more specifically how South Asian CYP and their families may face multiple inequalities or disadvantages which compound to create barriers. Children of minoritised heritage with SEND may experience “double disadvantage” (Singh & Orimalade, 2009, p. 405) from these two aspects of their identity.

This could also develop into additional layers of discrimination when considering other aspects such as SES. To illustrate, census data from the UK (ONS, 2020) shows that Bangladeshi and Pakistani children were most likely to live in low income households and material deprivation out of all ethnic groups. In contrast, Indian children were least likely to live in deprived conditions (ONS, 2020) and have more positive educational outcomes than Bangladeshi and Pakistani students (UK Government, 2021). This demonstrates that South Asians are not a homogenous group and various other aspects of an individual’s identity, such as SES and disability, intersect to cause differing levels of inequality.

### **2.3.3. Hawkins’ (1997) model of culture**

Hawkins’ (1997) model can be used to further our understanding of culture across five levels. The model can be described as hierarchical, as each level builds on and expands the level beneath it (Hawkins & McMahon, 2020). This model fits with the definitions of

culture above as it highlights how culture pervades at various levels of individual human life as well as society.



*Figure 1. The five levels of culture outlined in Hawkins' (1997) model.*

#### **2.3.4. Summary and implications for the present study**

In this section, I have chosen key definitions of culture from the literature that resonate with my own experience and understanding. For the present study, I am therefore using a working definition of culture for parents that incorporates not only them as individuals, with their unique upbringing and background, but also the family system and wider contexts they are part of. This lent itself to thinking about how various aspects of each parent's identity intersect.

#### **2.4. Conceptualisations of cultural responsiveness**

Following from Section 1.4 which outlined the divergence between the cultural backgrounds of professionals and the families they work with, I will now consider cultural difference as a precursor to cultural responsiveness. I will then explore conceptualisations of this term, the meaning I have inferred from the literature and how it has been studied.



### **2.4.1. Considering cultural difference**

Herskovits (1958) described cultural differences as the varied assumptions and values that influence the behaviour and social artefacts of different groups, both implicitly and explicitly, which follows from Hawkins' (1997) model of culture. Although professionals should make efforts to understand different cultures, this does not signify a full and complete understanding. Authentic contact and inquiry is required to honour cultural difference by maintaining an open attitude to learning (Hawkins & McMahon, 2020). For professionals, this could necessitate curiosity about their own cultural assumptions and relationships with parents.

### **2.4.2. Defining the term 'cultural responsiveness'**

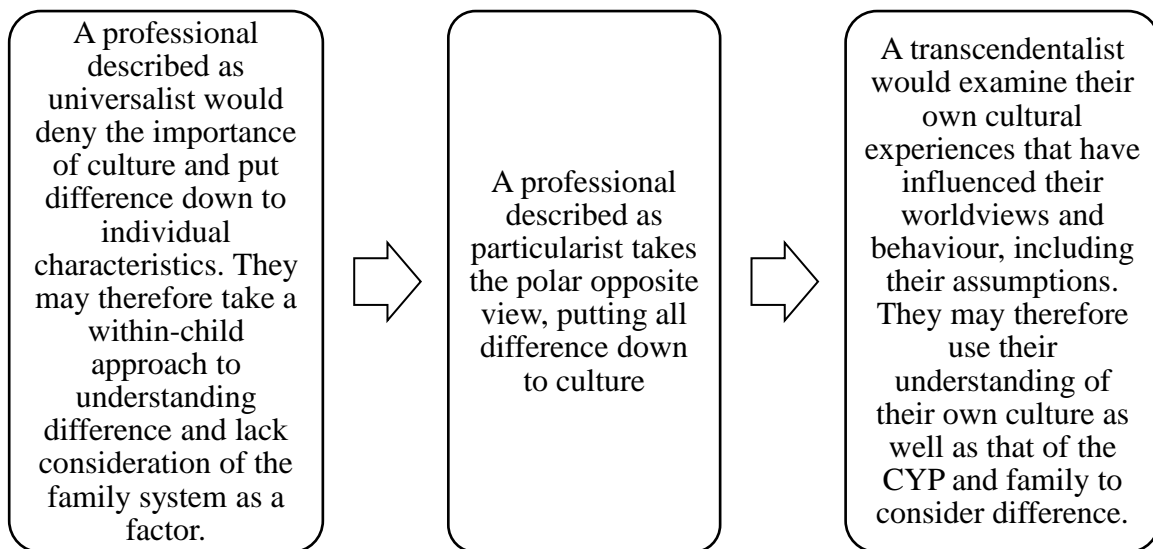
Various terms are used throughout the literature to refer to cultural responsiveness including cross-cultural competence (Sue et al., 1992; Rogers & Lopez, 2002), multicultural competence (Ratts et al., 2016), and cultural awareness (Ruggs & Hebl, 2012). These are often adopted interchangeably despite slight nuances in meaning. There appears to be a shift away from the terms *competence* and *awareness* more recently as they denote a passive approach to responding to culture. Friedman and Berthoin Antal (2005) perceived cultural competence as an unconscious or automatic ability to generate appropriate strategies to work with diverse groups. This may falsely imply that professionals can achieve a goal of being fully competent without reflecting on the diversity within a culture, or the development of their practice.

Instead, it is necessary to consider the active and ongoing process of learning from cross-cultural interactions and examining one's own cultural worldview, to create new responses that are then available for future interactions (Friedman & Berthoin Antal, 2005). As well as considering the cultural background of the individual with whom they are

working, professionals' must reflect on their self-identity as this influences practice and attitudes towards others (Hwang, 2006). Building on these ideas, Parker et al. (2020) and Sakata (2021) suggested the term *cultural responsiveness* to denote the reciprocal relationship between the professional and service user. This conceptualisation captures the reflection and adaptation required for professionals to respond appropriately to culture beyond simple awareness of difference, by considering the cultural beliefs and values of families (Barsky, 2018). It also reflects my own views about the cultural lens through which we see the world and may be more relevant for exploring parental perceptions. Parents may be more able to express how responsive a professional has been towards them and their culture, rather than the professionals' level of competence for working with cultural difference. As the aim of the present study was to gain the views of parents' experiences of interacting with professionals, rather than an assessment of professionals' knowledge or skillset particularly, it felt more appropriate to use *responsiveness*. However, when citing literature which has used other terms, the author's preference will be reported.

In the supervision literature, cultural responsiveness has been defined as "responses that acknowledge the existence of, show interest in, demonstrate knowledge of, and express appreciation for the client's ethnicity and culture and that place the client's problem in a cultural context" (Atkinson & Lowe, 1995, p. 402). The latter part of this definition signifies the action that should be taken beyond being aware of difference, by using cultural understandings to inform practice.

Tyler et al. (1991) distinguish between three ways of responding to culture, which can be inferred to represent increasing levels of cultural responsiveness. Figure Two below therefore presents these levels as a process, framed in the context of professionals who work with CYP and their families.



*Figure 2. Tyler et al.'s (1991) distinction between three ways to respond to culture.*

## **2.5. Theoretical models of cultural responsiveness**

In this section I will discuss three key models that can be used to understand the construct of cultural responsiveness and how professionals respond to cultural diversity, building on Tyler et al.'s (1991) understanding. There are a number of models available in the literature for discussion; however, I am focusing on those which are most relevant to professionals' work with parents. This was less about the perspective of a specific profession or professionals' competence in delivering culturally responsive practice to CYP and their families. There are other models available, such as the Model of Cultural Competence (Akbar & Woods, 2019) which was developed in the field of UK educational psychology practice. However, such models appear to be more appropriate for professionals to challenge and scrutinise their own practice, rather than understanding their working relationships with parents from diverse cultural backgrounds. I also considered ecological systems theories to think about interacting factors between an individual and their environment, including culture, but avoided this for issues of brevity as they were deemed too broad to have relevance to the nuanced issues considered here. As the present study is concerned with

cultural background and responsiveness, I made the decision not to take a specific lens upon race, white supremacy or privilege. This could have been achieved through the use of critical race theory, originating from the writings of legal scholars in the mid-1970s, or race re-imagining theory (DeCuir-Gunby & Schutz, 2014). However, I chose to focus more on the constructs of cross-cultural and inter-cultural relationships. The models reviewed next make some reference to systemic oppression and racism, but pay more attention to the importance of awareness of difference and how this understanding is applied in practice in terms of the interpersonal skills that may be required. I understood this to be a pre-requisite to professionals demonstrating cultural responsiveness, although I recognise that institutional racism plays an important part here and this is further explored in Section 2.7 when considering South Asian parents' views and beliefs about SEND and education.

### **2.5.1. Tripartite model of Cross-Cultural Counselling Competencies (Sue et al, 1982)**

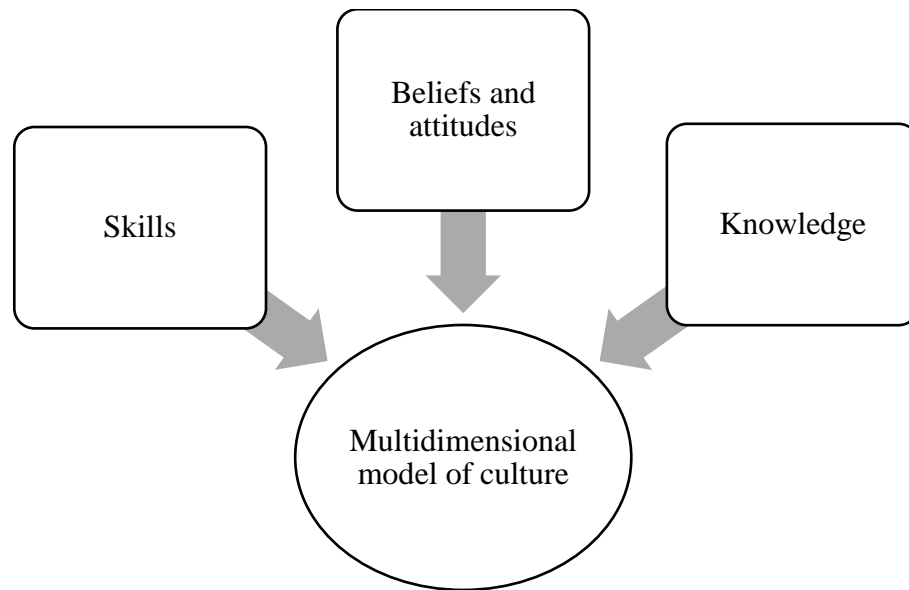
This framework of multicultural competence was developed within counselling psychology, a field which has been influential for multicultural research and development of theories that are used within school psychology in the US. The model therefore does not relate specifically to the school context in the UK. However, it is included here as it is one of the most widely utilised models and it considers the relationship between a counsellor and client, which has relevance for interactions between professional and parents.

For example, one of the three dimensions in the model relates to the skills required to communicate with people from diverse cultural backgrounds, including verbal and nonverbal responses to adapt their communicative style. These active listening skills are particularly significant for the professionals relevant to the present study, which can require communication with parents about challenging and sensitive topics using unfamiliar language, such as the nature of a child's needs. Later research has also corroborated the

importance of intercultural communication as a competency for working with cultural diversity (Brinkmann & van Weerdenberg, 2015) and communication skills that allow both the professional and parent to jointly explore assumptions and use these interactions as a learning opportunity (Friedman & Berthoin Antal, 2005).

The second dimension of the model comprises beliefs and attitudes, for professionals to develop multicultural responsiveness and understanding of diverse cultural backgrounds. In concordance with the ideas of cultural responsiveness described above (Sakata, 2021), this goes beyond awareness of the differences between their own culture and that of their client, to being comfortable with this discrepancy and considering how their own values and biases may influence the relationship.

Finally, Sue et al. (1982) describe the knowledge subconstruct, which involves finding out specific information about the cultural group. In the case of education and SEND, this should include the child and their family. This can include their unique history, prior interactions with school and professionals, values, and barriers to seeking support from services. Professionals must also possess knowledge of the characteristics of their own field and the wider socio-political context to understand how minoritised clients or service users are treated.



**Figure 3.** Tripartite model of cross-cultural counselling competences (Sue et al., 1982).

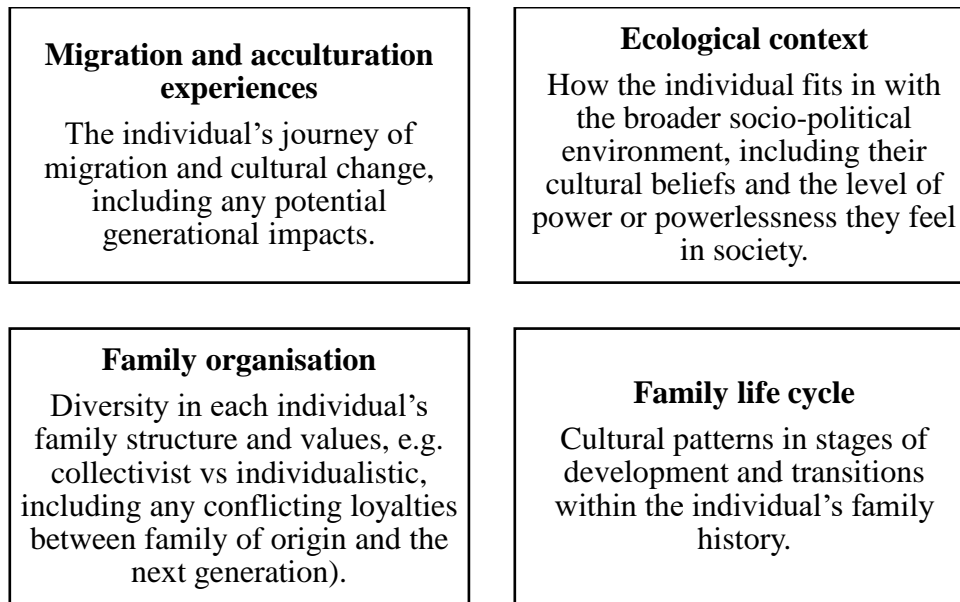
Although Sue et al.'s (1982) model was first introduced over forty years ago, its constructs appear to have withstood over time and later models beyond the US counselling context have incorporated the dimensions of knowledge and skills; for example, Akbar & Woods' (2019) Model of Cultural Competence. Ratts et al. (2016) also added social justice competencies to Sue et al.'s (1982) model to demonstrate how power and oppression influence the relationship between counsellor and client. This is particularly important to consider when thinking of parents of diverse cultural backgrounds working with professionals who do not share the same culture. The Multicultural and Social Justice Counselling Competencies (MSJCC) model uses a matrix framework to consider the dimensions of privilege and marginalisation for both counsellor and client. This is interesting to consider how aspects of identity can intersect as it is often assumed that professionals are in a position of higher status or authority. The MSJCC adds *action* to the three dimensions of Sue et al.'s (1982) model, helpfully providing suggestions for counsellors to understand the impact of their client's and their own worldviews and biases in a proactive way; for example,

through reflection, seeking professional development, immersion in their community and initiating collaborative conversations.

One limitation of Sue et al.'s (1982) model is that it does not account for systemic inequalities and power differentials between professionals and service users at the institutional level, in the context of EPs (Fisher-Borne et al., 2015). As well as considering oneself and others distinctly, Fisher-Borne et al. (2015) promote a cultural humility approach which explores knowledge of the self in relation to others. This demonstrates appreciation of the various worldviews that are all valid, and allows professionals to redress the power differentials with service users at both an individual and institutional level. The authors suggested that EPs could use questions to begin to understand how their own identity, beliefs and practices influence their interactions. The following models go some way towards addressing this limitation of Sue et al.'s (1982) model by encouraging consideration of wider contexts and integrating worldviews.

### **2.5.2. Multidimensional Ecological Comparative Approach (MECA; Falicov, 2014)**

Falicov (2014) developed the Multidimensional Ecological Comparative Approach (MECA) in the context of clinical practice, framing professional practice as a cultural and socio-political encounter between clients and practitioners. The model allows professionals to consider cultural similarities and differences across four domains, as set out in Figure Four below.



**Figure 4.** *The four domains of cultural similarity and difference in Falicov's (2014) MECA model.*

Falicov (2014) contends that professional relationships are influenced by the cultural and personal life maps of each individual; thus, comparing our experiences across these four domains helps to raise awareness of areas of diversity. The dimension considering ecological context also aligns with Sue et al.'s (1982) model as it encourages reflection on the wider socio-political systems which may be oppressive for parents from diverse cultural backgrounds.

Falicov (2014) suggested that the professional can only be educated about the client or service user's cultural identities by that individual themselves. This aligns with my own personal views and the present study, which aims to provide a platform for parents to share their own experiences and understandings, thus demonstrating how theory has informed the rationale and research design for this study. However, the MECA does not necessarily explain how professionals can apply and use this increased awareness of similarity and difference between cultures to their practice. In the present study, there is a focus on the relationship between a parent and professional and therefore the dimension of skills from Sue et al.'s (1982) model is useful to consider here.



### 2.5.3. Developmental Model of Intercultural Sensitivity (Bennett, 1986, 2017)

Bennett (1986, 2017) first outlined the Developmental Model of Intercultural Sensitivity in 1986, as a theoretical explanation for the continuum of competence acquisition he observed in academic and corporate settings. Individuals can move forward as they resolve the issue at each stage, although this is not a linear process as professionals can move to a previous stage depending on the context (Bennett, 1986). The rationale for such a model was to understand how individuals construe cultural difference and their new attitude or awareness towards this, which is a necessary prerequisite to developing cultural responsiveness. Table Two sets out the stages of the continuum and how each of these would look in practice.

Stage	Description
Denial	Denying the existence of individuals from a different cultural background to one's own or perceiving this as irrelevant, with a focus on one's own culture as the only truth.
Defence	Recognising cultural difference but seeing individuals from a different cultural background as <i>other</i> and considering them only in stereotypical or critical ways of thinking. Seeing one's own culture as the only good one and attempting to counter any perceived threat to this view.
Minimisation	Assuming that experiences are shared and overemphasising similarity between oneself and others, based on one's own worldview. Elements of one's own culture are seen as universal.
Acceptance	Acknowledgement and curiosity of cultural difference but limited knowledge and occasionally negative judgement rather than agreement. Simply a recognition that one's own culture is one of a number of worldviews.
Adaptation	Empathising and taking the perspective of individuals from a different cultural background, to consider what it would be like to participate in that culture.
Integration	Being able to adapt authentically by moving in and out of different cultural worldviews.

**Table 2.** Bennett's (1986, 2017) developmental model of intercultural sensitivity.

Bennett (2017) describes the first three stages of this development as *ethnocentric* and the later three stages *ethnorelative*. The first two stages represent culturally insensitive work, where difference is denied or not experienced, therefore meaning has not been made and there has been no opportunity to challenge one's own worldview. It could be argued that this is less relevant to today's modern society in which there is a large amount of diversity, which increases the likelihood that difference has not been encountered or noticed. Nevertheless, the ideas of assumed cultural superiority and negative stereotyping may still exist in the forms of unconscious or implicit biases if individuals are enclosed in sub-groups within diverse societies, as well as more overt, explicit forms. It should also be noted here that Bennett's (1986) model relates to individuals, however it may be helpful to consider how organisational structures and systems also move through these stages. For example, if support services do not recognise the need for culturally responsive policies and practice, this may reflect institutional oppression and racism relating to an ethnocentric approach.

The second two stages of the model are the beginnings of cross-cultural practice and includes minimisation, which may be a result of professionals wanting to reduce any perceived power imbalances with service users, although it is recognised that this is not a culturally responsive way to practice. The last two represent transcultural practice or supervision, which reflects social constructivist philosophy, as it involves a shift from thinking there is only one truth or worldview about culture, to being able to draw on interactions with other people to develop a more rounded understanding of different cultures which constitute an alternative version of reality for each individual. This encompasses empathy and the ability to shift into another worldview, fitting with Sue et al.'s (1982) dimension of beliefs and attitudes to respect or value cultural differences rather than imposing one's own values on the individual with whom they are working. Bennett's (1986)

model provides a helpful way to consider where professionals may be on the continuum when examining parental experiences in the present study.

#### **2.5.4. Summary of section and implications for the present study**

Three key models of cultural responsiveness have been outlined in Section 2.5. These were selected for the influence they have had on ways of thinking across a number of fields; although it is important to caveat that they are not specific to education and SEND. Thus, the competencies may not address some of the unique contexts of professionals working with parents. In this way, the models can be argued to be one-dimensional as they fail to acknowledge the complexity and multidimensionality of various professionals. Nonetheless, the models have commonalities across their individual constructs and these will be used in the discussion of the findings from the present study to consider how parental experiences fit with the current theoretical understanding in the literature. Although the theoretical models drawn upon here are outdated compared with more recent models, they are in line with more current understandings and can be argued to provide a well-rounded view of cultural responsiveness across fields of practice.

#### **2.6. Studies on cultural responsiveness and how it is investigated**

This section will explore the literature which has investigated cultural responsiveness, including a critical analysis of the methods used and an examination of how each study is situated within the research base and in relation to other findings. I will begin by looking at self-reported cultural responsiveness amongst the various professionals who work with CYP and their families, and then will focus more specifically on parents' views and experiences of cultural responsiveness when working with professionals.

Whilst there is literature on cultural responsiveness for a breadth of various professionals, for the purposes of brevity and relevance to the present study I am focusing on

those highlighted in Section 1.3: EPs, school staff including teachers and SENCOs, OTs, SALTs, GPs, paediatricians and social workers. The key aspect of the literature reviewed here is an examination of the relationship between parents and professionals, therefore those studies which looked only at professionals' cultural responsiveness in direct work with CYP have been deemed less relevant to the present study.

### **2.6.1. Exploring the self-reported perceptions of professionals' own cultural responsiveness**

Recent literature in the UK has primarily explored EPs and trainee EPs views of their own cultural competency or responsiveness through doctoral theses (e.g. Anderson, 2018; Ratheram, 2020; Rupasinha, 2014; Sakata, 2021). These studies provided helpful takeaways for understanding cultural responsiveness from a professional perspective. Key findings included self-perceived cultural competence in certain areas, such as knowledge of potential assessment bias and the effects of poverty but less confidence with other aspects of culture, such as theories of racial or ethnic identity development (Anderson, 2018). Professionals also reported adjusting their practice according to *ethnic minority cultural factors* when working with parents during autism assessments for their child (Rupasinha, 2014). However, these changes tended not to be based on evidence and were instead the result of incidental learning through the range of experiences of various casework. In Anderson's (2018) study, professionals' identification of their own developmental needs, including cultural and self-awareness, depended on self-awareness of gaps in their knowledge. This suggests that we cannot know what we do not know; therefore further research is required and gaining insight into parents' first-hand experiences may highlight areas for professionals to develop that they were not previously aware of.

Other researchers have reported core features of culturally responsive practice from the view of EPs (Sakata, 2021; Ratheram, 2020), most notably the importance of

communication skills. This included the need to develop cultural self-awareness, skills and knowledge, and to create an environment where parents feel safe to be open and honest, in keeping with Sue et al.'s (1982) tripartite model. Further overarching themes included respecting the values and cultures of each individual, enabling access to participation by actively removing barriers, and having a safe space for reflection with colleagues. Sakata (2021) used this understanding to develop a framework for professional practice with culturally diverse populations, emphasising the importance of relationship building. However, this was primarily based on research conducted with school psychologists in the US who may practice in a different context to the UK. Ratheram (2020) also reflected on the distinctive skills and contribution of EPs to support community connections and a sense of belonging for families from what she described as *minority cultural and linguistic communities*, although a limitation with this term was noted as it does not distinguish between different cultural groups.

In contrast, only one EP in Rupasinha's (2014) study talked about the value of parents contributing through collaborative consultation processes and how to ensure parents feel safe in this interaction. Some EPs discussed the importance of being sensitive to differing cultural attitudes, beliefs and constructs parents may share by building a good relationship and actively attempting to understand their perspectives.

These studies used small sample sizes and self-report methods, which presents limitations in terms of generalisability of findings, validity concerns and social desirability bias (Larson & Bradshaw, 2017). This may have led to a divergence between professionals' espoused theory, i.e., claiming to follow culturally responsive approaches to show themselves to be responsive, versus their theory-in-use, i.e., what can be inferred from their actions (Argyris, 1983) given the context and time pressures under which EPs work. The sample may also have been subject to self-selection bias as EPs who are more confident in their level of

cultural responsiveness may have been more likely to respond to recruitment for these types of studies.

The present study will aim to bypass limitations of these studies by investigating parents' views, as they may not feel as much of a propensity to present themselves in a certain light. The avoidance of a self-report measure also reduces the need for generalisability as the focus is instead on rich descriptions. While professionals' self-assessments of their own cultural responsiveness are widely used in research and to inform practice in education, Goodwin (2019) suggested that cultural competence might be better assessed by gaining parents' first hand experiences and perspectives. Relevant research exploring parental views will now be discussed.

### **2.6.2. Exploring parental reports of professionals' cultural responsiveness**

It is useful here to consider parent views, to compare whether they align with the professional views described above. However, much of the UK research in this area focuses on parental experiences more generally of having a child with SEND and not specifically on their working relationships with professionals. This section outlines parents' views of the cultural responsiveness of EPs and school staff in the UK, although the limited relevant literature available for other professions is briefly explored.

Ashraf (2019) interviewed Pakistani parents primarily in their home language, which allowed representation of minoritised voices. Although they had limited involvement in their child's education, this was attributed differently by parents and school staff. Parents did not feel welcomed by the school and had little information and guidance; for example, in relation to teaching methods for early years play. However, they did not view their lack of involvement negatively, which could be underpinned by their beliefs about the need for parental involvement. School staff, on the other hand, believed that this was due to parents

not valuing involvement and their lack of education. The findings indicate misunderstanding, or even stereotypical thinking, and lack of communication between school and parents. The implications of this research for the present study are the importance of asking parents about their views rather than making assumptions and promoting working partnerships with professionals.

Akbar and Woods (2019) concluded from their systematic review of minoritised parents that the difficulties raising a child with SEND were compounded by factors related to family context and culture. They often had negative experiences of service providers due to a lack of interpreters and cultural awareness, stereotyping, and perceived power imbalances. Parents reported that faith was a protective factor against stigma, and additional facilitators of effective interactions with professionals were access to staff belonging to the same cultural background as them; skilled, qualified interpreters who are not members of staff at the setting; feeling heard; having statutory processes and rights explained to them explicitly; and staff exploring and acknowledging the importance of a religious response to disability. Conversely, within SEND processes, language, perceived power differentials and mistrust prevented the parents from accessing appropriate services. The implication for professionals here, in particular, educational psychology services, is to adapt their delivery and practice to engage families from diverse communities and cultural backgrounds.

In the US, Goodwin (2019) found comparable results using a descriptive phenomenological approach to explore parents' experiences of cultural responsiveness and unresponsiveness in their child's school. This is similar to the present study; however there was less focus on interpretation and the researcher drew on a less homogenous sample including parents of white, black African-American and Asian parents among others. Nearly all parents emphasised the importance of a strong alliance with school, including regular communication and recognition of the family as a partner in the education process and source

for relevant cultural information (Goodwin, 2019). Parents also reported that school staff often do not acknowledge culture or use biases and stereotypes rather than educating themselves to develop an accurate understanding. Additionally, two African American mothers stated that the school only acknowledged their racial background during specific cultural holidays. This suggests that school staff may think about culture as a tokenistic or *tick-box* exercise, rather than a meaningful activity to gain insight into the child and family's cultural background.

For social workers in the UK, studies on cultural responsiveness have typically centred around working with families in poverty and deprived conditions. Although this is not specific to South Asian parents, it is useful to briefly draw on here considering the intersectionality that is an important thread throughout this paper. Jack and Gill (2011) reviewed first-hand parental accounts, finding similar themes to the studies above reporting parents' views of experiences with other professionals, around professional training and awareness.

In the area of healthcare provision, there is a lack of research specifically for GPs and paediatricians working with families of children with SEND. The literature that is available provides a mixed picture, which seems dependent on the particular profession. For example, Croot (2012) found that Pakistani parents' in England valued aspects of physiotherapy provision for their children that was no different to the majority population and indicated that cultural responsiveness may have limited relevance to this area of provision.

The studies discussed in this section corroborate earlier findings which demonstrated the stereotypes, lack of support and powerlessness perceived by migrant South Asian families working with school professionals (Bhatti, 1994) and with social workers (Shah, 1995). Explanations for these experiences were based on differences between parents' own



experiences of education, a lack of meaningful or timely communication with school in their own language where possible, mistrust of professionals and feeling judged. This is consistent with Ashraf's (2019) later findings. This indicates that parental views have remained relatively unchanged over 30 years, suggesting that implications and recommendations from such research have not been implemented or have facilitated minimal change.

Heer et al. (2012) drew together these ideas into an experiential–contextual framework, which can be used to explore South Asian parents' experiences and to consider how these are shaped by culture. The framework incorporates three dimensions or models of disability. Firstly, the minority experience, which refers to the difference between how South Asian families experience caring for a child with SEND. This is based on contextual factors such as conflicting values and beliefs, acculturation, language and social status (Sue & Sue, 1999) within the wider community which impact how SEND is labelled and understood within a family system. The minority experience links with the Western medical model of disability, which includes interactions with healthcare and specialist services, and the social model, incorporating discriminatory attitudes and barriers within society (Heer et al., 2012).

### **2.7. South Asian parents' views and beliefs about education and SEND**

Hawkins and McMahon (2020) explained that collectivist cultures, which can be used to describe South Asian communities (Mir et al., 2001), often prefer a hierarchical approach over equality. This may explain why parents trust professionals and place them in a position of authority. Parents' experiences of their own education also influence how they view their child's schooling, with potential disparities between parents' schooling in their home countries and that of their children in the UK (Bhatti, 1994). Moreover, Heer et al., (2012) reported that South Asian families may draw upon their cultural beliefs, values and norms to make sense of their child's SEND. For example, research shows that Indian parents are more

likely to first notice social difficulties rather than speech delays in their children and may not be as concerned about language deficits in their children, with beliefs that Indian boys speak later than other children (Daley & Sigman, 2002; Daley, 2004). Other parents have reported confusion about diagnoses and difficulty explaining it to others (Akbar & Woods, 2020).

As introduced in Section 2.3.1, faith is an important aspect of cultural identity and can influence parental views of their child's SEND. Gilligan (2013) found that South Asian Muslim parents reported a desire to share concerns and seek advice around their child's religious duties and their ability to perform these, including study of the Qur'an, praying and washing requirements. Faith can also influence South Asian parents' understanding of their child's SEND. For example, they often report religious explanations over a medical model, the latter being more common among white British families, with faith acting as a protective factor to support coping (Akbar & Woods, 2020; Fatimilehin & Nardishaw, 1994). Some parents in Bywaters et al's (2003) study had very little understanding of the reasons underpinning their child's disability, and the authors attributed this partly to evidence of language barriers impacting understanding due to an absence of interpreters in medical consultations.

In contrast, other studies have identified South Asian parents' preference for a medical model (Theara and Abbott, 2015) or mixed views of SEND with South Asian parents navigating between medical and religious explanations (Bywaters et al, 2003; Croot et al., 2008; Kaur, 2011; Skinner and Weisner, 2007). These findings can be explained by the belief among South Asian minoritised cultures that learning disability and other needs such as autism can be *cured*, which lends itself to thinking about either medical or spiritual treatment.

However, beliefs about SEND depend on the individual context of the parent and family, including religious alignment or upbringing. Heer et al.'s (2015) study clearly

illustrated this, with British-born South Asian parents' views conflicting from those of their elder relatives who had unrealistic expectations of the child's capabilities and focused more on their limitations. The parents' own understanding of disability stemmed from their bicultural identity and Western cultural values. This also linked to pressure from family members to seek out traditional Indian remedies instead of Western medical interventions as a cure for their child's disability, such as seeking advice from religious leaders or visiting holy sites in their country of heritage, of which the parents were sceptical.

Hasnain et al. (2008) explain that disability-related terms can be understood and constructed in various ways according to both culture and religion. It has been established that the Qur'an refers to sickness and disability in generic terms (Rispler-Chaim, 2007) and there is more of an emphasis on "disadvantage that is created by society" (Bazna & Hatab, 2005, p. 24). Islam therefore promotes seeking out those in need of support and guiding those with physical conditions, to include them in society and remove stigma and barriers to inclusion. Although the authors did not compare Islamic teachings with disability models and cautioned that the teachings may not reflect the current practice of Muslims, it can be tentatively suggested that this aligns with the focus on collectivism that South Asian cultures tend to adopt (Hawkins & McMahon, 2020). Extended families or communities may support individuals and use proactive, resilient empowerment to find their own solutions (Hasnain et al., 2008), in contrast to individualistic Western medical models which may tend to see disability as within-person *problems to fix*. This may also explain, in part, why the literature generally demonstrates a lack of service utilisation amongst South Asian communities. Instead, families may prefer to rely on community and faith leaders than accessing therapy or other professionals.

However, caution must be taken to avoid perpetuating stereotypes about South Asian parents' understandings of disability which can vary between and even within individual

family units, linking with intersectionality. Bywaters et al. (2003) warned that understandings of alternative narratives that South Asian parents may hold should not be used to explain why service uptake amongst minoritised families is lower than that for white families, as this can minimise the influence and impact of institutional racism. It is vital to consider alternative explanations for low uptake of service utilisation, including cultural assumptions and institutional and systemic oppression towards South Asian individuals. This can include social and material deprivation, discrimination, and a lack of information due to language barriers or varying terminology and culturally unresponsive services, among other reasons (Bywaters et al., 2003; Hasnain et al., 2008). These were shown to impact uptake of service provision more than parental attitudes to disability.

Professionals may also take a Eurocentric view of what is the norm in relation to SEND and mental health (Hasnain et al., 2008). One aspect of cultural responsiveness may therefore involve professionals giving weight to alternative understandings of SEND and mental health, rather than privileging professional discourses which may be rooted in colonialism. Professionals should be aware of and responsive to such variety in cultural beliefs about SEND when working with families from diverse cultural backgrounds. The specific label or diagnosis may be less important to Muslim families than the functionality of the individual with the disability, thus professionals must understand how families perceive this, as it has implications for how they seek or accept care (Hasnain et al., 2008).

Professionals should examine their use of accessible language, knowledge of and sensitivity to cultural norms, and engagement with wider family and community members in order to promote a sense of trustworthiness (Hasnain et al., 2008). Theara and Abbott (2015) concluded that professionals in the UK are more likely to have a social model construction of SEND, so disparity with parents' medical or religious perspectives may lead to disengagement between parents and professionals. The impact of this is that parents may not

utilise services, due to limited knowledge about what is available and a lack of culturally sensitive practice (Bywaters et al, 2003; Kaur, 2011) or hopes of treatment which preclude involvement with educational or non-medical professionals (Heer et al., 2012; Theara & Abbott, 2015). Instead, parents report cultural community groups to be more helpful in developing their understanding of diagnoses (Hasnain et al, 2008).

Stigma is another culture-specific issue that can impact South Asian parents' understanding or views of their child's SEND and can be stressful for parents (Akbar & Woods, 2020). Singh and Orimalade (2009) summarised causes of disadvantage in people with learning disability from minoritised ethnic groups. Although stigma surrounding learning disability can exist in any culture, it is more profound among many minoritised groups due to a fear of rejection of the child within the family and of the family within the community. Parents report stigmatising and judgemental reactions to their child's SEND from their own communities, including a lack of understanding based on limited exposure to individuals with disabilities (Heer et al., 2012; 2015). This links with a social model of disability which highlights the role of disabling attitudes and barriers. Potential isolation and rejection from the community are underpinned by cultural norms and expectations. For example, South Asian parents report social hierarchy and status as key in their home country, with the successes of children often acting as a measurement of effective parenting (Theara & Abbott, 2015). If children with SEND are less likely to have a high-earning job, this impacts on perceived family success in the community which could influence family honour and shame (Heer et al., 2012), further expounding stigma and prejudice. An understanding of stigma in South Asian communities may also help to clarify why medical or religious models are preferred by parents, as a diagnosis may be met with less fear and prejudice with the view that it can be *cured*. Professionals should be aware and responsive to the fact that stigma within the community can preclude parents from accessing services. This may reflect Crozier

and Davies' (2007) findings that schools position South Asian families as *hard-to-reach*, and Ashraf's (2019) findings that Pakistani parents did not feel welcomed or well-informed by their children's schools. It could therefore be implied that there are wider issues at play than individual professionals' cultural responsiveness, and instead reflects an ethos of implicit bias across organisations or services working with families of children with SEND.

It is established that South Asian parents and families can hold differing views of SEND and education to those from other cultural backgrounds. This has implications for the cultural responsiveness of professionals, including the need to provide parents with support and opportunities to discuss cultural explanations for their child's needs. However, there is also variation within South Asian groups and this can be rooted in factors such as intersectionality and whether the parent is a first- or second-generation in the UK (Heer et al., 2012; Theara and Abbott, 2015). In view of this, it is important to consider each family in its own right. Professionals have a duty to consider how they "respond to and try to make sense of some culturally based views of special needs" (Lawrence, 2014, p.251), especially when there may be a disparity in their perspective or model of SEND utilised in practice. This further substantiates the need to gain insight into lived experience and for professionals to provide culturally responsive services.

## **2.8. Working with parents from diverse cultural backgrounds in education**

There is a large body of evidence that promotes the involvement and inclusion of parents in their child's education, with resulting positive impacts on constructs such as attainment. However, the literature used to inform practice in the UK is specific to Western culture. Therefore, this does not take into account firstly, barriers to South Asian parents being involved in their child's education and secondly, various cultural beliefs about their involvement in education. These issues are therefore discussed here.

### **2.8.1. The benefits of parental involvement**

It is well established in the literature that parental involvement and engagement in their child's education leads to more increased positive outcomes related to achievement (e.g., Fan and Chen, 2001; Goodall & Vorhaus, 2011). This was demonstrated even when confounding variables such as social-economic status and family size were controlled for (Desforges & Abouchaar, 2003), which is significant to note with South Asian families who may be more likely to experience deprivation, in particular Bangladeshi and Pakistani communities, as discussed in Section 1.4.

With this clear importance and requirement for parental involvement, there has been a shift in ways of thinking about how to include parents in education. This includes ensuring parental views are gained when making decisions about their child's education (Squires et al., 2007). The aim is for parents to move away from a passive role in which they rely on the advice of the professional, who is positioned as the expert, as described in Dale's (1996) typologies of parental engagement. Instead, they should become equal and active partners with school staff and other professionals involved with their child's education (Cuckle & Bamford, 2000; Lamb, 2009; Wolfendale, 2013). This shift is reflected in guidance documents and policies which point to the importance of parental partnerships; for example, the SEND Code of Practice (DfE & Department of Health; DoH, 2015) emphasises the need for professionals to consult parents regularly to gain their views and inform them of any decisions made to support their child.

### **2.8.2. Standards for professionals**

The practice of the professionals included in the present study is guided by regulatory bodies which produce guidelines about how to work with different groups of people. Table

Three below summarises the key policies and guidance documents for each profession and makes reference to the guidance that is provided.



<b>Document</b>	<b>Relevant professions</b>	<b>Relevant guidance</b>
British Psychology Society Code of Ethics and Conduct (BPS, 2021).	EPs	“Members [of the BPS] value the dignity and worth of all persons, with sensitivity to the dynamics of perceived authority or influence over persons and peoples and with particular regard to people’s rights” (p. 6).
BPS Practice Guidelines (BPS, 2017)	EPs	“It is expected that all psychologists will have the necessary skills and abilities to work with all sections of the community” (p. 32).  “Psychologists need to be aware of stereotypical beliefs and assumptions which manifest in thinking about culture and ethnic groups” (p. 33).
Standards for the accreditation of doctoral programmes in educational psychology (BPS, 2022)	EPs	“By the end of their programme, trainee educational psychologists will... demonstrate knowledge and understanding of race, religion or belief, ethnicity, gender, sexuality, social class and their intersection as relevant to professional practice. This will include showing an understanding of the impact of stigmatising beliefs” (p. 20).
Standards of proficiency for practitioner psychologists (HCPC, 2015) For SALTs (HCPC, 2014) For OTs (HCPC, 2013)	EPs, OTs, SALTs	“Be aware of the impact of culture, equality and diversity on practice” (p. 8)  “Understand the requirement to adapt practice to meet the needs of different groups and individuals” (p. 8).
Teacher standards (UK Government, 2021)	Teachers	“Teachers uphold public trust in the profession and maintain high standards of ethics and behaviour, within and outside school, by [... ] not undermining fundamental British values, including [...] tolerance of those with different faiths and beliefs” (p. 14).
Good medical practice (General Medical Council, 2013)	GPs, paediatricians	“You must treat patients as individuals and respect their dignity and privacy” (p. 16).  “You must treat patients fairly and with respect whatever their life choices and beliefs” (p. 16).

<b>Document</b>	<b>Relevant professions</b>	<b>Relevant guidance</b>
Fundamental standards (Department of Health and Social Care, 2014)	GPs, paediatricians, social workers	“Service users must be treated with dignity and respect... having due regard to any protected characteristics (as laid down in section 4 of the Equality Act 2010) of the service user” (p. 10).
The professional standards for social workers (Social Work England, 2019)	Social workers	“Recognise differences across diverse communities and challenge the impact of disadvantage and discrimination on people and their families and communities.” (p. 3)  “Promote social justice, helping to confront and resolve issues of inequality and inclusion.” (p. 3)

*Table 3. Guidelines and standards for professions addressed in the present study.*

In summary, these professional guidelines state that EPs and other professionals must be aware of and consider cultural differences in their practice to be ethical practitioners. This involves having the skills and abilities to work with diverse communities and being aware of how culture can impact psychological wellbeing and practice. There is also reference to an understanding of stereotypical or stigmatising beliefs about different cultures. Respect and tolerance of diversity are universal values that seem to underpin all of these standards.

Whilst it is positive that these guidelines and standards acknowledge diversity and the need for professionals to consider culture, they seem to infer a passive approach of having awareness and knowledge. There is a lack of information about how professionals can proactively engage in cultural responsive practice that accurately reflects and meet the needs of culturally diverse service users. Ashraf (2016) argues that the BPS and DECP guidance is simplistic. Thus, by gaining the first-hand views of parents with whom professionals work with, it is hoped that the present study will allow an understanding of what service users would hope to receive in terms of culturally responsive practice. Moreover, it was not a straightforward task to locate and identify policies or guidance documents for all professions here that referred explicitly to cultural diversity. This indicates that there is still a long way to go in terms of raising awareness of the importance of culturally responsive practice.

There also is an increasing shift towards consultative, collaborative ways of working amongst many of the professionals that this study is relevant to, but particularly EPs. As noted by Ashraf (2016), consultation is more collaborative than hierarchical, with professionals using their expertise to support the parent to problem solve. This may contrast with the views of South Asian parents from collectivist cultures who tend to prefer hierarchy and authority (Hawkins & McMahon, 2020). It is also important to consider how this may manifest when the professional and parent are from different cultural backgrounds, as effective consultation depends on an awareness of the consultee's cultural background. This

can be impacted by the overreliance on Eurocentric models and theories within psychology (Ashraf, 2016). Attention to cultural issues in school consultation is limited (Ingraham, 2000). However, EPs and any other professionals using consultation and intervention with parents from culturally diverse backgrounds should consider the congruence of their practice with the family's values and beliefs.

### **2.8.3. Barriers to South Asian parents' involvement**

The Lamb Inquiry recognised a lack of parental confidence in SEND Assessment and Funding systems, which resulted in disengagement with school systems. Lamb (2009) argued that parents should be treated as equal partners with expertise and should be involved in discussions about their CYP, as outlined above. Furthermore, Squires et al. (2007) recognised that the relationship between parents and professionals is complex so there is potential for dissatisfaction. This means that the expectations of each other's role should be clear, to minimise any misunderstandings.

These issues may be exacerbated for South Asian parents, who may find it more difficult to engage with school systems and professionals due to the way the systems are set up with oppression and power differentials, as well as barriers related to cultural beliefs or language. Heer et al. (2012) linked this with the social model of disability, whereby factors such as discrimination and material disadvantage make it more difficult for South Asian families to access services in relation to their child's SEND. Hornby and Lafaele (2011) discussed literature on barriers to parental involvement more widely and drew upon Reay's (1998) research in which teachers described the parents largely involved in their child's education as *good*, and these typically are white middle-class, married and heterosexual. Similarly to Bhatti's (1994) conclusion, parents' personal histories and their educational experiences seem to influence their involvement in their children's schooling (Reay, 1998),

particularly their effectiveness in dealing with teachers. These differences are rooted in social class, ethnicity and race. Divergence in cultural backgrounds can negatively impact relationships between home and school, and this may arise from a mismatch in cultural capital (Bourdieu, 1977).

To illustrate these points further, there is a body of evidence to draw upon which relates to parental involvement for South Asian families in particular. Crozier and Davies (2007) studied relationships between schools and families, particularly of South Asian heritage, finding that some school staff identify the families as *hard to reach*. Although the families had low levels of involvement in their children's school and little knowledge of the education system, they were not indifferent to their children's education. Crozier and Davies (2007) therefore determined that it is actually the schools and, ostensibly the professionals working with them that are *hard to reach* for South Asian people. This study pointed to the need for professionals in schools to engage with families from minoritised cultural backgrounds and to see the positive things these parents and their culture have to offer to their children's education. This is consistent with more recent literature discussed above, which suggests that there may have been little change in the attitudes of professionals and their degree of cultural responsiveness.

Anecdotally, there also appears to be variation in the extent to which parents from South Asian communities believe they should be involved in their child's education and this can impact their willingness to participate. This is corroborated by recent evidence from Ashraf (2019) and Akbar and Woods (2020) that parents often put trust in the services and systems that are available to support their children as they do not necessarily see it as their place to be involved. However, this seems to be explained by parents feeling unwelcome and unwanted in the school environment, rather than not placing value on their involvement (Akbar & Woods, 2020).

For South Asian parents, partnerships with professionals can be impacted by language barriers, lack of good-quality interpreters and difficulty understanding technical language (Akbar & Woods, 2020). Power also plays an associated role here as parents need to feel comfortable and confident to be fully involved in decisions about their child's education. Some parents in Akbar and Woods' (2020) study described how professionals having a higher perceived status, more knowledge of the processes, and a superior command of the English language led to them feeling disempowered as parents. Parents tended to follow the advice of professionals even if they disagreed. This is in line with reports from parents, particularly mothers, who speak English as an additional language (Heer et al., 2015) and who experience self-consciousness due to illiteracy not only in English but also in their home language (Bhatti, 1994).

Professionals themselves have also identified barriers to parental involvement. Some EPs in Ashraf's (2016) study stated that cultural factors and the fact that SEND is perceived differently by different communities had often resulted in parents refusing input from professionals. For example, one parent was not worried about an autism diagnosis for their child in itself, but what may happen as a result. EPs also reported that cultural attitudes towards SEND had led to parents fearing stigmatisation, experiencing prejudice and often exclusion from their community. They believed that may be the reason why some parents from minoritised backgrounds were reluctant to actively engage with professionals.

In Ashraf's (2016) study, EPs indicated that schools could be unreceptive settings that often held very negative views about some CYP. For example, one EP talked about school staff reporting that Asian parents are reluctant, not wanting to engage and using broad stereotypes or assumptions about them such as not speaking English therefore professionals should not make the effort to involve them. This reflects my colleague's personal experiences

as reflected on in Chapter 1 and further solidifies the rationale for the present study to explore the lived experiences of parents.

It is recognised that school staff are working in fast-paced and often stressful environments, where the focus is often on the students' performance and subsequently the status of the school (Ashraf, 2016). Hence, the apparent dismissal of families from diverse cultural backgrounds may stem from a sense of unpreparedness or additional stress to directly tackle differences.

In conclusion, professionals should be following guidance and policies to support their working relationships and partnerships with parents. This, in turn, illustrates the need for professionals to be responsive to the needs of the diverse families with which they work, and for the views of parents to be gathered.

## **2.9. The present study**

This literature review has clearly highlighted the intersectionality of SEND and culture, which has implications for professional practice. Previous researchers have noted that the experience of having a child with SEND and of cultural responsiveness is best understood from the perspective of the parents themselves (Akbar & Woods, 2020; Theara & Abbott, 2015). In Ashraf's (2019) study, Pakistani parents were happy to talk about their involvement in their child's schooling and wanted their voices heard. Parents' experiences, both positive or negative, should inform what the field deems to be culturally responsive practice.

Nevertheless, prior research has focused primarily on the perceptions of the professionals and their views of their own cultural responsiveness rather than parental perspectives (Akbar & Woods, 2020; Theara & Abbott, 2015). Researchers have suggested further work to compare the experiences of minoritised families with those of EPs (Ashraf, 2016) and to address power differentials between professionals and parents (Ratheram,

2020). This provides further justification for the present study, in which I provide a platform for minoritised parents to share their views.

The aims of the present study are hence to provide South Asian parents with a voice to become equal partners with professionals, and to use the understanding gained from their experience to inform school staff, EPs and other professionals on how to provide culturally responsive practice when working with culturally diverse families and in particular, South Asian parents.

The research questions I was aiming to address with this research study were as follows:

1. What are South Asian parents' experiences of working with professionals in relation to their child's special educational needs?
2. How do South Asian parents' make meaning of their culturally responsive and unresponsive experiences with professionals?

### **2.10. Chapter summary**

This review has highlighted three key models that can be used to understand how professionals can be responsive when working with parents from diverse cultural backgrounds. Although they are not all specific to the field of education and SEND, they have common features that are important and relate to my own conceptualisation of cultural responsiveness. Findings from previous research have been discussed, with reference to the models of cultural responsiveness, as well as a consideration of strengths and limitations. This has illuminated gaps in the current evidence base, as there has been limited exploration of parental views of cultural responsiveness and unresponsiveness in the UK. Accordingly, this research study aims to address these gaps. The next chapter addresses the methodology adopted in this study.



### **3. METHODOLOGY**

#### **3.1. Introduction to chapter**

This chapter outlines the methodology and research methods used for the present study, with a rationale provided for the choices made and alternative methods considered. The chapter begins with a discussion of ontology and epistemology, my philosophical position as the researcher in relation to these concepts and how this has guided the decision to use Interpretive Phenomenological Analysis for the study. The method of data collection and analysis will then be described, including the ethical considerations with the actions taken to mitigate risks and the process of sampling. The chapter concludes with a consideration of quality assurance and trustworthiness in qualitative research, reflexivity and my position as the researcher.

#### **3.2. Ontology and epistemology**

First, it is important to consider philosophical issues in the context of the present study, investigating parental experiences of cultural responsiveness when working with professionals. In order to study this social phenomenon, an understanding is required of the nature of these experiences as a social reality, assumptions about what can be known and how we can know it. Setting out my philosophical position as the researcher provides a rationale for the methodology and methods employed in this study.

Ontology refers to the study of what it means to exist and the nature of this existence (Delanty & Strydom, 2003), with two broad positions that can be taken. A realist ontology would suggest that social objects and phenomena exist in reality independent of our interpretation or ideas of them as humans (Della Porta & Keating, 2008). In contrast, idealism suggests that social objects and phenomena exist only in our minds and there is not one

universal truth about society; rather, there are multiple truths and these are only our interpretations and ideas.

Ontology leads to a consideration of what can and cannot be known about social objects and phenomena and whether this can be determined objectively or through interpretation. This is referred to as epistemology, which concerns the study of what constitutes knowledge (Risjord, 2014). At one end of the epistemological spectrum is objectivity, which stems from a realist ontology that reality exists independently of the researcher's study of it. The researcher is detached from the social object or phenomena and can achieve knowledge that is independent of their own subjective interpretation. Thus, they can form a theory of what the object is, find evidence to verify this, discover underlying laws and generative mechanisms, and make predictions. Other scientists can then use the same standards to find the same evidence, regardless of their individual identities and background.

At the other end of the epistemological spectrum is subjectivity, which is based on the idealist ontological assumption that social researchers are not separate to the social world they are studying and knowledge is therefore perceived or experienced through them as agents. The researcher's perceptions and interpretations produce knowledge and sense-making of what is experienced (Searle, 1995). This is the epistemological position I take as a researcher, which has implications for the way I chose to conduct this study. Methodology refers to the philosophical assumptions or theoretical perspective researchers take about how they can produce knowledge (Haverland & Yanow, 2012). Two contrasting positions that can be used are positivism and interpretivism, depending on the ontological position taken.

Positivism follows from a realist ontology and empiricist epistemology, which suggests that researchers are only able to study people's reactions or actions in response to events that affect their lives. Researchers should aim to discover knowledge that is already

out there through experience, without interacting with or influencing the subject (Della Porta & Keating, 2008). However, in social science research, the investigation is centred around mental phenomena, such as how parents have experienced their interactions with professionals in the case of the present study. Rosenberg (2012) also highlighted that laws do not exist in the social world, due to exceptions to rules and difficulties separating the effects of all forces and factors determining human behaviour. A limitation of positivism is reconciling its empiricist epistemology with unobservable entities in the social world, such as how an individual has experienced cultural responsiveness.

Interpretivism addresses these criticisms of positivism, stating that social science research should not be conducted in the same way as research in the natural sciences (Bernard, 2006). Interpretive research aims to understand and explain social objects or phenomena through the meanings and motivations humans attribute to their behaviours and action. There is a focus on what sense they make of the world in which they live and events that happen. Interpretivism is less about discovering single or absolute truths and laws about causal relationships between variables, as is the case with positivist research. Rather, it is about understanding that each individual has their own construction of reality, which is shaped by their experiences and language (Scotland, 2012). This encompasses subjectivity, with researchers using their own feelings, values and beliefs to understand human experience (Bernard, 2006). Interpretivism therefore seemed to fit the present study, as it was established in Chapter Two that there is much variation between and within South Asian groups. It is necessary to understand how each individual parent constructs their own understanding of their experiences of cultural responsiveness when working with professionals, as constructed using their prior knowledge, values and belief systems.

Phenomenology is an important influence on interpretivism and achieving *Verstehen*, a term Weber coined to refer to a deep understanding from another person's point of view

(Bernard, 2006). Phenomenologists believe we cannot directly perceive the world as it is but how it appears to us, which is shaped by the fact that we are human (Bernard, 2006).

Reflecting on my own philosophical position as the researcher, my alignment with the interpretivist epistemology lends itself to interpretative phenomenological analysis (IPA). The aim of IPA is to capture the experiential and qualitative through an approach rooted in psychology, allowing researchers to explore people's personal meaning making and sense-making in a specific environment. I therefore chose to use IPA as I was interested in gaining rich insight into each individual parent's unique experience, by analysing their data separately and looking for comparisons at a later stage. Differences as well as similarities can then be highlighted, giving value to each individual account. This is in contrast to approaches such as grounded theory or thematic analysis, which aim to identify shared codes earlier in the process.

### **3.3. Interpretative Phenomenological Analysis (IPA)**

IPA is a qualitative research approach which aims to examine individuals' important life experiences and how they make sense or meaning of those lived experiences through their reflections and accounts that they provide (Smith et al., 2022). In the present study, the focus is not on a single specific event but on parents' experiences of working with a range of professionals over time in relation to their child's SEND. This can be considered important and significant, for example in the context of an education, health and care assessment of their child's needs to inform future support. IPA is underpinned by three theoretical strands of the philosophy of knowledge: phenomenology, hermeneutics and ideography.

Phenomenology is a philosophical approach concerned with the exploration of experience. IPA is phenomenological as it is based on the philosopher Husserl's idea to 'go back to the things themselves', rather than attempting to categorise experience into

predetermined groups. Phenomenological research therefore examines experience as it happens (Smith et al., 2022). *Experience* is a complex concept; however, in IPA the focus is on when the everyday flow of experience takes on a significance for that individual, usually when an important event has occurred, and this is what can be explored using IPA (Smith et al., 2022). In the present study, the aim is to explore parents' experiences of working with professionals in relation to their child's SEND, which can be considered significant to them. These experiences may be connected to important events for them, such as undertaking the process for an education, health and care needs assessment; gaining a better understanding of their child's needs and the support they require through assessment and consultation with professionals; and facing cultural responsiveness or unresponsiveness from these professionals. I am interested to know how a small sample of parents made sense of these experiences through their thoughts, feelings and reflections on the significance of those events. This can allow them to understand their own experience of cultural responsiveness when working with professionals and identify the essential features or qualities of that experience (Smith et al., 2022), which may lead to implications for practice that are informed by the participants themselves.

Hermeneutics refers to the theory of interpretation. Smith et al (2022) explain that with IPA approaches, the researcher attempts to interpret the research participants' sense-making through their reflective accounts. The researcher therefore takes a dual role by engaging in a double hermeneutic, whereby they are attempting to make sense of the participant's attempt to make sense of what is happening to them. However, this can only be achieved through the participant's account, and is undertaken in a systematic and self-conscious manner (Smith et al., 2022) with the researcher being aware of their own experiences and biases which influence their interpretations of this account. The hermeneutic circle is an important idea in hermeneutic theory, and refers to the evolving relationship

between the part and the whole; for example in the present context, the part can refer to an individual interview and the whole is the research study. To understand the interview, I need to look to the whole study and to understand the study, I need to look at the individual interviews as parts which make up that whole. This points to the style of analysis in IPA, which involves an iterative, dynamic process of interpretation and non-linear thinking.

Idiography represents a focus on the particular, in contrast to nomothetic approaches which aim to generalise and find patterns across groups. Idiography therefore represents a shift away from a positivist standpoint which is concerned with establishing laws of human behaviour. IPA is idiographic as it is committed to exploring the details of a particular case; that is, the experience for that individual and what sense they are making of what is happening to them. This is achieved in IPA by studying a small, homogenous sample that reveals details of individual experience as well as convergence and divergence across participants (Smith et al., 2022). This represents a deep level of analysis, conducted in a thorough and systematic manner. I therefore purposively selected a small sample to understand the particular perspectives of these individual parents in their own particular context.

As there is a gap in the literature exploring parental views of cultural responsiveness, IPA seemed like the most suitable approach to use to understand their experiences in a detailed individualised way and in a particular context, before making generalised claims. Sultana (2014) also pointed to IPA as an appropriate approach to study social issues such as racism and identity exclusion. For example, other similar studies have used phenomenological approaches, including Lawrence (2014) who explored Black African parents' experiences of working with educational psychologists and Goodwin (2019) who looked at parents' perspectives of cultural competence in schools. As there are variations within cultural groups, IPA allows an emic approach to research by studying individuals from

one culture in detail to understand what they need for professionals to work with them, rather than comparing cross-culturally using an etic approach (Ashraf, 2016). This further solidifies the rationale for the use of IPA in the present study which explores individual experiences of cultural responsiveness.

The aims of this study are exploratory rather than explanatory, with a focus on understanding how parents perceive their experiences of working with professionals, and interpreting the meaning they make from these, relating to cultural responsiveness. Through maintaining an open approach to the research, I am attempting to describe and understand the significant objects or events in each individual's life, and their experiential claims. This is situated specifically in their lived experiences of working with professionals in relation to their child's SEND. Analysis will therefore be rich and detailed, though the reach of the findings will be limited.

To summarise, the philosophy underpinning this study clearly illustrates the choice for IPA in the present study over alternative approaches that could have been considered. Phenomenology, as in IPA, is concerned with rich description of human experience rather than how language is used to construct that experience, as with social constructionist discourse analysis or narrative approaches. This also allows for further insight into each individual's unique experience, which is of less interest with approaches such as thematic analysis that treats all accounts as one amalgamated data set and looks at general themes across participants (Braun & Clarke, 2006).

### **3.4. Method**

In-depth semi-structured interviews were used to collect qualitative data from participants, following an interview schedule developed using questions from the literature, including Burkard et al.'s (2006) paper on culturally responsive supervision. This involves

asking participants to recall an example of a culturally responsive and unresponsive event. Each interview lasted approximately 60 minutes, with three conducted online using Microsoft Teams and one conducted in person at my service office.

The questions were deliberately kept as open as possible to allow participants to provide a reflective account of their experiences and to allow for sense-making. For example, previous studies have asked questions around professionals' competency in communicating test information to parents from different cultures (Anderson, 2018), or in checking assumptions and understanding (Goodwin, 2019). However, these questions felt too focused for the purpose of the present study and may have led participants to reflect on certain aspects of their experience rather than providing a holistic picture.

The first interview acted as a pilot and no significant changes were identified to be required from this; therefore, it was included in the study and I continued with this interview schedule for all subsequent interviews. However; as it was a semi-structured schedule, small adaptations could be made during each individual interview in response to the participant. In particular, prompt and probe questions were used to address key words or phrases that the participant had used and ask for more detail. For example, the use of "*can you tell me more about that*" or "*how did you feel*" allowed the participant to reflect on the meaning and sense they made of the experiences they were describing (Smith et al., 2022).

### **3.5. Research context**

This research study was conducted with four parents who each had a child with identified SEND in a large local authority in the West Midlands. As the study sought to gain an in-depth exploration of parents' experiences, it was decided that parents who had a sufficient level of proficiency in English would feel most comfortable and able to articulate and reflect on their experiences. However, it is recognised that this decision excluded parents



who do not speak English as a first language. Considering the pragmatics and viability of the research, the area in which I am on placement is diverse and has a large South Asian population. This means I was able to source and recruit participants through colleagues in the educational psychology service and in schools.

### **3.6. Ethical considerations**

This study has been reviewed and approved by the University of Birmingham's Humanities & Social Sciences Ethical Review Committee. It was also conducted in accordance with the BPS Code of Ethics and Conduct (BPS, 2021) and Code of Human Research Ethics (BPS, 2021).

All participants were provided with information regarding their participation in the research both verbally and in written form, to ensure fully informed consent. A participant information sheet was shared alongside the consent form, providing an overview of the study, the purposes of the research, the nature of participation, steps to ensure confidentiality, the right to withdraw and the collection and storage of data (Appendix 2). After reading the information sheet, participants were given the opportunity to give informed consent by signing a consent form that confirmed they had read and understood the information, had the opportunity to ask questions and wanted to participate in the study (Appendix 3).

Participants were provided with the opportunity to withdraw themselves at any time before and during the interviews, and their data would be deleted, including audio recordings. It was emphasised to participants that withdrawal from the study would not have any implications for themselves or for their child's provision from professionals.

All interviews with participants were anonymously audio-recorded using the video conferencing software. Transcripts of the interviews did not include any identifying

information. Throughout the study, I used supervision to monitor my own biases and preconceptions that may have affected my interpretations.

### **3.7. Participants**

I recruited participants firstly by sharing my proposed research, including the participant information sheet and consent form, with my educational psychology service placement colleagues who liaised with school staff and parents. Details of interested parents were then shared with me, with consent. IPA methodology requires a purposive sampling of participants that are as homogenous as possible in relation to the study aims. The inclusion criteria for my sample is detailed below:

<b>Criteria</b>	<b>Rationale</b>
Parents, including carers, mothers and fathers	This covers the definition of parent from the literature detailed in Section 1.3. The sample was open to both males and females as the focus of the study was not on gender differences.
Self-identified as South Asian, including mixed race or dual heritage individuals.	The focus of my study was to investigate the experiences of parents from diverse cultural backgrounds and South Asians are considered a minoritised group in the UK. Research has tended to focus particularly on Muslim Pakistani or Bangladeshi youth (Abbas, 2003; Ashraf, 2016). Heer, Larkin and Rose (2015) also note that the South Asian group is heterogenous across levels of education and socioeconomic status, and individual views on cultural identity vary depending on multiple influences.
Parents of a school-age child or children with identified SEND and who had been through the process for an Education, Health and Care Plan (EHCP)	This would help to ensure that parents had experienced working with a range of professionals in relation to their child's education and SEND.
Sufficient proficiency in English	This would help to ensure that parents were able to convey their views in a verbal interview with an English-speaking researcher.

**Table 4.** Inclusion criteria for participants and the rationale for these.

Four participants were recruited who met these criteria, as shown in Table Five below. The final sample incidentally became more homogenous than originally expected with the criteria used, with all participants identifying as female and Pakistani or mixed Pakistani heritage. This can be explained in part by issues around participant recruitment. By recruiting in a city where there is high diversity and concentrated populations within a specific area, it was more likely to gain participants from a narrow demographic. The pragmatics of recruitment and research design also influenced decisions about the sample criteria to be used. The inclusion and exclusion criteria could have been narrower, for example focusing on Pakistani, Bangladeshi or Indian parents more specifically. However, my rationale was to provide a balance between the homogeneity principle of IPA and avoiding a sample that is too narrow and may have restricted recruitment opportunities. Issues around the participant group are explored in more detail in Section 5.2.

<b>Pseudonym</b>	<b>Participant information</b>
Amira	Gender: Female Ethnicity: Pakistani Age of child with SEND at time of interview: 4 Child has a diagnosis of autism and an EHCP
Shereen	Gender: Female Ethnicity: Mixed East African/Pakistani Age of child with SEND at time of interview: 8 Child has a diagnosis of autism and an EHCP
Nabila	Gender: Female Ethnicity: Pakistani Age of child with SEND at time of interview: 11 Child has a life-limiting condition and is in the process of a needs assessment for an EHCP
Maryam	Gender: Female Ethnicity: British Asian – Pakistani Age of child with SEND at time of interview: 6 Child has diagnoses of autism, sensory processing disorder and Type 1 Diabetes, and has an EHCP

*Table 5. Participant pseudonyms and information sourced through demographic information gathering in the interviews.*

### **3.8. Quality assurance and trustworthiness**

Smith et al (2022) indicate that there are many approaches within IPA research to consider quality and validity, which they define as “*the degree to which a study is meaningful and credible as a piece of qualitative research, or indeed as an IPA study in general*” (p. 147). One of these approaches is Yardley’s (2000) framework, using four open-ended broad principles to assess the extent to which the design and methodology employed, in this case IPA, are appropriate for the purpose of the study. This can be used as a flexible guide to indicate the quality or trustworthiness of qualitative research.

#### **3.8.1. Principle One: Sensitivity to context**

This covers theoretical issues linked to relevant literature and empirical data, as well as a consideration of the sociocultural setting, participants’ perspectives and ethical issues. For the present study, I drew on previous research which employed IPA for similar topics of investigation, with a particular focus on other researchers’ interpretation of the data as demonstrated in the literature review. I also familiarised myself with the philosophical underpinnings of both IPA and cultural responsiveness as my methodology and topic of interest. The use of a semi-structured interview also allowed participants to share their perspectives openly but also to frame my questions in a way that was sensitive to the social and cultural context which may have influenced participants’ beliefs, for example by asking them to reflect on their own definition of cultural responsiveness and use this to answer the interview questions. This meant that I was able to listen and contribute to what was said in the moment.

I gained informed consent, aiming to reduce the power imbalance that may have been present between myself as the researcher and the participants. It was important for me to make clear that their responses would have no negative impact on the support they or their child received in the future. This is particularly relevant considering research by Eccleston (2016) that suggests parents feel reliant on the power of professionals to get their child the support they require. I also wanted to avoid positioning the parents as passive consumers, rather than active participants, in line with Dale's (1996) typologies.

### **3.8.2. Principle Two: Commitment and rigour**

This principle relates to an in-depth engagement with the topic, methodological competence and skill, thorough data collection and the depth and breadth of analysis. I committed to the usual expectations of thorough data collection, recording the steps taken and any important decision points in my reflective diary and supervision records. I also engaged with the topic both through in-depth theoretical exploration, as well as my own capacity as a South Asian individual who has experienced both cultural responsiveness and unresponsiveness.

I attempted to achieve rigour in the present study through the completeness of my data collection and analysis. The sample was adequate both in terms of size, as four participants fits the requirements of IPA, and in terms of its ability to supply sufficient information for a comprehensive analysis, as participants answered all questions and were able to provide more detail through the use of probes and prompts.

### **3.8.3. Principle Three: Transparency and coherence**

This ensures clarity and power of the description of findings and argument conveyed, transparent methods and data presentation, an appropriate fit between theory and method and reflexivity as the researcher. I have aimed to ensure the reporting of this study is as clear and

cogent as possible, in order to enhance the persuasiveness of my arguments. This is especially important as I am using IPA, which does not aim to make generalisations, therefore my interpretations of the data must be accessible and open to critical interrogation (Sultana, 2014). This is further illustrated by my openness about the philosophical standpoint I am taking as the researcher and the way in which I have constructed my version of reality, in line with an interpretivist epistemology which rejects the idea of a universally accepted reality. Moreover, I have endeavoured to be transparent in the degree to which I disclose information about data collection and analysis, including the interview schedule (Appendix 3) and an excerpt of a transcript with exploratory notes (Appendix 4).

I have also aimed for coherence between my research questions and the philosophical approach employed to answer these. As I aimed to investigate the unique lived experience of the participants, I relied on a thorough phenomenological analysis of their interviews to give a complete picture and to represent their views, rather than attempting to compare or triangulate this information by asking professionals themselves.

#### **3.8.4. Principle Four: Impact and importance**

This principle is about the theoretical contribution of the research and the extent to which it enriches understanding of cultural responsiveness. It also concerns the socio-cultural and practical implications, for the South Asian community, policy makers and professionals within education, health and social care.

It is hoped that this research addresses the research aims and provides a platform for the voices of parents. I also hope that the findings will be influential to the beliefs and actions of professionals when working with parents. Analysing the lived experiences of parents may open up a new understanding, beyond what we know currently from previous literature that focuses on professionals' views of their own cultural responsiveness when working with

parents. This may also contribute to shifts in discourses in the current socio-political context, which frame parents as active participants who should be involved in decisions about their child's education, health and care needs.

### **3.9. Data analysis**

Smith et al (2022) explain that there is no single prescriptive method for IPA outlined in the literature. Instead, emphasis is placed on the focus of analysis, which is directed towards participants' attempts to make sense and meaning of their experiences. IPA can therefore be characterised by a set of common processes and principles which are used flexibly and iteratively. This allows me as the researcher to move from a description of each particular case, to a psychological interpretation of the meaning-making of participants, with a commitment to understanding their perspective.

I followed the revised analysis process outlined by Smith et al. (2022) which reviews the terminology used in order to increase the level of clarity and detail for researchers using IPA. This represented a shift from emergent themes forming subordinate themes, to experiential statements clustered to make experiential themes. Table Six below highlights the steps and how I followed this process iteratively during data analysis.

<b>Step</b>	<b>Actions taken</b>
1. Starting with the first case: reading and re-reading	Immersing myself in the original data through listening to the audio recordings and reading transcripts multiple times. Referring back to my reflective diary to recollect my own feelings and observations about the interview experience.
2. Exploratory noting	Examining semantic content and language use with an open mind, noting anything of interest using a column alongside the text for comments. These were focused on phenomenology, including an understanding of the participants' experience and what it meant for them. Appendix 4 provides an example of a transcript excerpt with exploratory notes.
3. Constructing experiential statements	Analysing the exploratory notes to highlight the most important features
4. Searching for connections across experiential statements	Mapping how I think the statements fit together with the research question in mind, through physical sorting. Making sense of the material through patterns.
5. Naming the personal experiential themes (PETs) and consolidating and organising them in a table	Giving a title to each cluster of experiential statements that describes its characteristics. These become the Personal Experiential Themes for each participant. Organising PETs into a table with themes, subthemes and the experiential statements that gave rise to these.
6. Continuing the individual analysis of other cases	Moving to the next participant's transcript and systematically repeating the process as above with rigour. Treating the case with individuality, in line with IPA's idiographic approach, and taking care not to simply reproduce ideas from previous analyses.
7. Working with personal experiential themes to develop group experiential themes across cases (GETS)	Looking for patterns of similarity and differences across the PETs to create GETs, to highlight both shared and unique features of the participants' experiences. This involves a focus on what lies at the heart of the lived experience for that participant, how they made sense of it and how it may be connected to other cases.

**Table 6.** *The stages of IPA as presented by Smith et al. (2022) and how this was implemented in the present study.*



### **3.10. Chapter summary**

This chapter has presented an overview of philosophical positions in research, and particularly the social sciences, in order to rationalise the decision made to adopt IPA in the present study. This led to an outline of the research method that will be used to investigate my research questions, along with a consideration of the sampling and ethical issues and my actions taken to mitigate against these. I have used Yardley's (2000) principles to reflect on how to assure quality research, and reflected on how my role as the researcher has informed both the methodology and method.

## **4. FINDINGS AND DISCUSSION**

### **4.1. Introduction to chapter**

This chapter is organised firstly by each of the four participants and their Personal Experiential Themes (PETs). This allows a detailed insight into their unique lived experiences, in line with the philosophy underpinning IPA. I then move onto presenting the Group Experiential Themes (GETs). These relate to the research questions through an interpretation of patterns among parental experiences of cultural responsiveness and unresponsiveness when working with professionals, and the meaning they made of these experiences. Relevant literature is drawn upon to develop an understanding of and provide discussion points for the PETs and GETs. This includes research previously presented in the literature review in Chapter Two as well as new literature where required, to promote further understanding of the findings.

### **4.2. Research aims and questions**

The aims of the present study are to provide South Asian parents with a voice to become equal partners with professionals, and to use the understanding gained from their experience to inform school staff, EPs and other professionals, about how to be culturally responsive when working with diverse families and in particular, South Asian parents.

The research questions which will be addressed in this chapter are:

1. What are South Asian parents' experiences of working with professionals in relation to their child's special educational needs?
2. How do South Asian parents' make meaning of their culturally responsive and unresponsive experiences with professionals?

### **4.3. Overview of analysis**

Following the approach described in Section 3.9, each interview was analysed using IPA in order to answer the research questions above. I will first present the Personal Experiential Themes (PETs) for each interviewee, along with sub-themes derived from the exploratory notes I initially made when reading and re-reading the transcripts. I have then constructed these into experiential statements.

#### **4.4. Personal Experiential Themes (PETs)**

The Personal Experiential Themes for each interviewee are presented in turn, beginning with an overview and then further exploration in relation to relevant literature.

#### 4.4.1. Participant One: Amira

<b>Personal Experiential Theme (PET)</b>	<b>Sub-themes</b>	<b>Experiential statements</b>
<b>Power dynamics</b>	Differentials in interaction with professional	Seeing the professional as a ‘helper’ in a superior and educated position
	Equality and fairness	Desire to be treated as an equal to other parents and to the professional
	Reciprocity	Parents should also show cultural responsiveness with professionals
<b>Stigma within South Asian communities</b>	Sensitivity	Professionals showing awareness of stigma and responding sensitively
	Managing emotions and parental expectations	Professionals considering how parents feel and react to their child’s diagnosis
<b>Extended family (acknowledging variation in perspectives)</b>	Generational differences	Older members of the family may know less about SEND than younger members
	Differences within the family system	Professionals understanding various views among family members and how this impacts their understanding of SEND or mental health
<b>Positive experience (“ I felt like I was heard”)</b>	Parents feeling valued	Felt heard and listened to which made it harder to think about unresponsiveness
	Professionals showing active listening	Understanding and noticing as an aspect of responsiveness
<b>Barriers to professionals’ cultural responsiveness</b>	Fear of offending	Professionals may be scared to say the wrong thing
	Language barrier	Professionals may be less able to relate to the parent or to speak with them if English is not their first language
<b>Importance of context (“because I’m not from that background I can’t really relate to it”)</b>	Heterogeneity of South Asians	South Asian communities are often considered homogenous but there is variation within depending on a range of factors e.g., birth country, family dynamics, which impacts parental experiences.
<b>Not wanting</b>	Appropriateness to ask about culture	Appropriate times parents expect or allow professionals to explore cultural differences

<b>culture to be a focus</b>	Cultural responsiveness in relation to the child's needs	It seems less relevant for parents to discuss their own cultural background unless it directly relates to their child's lifestyle.
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*Table 7. PETs, subthemes and experiential themes constructed for Participant One.*

Power dynamics

Amira used language that seemed to frame the professionals with whom she worked as *experts* who are “*educated*” and “*clever*”. This therefore implied that they hold more power, similarly to previous parental reports (Akbar & Woods, 2020). EPs in Krause’s (2018) study suggested that parental perceptions of an EP as an expert could be both supportive and constraining, with parents willing to listen to an expert but also fearful of authority and to challenge views.

*“Yeah, I think schools... with professionals, they've been educated to the point where, like, they know everything.”*

I interpreted that the meaning Amira made of her experiences of cultural responsiveness were centred around equality and fairness, which may follow from her perception of the power imbalance. As Amira already felt that the professionals held a superior position, she did not want any cultural differences to be highlighted and was happy that her culture was not mentioned. This is consolidated by her statements:

*“Not once was my ethnic minority mentioned in any way or I've never felt inferior”*

*“You just wanna be treated like everyone else. We just don't really wanna be pointed out for our culture. Unless we-we want to mention it.”*

The use of the word “inferior” is interesting to note here, as it suggests that Amira may feel her cultural background puts her in a position of lower status. It is also noteworthy that Amira seems to conflate culture with ethnicity. This can go some way to explaining how

she understands her experiences of cultural responsiveness, in terms of the meaning she makes of her own culture. Amira also indicated that she wanted to reduce the power imbalance and strive for equality through her thoughts on reciprocal cultural responsiveness. She talked about how parents should also be sensitive to professionals from different cultural backgrounds, which links to her value of treating everyone fairly regardless of their background. This suggests that Amira may hold a more universalist view of culture (Tyler, 1991) that minimises cultural difference and sees all people as equal. Although, this does reflect practice guidelines for professionals (BPS, 2017) which stress the necessity for values of respect and tolerance regardless of an individual's cultural background.

#### Stigma within South Asian communities

Another way Amira made sense of her experience of cultural responsiveness was sensitivity and awareness shown by professionals towards stigma surrounding diagnoses and responding accordingly. Amira talked about this in the context of elder members of both the family and wider South Asian community, as established by prior research (Akbar & Woods, 2020; Ashraf, 2016; Singh & Orimalade, 2009; Heer et al., 2015). This stigma may contribute to Amira feeling that she wants to be treated as equal and for cultural differences not to be highlighted.

*“When obviously a lot of older people in our, um, communities , they have no idea what autism is or you know, they’re probably like ‘oh she’s mental’.”*

Amira further understood this aspect of cultural responsiveness from professionals to include the management of parental emotions and expectations, by considering how families feel about and react to their child's diagnosis. This also reflects the standards for professionals, which include understanding of the impact of stigmatising beliefs (e.g., BPS, 2020).

*“And they could ask something like um, do, you know, the people that look after (child), your family members. Do they like, understand her mental health or, you know, to just ask questions?”*

#### Extended family (acknowledging variation in perspectives)

Related to the above theme, Amira alluded to how the extended family can be incorporated into constructions of cultural responsiveness by professionals. She spoke about generational differences whereby older members of the family may know less about SEND than younger members. This demonstrates further heterogeneity among South Asian populations as a result of different knowledge bases and experiences across the generations of families.

*“Um, within the house, like everyone that's my age or around my generation, we all know what it is, and we're quite educated about it.”*

This links to a report by an EP in Ashraf's (2016) study that usually mothers have understood their child's needs but there is an issue with a wider family often blaming or telling the mother that there is no need for a fuss and there is nothing wrong with the child. Moreover, one parent in Goodwin's (2019) study described how school staff did not acknowledge the fact that many families have mixed generations living together or ask questions about this. Within the family system, Amira felt that professionals should acknowledge various views among family members and how this impacts their understanding of SEND or mental health. This reflects Falicov's (2014) model to support professionals responding to cultural difference, particularly the family organisation dimension which considers diversity in the family structure and any conflicts between generations.

#### Positive experience (“I felt like I was heard”)

Amira perceived her experience of working with professionals positively and I interpreted that this was because she felt valued, heard and listened to. This seemed to make it harder for her to think about examples of unresponsiveness. Professionals showing active listening, understanding the parents' point of view and noticing important details were therefore an aspect of cultural responsiveness for Amira. This links with models and theoretical understandings about the importance of communication skills in cross-cultural or intercultural interactions (Brinkmann & van Weerdenberg, 2015; Friedman and Berthoin Antal, 2005; Sue et al, 1982).

*“But I felt really comfortable speaking to her, and she just seemed like she did care. And, you know, she seemed like a very nice person.”*

Feeling validated also seemed to play a part in this, which may link to Amira's previous PET around power dynamics and a potential desire to be positioned equally with professionals:

*“And then obviously the fact that they agreed with everything I said.”*

#### Barriers to professionals' cultural responsiveness

Amira indicated some issues that may prevent professionals from being culturally responsive, including a fear of offending by saying the wrong thing. This echoes reports from one parent in Goodwin's (2019) study who felt that school staff are afraid of causing offence so instead they do nothing. EPs themselves in Ashraf's (2016) study also spoke about being cautious when interacting with those from diverse communities, due to feeling uncomfortable or out of their depth when they are not from the same cultural background. The EPs explained that this stemmed from the sensitivity of talking about issues that have been politicised, such as religion, and the need to be politically correct. These findings provide insight into the meaning Amira makes of cultural responsiveness and her own experiences, as



she may have understood why professionals did not ask about her culture and this is why she felt satisfied.

*“If you mentioned background, sometimes like people from ethnic minorities don't really like it.”*

*“You just gotta be careful what you say.”*

These issues were perceived more strongly where there is a language barrier between parents and professionals. Amira suggested that professionals may be less able to relate to the parent or to speak with them if English is not their first language. This is corroborated by first-hand reports from Pakistani parents who spoke English as an additional language and felt this was a major obstacle to effective partnerships with professionals and being able to participate in multi-agency meetings (Akbar & Woods, 2020). Language barriers were also identified by Singh and Orimalade (2009) as one of the most important factors preventing people from minoritised ethnic groups with learning disabilities from receiving high-quality service provision. However, Krause (2018) cautioned that further research is required to determine the potential benefits to the family when the EP speaks the same language, other than English, or also speaks English as an additional language.

#### Importance of context

*Reflection point: Amira prompted me to reflect on my own understanding of cultural responsiveness through my interpretations of how she talked about her own culture. My inclusion criteria for sampling did not include reference to place of birth, but this seemed to impact individuals' perspectives greatly.*

Amira highlighted the heterogeneity of South Asians as communities that are often considered homogenous. This has previously been established by Ashraf (2016) and Heer et al. (2012, 2015) who revealed differences between British-born and foreign-born South Asians in the UK. Amira demonstrates how there is variation across parents from South Asian communities depending on a range of factors, including their birth country and family

dynamics. This links back to Bourdieu's (1977; 1986) concept of cultural capital and issues around perceived cultural homogeneity, as Amira seems to position herself differently to the general population of South Asians. This stems from her knowledge and use of the English language and perhaps aligning more significantly with Western culture and traditions, reflecting the embodied form of cultural capital (Bourdieu, 1986).

Amira stated that she does not practice her religion, which is significant to understanding her cultural perceptions. The meaning she made of her own experience was illustrated through how she perceived herself in comparison to other parents:

*“Um... I don't know if, just say some parent wasn't accepting of their um, child's um, condition , and if they never spoke a word of English then obviously like, the professional will have to do more to be responsive , but because obviously I was born and bred in, um, Britain and I'm not really that cultural... It was kind of easier for me to conversate with them and to be accepted.”*

Moreover, Amira sees herself as part of the ethnic majority within the large, multicultural city in which she lives, and acknowledged her experience may be different in another context where diversity is less prevalent and accepted. This suggests that Amira may perceive herself to have cultural capital in this context as she is part of the majority rather than minority population in the city.

*But had we been in a different city where we were like the 5% or 4%, then I think there'd be more concern, but cause like now every... who isn't-like everyone's from different types of backgrounds and stuff like that and we're just used to seeing it and we're just... we like it, and it's good.*

Not wanting culture to be a focus

Amira's understanding of cultural responsiveness also related to how appropriate she felt it was for professionals to ask about culture. This links back to the values Amira expressed around equality and treating everyone fairly, reflecting standards for professionals, as exemplified in her following statement:

*"It's sometimes it's, you know, in some cases, it's better to not talk about it. Yeah, you have-you have that respect for everyone's ethnic background and their religion. But when it comes to supporting a child that has autism, it shouldn't really come into it."*

Further investigation revealed that Amira feels cultural responsiveness should be focused on the child's needs, rather than asking parents about their own culture directly. Professionals may need to consider the reason they are exploring this, for instance to support their understanding and formulation of the child's needs, and how this is relayed to parents. The quote here demonstrates that Amira considered cultural responsiveness with professionals in relation to understanding her child's sensory needs.

*"OK, if we're talking about (child)'s favourite food. Yeah, she likes Asian food. She likes spicy stuff. That's like her sensory, like, she loves it. She's not, like, the typical beige food. She wouldn't go for the beige food or anything. She'll go for, like, spicy rice and curry and stuff. So we've mentioned stuff like that, but nothing else, really."*

#### 4.4.2. Participant Two: Shereen

<b>Personal Experiential Theme (PET)</b>	<b>Sub-themes</b>	<b>Experiential statements</b>
<b>Professionals being open and curious (being dismissed)</b>	Careful questioning	Professionals asking parents questions sensitively to further their understanding
	Avoiding assumptions and narrow-mindedness	Professionals should offer options or ask questions rather than reverting to stereotypes or assumptions
<b>Communication and adaptations (“you can’t speak to every parent the same”)</b>	Verbal communication style	Professionals to be aware of how they are speaking and check back understanding
	Written material for parents	Adapting visual material so that it can be understood by parents with different levels of literacy and English
<b>Parental advocacy</b>	Parental rights	Support for parents to know their rights
	Parental empowerment	Professionals helping parents to challenge views or ask for clarification if they have not understood
	Parents as the expert	Professionals should respect that parents are the expert on their child and their own culture
<b>Cultural beliefs about education (precluding parental involvement)</b>	Seeing professionals as the expert	South Asian parents can position professionals as the expert rather than themselves
	Parental involvement in their child’s education	How parents are positioned to be included in their child’s education because they do not believe it is their place to become involved
<b>Dismissal from professionals</b>	A lack of interest	Professionals indicating that what parents are saying is not important or relevant to them
	A lack of empathy	Not understanding or empathising with parents’ unique cultural contexts
<b>Worldviews (“not everybody fits into a specific box”)</b>	Professional worldviews and assumptions	Professionals drawing on their prior experience and blueprints to inform how they work with parents can lead to assumptions
	Parental worldviews shaping their experiences	Parents can draw on their own background and prior experience to make meaning from their interactions with professionals
	Integrating professional and parental worldviews	Professionals should have taken a more individualised approach where they take into account and integrate the parents’ worldview

*Table 8. PETs, subthemes and experiential themes constructed for Participant Two.*

### Professionals being open and curious (being dismissed)

Through Shereen's discussions of professionals' cultural responsiveness, I interpreted that the meaning Shereen made from her experiences was related to openness and curiosity. She suggested that professionals asked questions in a careful and sensitive way in order to explore culture, rather than asking specific or closed questions which could be focused on prior stereotypes. This also communicates a genuine interest in the parent and family's cultural background (Hawkins & McMahon, 2020).

*"I think m-most parents won't mind you asking. I mean, the fact that you're asking shows that you're interested . If you're doing it in an, you know, not intrusive way. And in-in the, in a way that the parent you know, 'I want to find out more about you. I want to find out more about you and your-your child..."*

### Communication and adaptations ("you can't speak to every parent the same")

Shereen spoke about experiences where professionals had made small adjustments and accommodations to the way in which they presented and gathered information.

*"... she [professional] would ensure there was somebody there who was able to translate for the parent, even if the parent had good English or what we thought-think is good English. The terminology, when you're speaking about SEN, needs to be quite specific . Um, so she would ensure that the parents left, you know, knowing everything. Um, she'd also ensure, so for picture cards, which I thought was quite nice, it wasn't your standard um, dinner time and lunchtime meals, the breakfast in the morning. She also had prayer as part of one of the picture cards. Um, she had the mosque after school as part of the communication cards. So it was very... um, I think it just made the parents feel a bit more at ease that 'actually, this woman's gone into a lot of effort to associate pictures that...' you know, that my child would associate with home, that he knows."*

This was not necessarily about changing what the professionals needed to say or ask, as Shereen showed an understanding that often technical terms are required. Her meaning-making of culturally responsive experiences was more about the approach taken by professionals which demonstrated to parents that they were making an effort to adapt to the individual case and family in a person-centred way. She referred to the awareness of stigma and sensitivity required when explaining needs to parents who may use terms such as “*mad*”, and checking parents’ understanding. Shereen suggested that this could include professionals doing home visits, which could allow them to step into the family’s world and observe important aspects of this context. Professionals can therefore gain a richer understanding of the family’s worldview and integrate this with their own (Bennett, 1986). Shereen also referred to adjustments in written communication as well as spoken language; for example, ensuring that letters and reports can be understood by parents with different levels of literacy and English proficiency.

*“And then at the end you get this, you know, wodge of paper, ‘here’s some reading to do at home, you know, if you need any support’. That child-that parent’s not interested in any of that reading. They’re not going to go and do any of that. Maybe offer a support group, maybe offer a follow up phone call, um, maybe offer something that is... doesn’t mean they go home and they’re reading through reams of paper they don’t understand.”*

### Parental advocacy

Linked with the above theme, Shereen reflected on her experiences as a parent support advisor as well as a parent of a child with SEND. This is an important aspect of her individual identity that other parents may not share, perhaps equipping Shereen with more cultural capital to advocate for others who have less institutionalised capital or credentials (Bourdieu, 1986). This provided insight into how professionals can ensure that parents

understand their rights (Shah, 1995) and feel empowered to share their views or to challenge those they disagree with. The meaning that Shereen made of her experiences with professionals were related to her levels of education and knowledge of school systems, which enabled her to ensure that her child was getting the necessary support required through questioning and contesting professional opinion. However, she showed an understanding that not all South Asian parents would be in a position to do this and there can be a reliance on professionals' advice. This echoes parental reports about the barriers to parental involvement, especially where there is a language barrier, busy households with large families and feelings of disempowerment or lack of confidence (Akbar & Woods, 2020; Ashraf, 2019; Bhachus, 1985a; Bhatti, 1994; Crozier & Davies, 2007; Heer et al., 2015; Joly, 1986).

*“When we sat and we spoke to the professional and we said ‘if we were not educated parents, if we were not educated, we would have just taken your word for this and our son would be denied the support that he needs’. The fact that, you know, you are dealing with people who may be not be as literate as... who may not know that if they like, write a letter of complaint, they can get somewhere... who may not know that actually their child is entitled.”*

*Reflection point: It is important to note here that Shereen is a member of school staff as well as a parent, and her views seem to reflect her job role here. Having participants with dual roles as parent and professional could be seen as a conflict as occasionally she referred to other parents' experiences. However, I felt it was helpful to elucidate the unique insights from both points of view and to consider how this impacted Shereen's meaning-making of her experiences.*

### Cultural beliefs about education (precluding parental involvement)

Another similar theme interpreted from Shereen's data was parental views on education. Some South Asian parents may not view it as their place to be involved in their child's education and position the professional as the expert instead. This links to power

differentials and is in line with the view of one parent from Akbar and Woods' (2020) study who reported that school staff felt that Pakistani parents trusted the system, especially when there is a language barrier present. However, it is important to consider findings from Ashraf's (2019) study which demonstrated that 10 out of 12 Pakistani parents valued involvement in their child's education. This indicates that although parents may wish to be included, they may not feel that they have the knowledge or expertise to provide a valuable contribution. Parental and staff views of reasons for limited involvement conflicted in Ashraf's (2019) study. It is also relevant here to highlight again the heterogeneity of South Asian parents which can arise from differences in cultural capital, as Shereen worked in education and therefore may view her involvement differently to parents who do not have this experience.

*“And a lot of the times I think within the Asian community [...] you think the teachers are always right, the doctors are always right, you know, that you can't challenge them. Their word is, you know that's it. 'Doctor said'.”*

#### Dismissal from professionals

Shereen understood her experiences of cultural unresponsiveness as professionals showing a lack of interest, similar to previous parental reports (Ashraf, 2016; Shah, 1995). Shereen believed professionals were indicating that issues important to her were not relevant to them, lacking an understanding of her unique cultural context and the family system around the child. The meaning Shereen made of this was a lack of empathy on the part of professionals, which made her less likely to share further views or information as she felt she was not being listened to. This corroborates the need for professionals to maintain an open attitude to learning and understanding about diverse cultures (Hawkins & McMahon, 2020).



*“I just don't think they were interested. I think they're quite dismissive. I think they just, um... yeah, just, just complete lack of interest, complete lack of empathy. Um, not even taking culture into-into account. It was just like ‘that's your problem’. That's not our problem. It was very much the ownership was on me, and what my family wanted to do, and it was... something that could be easily fixed if I just stopped it.”*

This suggests that the professionals with whom Shereen worked were at the ethnocentric stages of the continuum in Bennett's (1986) model of intercultural sensitivity. This may be consistent with previous findings, as only one EP in Ratheram's (2020) study reflected on the positive impact of using their cultural knowledge of themselves as well as valuing the parent's cultural values. This led to the co-construction of independence outcomes for a student with his mother after they had discussed what was important to her (Ratheram, 2020).

#### Worldviews (“not everybody fits into a specific box”)

The final aspect of Shereen's experiences with professionals illuminated a theme around both professional and parental worldviews. She described how professionals can bring their prior experiences to inform their practice with parents, which can be helpful in certain circumstances, but can also lead to assumptions. For example:

*“I think the other side is, the flip side is, as nice as it is to have the cultural responsiveness from certain... I think sometimes stereotypically they can get it a bit wrong. So I think a couple of times I've been in and I wear a headscarf and, you know, I-I look as you do Asian, I probably look more African, than I do Asian . Um, so the assumption when I walk in is I can't speak English or I need a translator...”*

Parents will also have their own worldviews about how to interact with professionals, as demonstrated in other themes from Shereen's data, thus it may be helpful for them to share their lived experiences to help professionals understand where they are coming from. This

can support professionals to move from an ethnocentric approach, where they only see their own worldview as important or relevant, to an ethnorelative approach where they are able to integrate parental views into their own understanding (Bennett, 1986). To be culturally responsive, professionals must not only be aware of their own culture, including the biases, stereotypes and assumptions that influence their world views, but also those of the individuals with whom they work (Sue et al., 1992). They should be aware of cultural issues and check their understanding with the parents as well as colleagues to further their understanding. This is especially salient when working with South Asian parents, to avoid reinforcing stereotypes related to perceived cultural homogeneity, as Shereen herself emphasised that individuals cannot and should not be categorised according to arbitrary classification systems based on race or ethnicity and the worldviews professionals may typically associate with these.

#### 4.4.3. Participant Three: Nabila

<b>Personal Experiential Theme (PET)</b>	<b>Sub-themes</b>	<b>Experiential statements</b>
<b>A <i>battle</i> as a South Asian</b>	Fighting to be seen, understood and accepted	South Asian parents needing to be proactive and challenge views
	Addressing ignorance from professionals	Parents responding to professionals displaying a lack of knowledge and understanding
<b>Importance of education (endorsing a sense of empowerment)</b>	Education and knowledge as a tool	Parents educating themselves in order to progress
	Professionals' knowledge of culture	Professionals should be educated about cultural differences and how to be responsive to these
	Education leads to superiority	Those who are more educated or knowledgeable are seen as superior
<b>Addressing stereotypes</b>	Overt assumptions	External appearance can lead to assumptions and influence how parents are treated
	Parental awareness of negative stereotypes they want to combat	Parents avoiding the narrative that women from diverse cultural backgrounds are 'aggressive' when voicing their concerns or challenging viewpoints
	Distinction between curiosity and adopting stereotypes	Professionals should make efforts to find out about an individual's culture rather than adopting common stereotypes
<b>Promoting harmonious working partnerships</b>	Moving away from the narrative of a <i>battle</i>	Parents and professionals working together rather than against each other
	Professional contribution to relationship	Professionals making an effort to show they have thought about culture
	Empowering parents	Helping parents to feel confident to tell professionals how to be more responsive
	Open door policies in schools	Schools taking steps to be less 'hard to reach' for parents from diverse cultural backgrounds
<b>Drawing on resources ("you</b>	Parent support networks	Using other parents to support and advocate

<b>take from all these different cultures and you enrich yourself”)</b>	Representation from professionals	Using professionals from similar cultural backgrounds to educate
	Learning from being in a diverse environment	Professionals’ having knowledge of the communities with whom they are working
	Prior knowledge and experience	Professionals drawing on what they have learned from previous experiences working with diverse cultural backgrounds
<b>Family and personal values (feeling valued)</b>	Respect for all	Professionals should treat all individuals with respect
	Equality	Professionals should treat individuals fairly and equally regardless of their cultural background
	Professionals’ willingness to be culturally responsive	Professionals should make efforts to show they have tried to understand cultural differences and to be respectful of these
	Empathy when individuals from different cultural backgrounds make mistakes	Parents appreciate the effort made by professionals and good intentions shown

**Table 9.** *PETs, subthemes and experiential themes constructed for Participant Three.*

*A battle as a South Asian*

Nabila described experiences of cultural unresponsiveness and I inferred the meaning she made of these was the need to be more proactive in challenging professional views that she did not agree with. This stemmed from her belief that South Asian individuals need to “fight” to be heard, which is consistent with literature on white privilege (Ryde, 2019). It also points to the heterogeneity of South Asians as a community which is often perceived as homogenous (Heer et al., 2015) and the implications of this, leading to assumptions being made about the group as a whole. Nabila’s comments indicate that professionals need to see each parent and family as an individual unit, in order to understand their unique context and lived experience, which also links to the methodological approach taken for the present study.

*“And, um, I do often say to my children as an Asian, you will have to work harder, um, to stand out whereas, um, we're not privileged in being white and... the older I get, the more of this so-called discrimination that I see by professionals.”*

Nabila’s use of the phrase “so-called discrimination” prompts an interesting question about how she understands her experiences of cultural unresponsiveness. It can be inferred that Nabila understood this cultural unresponsiveness as ignorance from professionals, which implies that it stems from a lack of knowledge rather than direct prejudice or racism. This could explain why she used this term, and is in line with the required competency of knowledge in order to be culturally responsive, as highlighted by Sue et al.’s (1982) model as well as standards for professionals (e.g., BPS, 2022). Nabila spoke about her lived experiences of cultural unresponsiveness, including insensitive comments from professionals, and her feelings and responses to these. She had the self-assurance to challenge practice, but other parents may not feel as empowered to tell professionals what is culturally responsive or how they would like to be treated.

#### Importance of education (endorsing a sense of empowerment)

When reflecting on her experiences of cultural unresponsiveness, Nabila pointed to the intercultural learning that can come from this, which implies that she can take some positive meaning from these. In keeping with Bennett’s (1986) model, she suggested that parents should use these experiences of cross-cultural contact as opportunities to educate professionals about cultural differences and how to be responsive to these.

*“Um so yeah, there's a lot of discrimination that you have to face in life, but it's about education, educating people, not fighting with people.”*

Nabila also talked about education as a tool both for parents and professionals, echoing Shah (1995). Her language indicated that she believed those who are more educated

or knowledgeable are seen as superior and therefore parents should use education as a tool in order to progress. This may link to a perceived power differential, which seems to stem from how professionals are positioned and the status that some parents can assign to them. Nabila talked about addressing stereotypes “*intellectually*” and “*in a nice way*” suggesting a perception that South Asian parents must show respect and good manners towards professionals with authority.

In relation to education as a tool, professionals can draw on Bourdieu’s (1977) ideas about cultural capital and the barriers that can prevent minoritised individuals from progressing within society and gaining social mobility. Professionals should support parents to understand more about their child’s education and SEND in ways that are meaningful to them and allow a more equal partnership, rather than relying on the opinions of those perceived to be in positions of higher authority. By seeing parents as active participants, this also opens up professionals to learning from them.

### Addressing stereotypes

In line with Shereen’s experiences, Nabila highlighted the overt assumptions that professionals made from her external appearance and how this influenced how she has been treated:

*“I haven't always worn a [head]scarf, so I wore my scarf about 10 years ago and I find people's attitude towards me very different.”*

This prompted me to think about how professionals should differentiate their responses from adopting stereotypes to a position of curiosity. Echoing my previous thoughts and existing literature, professionals should be open to finding out about and understanding culture in an individualised, person-centred way rather than adopting common stereotypes (Shah, 1995). It is established that adopting stereotypes offers a mental shortcut when

working with diverse groups of people; for example, Pitner and Sakamoto (2005) suggest that the critical consciousness perspective of continually reflecting on one's own biases can lead to cognitive and emotional load. Stereotypes and heuristics may therefore be used to reduce this load and any related anxiety. However, stereotypes can lead to prejudice and narrow-mindedness rather than learning and growth, and do not fit with the heterogeneity of cultural groups.

Following on from previous themes, the meaning Nabila made from her experiences of cultural unresponsiveness related to the need to challenge professionals. However, she considered her awareness of the negative stereotypes that exist and how to avoid these narratives through her actions.

*“Although it does, as I said, it does feel like a battle, but um, you have to do it in a diplomatic way, in a politically correct way, and um... otherwise you're labelled as a black, aggressive, woman.”*

#### Promoting harmonious working partnerships

Although Nabila discussed the narrative of a “*battle*”, she also used her experiences of cultural unresponsiveness to put forward solutions which will support professional practice. To move away from this narrative, Nabila talked about how professionals should make an effort to show they have thought about culture and to ensure they are readily available for parents. For example in schools, she drew attention to the hierarchical power dynamics at play that can make schools hard to reach for parents from diverse cultural backgrounds (Crozier & Davies, 2007). Professionals and schools should therefore adopt an open-door policy or be clear about their desire to be sensitive, which shows they are enacting their values of respect for all through theories-in-use as well as espoused theories (Argyris, 1983).

*“He [professional] made a conscious effort to understand my culture, to come to my home, visit my home at an appropriate time. He put his hands together as in a ‘how are you’ and a greeting format...”*

Nabila also pointed to how professionals can support parents to feel confident and empowered to educate others about cultural responsiveness. This may include sharing their concerns or differences and telling professionals how to be sensitive to these. As Nabila says, *“trust is such an important word”* and can go a long way towards promoting positive relationships.

### Drawing on resources

Nabila’s role as a parent champion provides some explanation for her emphasis on using existing resources to support parents from diverse cultural backgrounds. She talked about parent support networks and using other parents to advocate for those who feel unable or less confident to self-advocate, for example due to a language barrier or limited understanding of education systems in the UK. Ashraf (2016) and Shah (1995) both found that limited English proficiency excludes parents from accessing local support groups. This can also act as an obstacle to cultural and social capital through equal participation in society (Bell, 1997). This links again back to Bourdieu’s (1986) embodied form of cultural capital, as Nabila’s individual identity and social assets including language may support her to advocate for others.

Representation from professionals also seemed important to Nabila and this could be associated with her view on education and using this to progress and claim back some power within South Asian communities. Using professionals from similar cultural backgrounds to educate could empower parents and help them to feel more comfortable (Shah, 1995).

Krause’s (2018) showed that EP services are not yet taking advantage of the opportunities



that workforce diversity can offer. Nabila talked about the context of the city in which she lives and where this study took place.

*“[City] is very diverse and we have, like, so many people from all over the world living here, you know, and I think that's a richness for [city] . We shouldn't see it as ‘oh these people are invading our country’, not-not at all. I think you take from all these different cultures and you enrich yourself.”*

As Bennett (2017) described, it is not enough to simply have contact with individuals with different cultural backgrounds by living in a diverse community. Beyond this, it is necessary for professionals to learn from this and to develop knowledge of the communities with whom they are working. Professionals can also draw on their prior knowledge and what they have learned from previous experiences working with people from diverse cultural backgrounds. This is further substantiated by reports from EPs in Ashraf (2016)'s study that they valued working in diverse teams in order to be able to learn and challenge their own personal and professional viewpoints. They also spoke about requiring reassurance from colleagues from different cultural backgrounds to themselves.

#### Family and personal values

Convergent with Amira, respect and equality appeared to be important themes for Nabila and this stemmed from her upbringing.

*“They [Nabila's parents] never dis-never ever, ever said that this race, whether it be Sikh, Hindu, Christian, Jewish, that they're lesser than us because we are better than them because we are Muslims. They taught us all humans... human rights basically, and treating them with equality and respect.”*

She portrayed values that everyone should be treated fairly and equally regardless of their cultural background, highlighting a universalist view (Tyler et al., 1991). However, on reflection, the meaning she made from this was not that professionals should minimise or ignore cultural differences, but instead make efforts to show that they have tried to understand an individual's culture and to be respectful of this. Guidelines for professionals also reiterate this importance of respect and valuing difference (BPS, 2021; (DoH, 2009, 2012).

*Reflection point: This initially appeared to contradict the necessity for professionals to be culturally responsive that Nabila seemed passionate about. This prompted me to reflect on how individuals may be battling with their own various worldviews that are dependent on context and emotional ground, and how they communicate these worldviews with clarity and coherence.*

This is especially important when considering the heterogeneity of groups who identify as being from the same cultural background, such as South Asians, as professionals should be responsive to individual differences that pervade both within and across culture. This should come from a position of respect and curiosity to understand the individual's cultural identity, with all the various aspects that contribute to this.

Nabila showed empathy in her experiences where professionals or other individuals made mistakes, as long as they showed a willingness to learn and to be responsive.

*...but it doesn't matter because the intention was good and the-the fact that this person had gone to these level-this level of-of trying to understand our culture and he was being respectful, which is all... we don't want people to bow down to us. We don't want people to bend over backwards. All we want is just people to show that little bit of... um, just awareness and-and-and if you don't know, ask.*

The meaning she made seemed to be that professionals are usually not intentionally being ignorant or culturally unresponsive, instead attributing this to a lack of experience and

opportunity to learn about diverse cultures. The importance of curiosity and asking questions sensitively is mirrored by earlier parental reports (Ashraf, 2019; Shah, 1995).

#### 4.4.4. Participant Four: Maryam

<b>Personal Experiential Theme (PET)</b>	<b>Sub-themes</b>	<b>Experiential statements</b>
<b>Family context (feeling understood)</b>	Unique lived experiences	Importance of family context and for professionals to understand this
<b>Immersion in other cultures</b>	Limitations of training	Training is important but cannot fully prepare professionals for working with diverse cultures
	Professionals to gain real-world exposure of different contexts	Schools can share learning and resources with other schools in more diverse areas
<b>Identity (“I don’t go by these societal norms and what’s in the Asian community”)</b>	Self-identity	How parents identify themselves based on their heritage and background
	Identity of professionals	How the professionals’ identity can influence cultural responsiveness
	Professional understandings of identity	Professionals should have an understanding of how CYP/families identify and the impact of this
<b>Generational differences (“It would have been nice for that to have been the case when we were growing up”)</b>	Parental childhood experiences	Feeling a need to hide cultural differences during childhood as it was less accepted
	Increasing diversity in today’s society	CYP may feel comfortable with cultural differences and SEND than their parents
<b>Responding to culture-specific issues and differences</b>	Diagnoses	Within South Asian communities, parents may be less willing to pursue or accept diagnoses
	Asking parents	Professionals understanding the perspective or worldview of parents
	Supporting parents from diverse cultural backgrounds	Using other parents from similar cultural backgrounds to talk about their experiences with parents experiencing issues
	Washing	South Asian culture can involve certain ways of washing oneself which professionals may need to ask about

	Large events and religious ceremonies	CYP from South Asian cultural backgrounds may require strategies to support with sensory overload
	Change of routine during Ramadan	Professionals understanding of how religious or cultural events can impact CYP and families
<b>SEND as a priority</b>	Culture as secondary	Parents may prioritise their child's needs being met over cultural responsiveness
	Challenging cultural responsiveness	Parents may feel more comfortable to challenge professionals on provision for their child because it is a less sensitive area than culture

**Table 10.** *PETs, subthemes and experiential themes constructed for Participant Four.*

Family context (feeling understood)

When talking about her experiences of cultural responsiveness, Maryam appeared to put more emphasis on the importance of professionals understanding her family context. This suggests that the meaning Maryam made of her experiences were around appreciation for her unique lived experience and current context (Falicov, 2014). A potential tension here with the present study and the concept of cultural responsiveness is that the circumstances of family systems can vary so greatly and both interact with and influence cultural identity. It is vital for both researchers and professionals to be aware and understanding of this contextual information, where parents are happy to share this.

*“She’s [professional] got a lot of cultural awareness I think. And in terms of just, not regarding the EHCP process, I think generally with situations that have happened to us as a family, they-she’s just been so... she’s listened, she’s kind of like, given me an opinion, she’s um... and she’s been aware of my social like, my background.”*

Immersion in other cultures

Maryam used her own experiences of working in education to consider how professionals can develop their culturally responsive practice, as she reflected on the differences between various schools in a range of geographical areas across the city. Her understanding here related more to school staff than other external professionals, as she

recognised that the latter work across different schools whilst the former often can remain in the same school for many years. Maryam therefore suggested that it is important for professionals to immerse themselves in the culture of the communities with whom they are working, in line with the *action* dimension of the MSJCC (Ratts et al., 2016) to support self-awareness. Although Maryam acknowledged that school staff and other professionals receive training which she considered to be important, her understanding was that training alone cannot fully prepare them for working with individuals from diverse cultural backgrounds.

Maryam also talked about how schools can share learning and resources with other schools in more diverse or deprived areas. This moves away from simply cross-cultural contact to intercultural learning (Bennett, 2017), as it could encourage professionals to examine their own worldviews through gaining concrete exposure to other worldviews in different contexts. EPs in Ratheram's (2020) study also corroborated this importance of respecting values and cultures, which can grow out of insights gained from time spent in those cultures.

*"I think professionals should be exposed to different situations, I think, in training. I think they should go to the most deprived areas. They should go to the most elite areas. It opens your eyes massively. I mean, you know, from my own experience in training."*

Identity ("I don't go by these societal norms and what's in the Asian community")

Maryam's discussion of her experiences raised themes around how she identified herself. This reflected Heer et al.'s (2015) conclusion that South Asian groups are heterogenous, for example, in terms of education and SES, which influences cultural capital and individual views about working with professionals. It also reflects discussions around intersectionality (Crenshaw, 1989), highlighting the significance of multiple aspects of her

identity and the impact of this. Maryam's understanding of cultural responsiveness was unique to her because of how she viewed her own culture in comparison with other parents:

*“And she [professional] was like, ‘do you know what, I know-and she’s like it doesn’t, you don’t strike me as somebody who cares a lot about your culture. You’ll just do what is best for your child’ and that’s true. I don’t go by these societal norms and what’s in the Asian community.”*

Maryam also talked about how professionals self-identify and understand the construct of identity in their interactions with parents. Professionals should be aware of how CYP and families identify and recognise how this impacts their needs analyses and formulations. This is in line with the knowledge aspect of Sue et al.'s (1982) model which stresses the importance of finding out about unique family history.

*Being sensitive to our culture... obviously so (child)'s culture is he's-he's-he's so mixed (laughs). He's like, because his dad's Turkish... So I'm obviously Pakistani like British Asian, all of that stuff. So he's really confused. So I think, so that's what it means is about being sensitive to our needs.*

Generational differences (“It would have been nice for that to have been the case when we were growing up”)

Convergent with Amira and Nabila, Maryam recalled her own childhood experiences and how her upbringing shaped her into the person she is today. She felt a need to hide her cultural differences during her childhood as these were less accepted, whereas now society is more diverse than when she was a child. She can see this shift through the lens of her own children who are more enthusiastic about adopting cultural and religious practices such as wearing a hijab, despite the visible differences that this brings. This suggests that the current generation of South Asian CYP in the UK may feel more comfortable to express their

cultural differences as well as their SEND than their parents, which provokes thoughts about how professionals should respond to this. Bhatti's (1994) findings reflect this, whereby first-generation children of migrant South Asian parents talked about feeling self-conscious about their cultural norms and traditions.

Maryam's early experiences and her current position as a parent to children of dual heritage have significant implications for her understanding of cultural responsiveness and how she interacts with professionals. Although she recognises that cultural diversity is more accepted now, she still has the same principles instilled from when she was younger. Maryam used these unique aspects of her identity as an explanation for why she rarely discusses issues relating to culture when working with professionals.

*“Because, we've always been brought up that you just get on with it. Do you know what I mean? I mean, growing up, how many Asians were there in our school? Not many. There were, you know, we were the minority whereas actually here it's the other way... Whereas now because it's so out there, it's so accepted. It would have been nice for that to have been the case when I think we were growing up I think and that's why even now as an adult I don't really speak much about it I think. I speak more about 'you should be aware of my family situation' . You should be-because I think, culture should just be... accepted?”*

This suggests that professionals should sensitively explore diverse values within family systems and conflicting loyalties between generations, as well as generational effects on parental experiences of acculturation (Falicov, 2014) and therefore on their experiences of working with professionals. This fits with ideas about cultural capital and the accumulation of social assets which can be both transmitted through family systems and acquired through new opportunities (Bourdieu, 1977).

#### Responding to culture-specific issues and differences



Maryam had positive general experiences of working with professionals, largely stemming from being listened to, accommodated and having open avenues for communication. She did not describe any specific experiences of cultural responsiveness. Nevertheless, Maryam referred to a number of issues that professionals should be aware of and responsive to, which have relevance to South Asian families. For example, South Asian parents may be less willing to pursue or accept diagnoses for their children, reflecting the literature on stigma (Akbar & Woods, 2020; Ashraf, 2016; Singh & Orimalade, 2009; Heer et al., 2015). Hence it is necessary for professionals to try to acknowledge and understand this from the parent's perspective. Maryam also talked about her experience of supporting parents from similar cultural backgrounds as someone that has been through similar issues and can accept their worldview.

*“And I know within our community there is a massive thing about being labelled... I think it's like being responsive to our needs... Um, and understanding our needs and how they respond to what-how our community or our culture would kind of like respond to a diagnosis or a child with SEN.”*

Upon reflection during the interview, Maryam was able to consider further issues that she had not thought of during her interactions with professionals. For example, she reflected that South Asian culture can involve certain ways of washing after using the toilet and before prayers, mealtime traditions, large cultural events, and extended family member's views. This mirrors reports from Shereen and parents in Gilligan's (2013) study who deemed such issues to be important for discussion with professionals.

*“So again, for us when we go to the toilet, for example, they're gonna be washed... I think that's a cultural sensitivity . So is he OK going to the toilet by itself?”*

*“I think with occupational therapy, for example, maybe just ask, ‘does he eat with a knife and fork at home? Is this a usual practice you have at home?’ Something simple, because actually we don’t.”*

*“ I think I think being aware about those-those things massively and putting um, strategies in place to how to support us when it is those kind of, you know, weddings or where there's 500 people there.”*

### SEND as a priority

Convergent with Amira, Maryam seemed to put more emphasis on her child’s SEND and referred to a “*battle*” for parents. She therefore prioritised this over pursuing cultural responsiveness or challenging unresponsive views and practice. Like Amira, this may also be due to Maryam’s upbringing and her understanding that she does not align fully with the cultural background she has grown up with. It also may be that Maryam feels more comfortable to challenge professionals about provision and the support her child requires, as she has worked within the education system and can use her knowledge of what should be available. It also appears to be a less sensitive area than culture and one that can more easily be discussed with professionals. This may suggest that Maryam feels it is not always within the remit of a professional’s role to bring in issues of culture. Maryam’s positioning of professionals as experts or gatekeepers who can and should provide access to resources may have influenced this understanding. She also described her experiences of other parents asking her for advice as they had less awareness of education systems.

*“...if they’re parents of SEN, I think the cultural bit comes secondary to them . I think first is just their kids getting what they need and I think generally from the conversations I’ve had with parents, I don’t think we’ve ever brought in our culture, which is really bi-it’s not bizarre. It’s just kind of a ‘why are the school not doing what they need to. Why are our kids*

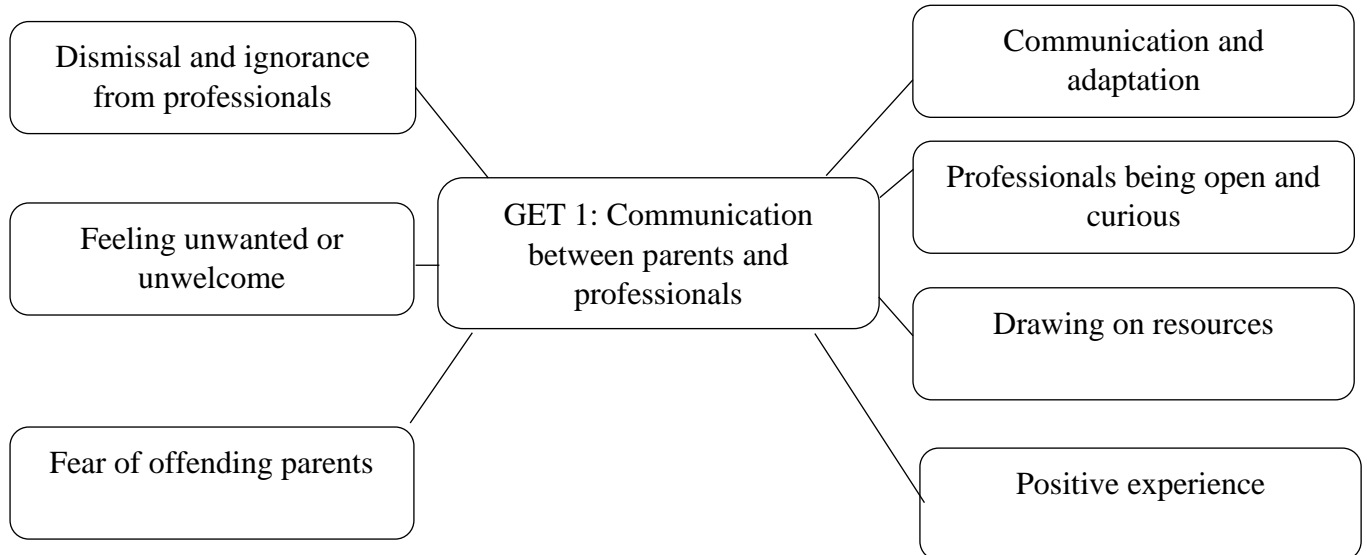
*not g-?’ And I think it’s the main debate we have. It’s not between culture, it’s actually between the most-those with SEN and those without.’*

**4.5. Group Experiential Themes (GETs)**

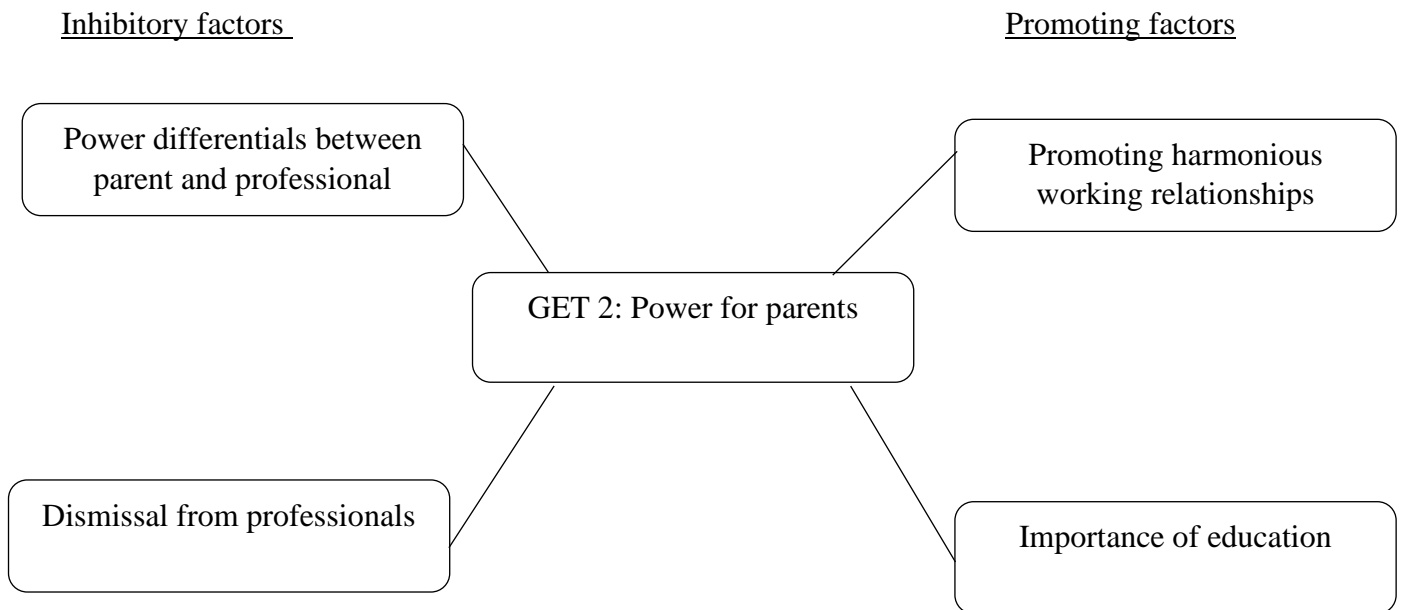
I will now discuss the Group Experiential Themes (GETs) which arose from analysing the connections between the PETs described for each interviewee above. These will be considered within the context of relevant literature reviewed in Chapter Two. Figures 5 - 9 below summarise the GETs for all participants and Personal Experiential Themes (PETs) for each interviewee individually. As shown, five GETs were interpreted through analysis of the data. These were identified through analysing the patterns and connections between the PETs, including any overlap in experiences between participants. GETs 1 and 2 have been split into inhibitory and promoting factors, whilst GET 3 has been organised according to four levels of Hawkins’ (1997) model of culture.

Inhibitory factors

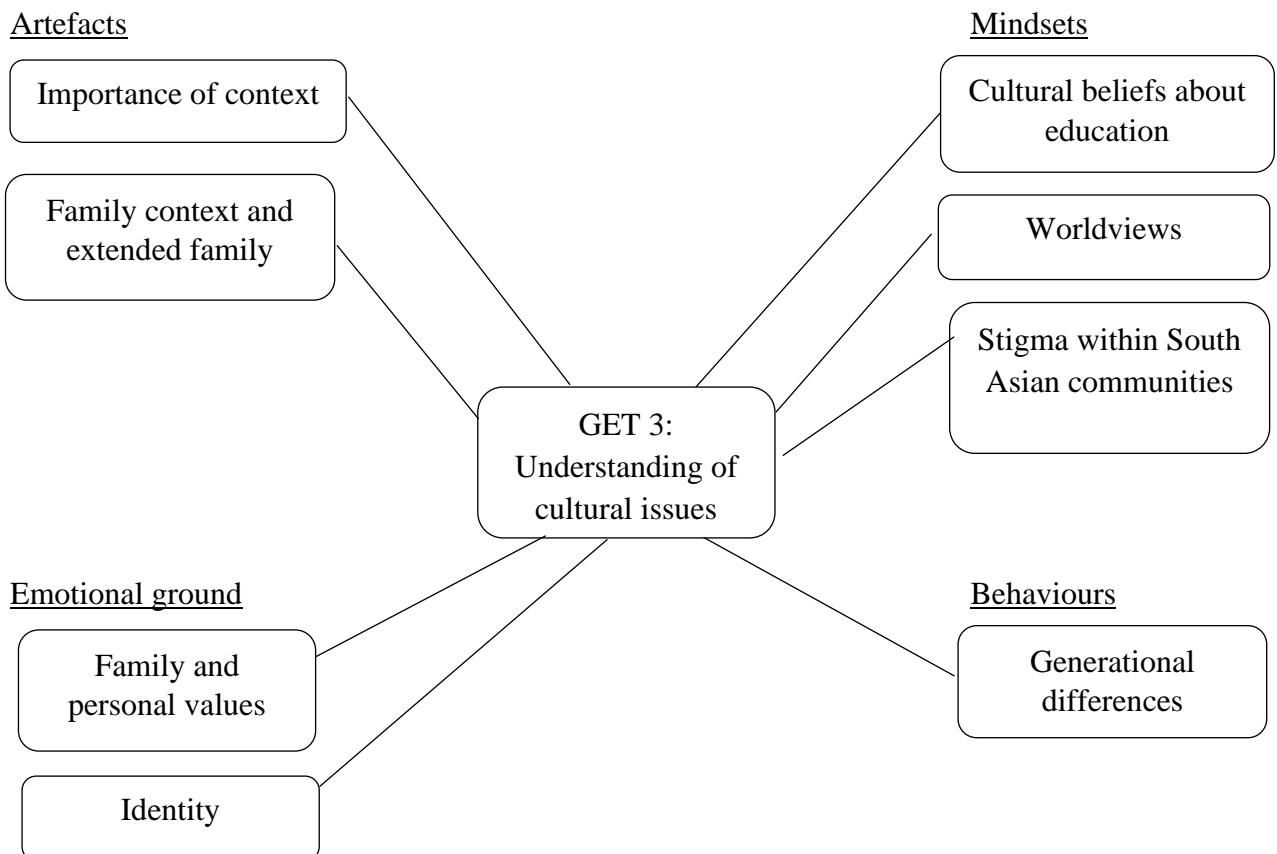
Promoting factors



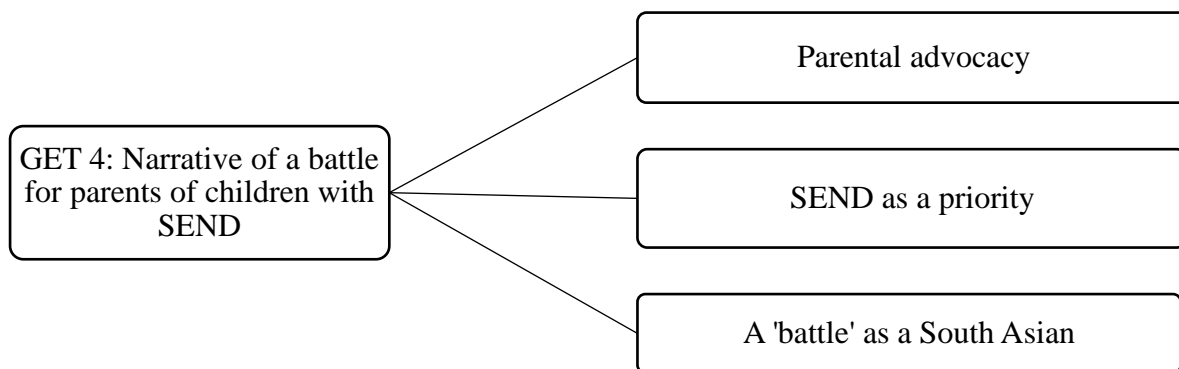
**Figure 5.** *PETs that inhibit and promote communication between parents and professionals*



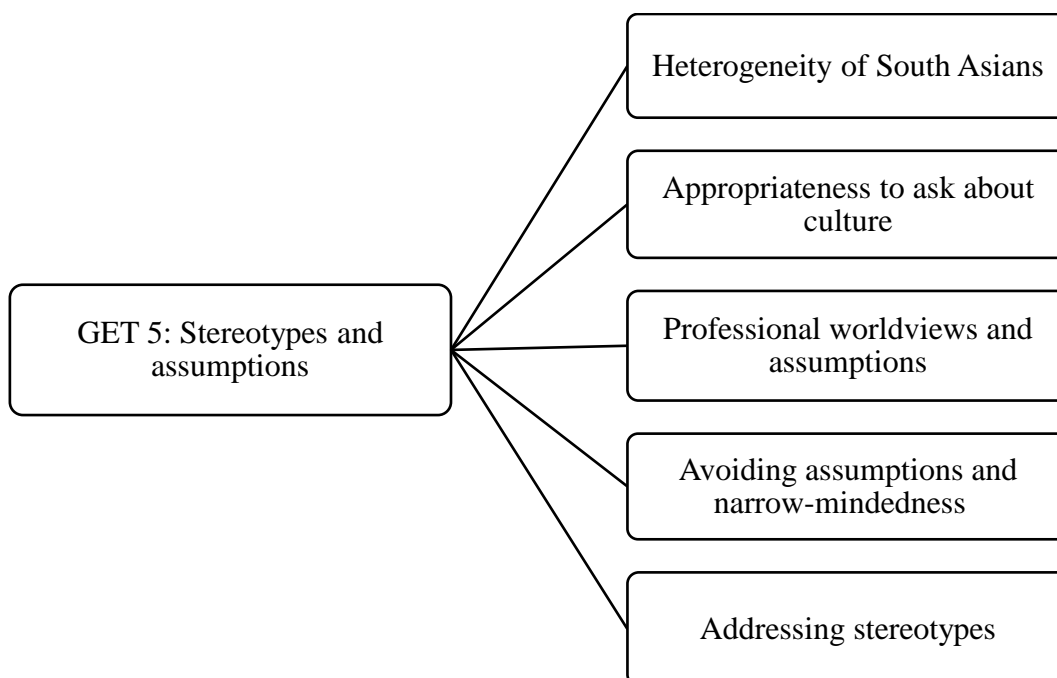
**Figure 6.** PETs that are interpreted to inhibit and promote power for parents.



**Figure 7.** PETs that are interpreted to contribute to an understanding of cultural issues, in line with four levels of Hawkins' (1997) model.



*Figure 8. PETs that are interpreted to contribute to the narrative of a battle in parental experiences.*



*Figure 9. PETs that are interpreted to contribute to stereotypes and assumptions in parental experiences.*

#### **4.6. Discussion of GETs in relation to research questions**

I will now address each of my research questions using the GETs interpreted from the data, according to where they best fit. Research question one aimed to gain insight into parental experiences, and the GETs that linked with this were around: the communication between

parents and professionals; the narrative of a battle for parents; and stereotypes and assumptions that parents experienced. Research question two was concerned with the meaning that parents made of these experiences, including GETs around: the perceived power differential between professionals and parents from different cultural background; and professionals' understanding of culture-specific issues.

#### **4.6.1. RQ1: What are South Asian parents' experiences of working with professionals in relation to their child's special educational needs?**

##### **4.6.1.1. *Communication between parents and professionals***

All parents described both positive and negative experiences of working with professionals, specifically related to how they communicated with them. Communication skills include interpersonal elements, such as active listening as described in Egan's (2006) skilled helper model and the principles of attuned interaction (Kennedy, Landor & Todd, 2011). This fits with the stance of authenticity and an open attitude to learning about cultural difference, rather than assumptions about understanding (Hawkins & McMahon, 2020). Some EPs in Ashraf's (2016) study noted that asking questions allowed professionals to develop a shared understanding with parents from diverse cultural backgrounds, utilising skills to convey empathy and respect, in line with practice guidelines (BPS, 2017) so that it brought about positive change in the outcomes for the CYP. They believed this was where an EP's inter-personal skills, such as active listening, showing empathy and respect, and being non-judgmental came into play. When participants described their positive experiences of cultural responsiveness, these usually involved being seen, heard and valued. This suggests that professionals can use their interpersonal skills to put parents at ease and show a genuine interest, fitting with the communication dimensions in various models of cultural responsiveness (Sakata, 2021; Sue et al., 1982; Brinkmann & van Weerdenberg, 2015). For example; feeling listened to helped Amira to feel at ease and subsequently open up more:

*“But I felt really comfortable speaking to her, and she just seemed like she did care. And, you know, she seemed like a very nice person.”*

In contrast, feeling dismissed and ignored discouraged Shereen from sharing any further information.

*“You know, at one point, I got to the point where I said, ‘I’m not gonna say anything anymore now because it just seems like I’m being negative about my child’.”*

This can be explained in part by reports from Amira in the present study and, in previous research, reports from EPs (Ashraf, 2016) and parents (Goodwin, 2019) that professionals may be fearful of offending families from culturally diverse backgrounds due to a lack of knowledge. This seems to lead professionals to ignore culture, which may present to parents as being dismissive.

This is in line with Akbar and Woods’ (2020) finding that Pakistani parents reported a non-inclusive ethos in schools in England, which made them feel unwanted and unheard. Psychological safety is a term coined by Edmondson (1999) to describe how individuals within a team can feel able to contribute, ask questions and admit mistakes. This includes the belief that there will be no negative consequences for sharing views, especially to people in positions of authority. This seems particularly relevant to the parents in this study, who all described professionals as having a perceived higher status due to their levels of education and knowledge. This demonstrates how parents may understand their own cultural capital in relation to professionals.

Although this relates to a team, it could be argued that the professionals working together with parents represent a *team* of adults around the child. Professionals can therefore consider how this safety is dependent on the individual parent and the context. Based on findings from the present study, parents may feel more safe to contribute if they understand

the education system, accept their child's needs, have a background in children's or mental health services themselves, have grown up in Britain and are more accustomed with Western culture.

All four participants talked about professionals asking open questions and entering interactions with parents with genuine curiosity, rather than focusing in on assumptions based on their prior experience or knowledge. Bennett's (1986) model of intercultural sensitivity is helpful here, to make meaning of parental experiences. I have interpreted that the parents are promoting an ethnorelative approach for professionals, to use questioning and empathic communication in order to show curiosity of cultural difference and take the parents' perspective to understand how it would feel to participate in their culture. This aligns with the acceptance and adaptation stages of the model (Bennett, 1986). However, two parents communicated a desire to be treated equally regardless of their cultural backgrounds, which contrastingly seems to correlate with a universalist approach (Tyler et al., 1991). This can be understood through Nabila's comments that making culture an open topic or issue within interactions between parents and professionals can help everyone feel more comfortable. Helping parents to feel at ease links to Crozier and Davies' (2007) work on hard to reach schools. This is also consistent with previous findings that parents from diverse cultural background wanted schools to provide them with the opportunity to share relevant cultural information about their child, by asking open questions about whether there is anything they need to know (Goodwin, 2019).

#### ***4.6.1.2. Narrative of a battle for parents of children with SEND***

Two participants described their experiences of having to "*fight*" for their child to receive the support they required:

*Shereen: "It's been a bit of a battle with my son"*



*Maryam: "It's been a 3 year battle... As a parent, you have to be proactive."*

This may go some way towards explaining why both Maryam and Shereen described their child's SEND as a priority, with cultural responsiveness coming secondary to getting their needs met. In Western cultures, there is a dichotomy between the medical and social models of disability. Among South Asian families, there is generally understood to be a third model: the moral or religious explanation of disability (Akbar & Woods, 2020; Fatimilehin & Nardishaw, 1994). This is corroborated by the views of Pakistani parents in Akbar and Woods' (2020) study, which demonstrated that they see their child's SEND as divine will but also express hope for their conditions to be cured, often through religious or spiritual remedies. In parts of South Asia, the prevailing view in practice is the charity model of disability, which compares individuals with disabilities against typically developing individuals (Rimmerman, 2013). This may have led to Maryam and Amira focusing on their child's SEND, in order to ensure they have the support they require in order to continue in mainstream education alongside their peers.

Although this theme of a *battle* narrative does not directly link to cultural responsiveness, it is important to consider the added complexities when there are cultural differences, a language barrier or limited understanding of the UK education system. For example, Heer et al. (2012) reported the issues that can arise from a medical model of disability which is usually based on western views, leading to culturally inappropriate services, stereotypes and judgements. This reiterates the importance of empathetic and sensitive communication, to help parents feel supported through potentially stressful processes related to their child's SEND. Nabila framed the idea of a *battle* in terms of being a South Asian woman, although not directly related to parents of children with SEND:

*“And, um, I do often say to my children as an Asian, you will have to work harder, um, to stand out whereas, um, we're not privileged in being white and... the older I get, the more of this so-called discrimination that I see by professionals.”*

#### **4.6.1.3. Stereotypes and assumptions**

Two participants made reference to how their external appearances had influenced their experiences of working with professionals and the ways in which they were treated or approached. This seemed to stem from assumptions; for example, that wearing a headscarf meant they were less able to express themselves.

*Shereen: “I think sometimes stereotypically they can get it a bit wrong. So I think a couple of times I've been in and I wear a headscarf and, you know, I-I look as you do Asian, I probably look more African, than I do Asian . Um, so the assumption when I walk in is I can't speak English or I need a translator...”*

*Nabila: “I haven't always worn a scarf, so I wore my scarf about 10 years ago and I find people's attitude towards me, very different.”*

This indicates that professionals these parents have experienced working with are at the ethnocentric and defence stages of Bennett's (1986) model, although it should be noted here that this did not necessarily lead to critical and negative views, and instead seemed to reflect unconscious biases. Nabila also talked about other stereotypes and assumptions she had experienced:

*“Um so yeah, I think some people find when they speak to me over the phone, they assume I'm white. And then obviously if I don't give them my name and then when they see me, they're taken aback.’ Ohh we-we thought... ‘Ohh. OK’ I said, ‘you thought I was white’.*

*'Yes, we did. We thought you were white. Because you speak English well or almost as well as... people'. But then that's an expectation.'*

*"You may.... I know my sister-in-law bakes and cooks and offers them rice and chapati and I said 'no, I won't do it' because it's a professional entering in my home as a professional. And, um, it starts to break away the barriers and I start-and we're falling into that stereotypical 'ohh I've visited an Asian family and they went to a lot of trouble for me'."*

Maryam also talked about assumptions made by professionals, although not explicitly linked to her visible appearance, it could be argued that they viewed her in a position of lower authority due to cultural differences:

*"And I think sometimes the impression that I've got is that I might not be as knowledgeable as other parents and I'm actually quite pushy and I know what I'm talking about, and I'm gonna get it done."*

These findings reflect reports from 80% of culturally diverse parents in Goodwin's (2019) study about the tendency of school staff to either ignore the existence of culture or to think about it stereotypically. In the latter case, it was acknowledged that professionals were trying to convey competence and knowledge, but that this was based on their own assumptions.

This theme relating to stereotypes and assumptions can be further understood by considering individual participants' PETs. For example, Amira talked about professionals being cautious to avoid offending or making mistakes. This reflects the conclusion made by Ashraf (2016) that EPs faced a paradox in that they struggled to understand or relate to unfamiliar customs, behaviours or practices yet due to the politicisation of diversity and multiculturalism, and their fear of offending; for example, by using the wrong terms. Professionals therefore revert to generalisations of customs, behaviours or practices across

all or similar cultures instead. The cognitive load of reflecting on language and biases may lead to stereotypes as a heuristic (Pitner & Sakamoto, 2005). In Ratheram's (2020) study, EPs perceived assumptions to arise from a lack of information.

#### **4.6.2. RQ2: How do South Asian parents make meaning of their culturally responsive and unresponsive experiences with professionals?**

##### **4.6.2.1. *Perceived power differential between professionals and parents from different cultural backgrounds***

All participants touched on power dynamics and the positioning of themselves as parents in their interactions with professionals, although the meaning of these were constructed in different ways. For example, Amira talked about the EP asking questions and her answering these, with a perception that the EP was the main person to contribute to an EHC plan. This may have placed the EP in a gatekeeper role and may explain why Amira was more focused on equality and being treated the same way as any other person. This may be especially relevant during EHC needs assessments, where parents may feel reliant on the power of professionals to get their child the support they require. For example, parents in Eccleston's (2016) study shared that although they were involved in the process, they felt alienated due to their lack of knowledge regarding the process and terminology, and power dynamics between the family and professionals. This led to a lack of confidence in relation to the EHC needs assessment process and a dependence on professionals to fully understand their rights, roles and responsibilities. Amira was satisfied that she was not asked about her culture and used the word "*inferior*" which indicated that bringing up her minoritised ethnic status would add to feelings of being minoritised or *less than*:

*"I would find it offensive if someone was to mention my culture because I want to be seen as a human with feelings. Why do you bring in my culture? 'Cause we're all the same. Do you know what I mean?"*

*“It's sometimes it's, you know, in some cases, it's better to not talk about it. Yeah, you have-you have that respect for everyone's ethnic background and their religion. But when it comes to supporting a child that has autism, it shouldn't really come into it.”*

*“Not once was my ethnic minority mentioned in any way or I've never felt inferior”*

Similarly with Maryam, professionals were described as “*educated*” and “*clever*”. This may have made the experience feel imbalanced and made it harder for Maryam to explore her culture.

*“All the professionals are so good. Like, they're-they're really clued on.”*

On the other hand, Nabila seemed to frame her experiences of working with professionals from a position of higher status where she was the expert on her child and sharing relevant information she found important. Hawkins and McMahon (2020) distinguish between three different types of power in a triangular dynamic in cross-cultural interactions: role power, cultural power and personal power. Although this is within the context of supervisory relationships, it may be applicable to the experiences of parents working with professionals. Role power is inherent within the professional as they can be perceived to offer or withhold resources, but cultural power may also be at play here if the professional is from a dominant cultural background such as white and middle-class. However, in Nabila's experience, she seems to hold personal power as she sees herself as the authority on her child with the expertise about their needs. This may also explain why Nabila felt more confident to challenge culturally unresponsive experiences and views. Falicov's (2014) MECA model also points to a consideration of understanding how an individual fits in their wider socio-political context and the consequent level of power they feel, in order for professionals to respond appropriately to cultural difference. Levels of education and literacy in English could therefore be two aspects that contribute to parental feelings of power and confidence to

ensure professionals' cultural responsiveness in their interactions. This was also the case with Shereen who had knowledge and experience of school systems which she was able to draw on to ensure suitable support for her child.

This also relates to some parents' values of respect, equality, being treated fairly and not differently to people from other cultures. This is in line with professional standards described in Chapter Two (e.g., BPS, 2017). It can also link with espoused theories versus theories in use (Argyris, 1983), and how professionals enact or apply their values in their practice.

Intersectionality (Crenshaw, 1989) should also be considered when thinking about cultural responsiveness. For example, participants talked about class and status as two important aspects, which links to Ryde's (2009) literature on white privilege. Moreover, all participants were female, which points to issues around parental gender roles when working with professionals.

#### ***4.6.2.2. Understanding of issues that are specific to South Asian families***

Understanding that South Asian families may live with members of the extended family, including grandparents, comes with its own implications. Parents reported that the older generations living at home did not show the same level of knowledge about SEND. Differences even within the family system may not be considered by professionals, for example between various generations or family members with different experiences or levels of education.

*Amira: "Uh, my mother-in-law, she has no idea what autism is."*

Extended families can be a source of anxiety for parents due to their alternative and stigmatising attitudes or views, which is consistent with research on South Asian parents' understanding of their child's SEND (Akbar & Woods, 2020; Heer et al., 2015). Furthermore,

Singh & Orimalade (2009) recognised that the younger generation, especially those born in the UK, might hold less firmly to traditional cultural practices or norms, such as those relating to gender roles or taboos which may include stigma around SEND. Accordingly, it is crucial for professionals to understand the potential discord between views and values within a family system, in line with Falicov's (2014) dimension of family organisation.

Two participants talked about stigma related to diagnoses within South Asian communities and how many parents may be reluctant for their child's needs to be *labelled*. This could be understood both in terms of variation in cultural beliefs about SEND. Professionals therefore need to be sensitive when talking about needs and diagnoses, encouraging the use of the correct terminology. As well as stigma around SEND and mental health difficulties, professionals may have to deal with parental disappointment and manage their expectations while still being aspirational. Anecdotally this is something I resonate with in my own practice.

*Amira: "There obviously still is like stigma attached with like Asian parents not really accepting their child's, um, mental health and obviously probably a bit in denial."*

*Maryam: "And I know within our community there is a massive thing about being labelled..."*

Professionals can consider culture-specific issues using race re-imaging theory (DeCuir-Gunby & Schutz, 2014) to re-construct concepts and be more culturally responsive. This can help them to integrate their own worldview with those of the families', for example sand may be seen as dirty for some South Asian parents. Professionals immersing themselves in new and varied environments with diverse cultural issues can expand knowledge. This consolidates Bennett's (1986) notion of intercultural learning, and opening up the community can facilitate the development of cultural responsiveness from an ethnocentric view to a more

ethnorelative view as it allows learning to happen through intercultural contact. Building on the idea of cultural beliefs about education and models of SEND, such as religious understandings of disability and cures, professionals should also be aware of South Asian views on how to approach therapy or intervention and integrate these ideas into their own understanding.

#### **4.6.2.3. *Unique individual context***

The participants experiences seemed to be influenced by their own cultural beliefs about education and SEND, stemming from their childhood. This links to literature on how South Asian individuals view education (Akbar & Woods, 2020; Bhatti, 1999; Crozier & Davies, 2007). Professionals are often seen as educated experts, thus it is not the parents role to be involved, and this may stem from the notions of expertise and hierarchy in collectivist cultures such as South Asian communities. This is important for professionals to consider when thinking about how to form parent partnerships.

However, there is great variation within the South Asian families and this can be attributed to differences in context. All four participants in this study were born or raised from an early age in the UK and they reflected on how their early childhood experiences have influenced the meaning they make of their own culture and the way they respond to this now. All of the participants also had some experience of the education system and support services, either through their own careers or those of immediate family. This background information emerged through interviews and seemed to influence the meaning that participants made from their experiences of working with professionals. Subsequently, it is essential for professionals to engage with person-centred approaches to move away from using their own worldview to engaging with other cultures (Heer et al., 2015; Bennett, 2017).



This would help to promote an ethnorelative point of view which integrates cultural differences without minimising or denying the importance for that individual.

Identity was also an important aspect to consider here. All participants identified themselves as British South Asian and reflected on how their experiences may have differed from those of other parents. This echoes literature which has focused on first-generation migrant parents to Britain, who represent a very different group although still identifying as South Asian. For example, Bhatti (1999) suggested that many Asian parents did not go to school in Britain and have little first-hand knowledge of school processes. Bhatti's (1994) research was mainly about working class Asian children, therefore she suggested it may be useful for further research to conduct a study of Asian children from professional middle class backgrounds to see what kinds of barriers they encounter and how they overcome them. My sample of participants has lent itself to explore this issue. Culture evolves between generations, thus professionals should explore cultural beliefs alongside individual contextual factors such as age, national heritage and languages spoken, to avoid stereotypes in their practice (Heer et al., 2015).

It is thought-provoking that two parents placed less emphasis on the importance of challenging culturally unresponsive views or professionals asking about their culture. These parents did not wear headscarves, which has been shown to represent a more overt cultural difference by Shereen and Nabila, and they may therefore have felt more integrated within society. Amira and Maryam described themselves differently to other South Asian parents; for example:

*Amira: "...me and my intermediate family, we're not really that cultural. Because we're all brought up here".*

*Maryam: “But I always say to them, don't paint me with the same paintbrush because I... this is gonna sound really prejudiced, but I'm not like those parents. I'm not like that clientele. So there's a big difference in terms of I think working and going out and all of that educational background.”*

In Goodwin's (2019) study, the only parent in the culturally diverse sample to state that culture should not be addressed in schools identified as white Catholic. This could imply that, although Amira and Maryam identify as Pakistani Muslims, they align more with Westernised cultural norms and expectations. The way that individual parents self-identify their own culture is therefore paramount, and links back to themes around avoiding stereotypes and assumptions based on one's own worldview or external characteristics. Identity is demonstrated here to be an important aspect of how the parents in the present study perceived their experiences of cultural responsiveness with professionals and made meaning from these.

#### **4.7. Chapter summary**

In this chapter, the findings of the study have been presented following analysis of data from parent interviews. PETs were first presented for each interviewee, demonstrating that individual experiences of cultural responsiveness and unresponsiveness with professionals were shaped by parents' unique family context, upbringing and values among other factors. In addition to this variation between participants' experiences, there also existed some convergence. The GETs were therefore identified through interpretation of patterns among participants, highlighting key features of communication with professionals, narratives of a battle and stereotypes, power differentials, and culture- or individual- specific issues. Many of these themes corroborated, and were therefore discussed with reference to, the literature reviewed in Chapter Two. However, some unanticipated findings were

recognised which prompted further exploration by drawing upon literature not previously reviewed in this paper, including research on race re-imaging and psychological safety. The discussion of findings points to important implications for professionals and directions for future research, presented next in Chapter Five.

## 5. CONCLUSIONS AND IMPLICATIONS

### **5.1. Summary of key findings and areas for further research**

The present study sought to explore how South Asian parents of children with SEND perceive their experiences of cultural responsiveness when working with professionals in relation to their child's needs. I used IPA to address this research aim, in order to understand how these parents make meaning of their individual experiences. Through four in-depth semi-structured interviews, data were collected and then analysed to interpret themes. These were presented in Chapter 4 in relation to the research questions, along with a discussion of relevant literature. In this chapter, I will conclude with a summary of key findings, suggestions for future research and an evaluation of the study's strengths and weaknesses. Finally, I will consider the implications of the findings from this research for all professionals and specifically for EPs.

A key finding of the study was how participants made meaning of their varied experiences with professionals. Those that spoke positively (Amira and Maryam) focused on the ways in which professionals made them feel valued and heard, through their interpersonal skills and active listening. In contrast, those who had negative experiences of cultural responsiveness (Nabila and Shereen) felt that professionals were being ignorant and dismissive of their lived experience and cultural background.

Upbringing, family context and self-identity seemed significant in underpinning how parents understood their experiences. This correlates with Sultana's (2014) conclusion that Pakistani university students distinguished between themselves and *typical* Pakistani individuals, suggesting a hierarchy of perceived status within the British Pakistani population. All participants in the present study spoke English as their first language, which led to slightly different findings compared to studies in which participants spoke English as

an additional language (Akbar & Woods, 2020; Bhatti, 1994). It would therefore be of interest to further explore intersectionality when considering the experiences of South Asian parents as a heterogeneous group of individuals. This is especially significant based on previous research which has demonstrated the variation within South Asian communities and between South Asian mothers and fathers (Bhatti, 1994), with the added factor of gender in the intersectionality of culture and SEND (Theara & Abbott, 2015). Future research could investigate fathers' experiences of cultural responsiveness when working with professionals.

Another notable finding related to power dynamics between professionals and parents, with all four participants using language that seemed to frame themselves in a position of lower authority. Professionals were described as clever and educated individuals who had training and knowledge of how to work with diverse groups of people. This reflects previous research from Ashraf (2019) and Akbar and Woods (2020) that parents often put trust in the services and systems that are available to support their children as they do not necessarily see it as their place to be involved. This may have prevented some parents from challenging culturally unresponsive practice or sharing information about their culture as they did not want to widen the perceived gap in status between themselves and the professional. This is important to consider within the context of the large, multicultural city in which the study was conducted. Parents alluded to the fact that professionals should be more responsive to the needs of the communities with whom they are working because of the diversity they are experiencing. This may have impacted their experiences, thus it would be useful to understand the perceptions of parents in less diverse cities.

An additional consideration for future research and dissemination of the current study is to develop a model of cultural responsiveness that is adapted for use in educational psychology practice, by educational practitioners and other professionals working with parents. This could be based on models of cultural responsiveness currently available as

discussed in Chapter Two, but address limitations of those as they relate to the counselling and psychotherapy fields more strongly than education, health and social care within the context of SEND.

## **5.2. Strengths and limitations of the study**

IPA proved to be an appropriate methodology to answer the research questions for the present study as it allowed me to gather rich information and examine each particular case using an idiographic approach. This was useful as there was variation across the experiences of each parent but also some convergent views which were interpreted through comparison across cases. I followed the most recent guidelines of Smith et al (2022) to ensure I was carrying out the analysis in a systematic manner, which prompted me to identify both Personal and Group Experiential Themes. This is especially relevant with complex, multi-faceted constructs (Smith et al., 2002) such as culture and cultural responsiveness.

The above considerations correlate with Nizza, Farr and Smith's (2021) four features of high quality IPA research, from examining good examples. These included: constructing a compelling, unfolding narrative; developing a vigorous experiential and/or existential account; close analytic reading of participants' words; attending to convergence and divergence. Through reading and re-reading transcripts of each interview, I was able to make exploratory notes focused on both the semantic, linguistic content and conceptual content. This therefore allowed a deep insight into each participants' phenomenological experience of working with professionals as well as any patterns or themes across the data. The use of semi-structured interviews also provided flexibility to allow the participants to share whatever they felt was meaningful for them, which provided an understanding of how they made sense of their experiences.

An additional important feature of IPA research is the sample, which should be between 4-6 individuals and purposively selected to be as homogenous as possible. I was able to recruit four South Asian parents who all identified as having Pakistani heritage and being female. In addition, all parents lived in the same Local Authority, which increases the likelihood of accessing similar services and provision available in this area. However, considering Bourdieu's (1977; 1986) concept of cultural capital highlights difficulties with understanding this sample of participants as a homogenous group. The parents recruited for this study will have varied in their embodied, objectified and institutionalised forms of cultural capital to each other, potentially stemming from differences in their family upbringing or education level.

The original inclusion and exclusion criteria to recruit participants for this study was based on Smith et al.'s (2022) principle of purposive selection in order to gain as homogenous a sample as possible, which can provide insight into a particular experience. The criteria were kept open for any parent identifying as South Asian, rather than a particular racial or ethnic group as the focus of the study was on cultural background. South Asian cultures are generally considered to be collectivist (Hawkins & McMahon, 2020), which therefore reflects a particular perspective rather than a population. This is a principle of sampling in IPA (Smith et al., 2022), with participants forming a largely homogenous sample based on the links they shared in terms of being classed as a minority but global majority, their experience of having children with SEND and undergoing the EHC process, and their geographical location. In practice, it is recognised that complete homogeneity is not possible due to individual variation.

On reflection, the need is apparent to clearly emphasise that the present study does not purport to categorise South Asians as a homogenous group. Drawing on Bourdieu's (1977; 1986) ideas of cultural capital, the participants recruited may differ in cultural capital to other

South Asian, and more specifically, Pakistani individuals as they were UK-born and raised and had links to education or mental health services. Nevertheless, it is important to recognise that they can still be understood as minoritised individuals who may be subject to systemic oppression, as highlighted through statistics on disproportionality in SEND and mental health, and previous research which indicates bias and cultural unresponsiveness towards South Asian parents. It is acknowledged that there are risks of perpetuating stereotypes through referring to South Asians throughout this paper, however it is hoped that the detailed analysis of individual responses and personal experiential themes highlights the individuality of each participant's lived experiences and how their personal values or circumstances influence this. Caution should be applied to avoid generalising the findings from these particular parents to other Pakistani or mixed Pakistani mothers. The aim of this research was not solely to find commonalities in the experiences of South Asian parents, but to explore in depth the meaning they make of these experiences using an idiographic approach. This study did not explore other aspects of parents' identity such as gender, sexuality or SES and therefore cannot provide insights into a wide range of parents.

The final sample reflected a narrower demographic of participants than initially expected, which can be considered to strengthen the methodological approach taken as IPA requires as much homogeneity in the perspectives of the sample population as possible. Similar previous research has also tended to have samples more representative of mothers (Ashraf, 2019; Akbar & Woods, 2020). Hasnain et al. (2008) indicate that mothers typically are the primary caretakers of children, especially those with disabilities. However, this is not always the case and so the underlying reasons behind the recruitment of mothers in such research are worthy of future consideration.

It is also necessary to note here that the findings of the present study represent the views of four mothers of children with SEND, who identified as Pakistani or mixed Pakistani



heritage, which means the interpretations made are specific to them and their unique context. The small sample size addresses the research aim to understand how South Asian parents make meaning of their individual experiences of working with professionals, and it was not intended to yield findings that are generalisable to the wider population. However, many of the findings were consistent with prior literature and have key implications for professionals working cross-culturally with any minoritised individual.

In relation to this, the participants in IPA research must be able to clearly and articulately express their experiences. This was reflected in my criteria, which specified a sample with sufficient English proficiency to be able to participate in an interview and may have restricted my sample. Reflecting in action whilst carrying out the interviews, I noted that Amira required more prompting and probing to elaborate on her responses. In contrast, Nabila and Maryam provided a lot of detail and even talked about issues that were not directly related to the interview schedule. IPA also relies on a retrospective recall of previous experiences and at times, participants found it difficult to remember. Herein lies a limitation of the present study, whereby the ability to recall and articulate experiences are dependent on the individual.

My role as the researcher is also important and I have taken steps to demonstrate my reflexivity using reflective boxes throughout this paper. These drew on my thoughts and feelings recorded from the reflective diary that I kept throughout the research process as well as the exploratory notes I made whilst transcribing and initially reading through the interview data. The purpose of keeping a reflective diary was to encourage both reflection-on-action and in-action of my thoughts, feelings and experiences whilst planning the study and collecting and analysing data. I recognise my position as both a researcher but also an individual who self-identifies as South Asian. Dwyer and Buckle (2009) point to the dichotomy between being an insider or outsider researcher to the population under

investigation, with strengths and limitations to both positions. The researchers reframe this to promote the occupation of the space in between these two positions, which acknowledges that belonging to a group does not infer homogeneity with its members. My insider status may have supported participants to share their views around personal and sensitive topics such as family context and their values, as there was a rapport and mutual understanding between us. For example, after talking about stigma within South Asian communities and her own extended family, Amira said “*you know, cause it is the truth, isn't it? Obviously we're both Asian*” and “*you know what it's like*”. Amira also seemed to have her own perception of what she thought I might be expecting from her answers and that I was aiming to look for negative experiences of work with professionals, for example “*everything was fine, like... I'm trying to think of something negative, but no.*” This demonstrated the importance of ensuring I was clear about the purpose of the research, maintained a neutral position and avoided leading participants into any type of response through an outsider researcher status.

Amira’s reflections demonstrate potential power differentials perceived between myself and the participants, which highlights my position as an outsider. Although I identify as South Asian and could relate to some aspects of cultural traditions and norms that participants shared, I am not Pakistani or Muslim and do not have any parental responsibilities, which precluded me from fully understanding their comments around parenting and religion. My profession as a trainee EP also positions me as an outsider in relation to the participants, possibly creating an us (parents) vs them (professionals) dynamic. In this way, I am both an insider as I share some attributes with the participants including gender and cultural identity, but also an outsider as I do not belong to the specific group to which they identify (Braun & Clarke, 2013). My background has also influenced the topic of my research and my methodological decisions. Bukamal (2022) highlights the importance of making the interpretivist researcher’s background transparent and explicit as it influences the

interpretations made. This positionality statement also links to intersectionality (Crenshaw, 1989) and reflexivity, demonstrating the multiple aspects of my identity that I understand to influence my perspective as the researcher. I have reflected that during the course of the interviews I may have changed between an insider as a South Asian female and an outsider as a researcher and trainee EP, in line with assertions that positionality is dynamic (Mason-Bish, 2019) and exists on a continuum (Bukamal, 2022). Bukamal (2022) refers to this juxtaposition as the researcher between two different cultural contexts as “insider-outsider ambivalence” (p. 328)

This also links back to discussions of alternative models or narratives of mental health and disability in Section 2.7. As a professional, I take an interactionist view of SEND and mental health which acknowledges both medical underpinnings and the social barriers that can disable an individual. Existing literature shows that South Asian and, more specifically, Pakistani families can hold mixed models of disability. My views may therefore have been in contrast to the model adopted by the participants of the present study, leading to potential power differentials. It could also be argued that the present study perpetuates stereotypes about South Asian cultures without a full and complete understanding of the various perspectives encompassed in these. It may be of interest to consider in future work how participants perceive researcher’s positionality and how this influences their rapport and responses.

Considering my role further, it is necessary to reflect on the inevitable power differentials between researcher and interviewee. I made efforts to address this by providing detailed information so that they could make an informed decision about whether or not to participate. Before the interviews commenced, I introduced myself and engaged in some social talk, re-iterated ethical considerations and their rights to withdraw, checked their understanding and offered to answer any questions. Even if the opportunity is there,

perceived power dynamics may prevent parents from sharing fully. My participants were assured their responses were anonymous and would have no impact on the support their child receives. As Ashraf (2016) noted, although not without limitations, the strengths of using focused semi-structured interviews in the present study meant that there was an increased likelihood of positive rapport between myself and the interviewee which permitted an efficient and practical way of getting data. The semi-structured interviews allowed flexibility within the interview process which permitted the emergence of unexpected ideas and for the comprehensive exploration of issues unhindered by predefined format.

I also recognise my dual positionality as a professional as well as a researcher and I reflected on this during the interviews where some parents spoke about their child's needs and provision currently in place. Although some of this was relevant to their experiences of working with professionals and cultural responsiveness, I was cautious to bracket off my role as a trainee EP in consultation with parents. I had no prior involvement with the parents in the study through that role, which helped to create distance between myself and the context of their work with professionals.

I acknowledge that the findings of this study have been identified through my individual and personal interpretations based on my own experience and subjective knowledge. This is in line with the interpretivist philosophy underpinning IPA. However, I aimed to report the findings in a transparent matter to show how I reached the final themes following the steps outlined by Smith et al. (2022). Hence, this allows my themes to be checked against the original interview transcripts in order to assess my ability to reflect and analyse the data. Although it is not possible to fully bracket off my own knowledge and assumptions, I hope that my transparent reflexivity allows the reader to understand my influence in producing knowledge.

As Sultana (2014) explains, the researcher's interview skills also influence the collection of data. I learnt a lot from my first pilot interview with Amira about my own questioning style and how to approach interviews. In particular, it highlighted the importance of using prompts and probes effectively to elucidate further information about how participants made sense of their experiences. As the interviews continued, I was able to refine my skills further by reflecting in action and following each interview using my reflective diary.

IPA is also characterised by a description of participants' phenomenological experiences, which has been criticised for its lack of explanation (Willing, 2008). However, in line with Research Question 2 for this study, I attempted to provide insight into how participants made meaning of their experiences by engaging in a double hermeneutic through the process of analysis. It is hoped that this goes beyond simple description to a deeper interpretation and understanding, which has given rise to implications for professionals.

### **5.3. Implications for professional practice**

The findings of this study have implications for professionals working with families of CYP with SEND, based on parental experiences of cultural responsiveness. The importance of intersectionality is highlighted (Crenshaw 1989; Theara & Abbott, 2015), therefore the implications below are not intended to act as recommendations that can be generalised to all South Asian parents indiscriminately. Rather, they are guiding principles for professionals to understand how parents may like the issues of cultural responsiveness to be approached. Although these are relevant to all professionals,

#### **5.3.1. Implications for all professionals**

Perhaps most significantly is the understanding that parents have had many positive experiences both of cultural responsiveness and more generally with professionals, which

stemmed from curiosity and active listening. Using frameworks or models such as those put forward by Sakata (2021) and Sue et al. (1982) can support professionals to consider their communicative skills and how this feeds into cultural responsiveness; for example, using verbal and non-verbal cues to demonstrate genuine empathy and interest. Professionals should reach out to families and demonstrate that they are there to listen without judgement or bias. Culturally-relevant information should be gathered and used in a meaningful way so that it does not feel tokenistic. This can also promote consistency between home and school through a partnership approach. For example, within schools there could be a consistent key contact such as the SENCo to help parents feel more involved and to facilitate regular communication between parents and professionals.

Also reported by participants was the perception that professionals had made an effort to be culturally responsive and had good intentions, even if they did not get this quite right. This may be helpful for professionals to remember, considering findings from the present study and prior literature (Ashraf, 2016; Goodwin, 2019) which has identified that a fear of offending families or saying the wrong thing can prevent professionals from trying to understand culture. Professionals therefore do not require a full and thorough knowledge of all culture-specific issues, but should use their interpersonal skills and values instilled through their standards of practice to facilitate parents to feel at ease in sharing what is important to them. Participants agreed that they would be happy to educate professionals on culture-specific issues if they simply asked.

Related to wider issues around culturally responsive communication, professionals should be sensitive when talking about needs and diagnoses as there may be stigma surrounding these issues, both within the family system and the South Asian community (Singh & Orimalade, 2009). This could include a clear explanation of what the label represents for that family. Professionals should also develop an understanding of how SEND

is communicated in other languages, the terminology or translations used and various cultural beliefs about education and mental health.

Following from the idea that professionals do not necessarily need to go above and beyond the limits of role, there are small adaptations that can be made and resources that are already available to use. For example, Shereen mentioned the use of picture symbols to represent culturally-specific food items and aspects of lifestyle such as a mosque. These can be used to support communication between professionals and parents from diverse cultural backgrounds, as previously reported by Shah (1995). Although parents acknowledged that professionals may need to use technical terms and jargon, they should ensure that they explain these and check back understanding. Professionals should check that parents have understood what they have communicated to them, perhaps by asking parents to explain key messages they have taken from the interaction. Participants talked about a personalised approach rather than reports and leaflets, whereby professionals take the time to go through information with them. This is echoed by preservice teachers in the US (Goodwin, 2019) who had undergone culturally responsive training including family nights, with one commenting on the benefit of staff handing out information leaflets which can be discussed with parents.

Despite this idea that professionals should use existing core features of their practice to develop cultural responsiveness, it remains essential for professionals to develop their knowledge of culture-specific issues. This should be an ongoing process, both through formal training as well as immersing themselves in diverse communities and engaging with people from a range of cultural backgrounds. Goodman & Hooks (2016) reported methods to embrace the home cultures of their students and build confidence in working with parents that preservice teachers in the US found helpful. These included interviews with culturally diverse families and visits to the family home or other important places outside of school, such as church or sports clubs. Additional implications for the findings in school settings include the

improvement of diversity training and professional development for school staff, as well as early exposure to diversity during teacher training to address preconceived notions about culture (Goodwin, 2019). Schools could build links with other settings in more diverse or deprived areas to encourage intercultural learning (Bennett, 2017). The key message here is for professionals to be proactive about developing cultural responsiveness in order to be appropriately knowledgeable, rather than reverting to stereotypical ways of thinking.

Looking now to more systemic implications, schools and professional services should take steps to ensure they are more representative of the diverse cultural families with whom they work. Participants suggested parents may be more comfortable discussing their child's, often stigmatised, needs with a professional from a similar cultural background. Singh & Orimalade (2009) suggested recruitment of professionals from minoritised ethnic groups and liaison with agencies and communities, including those abroad, that have a cultural focus. In 34 out of 50 families, parents in Bhatti's (1994) study said they wanted the school to have mainstream teachers of Asian origin; preferably from their own ethnic background who were accessible and friendly. However, the findings of this study show that increasing the diversity of professionals who work with families is only one aspect of strengthening cultural responsiveness. It is important that support services and systems do not equate a more diverse workforce with representation, as the South Asian community is so heterogenous and intersectionality plays a critical part. A South Asian doctor, for example, may not have the same SES and level of education as the parents with whom they are working. Professionals should therefore consider the individual context of the family, as well as how their own identity impacts their practice.

Parental advocacy and support networks are crucial. However, Heer et al. (2012) cautioned that although such groups can adopt a social model of disability which addresses societal barriers related to culture and language, they can segregate minoritised communities



from mainstream services. In light of this, professionals could therefore foster these connections between parents from similar cultural backgrounds within their services. This is particularly important with South Asian parents who may feel a power differential with professionals and therefore avoid being open about their concerns if they do not have a trusting relationship. Ashraf (2016) pointed to the need for school and community link groups, run by staff sharing the parents' culture, and parenting workshops to support them in navigating the educational system and making parents aware of their role in their CYP's education and their legal rights and responsibilities. As noted by Theara and Abbott (2015), school settings may be the safest and least stigmatising context for parents to work with professionals and can be used as a pathway to more specialist support for parents through the shared goal of the child's progress between school staff and parents.

### **5.3.2. Implications for EPs**

In addition to the implications described above, there are further issues to consider which are specific to EPs. The narrative of a *battle* for parents of children with SEND is significant for EPs who have a statutory duty within SEND processes including EHC needs assessments. Parents should always be made aware of their rights (Shah, 1995), especially if they are placed in a perceived position of lower authority or status due to their cultural background. Some parents in the present study placed cultural responsiveness as secondary to meeting their child's SEND, thus professionals may need to develop parents' understanding of how culture is important to understanding SEND and to empower parents to challenge worldviews that are not compatible with their own. This reflects discussions around intersectionality (Crenshaw, 1989) and EPs should incorporate all aspects of an individual's identity to develop their formulations. EPs should employ person-centred approaches to encourage a deeper understanding of the individual child or young person, their identity, their family system or context and the values that are important. These could include the Planning

Alternative Tomorrows with Hope (PATH; Pearpoint, Forest and O'Brien, 1991) or Making an Action Plan (MAP; Forest & Pearpoint, 1992) approaches. Such tools allow individuals and families to determine collaboratively the next steps to make future progress, based on what has happened previously, the current context and dreams for the future. This may be especially relevant to understanding culturally responsive practice as professionals must take cues from the individual or family themselves about what they deem important and what capacities they have to move forward. Person-centred planning has been emphasised in prior literature (Theara & Abbott, 2015) and the SEN Code of Practice (DfE, DoH, 2015). As stated previously, this should come from a position of curiosity, not only about cultural norms and practices, but what these mean to that particular family unit due to the heterogeneity of South Asian communities. This would help to avoid any stereotypical thinking or assumptions on the part of EPs.

Professionals may have to deal sensitively with parental disappointment and manage their expectations about what their child could realistically achieve whilst maintaining an aspirational approach. This is especially significant for EPs who typically should be gaining parental views through EHC needs assessments and other aspects of their practice. EPs can help to reframe deficit models of SEND by supporting parents to consider their child's strengths as well as areas of need (Theara & Abbott, 2015) whilst ensuring not to dismiss or minimise parental views. This is relevant considering the potential disparity in cultural views of education and SEND, including parental views of hopefulness for *treatment* or a *cure*.

To immerse themselves in intercultural learning (Bennett, 1986), EPs can draw upon resources within teams and working groups to understand the lived experiences of parents from diverse cultural backgrounds. This may help to minimise the likelihood that professionals fall back on assumptions developed through their own worldview, and instead use other worldviews to expand their understanding. This addresses the meaning participants

made from their understanding of negative experiences of cultural responsiveness that professionals were ignorant and dismissive to parents' unique contexts. Cultural responsiveness may therefore come from how professionals respond to any information that the parent has chosen to share, rather than bringing their own ideas of culture-specific issues to the interaction. For EPs, this should include the co-construction of strategies that are unique to the CYP and their family system; for example, advice on how to manage large cultural and religious events or support for extended families to understand needs and diagnoses further.

Beyond individual professionals it is necessary to consider systemic change. Akbar and Woods (2019) argued that research must gather pace to influence policy and practice to deliver sustainable and meaningful change for families from diverse cultural backgrounds. EPs and trainee EPs are well placed as scientist-practitioners to build professional understanding through further research with minoritised groups. EPs also utilise reflection and supervision, in which they can continually examine their core values and beliefs. This is in line with Ratheram's (2020) findings that EPs valued a safe space to reflect on their own values, identity and life experiences, and how these impact their practice, as well as to practice or trial how to respond to culturally diverse individuals without fear of making mistakes.

#### **5.4. Concluding comments**

To conclude, the present small-scale study has added to knowledge of professionals' cultural responsiveness from the perspective of parents. Using IPA, I was able to gain insight into the lived experiences of South Asian parents who have worked with professionals in relation to their child's SEND. As demonstrated in the literature review in Chapter Two, this

is relatively novel as previous research has focused on how professionals themselves view their own cultural competence.

Through an in-depth analysis of how these parents made meaning of their experiences with professionals, this study has produced knowledge of the factors that facilitate and inhibit cultural responsiveness on an individual level based on unique family context, values and upbringing. It also highlighted several convergent themes across participants which suggested that communication and power are important aspects of relationships between professionals and parents from diverse cultural backgrounds. These findings have implications for the practice of professionals who work with parents of children with SEND, including EPs.

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## 7. APPENDICES

### **Appendix 1. Participant Information Sheet**

#### **PROJECT TITLE: SOUTH ASIAN PARENTS' EXPERIENCES OF CULTURAL RESPONSIVENESS WHEN WORKING WITH PROFESSIONALS**

Dear parent/carer,

#### ***Who am I and what is my role?***

My name is Preeya Chibbra and I am a trainee educational psychologist on placement with Birmingham local authority. I am undertaking a doctorate in Applied Educational and Child Psychology at the University of Birmingham.

#### ***What is the purpose of this communication?***

As part of my training I am undertaking research investigating the experiences of South Asian parents when working with professionals. I would like to invite you to take part in interviews in order to explore your views. This information sheet provides further details about the research.

#### ***What is the research about?***

The aim of the research is to understand experiences of cultural responsiveness among South Asian parents who have worked with professionals through the Education, Health and Care assessment process. I am interested in exploring your experiences of culturally responsive or unresponsive work with professionals, what are the strengths and what could be further improved. It is hoped that the research findings will provide you with a space to share your views and inform professionals about ensuring that they are culturally responsive.

The study has been reviewed by the University of Birmingham's Humanities & Social Sciences Ethical Review Committee.

#### ***Who can take part?***

I would like to speak with parents or carers who meet the following criteria:

- Has a child/children of school-age who has/have identified Special Educational Needs and Disabilities and who has/have been through the Education, Health and Care Assessment process.
- Self-identifies either their nationality or ethnicity as South Asian (including mixed heritage) – this includes any individual who descends from India; Bangladesh; Bhutan; Maldives; Nepal; Pakistan; Sri Lanka; or Afghanistan.
- Sufficient proficiency in English to participate in a verbal interview.

#### ***What will taking part involve?***

I would like to conduct individual interviews on a one-to-one basis with a number of parents and would value your participation. The interviews should take approximately one hour.

During the interview, we will be discussing issues around culture and working with professionals in relation to your child's/children's special educational needs. If you change your mind about taking part, you have the option to leave the interview at any time.

***What will happen to the information collected?***

The interview will be recorded using a Dictaphone and some notes will also be taken. I will be the only person who hears the recording when I type up the discussions. Printed transcripts of the data will be kept in a secure, locked cabinet which only I will have access to for the duration of the time that I will be using them. After this, the printed transcripts will be scanned in to the computer for secure storage on The University of Birmingham's Environment for Academic Research (BEAR) Research Data Store and shredded.

The only time that information will need to be shared is if it is felt that a pupil may be in danger. If this is the case, information will be shared with the designated safeguarding officer in your child's school, following child protection procedures.

I will not use your name, your child's name, the school or the local authority's details when I write up the findings from the interviews. The findings will be written in a report which will be shared with the school and other educational psychologists that work in the local authority. The findings may also be used anonymously in publications and conference proceedings.

You will have the right to withdraw your data up to two weeks after the date that your individual interview has taken place.

***What happens next?***

If you are happy to take part in the research, please complete the attached consent form and return to me using the details below or pass on to the SENCo at your child's school for them to share with me.

If you would like to find out more information or ask any questions, please do not hesitate to contact me or my academic tutor via the details below, or the SENCo at school.

## **Appendix 2. Participant Consent Form**

*South Asian parents' experiences of cultural responsiveness when working with professionals*

*Please read each statement below and circle your response:*

	Yes	No
I would like to take part in the research project exploring South Asian parents' experiences of cultural responsiveness when working with professionals.	<input type="checkbox"/>	<input type="checkbox"/>
I have read and understood the participant information sheet (Version 2, June 2022) detailing what my participation will involve.	<input type="checkbox"/>	<input type="checkbox"/>
I agree to the interview being audio recorded and understand that only the researcher will listen to this.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that my information will be kept securely in line with university policy for 10 years after the completion of the project.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that I can cease my participation at any point during my individual interview if I would like to and I can withdraw my data following the interview up to 2 weeks after the date of the interview.	<input type="checkbox"/>	<input type="checkbox"/>
I have had the opportunity to ask questions and I am happy that my questions have been answered.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that I can ask further questions at any time before or during the study.	<input type="checkbox"/>	<input type="checkbox"/>
I understand how the data/findings will be used (as referred to in the participant information sheet)	<input type="checkbox"/>	<input type="checkbox"/>

Signature	
Initials	
Date	



### **Appendix 3. Interview Schedule**

Introductions and check how participant would like to be addressed?

Thank you so much for your time today.

Just to remind you of the purpose of the research, I'm looking to explore the experiences of South Asian parents who have a child with SEN or an EHCP and have had involvement with various professionals. The focus is on cultural responsiveness.

Check in to see if the interviewee has had chance to look over the participant information sheet or consent form— do they have any questions?

I'm just going to spend a brief minute going over some ethical considerations if that's ok.

- Today's interview is being recorded and I will save the audio recording/transcription. The interview data will be recorded on a password protected device and will then be transcribed. This data will be held on a secure system at the University of Birmingham (BEAR) for a minimum of ten years.
- For confidentiality, your name will not be used or appear in the final report, nor will any identifying information. Pseudonyms will be used.
- You have the right to withdraw at any point during the interview and you do not have to answer any questions which you do not wish to. There is a period of two weeks following the interview where you can withdraw your data if you would like to.
- Excerpts from interview transcripts may be included in the final write up of the project provided that there are no risks that quotations would render participants identifiable.

Does that all sound ok? Do you have any questions?

This interview should take no more than one hour.

<b>Discussion topic</b>	<b>Questions</b>	<b>Potential follow-up questions</b>	<b>Probes</b>
General experiences of working with professionals (icebreaker activity)	Who are the professionals that you have worked with in relation to your child's/children's special educational needs and the education, health and care process?  What did your involvement with these professionals look like?	Did you understand the role of each individual professional?  How much time were you able to spend with each professional?	Can you tell me more about that?
Experiences of cultural responsiveness	What does cultural responsiveness mean to you?	Is there anything you would add or change about the definition?	Is there anything else?

<p>and/or unresponsiveness</p>	<p>(provide definition: being aware of the other person's culture and ethnicity and responding appropriately to it. So this could mean acknowledging that it exists, showing interest, and knowledge of culture.</p> <p>There's no right or wrong. Do you agree with this definition?</p> <p>Can you share an example of when a professional was culturally responsive according to your preferred definition?</p> <p>Can you share an example of when a professional was culturally unresponsive according to your preferred definition?</p> <p>How did these experiences make you feel?</p>	<p>Do you have any further examples?</p> <p>How did you respond to these experiences?</p> <p>What happened following these experiences?</p>	
<p>Strengths and things that work well</p>	<p>What are the ways a professional can display cultural responsiveness?</p> <p>What factors do you think support professionals to be culturally responsive?</p>	<p>Are there any other factors that you think are important?</p>	<p>How else?</p> <p>How so?</p>
<p>Areas for development</p>	<p>What are the ways a professional can display professional unresponsiveness?</p> <p>What factors do you think prevent</p>	<p>Are there any other factors that you think are important?</p> <p>Can you think of anything else that could be developed further?</p>	<p>How else?</p> <p>How so?</p>

	<p>professionals from being culturally responsive?</p> <p>What more do you think could be done to improve the cultural responsiveness of the professionals that parents work with?</p>		
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- Thank participants for their time and participation
- Gain consent to be contacted again to meet and share preliminary analysis of findings
- Remind participants of their rights to withdraw, provide contact details
- Remind participants they will receive feedback in the form of a summary report
- Provide opportunity for participants to ask questions

## Appendix 4. Transcript Excerpt with Exploratory Notes

<p>have already talked about some but are there any other things that you think a professional could do to show that responsiveness?</p>	<p><b>PC</b> <b>Preeya Chibbra (Ap. Ed. and Child Psy. D. FT)</b> Often professionals can be scared to address culture for fear of offending so Nabila sees this as the first step</p>
<p>Nabila Yeah, by stating it. Actually going into a meeting and just saying, 'guys, I appreciate, um, there's different cultures, there's different people from different backgrounds'. It's not rocket science, just people are from different backgrounds. 'And please feel free', you know, at the beginning of the meeting, 'please-please feel free to just stop me at any time if I've said something to offend you or if I've said something that I...um, have misunderstood'. So rather than just sort of say 'you can stop me anytime you like, if I've offended...' you know. It's just basic common sense. Just 'I appreciate, you know, I'm not from your culture. I'm not from your background. I may say something to offend or I may misunderstand things.' It takes a few-a couple of sentences and it just leaves everybody feeling, 'OK she's-she's said that, he or she has said-has allowed us to intercept and, um, correct her. And it just makes that person feel like 'oh sorry, I just wanted to say, you know, this, that...'. Obviously there's ways of communicating with people, but that-that is another positive way to show that 'Um, I'm not from your culture. I'm not from-I don't have enough experience. But, I'm... um, intellectual or mature enough to listen to what you've got to say and take on board those comments.' That's all it is. It's just a simple-a few sentences, um... and I think that makes people think. I would be thinking 'what a nice person that this person is... made this statement, you know, nice thing to say.'</p>	<p><b>PC</b> <b>Preeya Chibbra (Ap. Ed. and Child Psy. D. FT)</b> Making culture an open topic/issue within interactions between parents and professionals  Puts people at ease?</p>
<p>Researcher Yeah, yeah, yeah. And related to that, what factors do you think support professionals to be culturally responsive? What helps that?</p>	<p><b>PC</b> <b>Preeya Chibbra (Ap. Ed. and Child Psy. D. FT)</b> Not about understanding everything about a person's culture – but showing interest and willingness to learn</p>
<p>Nabila By-by-by engaging with other professionals and making a point to engage with... um, if they're from a white background, uh, white, English, European or whatever. And they-they-they know, they don't know much about the Polish culture or-or the Hindu or the Sikh or the Muslim. Lots, you know, lots of different religions. Cult-'cause don't forget religion is different to culture and religiously you might read 'oh it's OK to do this'. But then culturally it's a different ball game. I mean, we, my-my parents are born in, were born in India, so we have a lot of traits, uh, culturally like throwing rice over you when you get married and you're leaving the house and putting your foot in a tray, um, and it's coloured with, you know, and all these... And I said to my father, I remember saying to my father distinctively, 'this is quite-these traits are quite Hindu. Er, like they come from the Hindu culture'. And my father said, 'yes, they do'. But we adopted, we embrace them as part of our culture. So to understand religion is something different, to understand culture is something different.</p>	<p><b>PC</b> <b>Preeya Chibbra (Ap. Ed. and Child Psy. D. FT)</b> Using other professionals as a tool to understand other cultures – sharing knowledge (implication)</p>
<p>Researcher Yep.</p>	<p><b>PC</b> <b>Preeya Chibbra (Ap. Ed. and Child Psy. D. FT)</b> Nabila shows understanding of the definition of culture</p>
<p>Nabila So I couldn't sit here and talk about, I can talk about my culture, my background from Kashmir.</p>	<p><b>PC</b> <b>Preeya Chibbra (Ap. Ed. and Child Psy. D. FT)</b> Do professionals make this distinction?</p>
<p>Researcher Yeah.</p>	<p><b>PC</b> <b>Preeya Chibbra (Ap. Ed. and Child Psy. D. FT)</b> Implications for professionals – not necessarily going above and beyond their role, using their interpersonal skills</p>
<p>Researcher What-what is, what-what-what is the norm, what is done, what is said. Um... but I-I couldn't pretend to say I know everything about the other cultures, but I think at the end of the day, regardless of culture, regardless of religion, respect is just such a powerful word and humbleness, and your body</p>	<p>Nabila feels that she needs to present as polite and respectful for professionals to feel comfortable around her?</p>