

# Serving Diverse Families in Social Services

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## Enhancing Cultural Competence in Social Service Agencies: A Promising Approach to Serving Diverse Children and Families

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*A 35-year-old Hispanic mother walks into a community agency near her home with her two toddlers in tow. A neighbor told her that the agency has low-cost, high-quality child care services and she would like to learn about the program. The brochures she sees are in English so she approaches a receptionist, who asks her in English to complete some paperwork. Seeing that the mother doesn't understand her, the receptionist immediately asks a service provider who learned basic Spanish in college to come speak with her. The service provider briefly explains the paperwork to the mother and offers to call in a translator. The mother, unsure about what was said and worried that the translator represents someone official who may ask her difficult questions, takes the paperwork and thanks the service provider warmly. She leaves the agency and doesn't return.*

Scenarios like this are common across the US. Social service agencies are experiencing pressures related to cultural and linguistic diversity, though the challenge itself is not new. In the late 1980s, Cross and colleagues<sup>1</sup> called on systems of care for children and families to improve their competence in serving diverse cultural groups. The resulting cultural competence movement has been strengthened by a growing recognition of the striking disparities in health and social outcomes across ethnic and racial groups, and a commitment by many in the public and private sectors to reduce these disparities. Yet over the past 25 years, health and social disparities have remained intractable and in some cases widened, even as the US population has become more diverse<sup>2</sup>.

Poor health outcomes among some ethnic and racial groups are attributable to poverty and other

socioeconomic stressors as well as to limited access to health and social services, high rates of attrition from services, low rates of follow up, and poor quality of care<sup>2</sup>. Current evidence strongly suggests that prevalent models of health and social service provision, which largely reflect white, middle class values, do not effectively meet the needs of ethnically and racially diverse groups<sup>3</sup>. Failure to properly address cultural differences creates and maintains mistrust and other potential conflicts between service providers and potential clients, further contributing to low quality of care and poor health outcomes. Thus, delivering culturally competent services remains a goal and a highly promising approach to promoting positive outcomes among racially and ethnically diverse groups and to ultimately reducing health disparities.

This brief provides an overview of cultural competence for organizations serving children and families from diverse ethnic and racial backgrounds. In reviewing the evidence and offering considerations for services, we focus primarily on the Hispanic population, though the

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<sup>1</sup> Cross, T. (1988). Cultural competence continuum. *Focal Point*, 3(1).

<sup>2</sup> Centers for Disease Control and Prevention. (2011). CDC Health Disparities and Inequalities Report—United States, 2011. *MMWR* 2011; 60 (Suppl).

information presented is relevant to services with all minority groups. Hispanics are expected to represent over 30% of the US population by the year 2050 and while the majority (~64%) originates from Mexico, the larger population represents various Spanish-speaking countries of origin throughout the Americas. Diversity is also seen in race (e.g., black, white, mestizo), ethnicity, socioeconomic status, language (e.g., various indigenous languages such as Mixtec) and patterns of immigration and regional settlement. At the same time, Hispanics are unified by a common culture characterized by traditional values of interdependence, especially *familismo* (an emphasis on family), *dignidad* (dignity) and *respeto* (respect). As we aspire to cultural competence in serving Hispanic and other ethnically diverse populations, our understanding and appreciation of culture must be steeped in recognition of potential differences at the individual and subgroup levels.

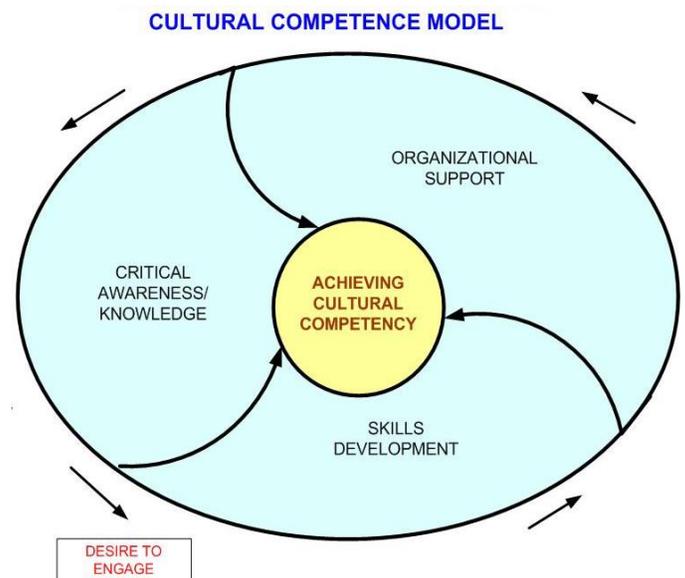
### What is Cultural Competence?

Numerous fields such as psychology, social work, counseling, nursing, and education are contributing to a growing body of literature on the topic of cultural competence. However, there is no universally accepted definition of this concept. Several interchangeable terms have been introduced to refer to cultural competence including cultural sensitivity, cultural awareness, cultural knowledge, culturally responsive care, cultural brokering, cultural proficiency, and cultural encounters. At least eighteen models of cultural competence have been proposed across disciplines<sup>5</sup>, though few have been developed using data. In this brief, we highlight one model<sup>6</sup> that integrates three key dimensions commonly discussed in the literature (see Figure 1). Data collected from service providers in examining this model confirmed the following dimensions of cultural competence:

*Culture is a set of structures and institutions, values, traditions and ways of engaging with the social and nonsocial world that are transmitted across generations in a certain time and place.*<sup>3</sup>

- A **cognitive** component that emphasizes *critical awareness* (i.e., awareness of one's biases) and *knowledge* (i.e., understanding of a specific cultural group's history, religion, historical context and beliefs) relevant to the health and well-being of diverse children and families.
- A **behavioral** component that emphasizes the ability to put *skills* into practice to build trust and effectively communicate with and serve diverse children and families.
- An **organizational** component that emphasizes contextual issues and support for culturally competent practices from an organization that is committed to diversity and innovation to meet the needs of diverse children and families.

**Figure 1. Contextual Model of Cultural Competence**



<sup>3</sup> Brach, C., & Fraserirector, I. (2000). Can cultural competence reduce racial and ethnic health disparities? A review and conceptual model. *Medical Care Research Review*, 57, 181-217.

As illustrated in Figure 1, cultural competence is an ongoing and fluid *process*. It denotes openness to learning from every situation and willingness to engage in ongoing learning over time. It is contextual, as every Hispanic child and family, regardless of their background, might bring different values, norms and patterns of behavior to the encounter. *Engaging in the process of cultural competence implies a willingness to provide services in different ways and to intentionally make culture central to the interaction between service providers and the children and families they serve.*

### How Can Cultural Competence be Enhanced within Organizations Serving Hispanics?

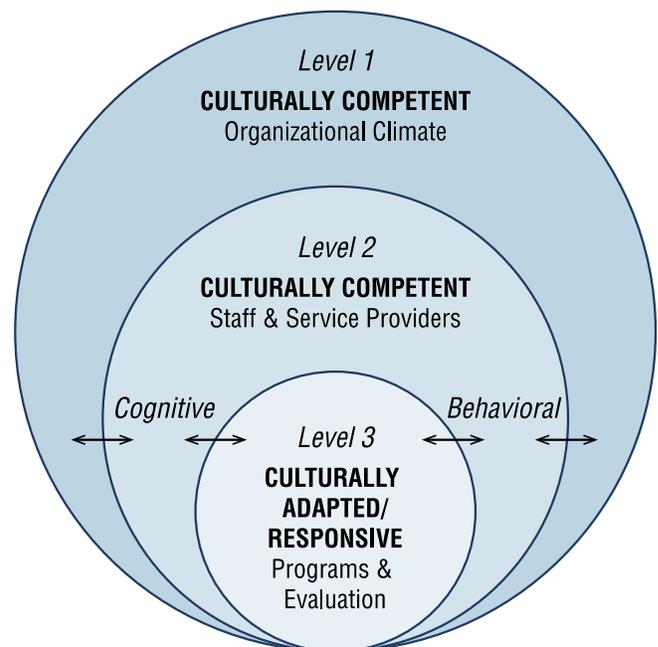
The model of cultural competence described above is relevant to interactions between service providers and the children and families they serve. How then is cultural competence achieved within broader systems of care for children and families? We propose a framework (see Figure 2) in which cultural competence at the broadest level of the organization influences cultural competence at the staff level and ultimately at the level of program design, implementation and evaluation.

As shown in Figure 2, cultural competence at the organizational level promotes ongoing awareness, knowledge, and skill development among staff concerning diverse cultures. Cognitive (i.e., critical awareness, knowledge) and behavioral (i.e., skill-based) cultural competence amongst staff may in turn facilitate the delivery of culturally appropriate services and programs designed to serve the needs of diverse children and families. This dynamic and interactive framework allows for each level to influence the others. Ideally, an organization supports and reinforces cultural competence amongst staff at the same time that culturally competent staff contributes to enhancing

*According to this model, “cultural competence is an ongoing, contextual, dynamic, experiential and developmental process that impacts one’s ability to understand, communicate with, serve, and meet the needs of individuals who look, think, and/or behave differently from oneself.”<sup>4</sup>*

practices at the organizational level. In parallel, culturally competent staff are more effective at engaging and serving a diverse consumer base, and diverse consumers help staff advance and attune their cultural competency skills. Across all levels, the guiding principle of cultural competence is a desire to learn from, experience and respect the particular culture of an individual while remaining humbled by the vastness of individual diversity.

**Figure 2. Cultural Competence within Social Service Organizations**



<sup>4</sup> Balcazar, F., Suarez-Balcazar, Y., Willis, C., & Alvarado, F. (2010). Cultural competence: A review of conceptual frameworks. In F. Balcazar, Suarez-Balcazar, Y., Taylor-Ritzler, T., & Keys, C. (Eds). *Race, Culture and Disability* (pp 281-305). Boston, Massachusetts; Jones and Barlett Publishers.

**Organizational Cultural Competence.** To enhance cultural competence at the organizational level, organizations can develop a mission and vision statement that embraces diversity and multicultural practices and identify a corresponding action plan aligned with standards that are enforced through systems of accountability. Within this infrastructure, various practices to promote organizational cultural competence may be put in place, including: cultural competence training for administrators and staff;

recruitment, mentoring, promotion, and retention of diverse staff; the use of interpreters, translation services and community health workers; familiarity with culture specific healing practices and ability to coordinate with culture specific healers; and the inclusion of family members.<sup>5</sup> The cultural competence process at the organizational level is further promoted by policies and practices that are supportive of outreach, transparency and inclusiveness in the dissemination of information and advocacy of minority group rights.

**Table 1. Potential Strategies for Enhancing Cultural Competence in Organizations Serving Hispanic Clients**

Area of Operation	Strategies
<i>Mission &amp; Vision</i>	Develop a vision and mission statement that embraces diversity
<i>Organizational Culture</i>	<ul style="list-style-type: none"> <li>• Foster a culture of learning about Hispanic children and families.</li> <li>• Form collaborative partnerships with communities served by the organization.</li> <li>• Engage in needs assessments of communities served by the organization.</li> <li>• Provide ongoing workforce development and cultural competence staff trainings.</li> <li>• Create forums and other opportunities for ongoing dialogue for staff to reflect on what is and what is not working when serving Hispanic families.</li> <li>• Engage in self-assessment of cultural competence practices via self-ratings; collect feedback from Hispanic service users.</li> <li>• Work with consultants, such as culture specific healers or cultural brokers, who have in-depth knowledge of the community or Hispanic culture.</li> <li>• Create and implement systems of accountability for cultural competence standards.</li> <li>• Engage in advocacy for communities served by the organization.</li> </ul>
<i>General Practices</i>	<ul style="list-style-type: none"> <li>• Follow culturally-sensitive engagement and outreach practices, such as participation in local community events, home visits and walk-in appointments.</li> <li>• Follow a culturally-sensitive communication style that emphasizes the Hispanic community's preference for personalized, in-person (rather than written mail and email) communication.</li> <li>• Provide translation services to all children and families who need them.</li> <li>• Plan and allow for extended family members at appointments and other agency events.</li> <li>• Use culturally-relevant screening and assessment tools that are translated into Spanish at the appropriate literacy level and have been validated with Hispanics (ideally, with members of the local Hispanic community).</li> <li>• Allow staff to engage in cultural immersion in the community.</li> </ul>
<i>Staffing Practices</i>	<ul style="list-style-type: none"> <li>• Recruit, mentor and promote bicultural and bilingual Hispanic staff at all levels.</li> <li>• Hire staff from the community and community health workers to help with engagement and outreach.</li> <li>• Recruit well-trained experienced translators to provide translation and interpretation services.</li> </ul>
<i>Physical environment &amp; resources</i>	<ul style="list-style-type: none"> <li>• Create a familiar, welcoming physical environment by depicting Hispanic families in promotional materials and displaying Hispanic décor and artwork.</li> <li>• Arrange reception and meeting areas to accommodate large, extended families.</li> <li>• Hire Spanish-speaking receptionists.</li> <li>• Provide materials in Spanish at the appropriate literacy level.</li> </ul>

See also the National Center for Cultural Competence at Georgetown University (in *Resources*) for relevant self-assessment and practice tools.

<sup>5</sup> Sue, D.W. (2001). Multidimensional Facets of Cultural Competence. *The Counseling Psychologist*, 29 (6), pp. 790-821.

For organizations serving Hispanic and other non-English speaking groups, offering well-trained translators who are familiar with the jargon and idioms of the particular group is critically important; bilingual staff and culturally knowledgeable translators facilitate oral and written communication and relationship building, which is likely to impact consumer satisfaction, participation in services and health outcomes.<sup>6</sup> Similarly, allowing walk-in appointments and “going where participants are” have been found to increase access, retention and adherence to services among Hispanics. Thus, to enhance cultural competence and improve outcomes, organizations should consider what human or other resources are necessary and how best to utilize these to support the service needs of diverse cultural groups.

It is important to note that although there is a large body of literature on cultural competence as a topic, research on cultural competence **at the organizational level** is in its infancy, and most studies to date have been descriptive and observational. There is much left to learn about *how* to achieve cultural competence and *what impact* cultural competence has on program outcomes. Until more studies become available, organizations must be cognizant of poorly conceived strategies (e.g., trainings that reinforce stereotypes rather than increasing deep cultural knowledge). Hiring or partnering with community leaders or cultural brokers who can speak to the cultural fit of the strategies being used, and evaluating whether a strategy achieves the desired effects, should be part of all efforts to improve cultural competence. To further guide existing efforts in Hispanic-serving organizations, we offer examples of strategies for enhancing cultural competence in Table 1. We highlight strategies that are based in theory and in some cases, are supported by recent empirical studies, and that can be applied in different areas of an organization’s operations (i.e.,

mission, organizational culture, general practices, staff recruitment, physical environment).

*Cultural immersion provides staff and service providers with opportunities to gain insight and self-awareness and to have direct contact with Hispanic children and families. Staff may spend time in local communities and attend community events and celebrations (e.g., Cinco de Mayo, quinceañera) to observe cultural norms and communication styles.*

### Individual Staff and Service Provider

**Cultural Competence.** Implementing appropriate organizational policies, procedures and practices can foster cultural competence among individual staff and service providers. At this level, cultural competence is rooted in ongoing self-reflection about how culture impacts personal beliefs, values and attitudes; in reflection on the commonalities and differences across and within cultural groups; and in respect and appreciation for cultural and individual characteristics. Awareness also involves an explicit recognition of potential stereotypes, biases and misconceptions regarding other cultures and consideration for one’s capacity to serve diverse children and families. Service providers may then use cultural immersion, active listening and asking questions to work towards the acquisition of knowledge of diverse children and families across various domains relevant to health and well-being.<sup>7</sup> Providers who intentionally maintain a level of critical awareness and knowledge may then offer services that are informed by both a client’s individual characteristics and circumstances and by his/her culture. Culturally competent service providers may also advocate for families in an organization, for example, by obtaining timely and effective oral and written translation services when needed. As noted above, future studies are needed to identify the most promising strategies for increasing cultural competence among individuals. In the interim, Table 2 details

<sup>6</sup> Suarez-Balcazar, Y., Balcazar, F., Taylor-Ritzler, T., Portillo, N., Rodakoski, J., Garcia-Ramirez, M., & Willis, C. (2011). Development and validation of the cultural competence assessment instrument. *Journal of Rehabilitation, 77*, 4-13.

<sup>7</sup> Purnell, L. (2002). The Purnell Model for Cultural Competence. *Journal of Transcultural Nursing, 13* (3), 193-196.

**Table 4. Potential Strategies for Enhancing Cultural Competence among Individual Staff Serving Hispanic Clients**

Areas of Individual Ability	Strategies
<i>Awareness &amp; Self-reflection</i>	<ul style="list-style-type: none"> <li>• Engage in self-reflection about one's culture and potential biases</li> <li>• Identify one's preparedness to serve Hispanic populations</li> <li>• Participate in cultural immersion experiences with Hispanic communities</li> <li>• Participate in cultural competence trainings</li> <li>• Be willing to learn and ask questions</li> </ul>
<i>Knowledge</i>	<ul style="list-style-type: none"> <li>• Stay informed on scientific evidence relevant to the evaluation and treatment of Hispanic children and families</li> <li>• Critically evaluate and determine the fit between an assessment or intervention and the cultural backgrounds of children and families</li> <li>• Gain knowledge about the culture (values, beliefs &amp; practices) and history of Hispanic children and families</li> <li>• Guided by understanding of the Hispanic population as a whole, gain knowledge regarding the individual client on their values, beliefs and practices; views on health, disability and disease; family rituals, traditions and routines; role of authority figures within and outside of their family; religion and spirituality; acculturation level; use of traditional and spiritual healers; understanding of and desire for services</li> </ul>
<i>Skills</i>	<ul style="list-style-type: none"> <li>• Develop relationship building and communication skills, including how to address family members and how to use and interpret non-verbal cues, that are syntonetic with Hispanic norms</li> <li>• If not Spanish-speaking, become skilled at working with a translator</li> <li>• Become skilled in engaging and working with family members in services</li> <li>• Partner with traditional and spiritual leaders</li> <li>• Try new strategies when traditional strategies do not work</li> <li>• When unsure, ask questions and practice active listening</li> </ul>

See also the National Center for Cultural and Linguistic Responsiveness (listed in Resources) for tools and resources that promote cultural competence at the staff level.

specific practices that current evidence suggests may enhance staff cultural competence through awareness and self-reflection, knowledge and skills development.

**Culturally Adapted Programs.** Well-trained staff and service providers who are engaged in the process of cultural competence and who are provided with appropriate organizational supports are well positioned to select and implement culturally and linguistically appropriate programs and evaluation procedures. Many health and social service programs were developed without appropriate consideration of the cultural needs, preferences, and differences of the populations served.<sup>8</sup> As a result, many of these programs warrant cultural adaptations to increase the compatibility between an existing program and the language, patterns of behavior and cultural values of diverse families. Some studies on

culturally adapted interventions (e.g., to address mental health issues) suggest they work and, when compared with non-adapted interventions, produce better outcomes.<sup>8</sup> Although evidence is limited regarding when or what types of adaptations are most critical for improving outcomes, successfully adapted programs use

*Adaptations to programs and services most commonly include:*

- *Translating and offering the program in Spanish*
- *Hiring Hispanic or Spanish-speaking staff as program facilitators*
- *Incorporating cultural values and issues important to Hispanics into the program*
- *Incorporating community input into the program*
- *Providing services in a familiar and convenient location*
- *Offering childcare and meals to overcome barriers to attendance*

<sup>8</sup> Bernal, G., & Domenech-Rodriguez, M. (2012). *Cultural Adaptations: Tools for Evidence-Based Practice with Diverse Populations*. Washington, DC: American Psychological Association Press.

quantitative and qualitative data to guide decision-making and engage in an ongoing process of change in close partnership with community members.

Importantly, though, scholars caution against efforts at cultural adaptation that focus on specific characteristics of an ethnic group. Rather, they emphasize a methodical approach that is grounded in theory and evidence (see the Nathan Kline Institute toolkit listed in the *Resources* for an example of a particular approach). In all cases, an initial step in the cultural adaptation process is to determine whether an existing evidence-based program is appropriate for a given group. Culturally competent staff who are attuned to the unique needs of Hispanic families may more readily recognize the incompatibility between an existing program and the cultural context of children and families being served and thus help to determine whether a program is appropriate as originally developed, requires adaptation, or needs to be created specifically for Hispanic families.

**Culturally Competent Evaluations.** Nested within an intervention is the evaluation process. Culturally appropriate evaluations are consistent with the values, beliefs and behaviors of Hispanic families and help to ensure that the nature of a problem or need is adequately understood and appropriate services are selected. To meet these standards, evaluations should: 1) tap into unique cultural experiences (e.g., acculturation, acculturative stress, racial socialization, discrimination) and knowledge that may be relevant to the health and well-being of Hispanics; 2) use measures with established psychometric properties (i.e., reliability, validity) and measurement equivalence with the Hispanic group of interest; 3) for surveys or interviews, be conducted by bilingual and bicultural staff in Spanish or the native language of the families served; 4) consider issues of literacy (e.g., health literacy) and level of education of the target group; 5) offer feedback in culturally appropriate ways; and 6) use qualitative methods such as focus groups and open-ended interviews which seem to be appropriate for populations with low literacy and low levels of education. Beyond their immediate use, evaluations that provide an

accurate and comprehensive portrayal of diverse children and families may serve as an important source of knowledge on cultural issues for the service provider, the organization and the wider community.

### How is Cultural Competence Measured?

Measurement of cultural competence itself is also important, as it facilitates the creation of and accountability to an action plan at the organizational level. Cultural competence can be measured using self-ratings of perceived competence, consumer ratings of staff competence, and, when improved, cultural competence may impact behaviors such as follow up, compliance, and participation in services. A summary of these assessments is available at the New York State Psychiatric Institute's Center of Excellence for Cultural Competence website. One example of an individual self-assessment tool that has been validated with data and that is consistent with the conceptual framework described above in emphasizing awareness, knowledge, skills, and organizational support is the *Cultural Competence Assessment Instrument (CCAI)*<sup>8</sup>; sample items include "I feel that I can learn from my ethnic minority clients," and "The way services are structured in my work setting makes it difficult to identify the cultural values of my client." In addition to using measures like the CCAI, we recommend collecting data to document access to services, participation and retention in services, follow up and compliance by participants. In measuring cultural competence through each of these approaches, organizations may contribute to their own development and provide invaluable information to other organizations on best practices.

*Qualitative and quantitative measures of consumer satisfaction can help give voice to the needs of Hispanic families, empower them to return for future visits and ensure that services are culturally appropriate.*

## Conclusions and Considerations

*We return to the 35-year-old Hispanic mother of two who walks into a community agency. As she enters, she browses through brochures in Spanish and overhears casual conversations between other Spanish-speaking mothers who appear to be part of a child care program. She approaches a Spanish-speaking receptionist, who hands her some paperwork. The mother, whose functional literacy is limited even in Spanish, hesitates and the receptionist asks her whether she would like a staff person to sit down and go through the paperwork with her, “con confianza” (with trust). The mother agrees and spends the next 30 minutes with an older woman she recognizes from the neighborhood. Before leaving, she signs her children up for a child care program and herself up for English classes.*

Cultural competence affords us the opportunity to recreate scenarios to better serve Hispanic children and families within social service agencies. It calls for a commitment to a set of values and specific strategies that undergird those principles in ways that continually promote the requisite awareness, knowledge and skills for working with Hispanic children and families, or in any multicultural setting. When serving diverse populations, cultural competence is critical to the provision of services that are both evidence-based and culturally appropriate and may ultimately help to reduce racial-ethnic health disparities.

Despite a great deal of interest across disciplines, the cultural competence movement has been held back by a lack of strong research linking its strategies to specific health or well-being outcomes. As a result, questions remain regarding the impact of cultural competence on significant outcomes among Hispanics and other diverse groups, and organizations are often left with little guidance for how to begin what is a dynamic and ongoing process of developing cultural competence. Based on the evidence that does exist, the strategies discussed in this brief are not meant to be exhaustive but a helpful starting point. We also recommend that programs interested in working towards system-wide cultural competence consider implementation of the National Standards on

Culturally and Linguistically Appropriate Services (and other recommendations, all listed below in *Resources*). For organizations serving Hispanics and other diverse children and families, embracing multiculturalism by meeting such standards has the potential to set in motion changes among staff and within programs that translate into more appealing and effective services for all children and families.

## Resources

American Evaluation Association Statement on Cultural Competence  
<http://www.eval.org/p/cm/ld/fid=92>

Center of Excellence for Cultural Competence,  
 New York Psychiatric Institute  
<http://nyspi.org/culturalcompetence/index.html>

For summary of cultural competence assessment tools:  
[http://www.nyspi.org/culturalcompetence/what/pdf/NYSPIECECC\\_CulturalCompetenceAssessment.pdf](http://www.nyspi.org/culturalcompetence/what/pdf/NYSPIECECC_CulturalCompetenceAssessment.pdf)

Center of Excellence in Culturally Competent Mental Health at Nathan Kline Institute  
<http://ssrdqst.rfmh.org/cecc/>

Georgetown National Center for Cultural Competence  
<http://www11.georgetown.edu/research/gucchd/nccc/>

*Implementing Multicultural Health Care Standards: Ideas and Examples*,  
 National Committee for Quality Assurance  
<http://www.ncqa.org/PublicationsProducts/OtherProducts/MulticulturalHealthCarePublications.aspx>

APA National Multicultural Conference and Summit  
<http://multiculturalsummit.org/>

Multicultural Counseling Competencies and Standards,  
 (Sue, Arredondo and McDavis, 1992)  
<http://coe.unm.edu/uploads/docs/coe-main/facultystaff/MultiCultural%20Counseling%20Competencies%20and%20Standards.pdf>

National Center on Cultural and Linguistic Responsiveness  
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic>

National Standards on Culturally and Linguistically Appropriate Services (CLAS), Office of Minority Health  
<https://www.thinkculturalhealth.hhs.gov/Content/clas.asp>

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