



Cultural Sensitivity

A process of Self Awareness and Integration

A Workbook for HFA Sites

Updated 9-08

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“Each family exists in a specific environmental and social context, and each family adjusts to try and survive and thrive in its given world.”

-David Allen Jones, The Institute on Cultural Dynamics and Social Change


WELCOME

Hello and welcome to “Cultural Sensitivity: A Process of Self Awareness and Integration: A Workbook for HFA Sites.” This workbook will present ideas on what cultural sensitivity means to Healthy Families America, and provide some direction in assessing programs’ fulfillment of Critical Element #5 in the HFA Self Assessment Tool.

HFA is unique in its approach to helping ensure programs strive toward cultural sensitivity and has long since recognized cultural sensitivity as one of the 12 Critical Elements. Critical Element #5 reads: ***Services should be culturally sensitive such that staff understands, acknowledges, and respects cultural differences among families; staff and materials used should reflect the cultural, linguistic, geographic, racial and ethnic diversity of the population served.*** Meeting participants where they are, connecting and communicating effectively with parents about the well-being of their children are the basic tenants of HFA. Cultural sensitivity can create avenues around communication barriers that can lead to frustration that can develop between the program, direct service staff, and the families. With an active presence in over 400 communities nationwide,¹ HFA sites most likely comes in contact with almost as many different kinds of people as there are residing in the United States.

While culture is often described in terms of group characteristics, a multi-dimensional perspective captures a more individualized, holistic view: ***“Culture is the combination of thoughts, feelings, attitudes, material traits, and behaviors of a group of people.”***² To be adept in our culturally-laden interactions with families, we must be comfortable with considering our level of cultural sensitivity as individuals and as a program. To accomplish this, cultural sensitivity must be an open-ended, mindful, and measurable initiative integrated into the fabric of site management. Given that credentialing is aimed at quality improvement, the process is an opportunity for all sites to re-examine their vast, ongoing cultural sensitivity initiative. The fact is, since cultural attributes are present in every person at all times, perceived cultural similarities and differences shape all of our interpersonal interactions. We are all constantly responding to what we perceive in our co-workers, participants, friends, neighbors, as their personal cultural climate, and adjusting our conduct in a way that we judge is suitable for successful communication.

Whether or not we are aware of it, “culture” and its influences are ever-constant in all that we do. In striving to find the richness of culture, both our own and that those families we serve, we are able to discover ourselves, our families and the context of their life circumstances. There is increased awareness to do away



with the notion that “culture” is exotic and intrinsic to only those who are from groups other than our own. As each of us let go of the mindset that culture is an inconsequential fad, we hone in on an essential and often overlooked key ingredient of effective practice. We are able to “know” that consideration of culture and its influences is an integral ingredient to effective practice.

Critical Element #5 reinforces the need for programs to assess their progress toward providing culturally sensitive services. Ultimately, it requires a program to continually modify or tailor its system of service delivery to the cultural characteristics in its service population including personnel/staff selection, training and development, assessment, service planning and implementation, and program evaluation and participant care monitoring. Essentially, it allows a program to become self aware and integrate culturally sensitive practices based on the unique characteristics of the families in the target and service populations. Thus, monitoring or tailoring your services to meet the unique needs of the families served is a never ending process.

Before getting started on a journey of self awareness and integration as it relates to culturally sensitive services, there are a few things to keep in mind. First, it is important to clarify that this workbook should be used as a starting point for programs; an opportunity to begin to think about culture in a different way. It is best used as a reference or guide, but in no way should be seen as limiting or stifling what some programs may already be implementing successfully. Secondly, the individuals who helped develop and write this workbook are not considered experts and are open to constructive feedback related to the usefulness of this tool. An evaluation has been provided and can be mailed or faxed to Prevent Child Abuse America. Finally, you will notice the words “competency” and “sensitivity” used interchangeably throughout the workbook. In the event that “competency” is used, it is typically based out of research gathered in order to stress the importance of valuing diversity. However, for our purposes, cultural sensitivity (The degree to which the program continually modifies or tailors its system of service delivery to the *cultural characteristics* in its *service population* including *personnel/staff* selection, training and development, *assessment*, service planning and implementation, and program evaluation and *participant* care monitoring) as it is defined in the Glossary of Terms in Appendix E of the Credentialing Manual, is the terminology that will be used related to the best practice standards. We hope you enjoy your journey of self awareness and integration.

What is cultural competency?

While there are many different definitions of cultural competency to be found in the literature on this subject, there seems to be three essential components to the concept as it relates to family service agencies:

- Behaviors
- Attitudes and
- Program policies

These components work together to create a system that enables the program and its workers to reach families from different cultures. Once in place, this type of infrastructure helps the program to reach the families it serves within the context of the family's own culture.

Cultural competence is, by its very nature, a comprehensive, ongoing, evaluative process that exists at the individual, group and system level. In order for it to be effective, it must be integrated into the very core of all the program's activities, from individual activities to management activities to the program information system.

Is Culture the only influence on behavior?

No. In fact, it is important to see culture in terms of the individual. This will help your program avoid a cookie cutter approach to cultural competency. Programs developing paradigms such as: "all teen mothers do X, Y and Z, while all moms living on J street do A and C." Judson Hixson stresses that "broad generalizations can mask important contemporary intragroup and intracommunity variations, especially among groups, whose trajectory of cultural evolution has been deliberately and systematically altered, interrupted, or distorted through their encounters with other cultural groups or institutions."

Hixson goes on to expand the definition of culture in terms of how it shapes our experience of the world around us. Hixson explains that cultural attributes:

- "Provide the framework within which we define ourselves individually or as members of one or more groups, including personal and social roles, relationships, and structures we adopt or create;
- Serve as a lens or filter through which we interpret and make sense of the world, including how we see our place in it; and
- Guide how we interact with, respond to, influence and are influenced by people, events, circumstances and conditions (real or perceived) in our environment."³

This framework provides direction for cultural sensitivity in home visitation programs. It is essential to connect with families in a way that shows an understanding and appreciation that child-rearing decisions, parenting goals and expectations of discipline, etc. are shaped by cultural attributes that act as a filter for each parent's experience. Connecting and communicating in a way that is culturally sensitive, is a prerequisite for any meaningful or productive communication at all.



Is my program Culturally Sensitive?

Most experts see cultural competency as a continuum. The following continuum is excerpted from Terry Cross, et. al., in her 1989 Monograph: "Towards a Culturally Competent System of Care."⁴

Destructiveness – Attitudes, policies and practices that are destructive to cultures and consequently to the individuals within the culture. The most extreme examples of this orientation are programs/agencies/institutions that actively participate in cultural genocide – the purposeful destruction of a culture. A system which adheres to this extreme assumes that one race is superior and should eradicate the "lesser" cultures because of their perceived subhuman position. Bigotry, coupled with vast power differentials allows the dominant group to disenfranchise, control, exploit or systematically destroy the minority population.

Incapacity – System or agencies do not intentionally seek to be culturally destructive, but rather lack the capacity to help minority clients or communities. The system remains extremely biased, believes in the racial superiority of the dominant group, and assumes a paternal posture towards "lesser" races. The characteristics include: discriminatory hiring practices, subtle messages to people of color that they are not valued or welcome, and generally lower expectations of minority clients.

Blindness – The system and its agencies provide services with the express philosophy of being unbiased. They function with the belief that color or culture make no difference and that all people are the same. Culturally-blind agencies are characterized by the belief that helping approaches traditional used by the dominant culture are universally applicable; if the system worked as it should, all people would be served with equal effectiveness.

Pre-competence – These agencies realize their weaknesses in serving minorities and attempt to improve some aspect of their services to a specific population. Pre-competent agencies are characterized by the desire to deliver quality services and a commitment to civil rights. One danger at this level is a false sense of accomplishment or failure that prevents the agency from moving forward along the continuum. Another danger is tokenism.

Competence – These agencies are characterized by acceptance and respect for difference, continuing self-assessment regarding culture, careful attention to the dynamics of difference, continuous expansion of cultural knowledge and resources, and a variety of adaptations to service models in order to better meet the needs of minority populations. Such agencies view minority groups as distinctly different from one another and as having numerous subgroups, each with important cultural characteristics. Culturally competent agencies work to hire unbiased employees, seek advice and consultation from the minority community, and actively decide what they are and are not capable of providing to minority clients. These agencies provide support for staff to become comfortable working in cross-cultural situations. Further, these agencies understand the interplay between policy and practice, and are committed to policies that enhance services to diverse clientele.

Proficiency – This end of the continuum is characterized by holding culture in high esteem. Culturally proficient agencies seek to add to the knowledge base of culturally competent practice by conducting research, developing new therapeutic approaches based on culture, and publishing and disseminating the results of demonstration projects. Such agencies advocate for cultural competence throughout the system and for improved relations between cultures throughout society.

It is essential for programs to keep in mind that providing culturally competent services is an ongoing process of self-awareness and adaptation. It is not something to achieve, but an ongoing process to better serve families based on their unique characteristics.

Critical Element #5:
Services should be culturally sensitive such that staff understands, acknowledges, and respects cultural differences among families; staff and materials used should reflect the cultural, linguistic, geographic, racial and ethnic diversity of the population served.


Rationale

For home visitor services to be effective it is imperative that cultural context is incorporated into program design and delivery. There are two underlying assumptions to this statement: 1) that the diversity of families is of great significance to intervention programs; and 2) services may be provided by persons whose culture differs from that of the participating family. Thus, in developing home visitor programs, it is important to consider that:

- Family needs, health beliefs, coping mechanisms and child rearing practices vary by population - thus, interventions should reflect this variation;
- Failure to value diversity in its many forms (e.g., cultural, linguistic, racial, geographic and ethnic) may restrict a home visitor's ability to establish quality relationships with families; and
- A home visitor's failure to establish strong relationships with families based on mutual respect and understanding will limit the opportunity for providers and families to work together.

Supporting Literature

While there is no strict empirical support for culturally competent services, efforts to provide services to children and families that are sensitive and responsive to their needs and adaptive strengths have their roots in the late 1800's. When Jane Addams founded the first settlement house in America, it was intentionally located in an area accessible by the preponderance of families in the neighborhood and staffed




by providers who lived in the community being served. The success of the settlement house was due, at least in part, to the fact that service providers appreciated the families "indigenous language and cultures, specifically their behavioral norms, rituals, and routines, that is, their agreed-upon shared ways of behaving within constituted family and community groups" (Slaughter-Defoe, 1994, p.175.).

Cultural sensitivity begins during program design.

When implementing programs, it is always important to consider that the cultural characteristics of the target population may suggest an alternate or complementary strategy to home visitation. For some groups, the support gained from peers in a group-based setting will be more effective as an agent of change than support delivered in the home. For instance, among Native American Pueblos and traditional Hispanic families, seeking outside support to address family problems is not an accepted practice (Harris-Usner, 1995). By contrast, in rural settings where families do not live in close proximity to one another, home visiting is a more pragmatic strategy than trying to convene a group. These reasons underscore the need for community members and potential participants to be involved in the program design phase.

Successful home visiting programs must provide culturally competent services so that new skills and ideas fit into the context of each family. The National Commission to Prevent Infant Mortality describes the key components of successful home visiting programs. Successful programs are sensitive to the culturally different values and decision-making systems of families. To strengthen families' coping abilities and independence, visitors must respect differences among families. In discussing her work with rural families for example, Windsor (1995) explains, "understanding the advantages and disadvantages of choosing to live outside the mainstream, they are comfortable with their choice. They are proud of their ability to survive and flourish with the seasons." Yet, not all families who live in rural areas espouse the traditional rural culture; families who flee the hassles of the city will maintain some of the urban values and norms once they live in the country (Forest, 1995). Clearly, visitors must begin by understanding and accepting family differences.

Families vary in many ways, so it is important that home visitors understand differences among them. Cultural groups may define "family" differently, which affects the audience for home visiting services. In African American families, for example, when both parents are in the home, it is customary for mothers and fathers to share the responsibilities of child care. In addition, extended family has traditionally played an instrumental role in the care and socialization of children (McAdoo, 1988.). It follows that home visitor programs serving African Americans should extend their focus beyond the mother and beyond the nuclear family by including all of the relatives and or mentors who play an influential role in the child's life in planning for services and service delivery.



Home visitors should observe cultural differences and use them as a springboard for inquiry and understanding, asking families about particular behaviors. Home visitors must then facilitate the family's consideration of alternate perspectives (Bernstein, Percansky, & Wechsler, 1994). Family background and ethnicity influence value systems, how people seek and receive assistance, and communication practices (e.g., native language, slang, body-language), among other things. If home visitors ask questions which are non-judgmental in tone, then families have an opportunity to reflect. Answers to questions provide home visitors with greater understanding and allow visitors to share alternate perspectives with families. As Slaughter-Defoe (1993) points out, "Bridging the communication gap could be the most important prerequisite to building trust between visitors and family members." (p.178). Even such basic child development activities as counting games will be more effective if they are culturally relevant. City children will be more interested in counting the number of floors in the apartment building while children being raised in the country might learn by counting bales of hay. In the end, home visitors act not as teachers per se, but as facilitators of informed choices and decision making.

Culturally competent home visitors help families search for positive strategies while keeping the family context in mind. According to Bernstein, Percansky, and Wechsler (1994), home visitors should not argue about values; home visitors should search with families for the best strategy for their children and consider what the family feels is important. Furthermore, the essence of acceptance of cultural diversity is understanding that families have the right to choose to live their lives differently from ours. "We believe, however, that whatever the choice in an area of concern, it should result from parents sharing their perspective and programs sharing information - rather than the result of ignorance, habit, or personal history - without considering alternatives (1994, p. 16)." This type of exchange should be routine in any home visitor program so that there is on-going and open dialogue regarding mutually established goals.

Geography also has a profound effect on service design and delivery. Whether providing home visiting services in rural or urban settings, pragmatic issues of safety, transportation, and resource availability must be considered. To that end, programs need to address safety concerns of the home visitor. If the home visitor feels threatened either due to real or imagined issues, he or she will not be able to connect with the family. Home visitors in rural areas may drive hundreds of miles in any given day and on occasion may need to forego plans for a home visit due to hazardous road conditions. Transportation also presents a problem for urban areas as it may often be unsafe for home visitors to take public transportation or drive their own car. These reasons lend further support for utilizing service providers from within the community. For both urban and rural communities, availability and accessibility of additional resources present challenges. While there may be a large number of potential referral sources in urban areas, the high density of these communities often means that the resources are insufficient to meet the needs. By

contrast, the narrow range of service options in rural areas often necessitates that an individual with training in one particular area develop many areas of expertise (Jones, Paine et al, 1995).

Program administrators, supervisors and service providers should closely examine their own beliefs and values to foster a healthy group culture and guard against the development of stereotypes (Kaplan & Girard, 1994). As stated by Slaughter-Defoe (1993), " how staff members feel about each other, those they serve, and the program itself can have a very strong influence on program outcome." (p. 179). For instance, when home visitors feel that they have control over their work allowing them the flexibility to meet families' needs, they have a better chance of fostering that same sense of empowerment in the families they serve. Stereotypes influence the provider's relationship with families, so home visitors must examine their own beliefs.

There is a consensus among social scientists that home visiting programs and visitors should provide culturally competent services. Providing culturally competent services requires that knowledge of diversity be applied to policy and practice. Agencies and their staff must observe and understand differences among families so that new skills and ideas fit in with existing family behaviors and contexts. Home visitors must facilitate the family's consideration of how new perspectives fit into their lives. This practice allows families and home visitors to work together to craft positive family development strategies.

Define a culturally sensitive program for me.

The Office of Minority & Women's Health outlines a portrait of agencies that have successfully linked these ideas and action:

- Acknowledge culture as a predominant force in shaping behaviors, values and institutions;
- Acknowledge and accept that cultural differences exist and have an impact on service delivery;
- Believe that diversity within cultures is as important as diversity between cultures;
- Respect the unique, culturally defined needs of various client populations;
- Recognize that concepts such as "family" and "community" are different for various cultures and event for subgroups within cultures;
- Understand that people from different racial and ethnic groups and other cultural subgroups are usually best served by persons who are a part of or in tune with their culture; and
- Recognize that honoring each other honors us all.⁵

The New Jersey Department of Health defines the central link between agency (or program), mission and service outcome thus: "A culturally competent practice is better able to provide services that are consistent with client needs. This leads to increases in both patient recruitment and patient satisfaction. Higher levels of patient satisfaction lead to increased patient retention and access to care. This results in maximized use of limited resources and improved health outcomes."⁶

Cultural sensitivity in the context of HFA Credentialing

HFA Credentialing was designed to encourage HFA programs to engage in continuous quality improvement related to implementation of the 12 critical elements – those standards which research indicates are closely associated with successful home visitation programs. During the credentialing self-study and site visit, all programs must examine their cultural sensitivity initiative. This is an important component to HFA credentialing because HFA believes that culture permeates throughout a program, and who we are as a worker and as a participant. Thus, consciously taking culture into account when evaluating your program becomes an avenue to greater self-awareness regarding your program's performance in this area and most importantly, to improving the program's cultural sensitivity.

Most would agree that cultural attributes are present in every person at all times and that perceived cultural similarities and differences shape all of our interpersonal interactions. For example, call to mind a recent experience you had with a co-worker. How would you describe him or her? Tone of voice? Height? Hair color? Prominent aspects of their personality? Their primary language? Marital status? How did you know how close to stand to them when you were speaking? How did you know which topics would and would not be well received? Even if we are sharing an experience with a person who may look and seem very similar to ourselves, we are still constantly monitoring subtle interpersonal clues as to that person's unique cultural environment. Similarly with funding sources, board members, participant families, every interaction involves a level of awareness and integration of the other's culture, whether it is office-culture, shared social etiquette, or unique personality characteristics. Examining cultural sensitivity at the program level simply makes this phenomenon a deliberate initiative and can integrate it in concrete terms.

When an HFA program implements a cultural review into its ongoing site management it takes on the responsibility of continually modifying or tailoring its system of service delivery to the cultural characteristics in its service population including personnel/staff selection, training and development, assessment, service planning and implementation, program evaluation and participant care monitoring. The review, when formalized in a narrative report, is essentially a program's retrospective view or deliberate examination of the patterns and trends of the service delivery system provided to families based on materials, training and the service delivery system. Many programs have been challenged with the standards related to cultural sensitivity. While most programs convey a strong commitment to providing culturally competent or sensitive services, the ability to develop a detailed review of the patterns and trends has proven to vary among much of our network.

Determining the Service Population: Standard 5-1

This section will support programs in devising a description of the service population in regards to culture, race/ethnicity and linguistic characteristics. Additionally these exercises will assist programs in addressing additional areas such as: defining the Target Population (Standard 1-1.A), defining, monitoring and planning to increase Acceptance Rates (standards 1-2. A-C) and Retention Rates (standards 3-4.A-C). First, the difference between a program’s target population and the program’s service population should be distinguished.

Target Population is defined within HFA as: Members of a group, which the program is designed to serve. The boundaries of the designated target population may be set by a variety of factors such as specific social problems, age, and/or community needs.

While **Service Population** is defined as: Members of the target population that are involved in program services.

Within the context of providing culturally sensitive services to families, it is important to determine whom the program is actually serving. However, many programs confuse the target population with the service population. Additionally, many programs only look at racial/ethnic and linguistic characteristics. To support programs in broadening their ideas of characteristics some examples of different characteristics have been provided to spark ideas. This list is not inclusive and nor should it be seen as the “actual” characteristics to look at.

Family Composition

- First-Time Families?
- Families with more than one child?
- Teens that live with their parents?
- Dads living with moms?
- Dads participating in the role of parenting?
- Who else resides

Age

What are the ages of the families you serve?

Lifestyle Characteristics:

- **Do any of your families use drugs or alcohol?**
- **How many families are residing in a household with domestic violence?**
- **Are there close gang connections to the families being served?**
- **Is there a large number of families who are transient?**
- **Others?**

Income/Employment

- How many families are working?
- Full Time? Part-Time?
- Is the work seasonal?
- How much are families making?
Income Range

Marital Status

Are your families:

- Single?
- Married?
- Divorced?
- Separated?
- Widowed?
- Same Sex?

Education

- Do your families have High School Diplomas?
- Are many families seeking GED's?
- How many of your families have some college education or a degree?

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Religion

- How is religion viewed in your community?
- How is it viewed by the families you serve?
- What are the major religious groups your families belong to?
- What do your families value or believe in?
- What is important to them?

Do you have Special Needs Families?

- Cognitively Delayed Parents?
- Parents or children with Disabilities?
- Families with mental health issues?
Depression?
Bi-polar disorder?

Geographical characteristics:

- **WHAT IS THE CULTURE OF THE SOURONDINGS?**
- **IS IT RURAL, URBAN, SUBURBAN?**
- **DO YOU HAVE MOUNTAINS OR OTHER FEATURES THAT MAY MAKE TRAVEL OR CONNECTING TO PEOPLE/AGENCIES CHALLENGING?**
- **MIGRANT WORKERS?**

Go Beyond the characteristics you might normally look at!!

It is not necessary for a program to look at all of the characteristics listed. However, these lists can assist in developing a description based on the unique characteristics of the families the program serves. To complete the description of the service population determine the percentages for the various categories that are chosen. A detailed narrative should be written describing the findings from above. Some programs create forms or charts that assist them in gathering the information. Others may have the necessary information in a data system. Either way, it is important to provide the aggregate data in a summary or narrative. At an absolute minimum the description should clearly and comprehensively address the cultural, racial/ethnic and linguistic characteristics of the service population.

Being Culturally Sensitive in ALL Aspects of Service Delivery!

Standard 5-2

Create a breakdown of the demographics among service staff (volunteers if used) identifying their cultural characteristics (the list does not need to be as comprehensive as the list created to describe the service population, but similar). Look at education, age, race/ethnicity, language, life experiences, religion, geography, etc.

In order for programs to demonstrate culturally sensitive practices in all aspects of its service delivery, it is important to have a clear description of the target population (standard 1-1.A). Please note that the description of the target population should be specific to families having babies and not the community at large. Many times the demographic information of an entire county, city, etc. is not reflective of the families actually having babies. For some programs this may be challenging. The program is better able to ensure it is serving participants representative of the target population when there is a specific description of the target population related to the families giving birth. It is recommended that programs use the same characteristics to describe both the Target Population and the Service Population so that they can easily be compared. Ultimately, a program will have more information about the service population because of the assessment process, and as a result a more detailed description of the service population should be provided for standard 5-1.

After gathering the breakdown of demographics of staff, compare it to the information regarding the target population to the service population. Pay special attention to similarities and also identify gaps (i.e. have a large Spanish Speaking Only population among the Target Population, but do not have Spanish Speaking

staff to support their participation within the program). **Ask the questions:**

In what ways do the demographics of the program staff (volunteers if used) support culturally sensitive practice (i.e., age, race/ethnicity, language, life experiences, education, income, geographically, etc.)?

What gaps, if any, have been identified that need to be addressed?

In what ways is the program already addressing these gaps?

Programs may already have agreements with agencies within the community to “fill in” the gaps in service. However, it is also important to look beyond what is obvious.

How will the program go about addressing the gaps?

Another way to ensure that a program is demonstrating culturally sensitive practices in all aspects of delivery is to provide materials to potential participants and participants that are reflective of their unique characteristics. Most programs have many materials that are made available to meet the varying needs of families. However, it is necessary to review the materials used and determine if the materials continue to be participant-centered. These materials are essential to engage families and keep them engaged. Programs must determine if the materials meet the diverse needs of all potential participants and current participants. What materials do families receive for the following areas of service?

Screening and/or Assessment:



Home Visiting Services:

Evaluation Tools:

Within the Community:

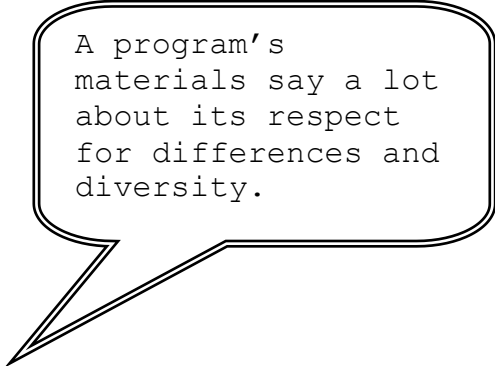
What types of materials best match the major groups of participants the program serves?

That will depend on the families within the service and target population. Materials that are family-centered are individualized and tailored to the unique strengths and needs of each family. An easy place to start is with Language.

Does the program have materials written in the language(s) participants speak?

If not, are their resources to obtain them?

Are the racial/ethnic characteristics of the families served represented visually in curricula, videos, brochures, etc?



A program's materials say a lot about its respect for differences and diversity.

What reading level would be most appropriate for participants?

Identify some other categories to determine if materials are participant centered.

How does the program currently take into account ethnic, cultural and linguistic factors in assigning workers to participants and in overseeing home visitor-participant interactions?

Language is certainly one characteristic to take into account first. If the home visitor and participant do not speak the same language or have an interpreter, services will not be as productive or meaningful for the participant. Therefore, whenever possible it is critical to have assessment workers and home visitors (or relationships with interpreters) that can speak the languages of potential participants and participants. However, it is also important to keep in mind that many families whose primary language is not English, may also have needs that require additional time and resources on the part of the home visitor. It is recommended that Caseload Management (standard 8-2) practices take this into account.

What other factors are important to take into account when assigning workers?

- ❖ *Be sure not to make assumptions about what a family's preference may be.*
- ❖ *Do not over generalize (I.e., assume that all Latino families behave a certain way because a training said they would). Over generalizing can be as disrespectful as being racist. Remember, while we do look at similar cultural characteristics of families, ultimately we are all different.*
- ❖ *Don't be afraid to discuss with a family at the point of assessment what type of qualities would be important in a home visitor.*
- ❖ *Some families want to participate in services, but may not be comfortable with their current worker for many reasons. It is recommended that whenever possible programs accommodate a change in worker if possible. Express to staff that this is not a personal issue. We are all different and some people are more comfortable with us than others. What is important is that the family receives services.*

How are ethnic, cultural, and linguistic factors taken in account in overseeing the home visitor-participant interactions?


Supervision is the ideal opportunity to monitor home visitor-participant interactions. Not only during ongoing case review, but also during shadowing of home visits. It is an opportunity to ensure that staff are respecting a family's cultural values and beliefs. Additionally, it provides an opportunity to support staff and strategize about new ways to relate to the family based on their unique characteristics.

Providing Training to Staff that supports their ability to provide Culturally Sensitive services to families.

Standard 5-3

How do programs determine what topics should be covered?

There are a couple of things to take into consideration. First, revisit the unique characteristics specific to the program's target and service populations (standards 1-1.A & 5-1). Choose topics that are based on the unique characteristics of the population being served.



It is important to keep in mind that standard 5-3 training is distinct from the role of culture in parenting (standard 10-4.E) to be received within six months of hire. The 10-4.E training is specific to the topic areas outlined in the standard. For standard 5-3 programs should focus on the unique characteristics of the families described in both the target and the service population.

List some topics (other than those listed in standard 10-4.E) that may be necessary to provide culturally sensitive services based on the description created for standard 5-1:

Finally, another key component to consider when providing training are the program's acceptance and retention analyses for standards 1-2.B and 3-4.B. By taking time to look at the families that are currently not accepting the program and comparing them to the families who do accept, patterns may develop that are based on cultural characteristics. The same is true for families who have dropped out of the program (aside from those who move). Revisit the program's analysis related to families who do not accept services.

Based on the analysis for standard 1-2.B, are there any areas that Assessment Workers may require additional training to increase acceptance of potential participants?

Revisit the program's analysis related to families who drop out of services. Based on the analysis for standard 3-4.B are there any areas that Home Visitors may require additional training to better serve participants?

Many programs overlook these areas as a resource to determine how to better provide culturally sensitive services. And vice versa, using training as a planning strategy to improve acceptance and retention rates for standards (standards 1-2.C and 3-4.C).

Staff often identify training that would best support them in providing culturally sensitive services. As a program you are asked to receive staff input regarding culturally appropriate services (5-4.B). It is recommended to ask questions related to training. It is also important to involve Assessment Staff. Additionally, they may require training that is different from the home visiting staff.



What ideas have staff provided?

Have any ideas come up in Supervision?

Are there areas staff seem to be challenged with?

Topics staff may require some additional information about?

What segments of the population are currently growing?

Does your staff need training to better serve these participants?

Where can your program receive these trainings?

Who in the community is knowledgeable about these topics?

Are there other local community programs or agencies?

Local community college or university?

Videos?

Library?

Internet?

Others?

While the training standard indicates that the program should provide staff training on culturally sensitive practices based on the unique characteristics of the populations being served at least annually, more is better. Once programs broaden their definition of culture the trainings that are often already occurring will be viewed through a culturally sensitive lens and new ideas for trainings will arise. Keep in mind that it is important to document the trainings attended and maintain an outline or objectives of the training.

Think broadly – cultural sensitivity is not just about race, ethnicity and language. Think age (i.e., teens, grandparents), literacy level, dads, three generational homes (grandma often has fixed ideas on parenting practices, e.g. putting baby to sleep on his stomach, not back), rural, urban, suburban, poverty, developmentally delayed (parent as well as child), medically fragile child, etc. Be aware that some families or individual participants may have more than one defining culture, i.e., a Hispanic teen mom, a Greek family with two disabled children, or an African-American military family.

A common limitation that we all seem to place on cultural training is that we must do one general “cultural” training annually. Staff are more likely to develop empathy and cultural sensitivities when they are involved in dialogues with real people presenting specific cultural beliefs which form the framework to influence the ways in which our participants act and react. Although standard 5-3 says training should be completed “at least annually,” best practice for your program may be a series of one-hour trainings addressing different cultural issues. In addition to learning more about the racial and ethnic groups that are part of your service population, some suggestions are:

Grandparents Raising Grandchildren
Incarcerated Parents
Step-Families
Gay and Lesbian Parents
The Culture of Marriage
The Refugee Experience
Mentally Challenged Parents
Culture and Medicine
Breastfeeding and Culture
Culture of Poverty
Farm-worker Families
The Drug-Involved Family
The Culture of Indebtedness
Mental Illness in the Family
Interracial Families
Parenting from a Dad’s Perspective
Military Families
Single Parent Families
Culture and Spirituality
Chronic Illness and Its Impact on Family Members

Don’t forget more common topics like:

- ❖ *Medicaid eligibility*
- ❖ *WIC Services*
- ❖ *Child Support Services*
- ❖ *Family Court*
- ❖ *Family & Education Resource Center*
- ❖ *Job Center*

THE CULTURAL SENSITIVITY REVIEW

Perhaps the most commonly asked question within the HFA network is: what is a Cultural Sensitivity Review? What does it look like? What does it contain? How do I do it? This is what this workbook is all about, right? Well not exactly. Hopefully you have not read ahead and wound up here before you truly explored the activities required in 5-1, 5-2 and 5-3. All of these pieces provide a structure for the actual review to take place.

A Cultural Sensitivity Review is an opportunity for a program to evaluate the extent to which all aspects of the service delivery system are culturally sensitive. Again, the definition of cultural sensitivity in HFA terms is: the degree to which the program continually modifies or tailors its system of service delivery to the cultural characteristics in its service population including personnel/staff selection, training and development, assessment, service planning and implementation, and program evaluation and participant care monitoring.

Each program's Cultural Sensitivity Review varies in the topics it covers and the depth in which it reviews its ability to provide culturally sensitive services. As a point of clarification, a review (according to Merriam-Webster's Dictionary) is an opportunity to examine or study again: to reexamine judicially; to look back on: take a retrospective view or; or to go over or examine critically or deliberately. Therefore, the review should be a compilation of narratives and demographic information that describing the process a program has undergone to look at its service delivery to assess how well it understands, acknowledges, and respects cultural differences among families and ensures methods of practice and materials used reflect the diversity of the population being served.

At a minimum, the Cultural Sensitivity Review should address materials, training and the service delivery system. While the best practice standards do not distinguish what all the review should entail, there are some recommendations for programs to take into consideration.

It is important to note that the content areas listed and the questions posed below are provided to spark ideas and help programs determine ways of looking at the standards through a cultural lens.

Assessment

Look at s description of the target population and the service population compare similarities and gaps (standards 1-1.A & 5-1).

- **Is the program serving who it intended to serve?**
- **Identify any groups of families not currently participating, or who are under represented.**
- **Are their any groups that are over represented?**
- **Why do you think these patterns are occurring?**
- **What action can the program take to ensure it serves who it is intended to serve?**

Screening/referral rates & relationships with community entities (standard 1-1.B)

- **Are the agencies within the community referring families for screening and assessment?**
- **If not, why and what can be done to improve the programs ability to identify participants in the target population in a timely manner?**
- **Are there groups among the target population that the program does not seem to be reaching?**

Monitoring & addressing families who screen positive and either 1.) were not offered home visiting services (when the program offers services universally or uses a positive screen to determine eligibility) or 2.) were not assessed (when the program uses a positive assessment to determine eligibility) (1-1.C)

- **Are there any patterns among the families when monitoring or addressing families who screen positive and either 1.) were not offered home visiting services (when the program offers services universally or uses a positive screen to determine eligibility) or 2.) were not assessed (when the program uses a positive assessment to determine eligibility)?**

- **How might this be improved?**

Timeliness of assessments (standard 1-1.D)

- **Are there any groups identified that are not being assessed within the two week timeframe?**

- **Is there something that can be done with the assessment process to make it more desirable to families who are refusing assessment?**

Monitoring and addressing families who verbally declined further program involvement subsequent to either, 1.) a positive assessment (when program uses assessment to determine eligibility), or 2.) the offer of services (when program uses positive screen to determine eligibility or offers services universally) (1-1.E)

- **Are there any patterns among the families who verbally declined further program involvement subsequent to either, 1.) a positive assessment (when program uses assessment to determine eligibility), or 2.) the offer of services (when program uses positive screen to determine eligibility or offers services universally)?**

- **How might this be improved?**

Acceptance Rates, Analyses and Plans to improve (standards 1-2.A-C)

- **Review the analysis of who is not accepting services and why.**
- **Compare these findings to the characteristics of who is accepting services.**
- **Are there any patterns or trends related to cultural characteristics?**

Home Visiting

Retention Rate, Analyses and Plans to improve (standards 3-4.A-C)

- **Review the analysis of who is not dropping out of services and why.**
- **Compare it to the characteristics of who the program is retaining in services for the same length of time (i.e., 6 months, 1 year, 2 years, etc.). Use the HFA Retention Worksheet to calculate retention rates from data you provide.**
- **Are there any patterns or trends related to cultural characteristics?**

Creative Outreach (standards 3-2.A, 3-2.B, 3-3.A, & 3-3.B)

- **Which families are challenging to build trust with, to engage or reengage?**
- **Are there any factors linked to the unique cultural characteristics of the families?**
- **How could the program better serve these families?**
- **Are there any trainings topics for staff that may be useful in addressing these areas?**

Home visit completion rate and monitoring (standards 4-2.B & 4-2.C)

- **Are home visitors having higher completion rates with some families than others?**
- **If so, are there any patterns or trends related to cultural characteristics? What action can the program take to ensure groups who are not currently receiving 75% or more of the home visits for which they are assigned complete their visits?**

IFSP's (standards 6-2.A-D)

- **Does the development of the IFSP prove difficult for certain groups of families?**

- **Are there certain groups of families with which staff have difficulty reviewing or addressing goals and/or objectives?**

Immunizations (standard 7-2)

Review the program's immunization rates.

If families are not currently up-to-date with immunizations do cultural beliefs play a role at all?

Are there any families who are choosing not to immunize their children because of religious or cultural beliefs?

Assignment of Staff (standards 5-2.C & 8-2)

Are staff comfortable supporting the families to which they are currently assigned?

Are there any ways in which supervision could better support program staff?

Are trainings necessary to broaden the scope of families with which staff can work?

Have any families asked to be reassigned?

If so, what were the reasons for the request?

If families are dropping out of services do the reasons they are dropping out have anything to do with staff with which they have worked?

Assessment & Home Visiting

The breakdown of demographics of staff, identified service gaps to be addressed and how the program plans to meet the needs of these groups (standard 5-2.A)

Is the program able to meet the needs of the target and service populations through the unique characteristics of its staff and its relationships with community agencies?

If not, in what ways could the program better meet the needs of the groups identified in the target and service population?

A discussion of the materials the program is currently using and how those materials reflect the unique characteristics of the target and service population and indications of gaps or additional materials needed (standard 5-2.B)

Based on feedback from participants and staff, the cultural sensitivity review and other factors, do the program's materials reflect the unique characteristics of the target and services population?

If not, what action will the program take to ensure the materials are reflective of the target and service populations?

Training (standards 5-3 & 10-6)

What training has the program provided staff in the past year that has been specific to the unique characteristics of the families being served?

What training has the program identified as needed (based on participant and staff feedback, the cultural sensitivity review and other factors) for the upcoming year and how do they connect with the unique characteristics of the families in the target and service population?

Referrals (standards 7-1.B, 7-3, 7-4.A & B)

Is the program able to refer families to both medical providers and community agencies in a manner that respects the families' individual cultural characteristics?

Does the program need to create any new relationships with medical providers or community agencies to better serve families in the target and service populations?

Do certain groups of families use alternative medical/health care due to cultural beliefs?

Supervision: Skill Development & Accountability (standards 11-2.A & B)

In what ways does supervision take into account the cultural characteristics of the families being served (both potential and enrolled) and the unique characteristics of staff providing services in the areas of skill development, professional support and accountability?

In what ways could the program improve its support to program staff based on their unique characteristics and learning styles?

Programmatic Areas to Address

Advisory Committee (standards GA-1.A & GA-1.B)

In what ways does the advisory committee have a wide range of needed skills to assist in advising the program in the planning, implementation and assessment of program services?

In what ways is the advisory committee a heterogeneous mix in terms of skills, strengths, community knowledge, professions, age, race, sex, nationality or ethnicity?

In what ways could the advisory committee become more diversified, if necessary?

What action would the committee have to take to ensure that it has a range of skills and characteristics?

Participant Grievances (standard GA-2.B)

Review any grievances from program participants or even potential program participants. Are there any patterns or trends among families who are not satisfied with services?

What action with the program take to improve these factors?

Participant and Staff Input (standards 5-4.B)

What feedback did the program receive from participants and staff?

Once this information is in aggregate or collective form, what patterns and trends were identified both in the areas of strengths and things to address?

What are the patterns and trends associated with staff satisfaction?

Are there any cultural links among staff choosing to discontinue employment?


**If so, how could the program support staff with similar characteristics in the future?
Could something be done through training or supervision to better support program staff?**

As mentioned earlier, it is not necessary to include all the areas identified on the previous pages. However, programs should begin to determine how cultural sensitivity plays an important role in many standards outside of those mentioned in Critical Element #5. It is also essential that programs develop their own review based on their own unique styles and preferences. Providing detailed narratives that identify patterns and trends related to the specific situations at each program will begin to provide the structure of the review.

Input from Participants and Staff

An essential component to any program's Cultural Sensitivity Review is feedback from participants. They are a program's most valuable resource. How can a program know if it is providing culturally sensitive services if it does not receive feedback from the families it serves?

The important thing to keep in mind is to ask questions that make sense to the families which provide the program with useful feedback. For example, asking a family if their home visitor respects their culture will not solicit information that will be of much use. One reason for this is that the word "culture" can be interpreted in many different ways. However, asking a family if their home visitor respects their values and beliefs related to parenting provides more specific detail. The questions asked should focus on culturally sensitive practice, materials, communication and staff-participant interaction. Take a look at the following



examples that families can answer with a simple yes or no or a strongly agree, agree, no opinion, disagree or strongly disagree:

- My home visitor respects my parenting style.
- My home visitor provides me with materials (videos, handouts, flyers, brochures) that represent my family's race and ethnicity.
- The materials we receive are interesting and easy to understand.
- My home visitor is able to speak the language I prefer to use.
- The materials I receive are written in my preferred language.
- My home visitor respects my religious beliefs or other beliefs that may play an important role in my decision making.
- My home visitor helps me establish goals that I am interested in pursuing and that are important to me.
- My home visitor helps me to stay focused on my values and beliefs as a parent.
- My home visitor wants to learn more about my family traditions.
- The materials and information shared is presented in a way that allows me to determine what is best for my child.


Identify some questions to ask program participants:

While programs do not want to bombard families with questions, related to culture, programs do want to be provided with sufficient feedback. Therefore, open-ended questions are also recommended. What information would be beneficial to your program?

Some examples:

- In what way could your home visitor provide services that are specific to your family's needs?
- How can our program be more responsive to your values and beliefs related to parenting?
- How does the program respect your family's culture or traditions?
- In what ways could the program improve its sensitivity specific to what is important to you based on your life circumstances?

Determine some open ended questions to help participants provide more detailed feedback:



Programs should be cautious not to overwhelm families. Most people are not used to being asked questions about their cultural beliefs. Oftentimes programs blend the questions related to cultural sensitivity right in with their Participant Satisfaction Survey. Then families will only have one survey to complete.

Some important things to keep in mind:


- Surveys only need to be completed annually, however in many cases programs have to distribute them more than once a year to increase the return rate
- Questions should be related to culturally sensitive practice, materials, communication and staff-participant interaction as stated in standard 5-4.B
- Surveys can also be conducted in the form of an interview, either in person or on the phone, but should be done by someone other than the home visitation.
- Always allow participants the right to anonymity

It is important for programs to receive feedback from families about the assessment process. Some programs chose to leave surveys with families after they have completed the assessment process (whether they chose to participate in the program or not) with a self-addressed stamped envelope so families can quickly complete the survey and drop it in the mail.

Identify some questions to ask participants about the assessment process related to culture:

Surveys are not the only venue to receive feedback from participants. Many programs chose to have focus groups or family advisory committees that represent the diversity of the service population. Bringing families together provides a wonderful opportunity for face-to-face feedback. Families can review curricula, brochures, annual reports, flyers, etc. and provide feedback regarding the materials sensitivity to culture. This process also makes families truly feel valued and a part of the program's ongoing quality improvement process.

Once all of the responses have been received from families, it is important to put the information into an aggregate format or collective data. Putting the information gathered in a detailed report allows programs an opportunity to identify patterns and trends related to the program's ability to provide culturally sensitive



services. These patterns and trends enable programs to identify strengths as well as areas to build on. The aggregate data should be compiled in a narrative report and included within the context of the overall service review. Similar to an analysis, the narrative report can be used to determine gaps in service delivery and identify strategies or ideas to improve culturally sensitive practice.

Staff input is as essential to the program's cultural sensitivity review as is the feedback from participants. Not only do staff have ideas about how to best serve the families in the program, they have the ongoing personal contact with families and can provide a bird's eye view, so-to-speak.

The important thing to keep in mind is to ask questions that will get at specific aspects of cultural sensitivity. Like with participants, the questions asked should focus on culturally sensitive practice, materials, communication and staff-participant interaction. Take a look at the following examples of questions staff can answer with a simple yes or no or a strongly agree, agree, no opinion, disagree or strongly disagree:

- The program has a variety of curricula to meet the needs of families.
- I feel the materials (videos, handouts, flyers, brochures) I share with families represent their varying racial and ethnic backgrounds.
- Materials provided by the program are linguistically appropriate (i.e., written in the primary language spoken, literacy level, etc.)
- The program provides training on topics that help me to support the families I work with (i.e., community agencies, domestic violence, poverty, substance abuse, mental health, etc.)
- The materials I share are interesting, easy to understand and help to encourage positive parent-child relationships.
- The program provides training that is specific to the unique characteristics of the families I serve.
- Supervision is supportive in identifying strategic ways to engage families.
- Supervision helps me to determine ways to work with challenging families and situations.
- My supervisor respects me based on my unique characteristics and learning styles and interacts with me in way that supports my ongoing training and development.
- The program supports me in a way that allows me to express what is important to me based on my cultural beliefs and traditions.
- The program supports me in honoring the cultural beliefs and traditions of my families without compromising my own cultural beliefs and traditions.
- The program provides services to families in languages they can speak and read.
- The program values a family-centered and strength-based approach to supporting families in achieving their goals (IFSP).
- Even if the program cannot currently meet the needs of the families (specific to their cultural characteristics) being served, action is taken to determine ways to do so.
- My opinions and suggestions are as important to the program as other staff members.

Identify some questions to ask staff?

Open-ended questions allow staff an opportunity to provide feedback in a detailed manner. What information would be beneficial to your program?

Some examples:

- How does the program currently provide culturally sensitive services?
- In what ways could the program improve its ability to be sensitive to the unique characteristics of the families being served? Please be specific.
- How can the program be more responsive to the families' values and beliefs related to parenting?
- How does supervision support culturally sensitive practice?
- What types of training would support your ability to work with your families?

What open-ended questions would be best used by the program?

Some important things to keep in mind:

- Questions should be related to culturally sensitive practice, materials, communication and staff-participant interaction as stated in standard 5-4.B
- All staff should have an opportunity to provide feedback
- Always allow staff the right to anonymity

Surveys are not the only venue to receive feedback from staff. Many programs chose to use Team/Staff Meetings and/or Supervision to gather information and input related to culturally sensitive programming. As mentioned above, all staff should have an opportunity to provide feedback. However, focus groups may be used to determine strategies or plans to improve current practice.

Once all of the responses have been received from staff, it is important to put the information into aggregate or collective data. Putting the information gathered in a detailed report allows programs an opportunity to identify patterns and trends related to the programs ability to provide culturally sensitive services. These patterns and trends enable programs to identify strengths as well as areas to build on. The aggregate data should be compiled in a narrative report and included in the context of the service review. Similar to an analysis, the narrative report can be used to determine gaps in service delivery and identify strategies or ideas to improve culturally sensitive practice.

Sharing the Cultural Sensitivity Review 5-4.C

Once the review is completed and all of the information is compiled in narrative form, it is imperative that a program share this information with its advisory/governance group. While many programs are committed to the ongoing improvement of programming practices, it is often difficult to self-identify gaps and determine strategies. Allowing people outside of the program provides a variety of perspectives, assistance in determining the necessary action to take and the advisory/governance group may actually help identify the resources to help get a recommendation endorsed or approved. The program determines who the review will be reported to and how often. Most often, it is the advisory/governance group and the review occurs at least annually.

What individuals or groups outside the program will review and identify strategies for growth based on the Cultural Sensitivity Review?

How often will it be reviewed by those identified above?

The program should determine how action will be taken (when necessary) on the findings of the report. The action may vary from needing to develop materials with more visuals to hiring a new staff person to accommodate the cultural needs of the participating families.

Be sure to clearly document in the advisory/governance group meeting minutes the discussion of the Cultural Sensitivity Review and the results of that discussion. It will also be important to document the action that will need to be taken to improve the programs ability to provide culturally sensitive services.

It is the expectation that each program will have some action to take in order to improve its ability to be culturally sensitive. Think back to the continuum of Cultural Competency on page 4. Most of the programs within the HFA network, or any human service network for that matter, will not achieve the distinction of being Culturally Proficient. Therefore, being culturally competent/sensitive is “characterized by acceptance and respect for difference, continuing self-assessment regarding culture, careful attention to the dynamics of difference, continuous expansion of cultural knowledge and resources, and a variety of adaptations to service models in order to better meet the needs of minority populations.” The keyword here being “continuous.” Programs should continuously embark on a journey of self-awareness and integrate the information learned to constantly shape and improve its ability to be sensitive to the unique characteristics of the families it serves or intends to serve. Ultimately, a program is continually modifying or tailoring the system of service delivery to the cultural characteristics in the service population.

References:

Footnote

Source

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