



## MEASURING THE CULTURAL PULSE OF SERVICE PROVIDERS

The importance of serving children and their families within a context that is congruent with their cultural values and beliefs gained increased attention with the emergence of the System of Care philosophy. The stage for the development of Systems of Care was set by the 1969 Joint Commission on the Mental Health of Children and by the 1984 Congressional funding of the Child and Adolescent Service System Program (CASSP). This effort resulted in a clearer definition of the System of Care core values and guiding principles (Stroul & Friedman 1994).

One of the core System of Care values calls for the implementation of services that are culturally competent. Originally, the need for cultural competence responded to an acknowledgment that children and families of color were underserved by the social service system ("Embracing the Dynamics of Difference," 1997). Therefore, great emphasis was placed on ensuring that race, ethnicity, and religious preference would not impede access to services, but rather would be valued and considered in developing service delivery strategies that would best fit the cultural characteristics of children and families. Much has changed since then. While the notion of cultural competence still tends to emphasize the cultural values and beliefs of people of color, greater consideration is being placed on other overarching cultural and social factors that impact all populations, such as socioeconomic status, lifestyle, sexual orientation, geographic characteristics (for example, rural vs. urban), as well as multiple environmental factors. In addition, continued exploration among families regarding the cultural competence of their providers, using the System of Care Practice Review (SOCPR), has shown that families associate this value with service delivery based on care and true commitment.



### The SOCPR

The emergence of the System of Care required a comprehensive change in the way services were traditionally delivered, both from the system and practice perspectives. It also required devising ways to measure the impact of the System of Care at the practice level. For this purpose, the Department of Child and Family Studies at the Louis de la Parte Florida Mental Health Institute developed the SOCPR using a case study methodology. The intention in developing this methodology was to find a way to capture the experiences of children and families in their interactions with the System of Care. The SOCPR was developed using the System of Care core values and principles as its conceptual framework. These values were defined and operationalized into protocol questions in the SOCPR, which consists of a document review section, interviews for a child's primary caregiver, a child, a service provider, and a family's informal/natural helper; and a set of summative questions. Summative questions reflect the System of Care values and are rated on a scale from 1 (*disagree very much*) to 7 (*agree very much*). Interviewers rate these questions once all the interviews related to a family are completed. Table 1 summarizes the definition of cultural competence and its subdomains as it is used in the SOCPR.

The SOCPR was a component of the special studies of the National Evaluation of the Comprehensive Community Mental Health Services for Children and Families Program, led by ORC Macro to assist in developing service delivery systems using a System of Care approach. After some refinement, the SOCPR was also used in the Longitudinal Comparison Study (LCS) that followed and that is also part of the abovementioned evaluation. In the LCS, three System of Care sites and three nonsystem sites were selected for comparison purposes: Youngstown and Canton in Ohio, East and

West Baltimore in Maryland, and Austin, Texas and Santa Cruz, California. The System of Care sites (Canton, Santa Cruz and East Baltimore) were selected based on their high scores on an independent measure of systems development. The comparison sites were selected based upon similar geographic, demographic, and economic characteristics (for further details regarding the sample characteristics and research method, see Hernandez, et al., 2001). At each site, approximately 1520 families were randomly selected for interviews. The LCS study tested the hypothesis that the adoption of System of Care principles at the organizational level compared to a traditional service organization, resulted in greater implementation of a System of Care at the level of service delivery.

### Findings on Cultural Competence

Focusing more specifically on the System of Care value of cultural competence, qualitative and quantitative analyses of the data collected from the LCS indicated that services within the System of Care sites were more culturally competent than in the matched comparison sites. In general, the cultural context of families was emphasized and considered throughout all services delivered by the System of Care. Sites scored in the medium to high range with regard to their sensibility and responsiveness to the cultural diversity of the families served, but when it came to the inclusion of families' informal helpers in service planning and delivery, their scores dropped. These findings were helpful in determining the extent to which the cultural competence value was being implemented at the level of practice and in identifying specific aspects of program implementation needing attention.

Additionally, the findings served to increase our understanding of cultural competence from the families' perspectives, and to identify their own indicators for this value. We learned that the families' definitions of cultural competence tend to be based on their perceptions of providers' caring and commitment. This stands in contrast to the more academic and professional understandings of cultural competence (like the definition outlined in Table 1) that appear in research and theory on Systems of Care. Families judged the cultural competence of their providers in terms of the respect, honesty, trust, support, equality, acceptance, and mutual growth that their relationships engendered. According to family members, the presence of these components in their relationships with providers produced positive effects in families and a sense of fulfillment on the part of providers.



When looking at the data using this framework we found that all providers demonstrated some degree of cultural competence, but that those rated higher by families more closely approximated the families' perspectives regarding cultural competence. The following examples help illustrate this point. One mother's response when asked whether her child's provider was respectful of their values stated, "[Provider] treated us very well and supported [us] even when we did not agree on pulling [child] out of school." Another parent stated, "[Provider] treats me with respect. I couldn't do this [treatment] if I didn't feel that." When asked whether families felt they had something in common with their children's provider, one parent said "That [provider] loves my kids, yeah," while another one mentioned "We [family] like [provider] a lot. We would be friends if we had met under other circumstances." When asked about providing examples about the cultural sensitivity and responsiveness of their service providers, one mother stated "[Provider] is very interested in me and in my son, [he/ she] believes in me and wants to help us." Another mother mentioned, "[Provider] looks out for me, she is almost like my mother."

Service providers who were more in tune with families offered similar comments when asked to provide examples of their efforts to translate cultural competence into specific actions. One provider spoke about his/ her efforts to be seen by families as equals. In this regard, the provider stated "I do everything I can not to appear as an agent of government but as a human with skills and experience to help; [I] work with a lot of humility." In terms of respecting families' values and beliefs, one provider stated "...go where the family is; don't change their beliefs, just work around them and make things better," while another mentioned that "People deserve respect no matter where they are coming from. Because we were able to respect [mother] we got where we are." Regarding the importance of values, one provider stated "Families have taught me a lot of values."

Similarly, families that found their providers to be less culturally competent expressed their views in terms of their relationships. One mother responded, "I don't know the man that way, we don't talk about that," when asked about sharing things in common with her child's provider. In terms of feeling respected by her

child's provider one mother stated, "[Provider] sees me as an old-fashioned person that don't know anything." When asked whether their service provider was sensitive to the family's life circumstances, a mother stated, "[Provider] don't live this life and so don't understand."

Service providers who were less concerned about the cultural and social characteristics of the families they served tended to view families using a deficit approach. For example, when referring to a family that needed a lot of support, their service provider labeled them as "dependent" and commented on his/her need to set limits. In addition, when speaking about the difficulties this family was experiencing in trying to access services due to a lack of transportation, the provider stated, "All they need is willingness." Some service providers tended to dismiss their need to be aware and responsive to the cultural diversity of their clients by simply stating "We are all the same."

The perspectives of families regarding cultural competence offer service providers an alternative vehicle for understanding and approaching the diversity of their client population. At the individual/family level, the definition of cultural competence goes beyond the ability of service providers to recognize and appreciate diversity, as shown in the examples provided. Instead, cultural competence becomes a feeling that cannot be measured just by asking providers about their specific knowledge about a culture or a group, or about the trainings they have received. Cultural competence exists in providers' sense of caring, commitment, and comfort that surrounds their interactions with children and their families. Using this understanding of cultural competence should help service providers feel less pressured by the need to be extensively knowledgeable about the multiple expressions of culture and subculture, which is an unrealistic expectation. Approaching cultural competence in the same manner as one would approach friendship building is like looking through a prism and constantly discovering new shapes and colors.

Measuring the cultural competence of systems and individuals requires approaches which can appreciate both the academic and family perspectives on cultural competence. Because both are abstract and ambiguous concepts, measuring each of them is challenging. The main difference between the two is that true caring and commitment are easily recognized and felt by children and families in their interactions with representatives of a system of care.

## References

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Table 1. Cultural Competence

*Agencies, programs, and services are responsive to the cultural, racial, ethnic, and social characteristics of the population they serve. Diversity is valued and acknowledged through service providers' efforts to meet the needs of culturally and ethnically diverse groups within the community.*

Subdomains	Definition
Awareness	“Refers to the level of cultural awareness of service providers regarding the family’s cultural background as well as their own...[S]elf awareness relates to [service providers’] ability to place themselves within a cultural context and describe how it impacts their lives. Awareness of the cultural background of the families served refers to service providers ability to place families within the families’ cultural and environmental contexts.”
Agency culture	“The families’ understanding of the Agency Culture, meaning how the system operates, its rules and regulations, and what is expected of them, is central to the treatment process.”
Informal supports	“Refers to the inclusion of the families’ informal/natural sources of support in formal service planning and delivery. Implementation of a culturally competent system of care requires that service providers become knowledgeable about the natural resources that may be utilized on behalf of their clients and are able to access them.”
Sensitivity and responsiveness	“Culturally competent service systems are aware of their own organizational culture and the culture of the families they serve. This implies that they accept cultural differences, understand the dynamics at play when persons from different cultural backgrounds come into contact with each other, and are able to adapt their services to the cultural context of their clients.”