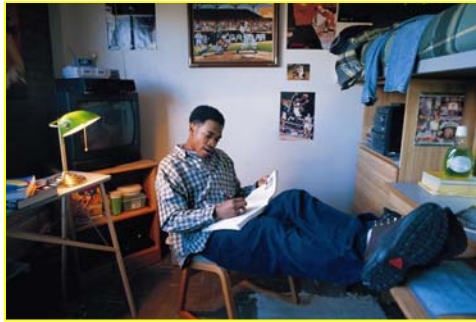




## Cultural Competence in Services to Children and Families

What does *cultural competence* mean in the context of providing services and supports for children with severe emotional disturbances and their families? This article reports on some specific steps that are being taken in New Hampshire to increase the level of cultural competence in a system of care.



The beliefs, behavior, and values that are central to a family's culture may be influenced by race, ethnicity, language, class, religion/spirituality, parenting orientation, self-esteem and empowerment, education/professional background, economic circumstances, geographic location, and other sources. In New Hampshire's system of care, called the Community Alliance Reform Effort (CARE-NH), we have defined culturally competent services as those that honor a family's beliefs and ways while also effectively addressing the needs the family has prioritized. As we think about the cultural competence of services, a variety of issues come into play, including: Yankee pride, rural barriers to service, urban areas hosting huge ethnic and linguistic diversity, Franco American culture, and a population base (including professionals working in the system) inexperienced in cultural diversity.

The core strategy for building cultural competence within CARE-NH is to build family and youth voices into the structures of decision making at every level of our system. At the level of service planning and decision making, each client that is part of our grant services has a paid family partner, supervised by NAMI NH, who works closely with that family and plays an advocacy role in meetings with agency workers. We make ongoing efforts to act in ways that demonstrate our commitment to truly listening to families. We have found it important to ask family members who should be present when decisions are being made. Sometimes this has brought a grandmother into the process who could have been overlooked. Families are encouraged to identify and invite their traditional community "natural" supports. This has yielded pastors and godparents being asked to join community and family action planning meetings regarding a child.

Family members and youth also participate in decision-making processes at the inter-organizational level. CARE-NH is made up of three regional *collaboratives* that include the local agencies providing services for youth and families. Each collaborative has a monthly meeting

attended by agency representatives and family members. Each collaborative deliberately seeks and retains parents as part of decision making on the Executive Committee, the Capacity Development Committee, and the Regional Collaborative Committee. Several strategies support family participation on the committees. One support is a modest meeting stipend we pay family members. Additionally, family members attending meetings receive reimbursement for their transportation and childcare costs. Family members are provided with orientation that provides information about the players and processes involved in the meetings. We have also developed a youth council to advise each collaborative. Members of the youth advisory council receive a modest meeting stipend. Finally, each layer of decision making above the collaborative level (e.g. State Team, Coordinating Committee) also includes family members, who receive a stipend for each meeting.

One current project for this fiscal year is to begin recruiting families from racial, ethnic, and linguistic minority populations to serve as mentors for families entering the system of care. Our goal in this is to help dispel some of the natural, experience-based wariness that many minority families feel towards "the system." Additionally, we hope to recruit some of these same families into decision-making positions so that their perspectives can help us build a more responsive system of care. The faces and voices of American Indians, African Descendants, Asians, Arab-Americans, Latinos and others are important in the social fabric of New Hampshire, although many providers have shallow experience in working with individuals and families from these cultural backgrounds.

A big piece of our work in New Hampshire has been to alert family partners and agency staff to some of the distinctive aspects of generational poverty. If helping professionals unwittingly devalue children or their families because of long-term parental resource limitations, what sort of partnership in care will result? For example, one parent in our Littleton Collaborative discussed quite candidly how she had been ignored and discounted by helping professionals and educators, due to her lack of middle class status and educational attainment. In reality, she had become an expert by necessity in the issues and behaviors experienced by her dually-diagnosed child. The school provided the child's teachers with training on one of the diagnosis areas. The mother informed the school, quite politely, that staff needed a few more pieces to see the whole picture of her child's behavior. She was disregarded, and consequently teachers were left without a basic understanding of the strategies needed for effectively maintaining and educating her child. This situation resulted in several painful months for both the child and teachers. This same mother discussed her surprise at the financial resources available to foster families in contrast to those available to biological parents caring for a disabled child. When a family of limited economic resources is asked to prioritize needs, restoring electrical service may be a higher and more immediate priority than focusing on complex emotional and behavioral issues. Allowing the family to set priorities challenges service providers and the system to respond differently. The mandate of cultural competence is to create discursive space for the discussion of these sorts of issues, and to create equitable policies in the system of care so that these kinds of class-based errors are not repeated.

Cultural competence is not merely a list of nuts and bolts such as:

- Respect the primary role of mothers in emotional and health issues for Franco-American families,
- Ask about including godparents on community teams for Puerto Rican families,
- Interact with children with severe emotional disturbances with consistency and calmness,
- Approach low-income families without assuming that middle class values or skills are within easy reach, or
- Teach alternatives to corporal punishment as ways for Sudanese fathers to obtain cooperation from children.

Cultural competence is gaining knowledge about cultures AND engaging in a comprehensive process that includes: listening to client and families, understanding practices and priorities of the involved organizations, overturning institutionalized disadvantages to certain groups of people, and working for justice.

In conclusion, we foster cultural competence when we:

- Recognize the broad dimensions of culture;
- Respect families as the primary source for identifying needs and defining service priorities;
- Foster the development of family-driven, community-based teams to assist with care;
- Increase the sensitivity of providers to avoid behaviors that may alienate rather than engage family members;
- Build family members and family partners into the decision-making structure of the system of care;
- Create discursive space about the policies, protocols, and practices within the system of care so that ineffective or inequitable systems may be adjusted;
- Build the cultures of the community into the decision-making structure and the pool of providers for the system of care;
- Commit to structural and policy changes that support family voice and cultural diversity at all levels;
- Provide appropriate culture-specific and diagnostic-specific information to helping professionals; and
- Seek long-term successful outcomes for each child in our care.

## A Personal Story

Crystal is mother to Jacy, a six-year-old diagnosed with bipolar disorder, higher functioning autism, and ADHD. Crystal went on TANF two years ago because the school called her every day at her job to come deal with her child. Crystal and Jacy receive CARE—NH services. In an interview, Crystal spoke candidly about her experience.

*It is still hard to get people to listen. They all come with their own agendas, opinions, ways of doing things. I was at a meeting the other day and this guy commented on how low education levels indicate that parents do not know how to care for their child and are the cause of their poverty. But just because some people do not have a pedigree education does not mean that their experience isn't valuable. I have an excellent background in human services now because of Jacy. I am going for a degree in it and I'm going to be the best case worker my clients ever have because of my training with my son.*

*I was lucky because Jacy was diagnosed at age five and a half and I got help early. The school kept insisting that the problem was merely behavior, and the doctor insisted it was just a phase. The doctor treated me as a scatterbrained first-time mother. I can see how parents start to doubt themselves, really, when the professionals in the system constantly contradict you and work against you. It makes you feel like you are going crazy, and that the whole world is out of control.*

*If professionals would listen to and give training and supports to natural parents that are available to foster families, there wouldn't be so many kids in foster care. They can't just complain that a natural parent isn't doing something right. They should be asking me what I need and finding supports, helping me cope.*

*I have been a member of the CARE—NH collaborative in Littleton for two years. It has taken me the whole time to understand the language--many agency workers articulate things so strangely. It can be very intimidating to voice what I think to professional people, especially if they have a role through counseling or at the school. After every meeting I call my family partner, to talk about what I don't understand or what makes me feel angry.*

*There are plenty of times when I have had to struggle with the school. There were times when the school wanted to send him to residential. I said 'No way.' I made it stick because of the confidence I gained from CARE—NH. I didn't stay on welfare for two years and work as hard as I could to train my family, baby sitters, outreach workers, respite care givers, and teachers, only to have them give up and send him away. Jacy is training us all. And slowly the system is learning how to work well with him. He is not the last child the school will face with the sorts of behavioral challenges he brings. The school's attitude was that this kid is trouble, let's send him away. That hopefully is changing. He has a good aide now, who doesn't walk on eggshells around him, but at times I still have to remind him that Jacy's behaviors are part of his disorder. Everyone is learning a lot from him. Now they hardly need to page me."*