Introduction

The cultural, racial, and ethnic composition of the respite and crisis care community has become increasingly diverse as it reflects the changing demographics in America. To provide effective and successful services, service providers must understand and commit to programming that incorporates intervention strategies that validate and build upon the culture and strengths of the children and families being served. Knowledge of a family’s cultural value system related to supervision of children, discipline, male/female relationships, and help-seeking decisions, as well as their different expectations for different children based on age, gender or birth order, can provide information that enhances the development of effective case management strategies and case plans.

The culture in which we are raised greatly influences the standards we use to assess ourselves and others, and our beliefs about what is worthwhile, desirable, or important for well being. Ethnocentrism, the tendency to view one’s own cultural group as the center of everything, and the standard against which all others are judged, leads to the assumption that one’s own cultural patterns are the correct and best ways of acting. When we attempt to establish behavioral norms for all other cultures based on our own culturally influenced belief system, we shut our minds to new learning and approach one another expecting to correct a defect or deficiency. Self-assessment is important to the process of becoming more culturally responsive; it challenges the cultural biases we may each perceive as universally applicable.

Traditional intervention, service, and treatment models tend to overlook cultural variables impacting the lives of people of color, creating gaps in service areas from family assessment to alternate care exit. The belief that the helping approaches traditionally used are universally applicable tends to render services virtually useless to all but the most assimilated people of color. This approach causes misunderstandings in all areas of the social service delivery system and these misunderstandings are unlikely to be resolved in ways which are favorable for the children and families of the non-dominant cultures.

Cultural Responsiveness

Cultural responsiveness is being aware of, and capable of functioning in, the context of cultural difference. It is an essential tool in moving personal and professional interactions beyond racial assessments to cultural relevancy. Building capacities and skills to communicate effectively with individuals from any culture opens avenues to more information that can assist in the development of service plans. It also assists in the development of intervention strategies that recognize unique strengths and respect competencies. Cultural responsiveness can aid in differentiating the limitations in family functioning that may be caused by poverty, the environment, and/or culture from those due to unhealthy family conditions or behaviors. Culturally responsive approaches must include information, activities, and practice opportunities that interweave family centered practice guiding principles, such as strengths based, collegial relationships with families; protecting children within their own family units; and involvement of the entire family in the intervention process.

Since there is no way to be well versed in the unique child rearing practices of families of the many different
cultures we serve, it is necessary to develop skill in communicating effectively across cultural boundaries. Cultural information can provide a background upon which family functioning can be comprehensively assessed.

The search for more ways to provide services that respond effectively to the culturally influenced needs and issues of at-risk families can be facilitated. Culturally relevant information sharing can also spark the practitioners’ thinking, and sensitize them to the importance of culture in their relationships with, and ability to support, culturally diverse program participants and staff.

**A Culturally Responsive Framework**

A framework for cultural responsiveness in respite and crisis care must

- include principles that support personal and organizational strategies that expand the knowledge base on culture and managing diversity
- present cultural sensitivity and the dynamics of diversity as not only best practice but also as a personal enrichment activity, and
- highlight community-based resources as reliable contacts for culture specific information and services.

It should not attempt to provide a "laundry list" of norms and behaviors for each cultural group; that approach may only serve to produce new stereotypes.

To be effective, supports for cultural responsiveness must be evident in all stages of respite and crisis care programming—development, implementation, and monitoring. The cultural responsiveness of the service delivery process is best enhanced when these interdependent components are consistent in their efforts to respond to the influences/impacts of cultural diversity. The three main focal points of program design that can facilitate the development of culturally responsive services are organizational structure, policies, and procedures; the training curricula; and, supervisory and staff roles and responsibilities.

**Organizational Structure, Policies and Procedures**

Attitudes, policies, and practices of the agency must establish the guidelines that emphasize culturally responsive behaviors in the workplace. The paradigm shift from ethnocentrism to multiculturalism in respite and crisis care services, and any of the other family care services, can only be accomplished when cultural responsiveness is considered one of the primary goals of the entire agency. A continuous examination process for bias in policies, practices, and personal philosophies is required to implement and sustain culturally relevant program efforts.

Cultural responsiveness enhancements to the organizational structure include the following:

- Hiring and utilizing staff of color as "cultural consultants."
- Including cultural responsiveness as a job requirement and establishing clear expectations/guidelines for workers regarding cultural sensitivity and responsiveness in both the workplace and the field.
- Reviewing forms and processes with special attention to data, documentation, and procedures that lend themselves to cultural bias, stereotypes, and stigmatizing.
- Establishing procedures for monitoring, evaluating, and addressing diversity issues in the organization and in service delivery.
- Requiring cultural responsiveness training for all employees, not just new employees and front line workers.
- Establishing supervisory responsibilities and staff job expectations related to cultural responsiveness in service delivery and workplace interactions.

**Agency Training Curricula**

Cultural responsiveness training should be interwoven into the entire fabric of the agency/organization if its importance is to be understood and its far reaching impacts appreciated. Training must include a focus on building skills that aid in differentiating the limitations in family functioning that may be caused by poverty, the environment, and/or culture from those due to unhealthy family conditions or behaviors.
Recommendations for cultural responsiveness training include the following:

- Listing cultural responsiveness as an expectation of trainers
- Providing more details and practice opportunities for cross-cultural communication and ethnographic interviewing techniques
- Stressing cultural self-assessment for trainees as a cultural responsiveness tool
- Discussion/information sharing on additional impacts of regional culture, the culture of economics, and the drug culture on assessment factors, case planning and case management issues
- Presenting cultural sensitivity and dynamics of diversity as not only best practice but also as a personal enrichment activity
- Highlighting community-based resources as reliable contacts for culture specific information and services
- Providing examples of culturally diverse families in case scenarios, video presentations, and other related audio-visual training aids
- Acting immediately to confront culturally insensitive statements/behaviors in the training session and providing information to assist in correcting the behavior.

**Supervisory and Managerial Roles and Responsibilities**

Supervisors and middle managers in human services make daily decisions that strongly influence the quality of services provided. To be effective in the position, supervisory personnel must master a variety of workplace roles such as role-model, overseer, and teacher. The middle manager must respond to both the norms of the profession and to the day-to-day reality of service delivery.

"Cultural expert" and "diversity manager" must now be added to that list of roles. The diversity of the client population and child welfare staff members requires a supervisor who is capable of modeling behavior that is culturally responsive; facilitating cross-cultural communications; and identifying and bridging cultural gaps in both staff development and client service delivery. Supervisors must be clear on their responsibility and provide the administrative supports to spearhead the paradigm shift from cultural ignorance to cultural responsiveness.

Some of the modifications and approaches that can be helpful in enhancing supervisory oversight of cultural responsiveness in the workplace include

- Modeling culturally responsive behavior when working with staff, community members, and consumers
- Developing and presenting culturally enriching activities that stimulate cultural awareness. Learning about a culture only from families experiencing a crisis prevents the professional from identifying and appreciating the strengths and beauty of the culture
- Being assertive and direct in facilitating culturally responsive behavior among staff in the workplace
- Being assertive and direct in facilitating culturally responsive behavior among staff and the families they serve in the field
- Expanding supervisors’ knowledge base on culture and managing diversity

**Case Scenario**

The culture of the child/family entering into respite or crisis services, the education and socioeconomic status of the caregiver(s), and the culture, education, and training of the service counselor all influence the service delivery. The importance of cultural responsiveness as a family care and service essential can be noted in the following case scenario:

A newly immigrated family from a small Caribbean island sought medical services at a public health clinic for their youngest child. Major medical and developmental problems were diagnosed for the six-month-old baby. Prescriptions were given and a two-week follow-up appointment and consultations with specialists were scheduled. The family did not show for the appointment and did not respond to phone calls, mail, or home visits. Clinic staff reported to the state abuse registry indicating possible medical neglect.

*Traditional Approach and Results*
The summary report of the child protective services investigation confirmed the neglect allegation, recommended removal of the child. Siblings, ages four and two, were also removed from the home based on the high risk assessment assigned to the family and living environment. The children were placed in three separate foster homes in different cities throughout the county. The six-month-old infant was placed in a therapeutic foster home for medically needy infants; the foster parents were white. The four-year-old child was placed with a Southern roots African American family; and the two-year-old was placed with an African American family of Jamaican descent.

The children remained in foster care for eighteen months while the mother attempted to meet the requirements of the permanency plan: parenting classes, visitation with the children, employment. Follow-up information on the family revealed that the mother never sought or refused assistance from any of the available support services, agencies, or referral resources. As a result, neglect reports were filed again. The family reentered the child protective services system again. The cycle began anew.

*Culturally Responsive Approach and Results*

Anticipating a language barrier and the potential for cultural misunderstandings, the child protective services supervisor assisted the field worker in preparing for the intervention by identifying a community based, bilingual cultural guide to accompany the worker to the family’s home. The assessment of the family revealed that the mother had taken the child regularly to the community faith healer for medical care as she and the other neighbors did for all medical emergencies/services. The faith healer had cared for her and the other children successfully and the mother had complete trust in the healer and the advice given.

The mother spoke and understood very little English and was also afraid to seek traditional services due to her incomplete immigration paperwork. She very rarely ventured outside her neighborhood and was unfamiliar with the transportation service to the clinic located downtown. She stated that everything was okay and it was just a matter of time before the remedies and care provided by the community healer would improve the health of the baby. Pending the husband’s immigration to the country, neighbors and friends were supplying food, rent money and other basic help.

New appointments were scheduled at the clinic for the baby, the siblings, and the mother. The mother was told that the faith healer would be welcomed to accompany the family to the clinic, and assured that her immigration status would not lead to deportation and removal of the children from the home, as she had been forewarned by her neighbors. Transportation would be provided and an interpreter made available at the medical appointment to gather information and to explain what was happening.

Plans were made to help the mother complete immigration paperwork, attend English classes, learn the transportation system, and secure food stamps and other support services. The faith healer was invited to accompany the family to any or all support functions. Respite care was arranged with both community supports and formal agencies to allow the mother to fulfill her obligations and explore other survival options. The family remained together throughout the process in their own community and within their cultural environment.

*Conclusion*

To fully achieve the goals of respite and crisis care and other family support services, it is essential that all aspects of program operations, staff development and training incorporate and support cultural responsiveness. The shift to cultural responsiveness and multicultural programming will require change, risk-taking, training, courage, and coordinating a variety of new and different resources. Culturally responsive services will support the attitudes, knowledge, and skills essential for successful living in a complex and diverse world, and produce outcomes that are long lasting and that strengthen and keep families together.

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