



# Respecting culture and cultural differences

## A BRIEF OVERVIEW



### Loddon's Commitment to Supporting Families

Our shared core competencies

#### Definitions

There is neither a clear definition nor consistent terminology around cultural competence. Health services, academics and sectors have produced a wealth of literature on cultural competence. A commonly cited definition is that of Cross et al.:

*Cultural competence is a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals; enabling that system, agency or those professionals to work effectively in cross-cultural situations.*<sup>1</sup>

Alternative and emerging terms for cultural competence are evident in the literature, and include 'cultural responsiveness', 'cultural awareness', 'cultural sensitivity' and 'cultural safety'. In some cases, the terms are used interchangeably and in others the variable terminology reflects a change in language or understanding over time.

Cultural awareness training has been a popular method by which organisations seek to improve the cultural appropriateness of their service delivery. However, more recently, terminology has shifted to favour cultural competence. Cultural competence recognises the importance not only of knowledge but of accompanying skills and behaviour. In their study, Mooney et al. found one-off cultural awareness training to be ineffective in generating cultural change or achieving improved health outcomes for Aboriginal communities.<sup>2</sup> This highlights the need for an approach to working with diverse cultural groups that not only improves knowledge or awareness, but equips workers to integrate theory with practice.

Cultural competence incorporates the concept of cultural safety. Cultural safety is *an environment that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning, living and working together with dignity and truly listening.*<sup>3</sup>

In relation to Aboriginal and Torres Strait Islander communities, to create a culturally safe environment an organisation and its staff must:

- Talk with Aboriginal people
- Find out who the Traditional Owner groups or Registered Aboriginal Party is in the area
- Recognise the impact of the past
- Respect and embrace culture in every aspect of the organisation.<sup>4</sup>

#### Achieving Cultural Competence

Cultural competence must be built over time through a deliberate process that seeks to build the capacity of an entire organisation. The most appropriate approach to achieve cultural competence remains contested throughout the literature. While some studies promote mandated approaches such as policy frameworks and prescribed performance measures, others advocate for promotional and educational approaches that focus on increasing awareness and incremental change.

Cross's model of cultural competence for organisations shows the stages an organisation moves through on its journey to achieving cultural competence:

1. **Cultural Destructiveness:** Attitudes, policies and practices within the organisation are destructive to cultures and individual members of those cultures.
2. **Cultural Incapacity:** The organisation does not intentionally seek to be destructive but rather lacks the capacity to help minority clients or communities.
3. **Cultural Blindness:** The organisation functions with the belief that colour or culture makes no difference and that all people are the same.
4. **Cultural Pre-Competence:** The organisation recognises its weaknesses and attempts to improve some aspects of its services to a specific population.
5. **Cultural Competence:** The organisation is characterised by acceptance and respect for differences, continuing self-assessment regarding culture, careful attention to the dynamics

<sup>1</sup> Cross, T., Bazron, B., Dennis, K. and Isaacs, M. 1989. *Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed*. Georgetown University Child Development Center, p. 7.

<sup>2</sup> Mooney N., Bauman A., Westwood B., Kelaher B., Tibet B. & Jalaludin B. 2005, 'A quantitative evaluation of Aboriginal cultural awareness training in an urban health service', *Aboriginal and Islander Health Worker Journal* 29(4), pp. 23–30.

<sup>3</sup> Williams, R. 2008, 'Cultural safety: What does it mean for our work practice?', *Australian and New Zealand Journal of Public Health*, 23(2), pp. 213-214.

<sup>4</sup> Commission for Children and Young People (n.d.) *Cultural safety for Aboriginal children. Tip Sheet: Child Safe Organisations*.



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of differences, continuous expansion of cultural knowledge, and a variety of service models to meet the needs of minority clients.

6. *Cultural Proficiency*: The organisation seeks to develop a base of knowledge of culturally competent services by conducting research, developing new therapeutic approaches based on culture, publishing and disseminating information on cultural competence and hiring specialists in culturally competent practices.<sup>5</sup>

## Self-reflection

Cultural competence includes *the ability to critically reflect on one's own culture and professional paradigms to understand its cultural limitations and effect positive change*.<sup>6</sup> Developing cultural awareness, including self-awareness about one's own culture and associated values and assumptions, is often described as the first step towards achieving cultural competence.<sup>7</sup>

Reflective practice is a vital element in cultural competence. Self-reflection is a competency specification of the Australian Government's *Cultural Competency in Health: A Guideline for Policy, Partnerships and Participation*.<sup>8</sup> It is the first competency employed by Pedersen's Framework for Developing Cultural Competence<sup>9</sup> and is included in training modules delivered by the Victorian Centre for Ethnicity and Health and in many international cultural competency models such as Health Canada.<sup>10</sup> The *Cultural Respect Framework (2016-2026) for Aboriginal and Torres Strait Islanders*, prepared by the Australian Health Ministers' Advisory Council's National Aboriginal and Torres Strait Islander Health Standing Committee, also includes self-reflection as a step in developing a culturally responsive health workforce.<sup>11</sup>

In Pedersen's 1994 model, achieving awareness competencies requires individuals to critically examine:

- How they obtained their attitudes and biases
- How these biases affect the children they serve
- How they can eliminate those biases.

The National Health and Medical Research Council (NHMRC) guide for agencies and policy makers identifies four dimensions of cultural competency: systemic, organisational, professional and individual.<sup>12</sup>

The table below indicates how competence may be achieved in each of the dimensions.

## Dimension Definition

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Systemic	Effective policies and procedures, mechanisms for monitoring and evaluation and adequate resources foster culturally competent practice. Policies support the active involvement of culturally diverse communities.
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### Examples:

- An agency defines and disseminates information on core cultural competencies across the system
- Facilitates consistent and culturally competent research and data collection to improve knowledge and monitoring

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Organisational	A culture is created where cultural competency is valued and supported. The skills and resources required by diverse communities are available.
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### Examples:

- An agency recognises the benefits of diversity and dialogue across cultures and aims for a workforce that reflects the cultural makeup of the population it serves
- Employs bilingual staff to work with CALD background communities

<sup>5</sup> Cross, T., et al. 1989, p. 8.

<sup>6</sup> Universities Australia (2011) [Guiding Principles for Developing Indigenous Cultural Competency in Australian Universities](#).

<sup>7</sup> Lynch, E. & Hanson, M. (Eds.). 2004, *Developing Cross-Cultural Competence: A Guide for Working with Children and Their Families*, Third Edition, Paul H. Brookes Publishing, Baltimore.

<sup>8</sup> NHMRC, 2005.

<sup>9</sup> Stith-Williams, V. & Haynes, P. 2007, *For Cultural Competence: Knowledge, Skills and Dispositions Needed to Embrace Diversity*, Virginia Department of Education.

<sup>10</sup> Australian Institute of Health and Welfare, 2015, 'Cultural Competency in the Delivery of Health Services for Indigenous People', Closing the Gap Clearinghouse, Issues paper no. 13, Australian Government.

<sup>11</sup> Australian Health Ministers' Advisory Council (AHMAC), 2015, 'Aboriginal and Torres Strait Islander Health Performance Framework', 2014 Report, AHMAC, Canberra.

<sup>12</sup> National Health and Medical Research Council, 2005, *Cultural Competency in Health: A Guide for Policy, Partnerships and Participation*, Ch. 2. Australian Government.



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### Dimension Definition

**Professional** Cultural competence is a core component in training and professional development. Professions/divisions/teams developing cultural competence standards to guide their work.

**Examples:**

- An agency develops cultural competency standards to guide the work of staff
- Distributes information about the needs of diverse cultural groups to help staff become more confident in working with these communities

**Individual** Professionals are supported to work with diverse communities to develop relevant, appropriate and sustainable programs. Knowledge, attitudes and behaviours defining cultural competence are embedded in practice.

**Examples:**

- An individual feels confident in their ability to communicate effectively with CALD background communities
- Has undergone a process of self-reflection to understand the impact of personal culture of bias on practice.

### Strategies

Effectively engaging with culturally diverse communities is a vital element in becoming culturally competent. The Centre for Culture, Ethnicity and Health (CEH) presents strategies an organisation might employ to positively engage with CALD background communities, including:

- Having CALD background community members on boards of management
- Holding community member planning days
- Involving community members in project/reference groups
- Establishing advisory groups
- Holding focus groups and informal information sessions
- Distributing information and resources to CALD community members.<sup>13</sup>

Providing a culturally welcoming physical environment is also a key element in achieving cultural competence. Signs, symbols and displays that organisations could consider using to create a welcoming environment for Aboriginal and Torres Strait Islander community members include:

- Aboriginal and Torres Strait Islander flags
- Statements of reconciliation and acknowledgement of traditional custodians
- Smoking ceremonies and participation in cultural events
- Access to facilities and outside spaces for family gatherings and consultations.<sup>14</sup>

Pedersen's Conceptual Framework for cultural competency presents three layers of strategies to improve an organisation's cultural competency:

- Raising awareness: examples include reflective exercises, case studies, critical incident debriefing and group discussions.
- Promoting knowledge: examples include workshops and training sessions, self-guided learning, reading materials, films and video clips.
- Strengthening skills: examples include role modelling, reflection on practice, supervision and structured opportunities to practice specific skills.<sup>15</sup>

<sup>13</sup> Centre for Culture Ethnicity and Health, 2004, 'How To: A Practical Guide to CALD Consumer Participation'.

<sup>14</sup> Inner North West Primary Care Partnership, 2014, 'Helping Your Organisation to Create a Welcoming Environment for Aboriginal and Torres Strait Islander People'.

<sup>15</sup> Stith-Williams, V. & Haynes, P. 2007, 'For Cultural Competence: Knowledge, Skills and Dispositions Needed to Embrace Diversity', Virginia Department of Education.



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### Challenges

While a systematic and mandated approach to cultural competence is important, training in cultural competence also needs to be local and role-specific. Cultural competence is not fixed or static, but fluid and locally defined. Therefore, professional development in this competency area must incorporate a level of flexibility and openness. Communities and community leaders should be consulted about what is required to ensure cultural competency is achieved in their local community.

It is crucial to acknowledge the constructs and assumptions that underlie the development of cultural competence training and assessment. In their review of cultural competence, Kumas-Tan et al. call attention to the assumptions often embedded in these training and evaluation tools, including the assumption that the practitioner is white and that the clients are racial and ethnic minorities.<sup>16</sup> It is important that a reflection on cultural location and privilege are built into any discussion of cultural competence.

Similar concepts such as cultural responsiveness and cultural safety (commonly used in New Zealand) capture issues of power and seek to address the imbalances between systems and the people who use services. Another example is Suh's model of cultural competence, which asks professionals to reflect on their own 'cultural prestige' and be open to innovative ways of thinking.<sup>17</sup>

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<sup>16</sup> Kumas-Tan, Z., Beagan, B., Loppie, C., MacLeod, A., & Frank, B. 2007, 'Measures of cultural competence: Examining hidden assumptions', *Academic Medicine*, 82(6), pp. 548–557.

<sup>17</sup> Suh, E. 2004, 'The model of cultural competence through an evolutionary concept analysis', *Journal of Transcultural Nursing*, 15(2), pp. 93-102.