

Workforce Development Pathway 6 – Becoming a Culturally Competent Workforce

A recovery-oriented service has a culturally competent and diverse workforce.



What will you get out of this chapter?

- ✓ A broader understanding of culture and cultural competency
- ✓ How to encourage and support cultural competency in your workforce
- ✓ Strategies to promote and work towards achieving cultural competency
- ✓ How to measure cultural competence at an individual and organisational level
- ✓ Specific considerations for working with Aboriginal and Torres Strait Islander People

A connection to one's own culture is a key to recovery. Recovery-oriented practices give positive value to cultural, religious, sexual and other forms of diversity as sources of identity and belonging.¹²⁴ **Recovery-oriented service provision requires an understanding of an individual in their cultural context and a willingness to provide flexible services which respect individual and family cultural identities.**¹²⁵ If the workforce is cognisant of this, and applies this in practice in partnership with consumers and carers, they are truly working towards achieving a recovery-oriented service system. In the same way that the concept of recovery has been used, there has been a focus on conceptualising cultural competence at the expense of operationalising, or putting into practice, initiatives and standards of practice. This chapter assists managers to take practical steps towards building a culturally competent workforce. The workforce, in partnership with consumers and carers, is at the heart of achieving a recovery-oriented service system.

What is cultural competence?

Cultural competence is an ability to understand, communicate with and effectively interact with people across cultures. It combines behaviours, attitudes and policies and requires that these are coordinated at a systems and individual level so that the system or individual is able to work effectively in cross-cultural situations.¹²⁶

Cultural needs and sensitivity, and the principles and philosophy of cultural competence, come into play in all areas of staff development. Cultural competence requires multi-level strategies and both a 'top-down' and 'bottom-up' approach to change management strategies. **Community mental health support work is about accounting for the individuality of all consumers, carers and workers, from all backgrounds and circumstances.** This extends to realising that individuals are starting from different points on their recovery journeys.¹²⁷ It is not possible or appropriate to provide a 'one size fits all' answer for managers on how to include and respect all individuals - it is much more enmeshed with everyday practices and policies.

Cultural competence is something you work towards. **There is not an end point where you can claim you are 'culturally competent' - it is an ongoing, reflective process that is ever changing in response to the changing needs of the individual.** Culture is not fixed and static. It is constantly changing and responding to external and internal environments and circumstances.

At the **systems level**

“Cultural competence is much more than awareness of cultural differences, as it focuses on the capacity of the health system to improve health and well-being by integrating culture into the delivery of health services.”¹²⁸

At the **individual level**

Cultural competence is “the ability to identify and challenge one’s cultural assumptions, one’s values and beliefs. It is about developing empathy and connected knowledge, the ability to see the world through another’s eyes, or, at the very least, to recognise that others may view the world through different colour lenses.”¹²⁹

Cultural competence requires a shift in perspective from regarding ‘culture’ as solely reflecting nationality, to being an all-encompassing, dynamic, complex construct. This includes sub cultures, cultures within cultures, organisational culture, etc. It is about recognising all beings as cultural and promoting self-awareness, rather than always referring to cultures as ‘other than’ or distinct from Anglo-Australian cultures.

The definition of culturally and linguistically diverse (CALD) groups extends to recognising a person’s age, gender, sexuality, religion, spirituality and linguistic background as part of their cultural identity. In addition, Aboriginal and Torres Strait Islander (ATSI) communities will have culturally-specific needs.

What needs to happen?

There is a need for strong leadership to commit and lead the workforce through the process of becoming culturally competent, through a clear framework and key performance indicators.¹³⁰ It is unlikely change will be sustained without ‘diversity champions’ and senior support to create systemic change.¹³¹ Cultural competency at a management level affects the service culture of every organisation.¹³² The development of cultural competence is an interactive process between the Community Mental Health Support Worker, Consumer Worker, Carer Worker, manager, consumer, carer, and community.

Cultural competence requires that the workforce and the organisations have the capacity to¹³³:

1. Value diversity in all people
2. Conduct self assessment
3. Manage the dynamics of difference
4. Acquire and institutionalise cultural knowledge
5. Adapt to diversity and the cultural contexts of individuals and communities served



At an individual staff level, this is achieved through professional and personal development strategies. These strategies can be both attitudinal (values) and skill-based, and can include:

- Regular education and training (professional development) - where possible, integrating cultural competence training into mainstream courses for Community Mental Health Support Workers, Consumer Workers and Carer Workers, rather than it being provided in the form of ‘stand-alone’ or ‘one-off’ modules/workshops
- Supervision and mentoring
- Reflective practice
- Consumers, carers and people from CALD & ATSI backgrounds participate in the orientation of new staff members - this is an opportunity for the staff to learn about the organisation through the eyes of someone who uses the service

- Frequent in-service education with participation by consumers, carers and people from CALD & ATSI backgrounds
- Forums which bring together consumers, carers, Mental Health Support Workers, Consumer Workers, Carer Workers, community workers, and people from CALD & ATSI backgrounds, etc.
- Working with cultural brokers/mediators/consultants
- Training in working with interpreters/having access to face-to-face and phone-based interpreting services

 At an organisational level, it refers to how managers build a positive culture that genuinely respects and responds to cultural differences. A comprehensive plan needs to be in place that addresses policies and guidelines, infrastructure, workforce development, evaluation and service delivery that support individuals and respects different cultures.¹³⁴ This may also require managers to look at incorporating cultural competence principles and strategies into the following:

- Mission statements
- Policies and Procedures
- Staff recruitment and retention
- Data collection
- Staff orientation and induction
- Professional development opportunities
- Interpreting and translating processes
- Research tools
- Community partnerships
- Health promotion activities
- Complaints mechanisms
- Client satisfaction surveys
- Capacity building
- Action research involving consumer consultants
- Key performance indicators (KPI's)
- Program work-plans

To encourage cultural diversity within the workplace managers may want to consider an affirmative action policy to address the difficulties people from CALD & ATSI backgrounds have in obtaining work. Also, traineeships could target new entrants to the sector.

Managers need to be aware that often staff reflects the views and attitudes of the community. Staff can still hold prejudices and discriminate against people even if they are employed in disability, aged care, mental health, etc. Managers should also not assume that people from CALD & ATSI backgrounds do not need cultural competency training. Managers need to show honesty and transparency about their core values, both personally and at an organisational level, and how these values can pan out in the organisation and impact on service delivery. This involves engaging workers in a process of critical thinking and reflective practice around their own values, and values training.

A possible 'Plan of Action'

The following is a possible process for managers in considering cultural competence:

- **Conduct a cultural audit** - e.g. What is the current level of cultural competence and understanding within your organisation? How does staff rate their confidence in working with people from CALD & ATSI backgrounds? Which group(s) are you trying to access as service users?
- **Look at the training needs and governance structure within your organisation** - e.g. Diversity on the committee, policies and procedures to encourage recruitment of people from diverse cultural backgrounds, policies that reflect equity and social justice principles,

- policies and practices that prevent discrimination
- **Ask about organisational change** - What structures are in place to allow for change to occur? What have you, as a leader, implemented before in your organisation/community to promote cultural competence?
- **Hold focus groups with consumers and carers** - Possibly administer a questionnaire to gauge important issues, and what a culturally competent organisation would look like to them
- **Networking** - What is the demographic of the group you are trying to connect with?
- The use of cultural brokers to access certain groups
- Do you have, or should you consider, an **affirmative action policy** to address the difficulties people from CALD & ATSI backgrounds have in obtaining work
- Devise a **Diversity Management Plan** for your organisation 

Building a model of cultural competence

Principles of cultural competence¹³⁵:

- Engaging consumers, carers and communities and sustaining reciprocal relationships
- Using leadership and accountability for sustained change
- Building on strengths - know the community, know what works
- A shared responsibility - creating partnerships and sustainability

Strategies include¹³⁶:

1) Partnering with ethnic communities

- CALD & ATSI background consumers and carers on Boards of Management
- Consumer and carer planning days
- Consumers and carers on project/reference groups
- Consumer advisory groups
- Carer advisory groups
- Focus groups
- Informal get-togethers and printed materials

2) Ongoing networks and relationships with CALD & ATSI background communities, maintaining community demographic profiles and ensuring that services and delivery are responsive to community consultation findings 

3) Program design should support **reciprocity and shared learning** through ongoing dialogue and exchange of information to encourage capacity building

4) Evaluation processes are established and findings are shared with the organisation and community

How to measure cultural competence

Culture influences the life and behaviour of everyone, even if we are not consciously aware of it. It is always changing and complex because it will mean different things to different people. To be culturally competent requires an ongoing commitment to understanding others and a meaningful way to evaluate this.

At an organisational level cultural competence policies should be developed in partnership with consumers and carers and endorsed by management to provide clear direction to all staff of the organisation's expectations and emphasise its importance in the work staff undertake. A set of agreed **Standards of Practice** will further enhance staff understanding of cultural competence and serve as a practical guide to work performance that is uniformly applied across the organisation.

Key Performance Indicators on cultural competence should be included in an organisation's Strategic Plan and can be used to regularly evaluate an organisation's cultural competence, highlighting strengths and areas for improvement.

There are tools and checklists that exist for individuals to assess their level of cultural competence.

 These require great transparency on the behalf of the individual and the capacity and willingness to self-reflect. They can provide good base-line information for the individual, and can highlight areas that require further training, professional development or mentoring opportunities.

Aboriginal and Torres Strait Islander (ATSI) communities

Cultural competence should aim to meet the needs of ATSI communities and recognise ATSI health workers as a key component of the workforce. There are nine principles as outlined in the National Strategic Framework for Aboriginal and Torres Strait Islander Health¹³⁷ that can be used by organisations to assist in the development of cultural competence and they are:

1. Cultural respect
2. A holistic approach - recognising that Aboriginal and Torres Strait Islander health must take in to account physical, spiritual, emotional and social well-being, community capacity and governance
3. Health sector responsibility
4. Community control of primary health care services
5. Working together
6. Localised decision-making
7. Promoting good health
8. Building the capacity of health services and communities
9. Accountability for health outcomes

To achieve these principles in practice the community mental health sector needs a compassionate, collaborative, diverse and skilled workforce so that it has the capacity to address the complex needs of ATSI communities. As such, specific recruitment and retention strategies are needed such as relevant training, professional development opportunities, regular supervision and sector support of both non-Indigenous and Indigenous Australian mental health staff working within Aboriginal services.

Some things to consider when working with ATSI communities include:

- ATSI people strongly identify with their cultural links to the region or "Country" from which they or their family/ancestors originate. Staff should endeavour to find this information out for all ATSI people they are working with. The boundaries of each ATSI Country or Nation are often loose and do not conform to state or suburban boundaries. Each has its own specific culture and it is a generalisation to say that there is one overall ATSI culture
- 'Mental Health' translates in ATSI communities as a person's social, family, work, emotional, spiritual and physical well being
- A person's kinship network (family) is extended and flexible and sharing resources amongst kin is considered the norm and part of a complex cultural system
- Mental Health Workers need to work in partnership with the Aboriginal Medical Service (AMS) & ATSI communities, particularly Elders and established local representative bodies, such as Community Working Parties, as they are in the best place to advise staff of the needs of their community
- AMS staff knows individuals and their kinship networks, e.g. who is grieving, unwell. They can provide an important link or introduction for mental health workers to individuals requiring support, which can assist in establishing trusting relationships
- ATSI communities do not like the term 'consumer' preferring 'mental health survivor'
- Organisations need to be aware of the importance of attendance at funerals. Word will spread within the community that the organisation is a 'good mob'

- When inviting ATSI Elders/communities to participate in a meeting or forum it is important to always provide a decent feed and transport. This will increase attendance and participation. Arrange chairs in a circle and conduct the meeting in an informal way allowing Elders/community representatives to lead the conversation. This will assist with communication and help build relationships. One idea is to start the meeting around the food table and then move to the chairs as the conversation unfolds
- There is a need for ongoing communication with mainstream services, including notification of 'at-risk' people and communities, as a proactive strategy to prevent mental health problems from escalating to crisis point or psychosis
- Mental Health Workers in mainstream services tend to work set shifts/regular hours, whereas AMS workers are on call 24/7 and can sometimes live in the communities in which they work, particularly in remote areas, and may have family connections to people they or their colleagues work with
- Mental Health and Community Care Workers will need to follow-up appointments/activities with phone calls or visits to ensure the person(s) is still able to attend. It is ok to keep trying to call or to leave a 'calling card', but be mindful of a person's level of literacy when choosing this approach

Yarning about mental health

– A tool kit for culturally competent practice with ATSI communities

Essentially, yarning is about building rapport and getting to know each other better through telling stories and talking about an individual's strengths and family connections¹³⁸.

Through yarning with Aboriginal people, staff should have a better understanding of:

- The issues facing the individual they work with;
- The broader family/community context and specific cultural issues; and,
- How best to recognise and respond to the individual's mental health problems.

The Yarning about Mental Health method is about improving outcomes for ATSI people living with a mental health problem.¹³⁹ It is a tool that can be used as part of staff development for people working with ATSI communities and as a part of a collaborative recovery approach to service delivery.

Stay Strong Talking Treatment

Staff can use the following topics as a guide to yarning with ATSI people about mental health.

Step 1 Family who keep a person strong

Step 2 Things that keep a person strong

Step 3 Problems that take a person's strength away

Step 4 Goals for change and steps towards these goals

Step 5 Early signs of relapse and a crisis plan

Step 6 Discuss your risk assessment and the follow up to be undertaken, including the impact for the individual and/or their kin

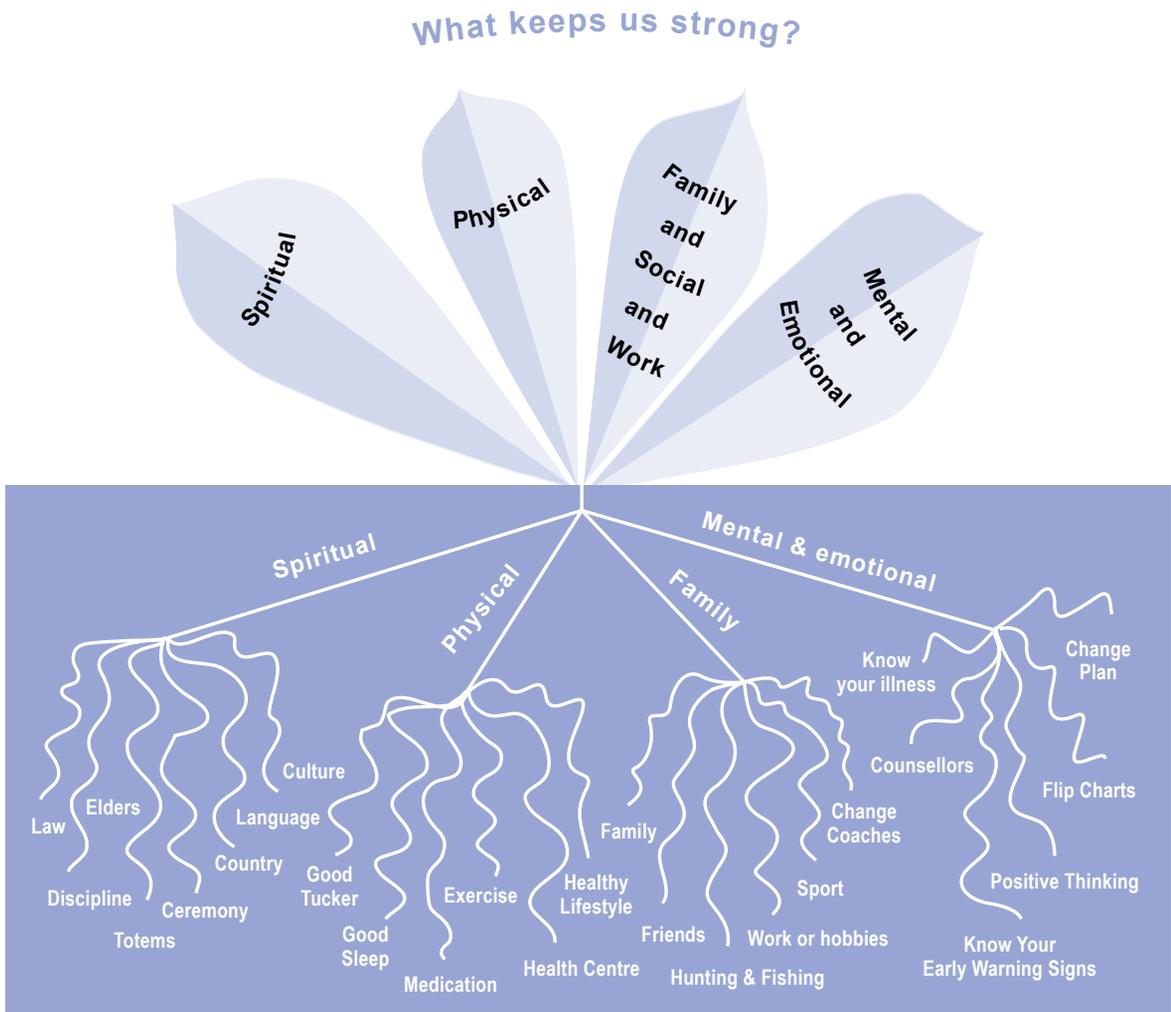
Stay Strong Pictorial Treatment

The pictorial 'Mental Health Stay Strong Care Plan Package' is a brief motivational interviewing approach to care planning with ATSI people – from initial problem assessment through to goal setting and review. It is structured, sensitive and flexible to the needs of both people affected by mental health problems and mental health service providers.

Yarn about the following in conjunction with using the pictorial aid:

- What keeps us strong?
- What makes us sick?
- What are we like when we are sick?
- What gets us well again?

Diagram 5 – Stay Strong Pictorial Treatment



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Workplace example - Chain Reaction Foundation

Chain Reaction Foundation is an organisation that works to create strong social inclusion both nationally and locally. It operates out of a philosophy that says - We greet you with great respect and with real affection, and 'each one teach one.' The Foundation has a small culturally diverse paid staff and a large team of volunteer specialist consultants and partners working at the national and local level in a pro-bono capacity. These men and women are drawn from diverse cultural faith, intellectual, and socio-economic backgrounds, and both agree to and practice the philosophical thought of greeting and working with each individual and client group in the spirit and manner suggested. The model of reciprocity is used in all our work - something in this for you and something in it for me. The Foundation believes in the practice of 'each one teaching one' - I will teach you something you don't know, and you will teach me something I don't know. The work is carried out in an atmosphere of equality and remarkable steps in personal and community development follows. Chain Reaction prioritises work with Australian Aborigine communities as members of our first nation. We recommend The Indigenous Cultural Awareness Programme (ICAT) to all organisations interested in promoting effective partnerships and collaboration in local communities.