

Building Culturally & Linguistically Competent Services

to Support Young
Children, Their Families,
and School Readiness

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A Definitions

OVERVIEW OF THE ISSUE

Before beginning the rich and deep process of moving toward cultural and linguistic competence, it is useful to share a common language or set of definitions that have been applied to these concepts. Without this common language and shared knowledge, it is difficult to plan, implement, and evaluate any effort to build culturally and linguistically competent services, supports, programs, and practices. The highlighted definitions represent those terms used most frequently throughout the tool kit.

SOME BASIC TERMS

For the purposes of this tool kit the following definitions will apply:

- **Ethnic**

Of or relating to large groups of people classed according to common racial, tribal, religious, or linguistic, or cultural origin or background.

- **Ethnicity**

Ethnic quality or affiliation

- **Race**

There is an array of different beliefs about the definition of race and what race means within social, political, and biological contexts. The following definitions are representative of these perspectives:

- A tribe, people, or nation belonging to the same stock; a division of humankind possessing traits that are transmissible by descent and sufficient to characterize it as a distinctive human type.
- Race is a social construct used to separate the world's peoples. There is only one race, the human race, comprised of individuals and characteristics that are more or less similar to others.
- Evidence from the Human Genome project indicates that the genetic code for all human beings is 99.9% identical; there are more differences within groups (or races) than across groups.

- **Culture**

An integrated pattern of human behavior which includes thought, communication, languages, beliefs, values, practices, customs, courtesies, rituals, manners of interacting, role, relationships and expected behaviors of a racial, ethnic, religious or social group and the ability to transmit this pattern to succeeding generations.

- **Acculturation**
Cultural modification of an individual, group, or people which involves adapting or borrowing traits from another culture; a merging of cultures as a result of prolonged contact.
- **Assimilation**
To assume the cultural traditions of a given people or group.
- **Cultural Awareness**
Being cognizant, observant, and conscious of similarities and differences among cultural groups.
- **Cultural Sensitivity**
Understanding the needs and emotions of your own culture and the culture of others. (Goode, T, 1997, revised 2000)

- **Cultural Competence**

Cultural competence is a set of congruent behaviors, attitudes, policies, structures, and practices that come together in a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations. The word “culture” is used to imply the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious or social group. The word competence is used because it implies having the capacity to function effectively. A culturally competent system of care, agency, or organization acknowledges and incorporates—at all levels—the five essential elements noted below in all aspects of policy making, administration, practice, and service delivery and systematically involves consumers, key stakeholders, and communities. (modified from Cross, et al., 1989)

- **Linguistic Competence**

Linguistic competence is the capacity of an organization and its personnel to effectively communicate with persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities. These may include, but not limited to, the use of: bilingual/bicultural staff; cultural brokers; multilingual telecommunication systems; TTY; foreign language interpretation services; sign language interpretation services; ethnic media in languages other than English; print materials in easy to read, low literacy, picture and symbol formats; assistive technology devices; computer assisted real time translation; materials in alternative formats; varied approaches to sharing information with individuals who experience cognitive disabilities; and translation of legally binding documents, signage, health education materials, and public awareness materials and campaigns. The organization must have policy, structure, practices, procedures, and dedicated resources to support this capacity. (Goode & Jones, 2002)

I A. Definitions

THE CULTURAL COMPETENCE CONTINUUM

To understand the process of moving toward becoming culturally competent, it can be helpful to consider a six-point continuum and the characteristics of each point on the continuum. According to Cross, Bazron, Dennis, and Isaacs, (1989), these points are:

- **Cultural Destructiveness**—characterized by intentional attitudes, policies, and practices that are destructive to cultures and consequently to individuals within the culture.
- **Cultural Incapacity**—characterized by lack of capacity to help minority clients or communities due to extremely biased beliefs and a paternal posture toward those not of the mainstream culture.
- **Cultural Blindness**—characterized by the belief that service or helping approaches traditionally used by the dominant culture are universally applicable, regardless of race or culture. These services ignore cultural strengths and encourage assimilation.
- **Cultural Pre-Competence**—characterized by the desire to deliver quality services and a commitment to diversity, indicated by hiring minority staff, initiating training, and recruiting minority members for agency leadership, but lacking information on how to maximize these capacities. This level of competence can lead to tokenism.
- **Cultural Competence**—characterized by acceptance and respect for difference, continuing self-assessment, careful attention to the dynamics of difference, continuous expansion of knowledge and resources, and adaptation of services to better meet the needs of diverse populations.
- **Cultural Proficiency**—characterized by holding culture in high esteem; seeking to add to the knowledge base of culturally competent practice by conducting research, influencing approaches to care, and improving relations between cultures.

CULTURAL AND LINGUISTIC COMPETENCE IN SYSTEMS OF CARE, SERVICES AND SUPPORTS

When applying the concept of cultural and linguistic competence to organizations, agencies, systems of care, and the personnel offering services and supports to young children and families, it is helpful to have these clear definitions as well as understand their underpinning core elements and values. A culturally and linguistically competent system of care (or services and supports) acknowledges and incorporates—at all levels—the five essential elements and the underlying values and principles that follow. Although these essential elements and the underlying values and principles were developed in the context of examining effective services for minority children who are severely emotionally disturbed (Cross et al., 1989), they can be applied to all systems that support the positive growth and development of young children and their families and prepare young children to be ready for school.

Five Essential Elements for a Culturally Competent System of Care

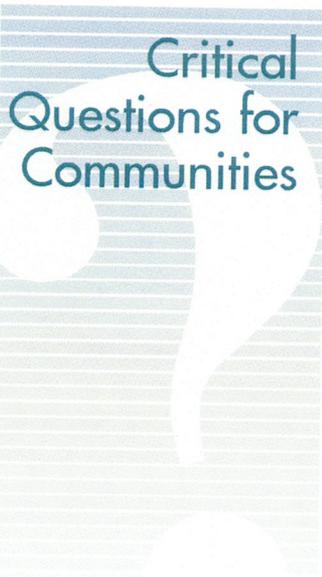
A culturally competent (*early childhood services and supports*) system of care would:

- Value, accept and respect diversity;
- Have the capacity, commitment, and systems in place for cultural self-assessment;
- Be conscious of the dynamics inherent when cultures interact;
- Have continuous expansion of institutionalized cultural knowledge; and
- Have developed service delivery models, modes, and adaptations to accommodate diversity.

Underlying Values and Principles

- The family, as defined by each culture, is the primary system of support and preferred point of intervention;
- The system must recognize that minority populations have to be at least bicultural and that this status creates a unique set of issues to which the system must be equipped to respond;
- Individuals and families make different choices based on cultural forces; and these choices must be considered if services are to be helpful;
- Inherent in cross-cultural interactions are dynamics that must be acknowledged, adjusted to, and accepted;
- The system must sanction and in some cases mandate the incorporation of cultural knowledge into practice and policymaking;
- Cultural competence involves working in conjunction with natural, informal support and helping networks within the minority community, e.g., neighborhoods, churches, spiritual leaders, healers, etc.;
- Cultural competence extends the concept of self-determination to the community. Only when a community recognizes and owns a problem does it take responsibility for creating solutions that fit the context of the culture;
- Community control of service delivery through minority participation on boards of directors, administrative teams, and program planning and evaluation committees is essential to the development of effective services;
- An agency staffing pattern that reflects the makeup of the potential client populations, adjusted for the degree of community need, helps ensure the delivery of effective services; and
- Culturally competent services incorporate the concept of equal and nondiscriminatory services, but go beyond that to include the concept of responsive services matched to the client population. (Cross et al., 1989)

Many of the available cultural and linguistic competence planning and implementation guidelines, resources, examples, and checklists, are specific to health services and primary care. The planning approach and process described in these resources can be adapted to other systems, organizations, and programs, some of which offer relevant guidelines and policies (see Annotated Resources section for guidelines from Center for Substance Abuse and Prevention, 2000; Division of Early Childhood, 2002; Head Start Bureau, 1992; National Association for the Education of Young Children, 1995; and Office of Minority Health, 2001).



- *What are the diversity issues within our community and our service and support systems that most impact young children, their families, and their readiness for school?*
- *What indicators are there to support a need for cultural and linguistic competency? In what services? In what systems?*
- *What planning group already exists or needs to form to focus on this effort?*
- *What key partners must be involved and how can family participation be ensured?*
- *How will leadership and decision making processes be determined?*
- *What resources or promising practices in cultural and linguistic competency already exist within our community?*
- *What resources (including training and technical assistance) would be useful to us?*
- *Once there is a strategic plan, how will implementation, monitoring progress, and evaluating outcomes be assured?*

Key Strategies for Families, Providers, and Administrators

What can families can do:

- Represent your community and personal cultural perspective on the planning group for developing cultural and linguistic competence.
- Take a leadership role in the planning, implementation and evaluation process.
- Help to identify key partners who should be included in the planning process.

What providers can do:

- Represent your service system's perspective on the planning group for developing cultural and linguistic competence in your community.

- Volunteer to take a leadership role within your own organization's effort.
- Respect, encourage, and support parent participation and bring other community providers to the table.

What administrators can do:

- Value and support cultural and linguistic competence as a priority for your own organization.
- Dedicate resources (time, staff, expertise, etc.) to the community and/or organizational planning process.
- Adopt policies and practices that support implementation of culturally and linguistically competent services.

A Guide to Planning and Implementing Cultural Competence Organizational Self-Assessment Continued

The NCCC's Values and Guiding Principles of Self-Assessment

The NCCC uses a set of values and principles to guide all of its self-assessment activities including the development of knowledge and products, dissemination, and the provision of technical assistance and consultation.

- **Self-assessment is a strengths-based model.**

The purpose of self-assessment is to identify and promote growth among individuals and within organizations that enhances their ability to deliver culturally and linguistically competent services and supports. Self-assessment emphasizes the identification of strengths, as well as areas of growth, at all levels of an organization. The process also allows organizations to identify and acknowledge the internal strengths and assets of personnel that in many instances are inadvertently overlooked.

- **A safe and non-judgmental environment is essential to the self-assessment process.**

Self-assessment is most productive when conducted in an environment that: (1) offers participants a forum to give honest statements of their level of awareness, knowledge and skills related to cultural and linguistic competence; and (2) provides an opportunity for participants to share their individual perspectives in a candid manner; and (3) assures that information provided will be used to effect meaningful change within the organization. The NCCC embraces the concept that cultural competence is developmental and occurs along a continuum (Cross et. al.) It matters not where an individual or organization starts, as long as there is continued progression towards the positive end of the continuum.

- **A fundamental aspect of self-assessment assures the meaningful involvement of consumers, community stakeholders and key constituency groups.**

Principles of self-determination and cultural competence assure that consumers are integrally involved in processes to plan, deliver, and evaluate services they receive. These principles extend beyond the individual to the community as a whole. Self-assessment must solicit and value the experiences and perspectives of consumers and families who receive services. Similarly, opinions should be sought from key stakeholders and constituency groups within the broad integrated service delivery system. An inclusive self-assessment process can forge alliances and partnerships that have long-lasting benefit for the organization and the larger community.

- **The results of self-assessment are used to enhance and build capacity.**

The intent of the self-assessment process is neither to render a score or rating nor to label an individual or an organization. Rather, it is intended to provide a snapshot as to where an individual or organization is at a particular point in time. Results should be used to strategically plan long- and short-term objectives to enhance the organization's capacity to deliver culturally and linguistically competent services at all levels within the organization, including: policy makers, administrators, providers, subcontractors and consumers at both the state and local level. The NCCC's experiences with self-assessment have demonstrated that comparisons between professionals and among organizations are of little benefit. Greater benefit is derived from individual and organizational self-comparison over extended periods of time to ascertain the extent to which growth has occurred.

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A Guide to Planning and Implementing Cultural Competence Organizational Self-Assessment Continued

■ **Diverse dissemination strategies are essential to the self-assessment process.**

Self-assessment results should be shared with participants and key stakeholders in a manner that meets their unique needs. The NCCC has employed an array of dissemination strategies that are tailored to the specific interests of the participating organization. This involves identification of the audiences and the presentation of the data in formats that are most useful and accessible. Additionally, this recognizes that the need for information will vary for policy makers, administrators, service providers, consumers and other stakeholders. Examples include but are not limited to:

- comprehensive reports and executive summaries
- Power Point presentations
- conference calls
- on-site program and workgroup consultations
- “Town Hall” style meetings, and
- strategic planning sessions.

The NCCC has provided linguistic and sign language interpretation services and translation of materials that respond to the needs of varied constituency groups. These strategies demonstrate an understanding of and respect for the diverse communication and learning styles among individuals and groups.

Useful Steps for Planning and Implementing Self-Assessment

The process of self-assessment is as important as the outcome. The NCCC has found the following steps to be very beneficial to the self-assessment processes it has conducted with seven State Title V MCH/CSHCN programs.

- **Cultivating Leadership.** It is incumbent upon leadership to establish a rationale for and to promote self-assessment as an organizational goal and priority. Cultivating leadership, in this instance, would encompass identifying members from all strata of an organization to fulfill leadership roles in the self-assessment process. “Effective leadership usually involves relinquishing or sharing power...at many levels” (Mahan, 1997). An emphasis should be placed on encouraging personnel to assume leadership roles at all levels of the organization. Shared power is an integral principle of leadership development (Kouzes & Posner, 1990; Covey, 1996; Melville & Blank, 1991; Lipman-Blumen, 1996).
- **Getting “Buy-In”.** Establish a shared vision that conveys the importance of the self-assessment process to the overall organization, its personnel, the families/consumers and communities served. “Sharing a view of the future represents the most important context for effecting change” (Roberts & Magrab, 1999). When individuals are involved in the generation and use of knowledge...this enables different groups of people to act collectively based on informed decisions (Selener, 1990). A major benefit is the formation of a coalition of stakeholders, who are informed and prepared to affect and sustain change to improve the delivery of services and enabling supports.
- **Assuring Community Collaborations & Partnerships.** A major principle of cultural competence involves working in conjunction with natural, informal, support and helping networks within diverse communities (Cross et al., 1989). From the inception of the self-assessment process, include community partners and key stakeholders in meaningful ways. Some examples are developing a shared vision, identifying leadership roles and

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A Guide to Planning and Implementing Cultural Competence Organizational Self-Assessment Continued

responsibilities, distributing tasks equitably based on capacity, and allocating resources. It is important to recognize that individuals and groups will choose different levels of involvement and ways to participate. This may vary from serving on task forces or workgroups, participation in focus groups, making in-kind or other fiscal contributions, sub-contracting for specific services to providing meeting facilities and other accommodations. It is essential to demonstrate that the contributions of each community partner are valued and respected.

- Structuring Support for the Process.** Convene a committee, work group or task force that will assume responsibility for the self-assessment process. The group should have representation from policy making, administration, service delivery, consumers and other community stakeholders. It should also reflect the diversity of the organization and the community at large. This group is the primary entity for planning and implementing the self-assessment process, and should have ready access to decision makers or have the ability to make decisions.
- Allocating Personnel and Fiscal Resources.** Conducting a self-assessment process is resource intensive. It requires a dedicated budget and level of effort for organizational personnel. This may also extend to community partners and key stakeholders involved in the process. Budgetary considerations may include subcontracts for the self-assessment process such as consultants/facilitators, meeting or conference facilities, and interpretation and translation services. There may be other associated costs for: stipends/honoraria for consumer participation and family supports; local/domestic travel reimbursement; and printing, mailing and other dissemination activities. Consideration should be given to the necessary level of effort for personnel who have responsibility for this process. This will entail delineating responsibilities and determining the duration and intensity of time required for personnel. It may require deferment or reassignment of current workload/duties. The self-assessment process depends on a well-crafted allocation of personnel and fiscal resources.
- Managing Logistics.** The ability to effectively coordinate numerous logistical tasks is vital to the self-assessment process. The task force or workgroup needs to insure sufficient time to plan and prepare, timely dissemination of information to all involved and the development of a calendar and schedule of activities (e.g., sites and times for regular meetings, teleconferences, focus groups, administering the self-assessment instrument, data collection and analysis and dissemination of results).
- Analyzing and Disseminating Data.** The active involvement of individuals, groups and communities is a highly valued and integral aspect of the self-assessment process. Task force and workgroup members need to plan their involvement in data collection (Census and program needs assessment data blended with the data from the self-assessment), analysis, interpretation, presentation and dissemination. This approach is commensurate with culturally competent and participatory action designs in research and evaluation (Brandt, 1999; Caldwell, et al., 1999; Goode & Harrison, 2000).

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A Guide to Planning and Implementing Cultural Competence Organizational Self-Assessment Continued

- Taking the Next Steps.** The self-assessment process can yield a wealth of information about organizational strengths and areas for growth. Careful consideration should be given to:
- establishing organizational priorities;
 - developing a strategic plan with goals and objectives to sustain strengths and address growth areas;
 - allocating necessary resources to accomplish strategic plan goals;
 - sustaining and maintaining partnerships with community stakeholders; and
 - incorporating self-assessment results into the state block grant planning and development process.

The self-assessment process may lead to changes in: organizational mission, policies, structures and procedures; staffing patterns; position descriptions and personnel performance measures; delivery of service and supports; outreach and dissemination approaches; composition of advisory boards and committees; professional development and inservice training activities; and management and information systems (MIS) and telecommunication systems. Achieving cultural competence is a long-term commitment. Remember that it is accomplished one step at a time.

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