research in practice *for adults*

OutLine 14

How can we ensure culturally competent services?

The concept of cultural competence was developed as a response to the inequalities and disadvantage experienced by people from minority ethnic communities in relation to health and social care services. Such communities represent a significant part of the British population, making up 9% of the general population of England in 2001 and up to 48% in some areas of the country.

Research has identified important issues such as poor knowledge of available services, poor standards of communication, delays in diagnosis and treatment, isolation, poor access to services and benefits, high levels of stress among carers, and significant unmet needs (Nazroo, 1997; Modood, 1994, 1997; Acheson, 1998; Department of Health, 2002).

What is cultural competence and why is it important?

The following definition is developed from the research evidence about what cultural competence looks like in practice:

> Cultural competence is how well an organisation and the individuals within it provide care to people with diverse values, beliefs and behaviours. This can involve designing services to meet social, cultural and language needs. It means valuing individuals, families, communities and protecting their dignity. Knowledge about diversity is turned into specific standards, policies, practices and attitudes. These help to improve the quality of services and produce better outcomes for everybody.

This definition makes it clear that cultural competence operates both at the level of the individual and the organisation. Institutional support and leadership is vital for such competence to develop within the health and social care workforce (Mir and Tovey, 2003). Individual health and social care professionals may also need to develop their personal knowledge and skills in order to develop attitudes such as openness and flexibility and also confidence in their own ability to develop and practice cultural competence (Zoucha, 2000; Wells, 2000; Medyka, 2000).

The work that is needed to achieve cultural competence can sometimes seem overwhelming to professionals. An evidence-based model has consequently been developed to break down its different elements and help organisations assess their achievements as well as areas for further development (Mir, 2005). Research evidence provides the foundation of this model to ensure that development of cultural competence is based on the most up-to-date knowledge about best practice. Each of the different elements is described in more detail over the page.

Raising awareness

Knowledge about the needs, rights and cultural context of people from minority ethnic communities, and what these mean for practitioners and policymakers, comes from a number of sources. Using research evidence as a basis for such knowledge is vital if service development is to be effective and resources targeted correctly. Research evidence is also an important way of challenging the stereotypes and myths that can inform professional culture – such as the idea that people from minority ethnic communities 'look after their own' and do not wish to use services or that people from some communities are fatalistic and not interested in improving their condition.

Alongside this, awareness is also needed about legislation and policies that promote the rights of minority ethnic communities and require service providers to be proactive in meeting their needs - such as the Race Relations (Amendment) Act 2000, National Service Frameworks and White Papers relating to health and social care.

Acquiring such knowledge is not always straightforward and in the absence of support to develop cultural competence, professional uncertainty is disempowering and detrimental to service users (Kai, 2007). Training can support individual and organisational service development and equip service providers with the knowledge, attitudes, skills and confidence needed. Accepting the need for training and participating in a training event can contribute to the institutional culture change that is necessary for service development to take place (Abuateya and Mir, 2005).

Engagement

Key messages from research about engaging effectively with minority ethnic communities (Mir, 2007) are that this requires action at the institutional as well as individual level.

A communication strategy is needed

Improved communication at the level of individuals and communities is likely to help prevent the avoidable suffering that results from poor access to services and information. It can also help improve self-care amongst people with long term conditions (Hawthorne and Tomlinson, 1997) potentially reducing complications and the costs of healthcare.

Just as in the general population, a communication strategy is likely to be more effective than a single method of reaching minority ethnic groups, - written information, a telephone helpline, outreach activities and a media campaign together would clearly reach more people from minority ethnic communities than any one of

these initiatives on their own. As part of this strategy, language support would need to be addressed. Adapting existing written materials to reflect relevant cultural practices, such as diet, also helps make them more appropriate. For individuals who are not literate, easy access to a professional who can give verbal advice in an appropriate language is needed and should not depend on professional referral which can restrict access. Posters, leaflets and outreach activity that advertise support available and opportunities to engage need to be made widely available through networks used by minority ethnic communities - for example, via community centres, places of worship and local shops, or services used by members of these communities (Aspinall and Jackson, 2004).

At an institutional level, service providers need to ensure that the workforce is motivated and equipped to engage effectively with people from minority ethnic communities. Policies and procedures should demonstrate an expectation of effective communication skills from staff at all levels and set out opportunities for training and partnerships that will support the development of this kind of competence in the organisation (Audit Commission, 2004).

Communication should be two-way and needs to include local partnerships that can influence decision-making about policy and practice. Long-term rather than one-off consultation activities help build accountability into the relationship with service users (Mir et al, 2001). Evidence from other areas of diversity indicates that this kind of input into organisational decision-making has the most impact on development around inclusion (Foundation for People with Learning Disabilities, 2006).

Employing staff from minority ethnic communities is necessary at all levels

Research evidence shows that interpreting by family members, rather than professional interpreters, can result in poor levels of communication with service users and unethical practices. Poor practice includes using children as interpreters, placing a difficult emotional burden on the person doing the interpreting and creating tensions between close relatives. Dedicated interpreting staff are able to build up their knowledge of specialist terminology and develop good knowledge of the service context. However, professionals need training on how to make the best use of language support staff (Katbamna et al, 2000).

Incorporating an advocacy role into the work of such staff is empowering for service users and can provide valuable contextual information to both service users and the professionals who work with them. Staff who act as 'cultural brokers' can increase the confidence of professionals and service users from different backgrounds to engage with each other effectively (Robinson, 2002).

Recruiting bilingual staff into mainstream healthcare enables more direct communication between patients and professionals and can help ensure that the workforce reflects the population served. Those who are responsible for such appointments should make sure they are able to test language ability and that they include skilled people from the communities they wish to target on appointment panels. Attitudes towards diversity should be tested in such appointments in the same way as for all staff to ensure that individuals will help promote good relationships with service users (Mir et al, 2001). Recruiting people to reflect the make-up of the population served also helps improve cultural competence within the organisation. Individuals who have relevant skills and knowledge in this area can pass these on to colleagues through informal and formal training and help challenge any stereotypes or negative attitudes that may exist within service teams. It should not be assumed, however, that people will automatically have such skills just because they are from a minority ethnic community. The grade at which appointments are made is likely to be a factor in the level of support that people might need to develop this kind of role (Robinson, 2002).

Increased employment of people from some minority ethnic communities has the added benefit of addressing the higher unemployment levels they experience. This strategy communicates a powerful message of social inclusion to people from these groups. Both employment and social inclusion are closely linked to health status and health inequalities. Initiatives that address these determinants of health recognise that improving health is not achieved solely by improving health and social care services (Mir and Din, 2003).

Once people from minority ethnic communities form part of the workforce it is important to ensure they are properly supported to do the work for which they have been employed. If they are expected to take on a casework role, it will be important to make sure they are not the only members of staff dealing with service users from minority ethnic groups. This could restrict service users' access to the full range of opportunities available and take responsibility for inclusion away from the rest of the workforce. Use of minority ethnic workers should not be seen as a substitute for training other staff in cultural awareness (Burford et al, 2000).

If minority ethnic staff are expected to take on a strategic role, they will need to be employed at an appropriate grade and have the authority and connections to make sure a strategy can be implemented (Betancourt et al, 2002). Giving the strategy a high profile and training the whole workforce is important so that cultural competence is seen as everyone's responsibility.

Families may need to be involved in the communication process

Engaging with the families of service users can be important to an accurate understanding of their circumstances (Ward, 1998). In communities that place a high value on collectivity and interdependence, families can play a vital role in decision-making. Investing time to arrive at negotiated ways forward with key family members could lead to significantly improved support for some service users. Access to service provision can be improved through addressing negative perceptions within families and communities of the opportunities provided. There may be concerns about the type of support provided, whether this would be appropriate in relation to the family's culture or religion, and worries about the safety of an individual who may be vulnerable (Bignall and Butt, 2000).

Restrictions by family members are often interpreted as oppressive by service professionals, and stereotyped images of individuals suffering from 'culture clash' may be reinforced when staff feel obstructed by family members. Where services are modified to address the issues raised by families, however, access can usually be improved and family members value the opportunities provided (Mir et al, 2001). At the same time, respecting cultural diversity should not be confused with supporting oppressive family practices (Bignall and Butt, 2000). Pursuing a balanced approach is not easy for professionals but lack of balance can alienate service users, families or both. It can be helpful for professionals to seek advice from relevant community organisations, where expertise in culturally appropriate interventions is most often found (Mir et al, 2001).

Planning and action

It is important that people from minority ethnic groups are involved in decision-making about the kinds of services they need, and how to make services accessible and appropriate, so that their priorities and values inform the process (Betancourt et al, 2002). They should similarly be involved in assessing the impact of institutional policies and procedures on their communities as these are likely to have been developed without their input. Such 'impact assessments' are a legal requirement for any organisation that receives public funds (HMSO, 2000). For example, unless assessment procedures ensure that service users have adequate support to be involved in the process and that diverse cultural traditions are recognised, people from minority ethnic communities are likely to be disadvantaged (Baxter, 1998).

Partnerships with voluntary sector organisations that represent the interests of minority ethnic groups can help transfer knowledge about cultural competence that is often located in community organisations to mainstream settings. Such groups will need to be developed in areas where they do not already exist (Mir and Tovey, 2003).

Collecting this kind of information is only really useful if the gaps identified are then used to inform the commissioning and planning process. Matching information about needs to commissioning processes effectively targets resources where they are most needed and can prevent inequalities widening. It can also prevent expensive mistakes, such as providing resources in inappropriate languages or employing staff who do not have the skills needed to engage with communities that need specific targeting (Mir and Din, 2003).

Monitoring and Review

Collecting information about the make-up of populations by means of published data and internal monitoring can highlight which groups may be under or over-represented within a service and whether the workforce accurately reflects all groups within the population (Aspinall and Jackson, 2004). Information about ethnic group, religion and language can give a fuller picture of potential needs within minority ethnic communities. In rural areas, small populations of people from these groups may need particular attention as they are often dispersed and face greater levels of neglect (see Rural Diversity website link below).

Two important measures of cultural competence within an organisation are service user satisfaction and service user outcomes. Measuring these across ethnic, religious and language groups can help service providers understand where future work needs to be targeted (Audit Commission, 2004). Ensuring complaints procedures are accessible to people from minority ethnic communities and using information from complaints to inform service development can also improve the quality of health and social care services and increase the confidence of service users (Mir and Din, 2003).

Monitoring and review processes continue the cycle of organisation and service development by feeding into the evidence base about minority ethnic communities, leading to greater awareness, further engagement and continued action. This cycle and the actions outlined in this briefing support organisations to develop a culture of inclusion, based on an understanding that the inequalities currently experienced by people from minority ethnic communities are both avoidable and unjust (Department of Health, 2002).

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Useful links and resources

The Ethnicity Training Network www.etn.leeds.ac.uk – supports health and social care organisations with training programmes on cultural competence. A Cultural Competence Action Plan (Resources page) gives examples of specific targets linked to the model of cultural competence outlined in this paper.

Kings Fund www.kingsfund.org.uk/health_topics/black_and.html - evidence about inequities in access to health care.

Race for Health www.raceforhealth.org - a network of Primary Care Trusts (PCTs) around the country, working in partnership with local black and minority ethnic communities to improve health, modernise services, increase choice and create greater diversity within the NHS workforce.

Ethnicity and Learning Disability - resources to help address the multiple discrimination that people with learning disabilities experience.
http://valuingpeople.gov.uk/dynamic/valuingpeople86.jsp

Rural Diversity www.ruraldiversity.org/index.htm - information and resources on cultural competence in rural areas.

Transcultural Health Care Practice www.rcn.org.uk/resources/transcultural - educational resources for nurses and health care practitioners.

Delivering Race Equality www.dh.gov.uk - a five-year action plan for tackling discrimination in NHS and local authority mental health services.

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