

DOCUMENT RESUME

ED 332 462

EC 300 325

AUTHOR Roberts, Richard N.; And Others  
 TITLE Workbook Series for Providing Services to Children with Handicaps and Their Families. Workbook for: Developing Culturally Competent Programs for Families of Children with Special Needs. 2nd Edition.  
 INSTITUTION Georgetown Univ. Child Development Center, Washington, DC.  
 PUB DATE Sep 90  
 NOTE 35p.; For a related document, see EC 300 324.  
 PUB TYPE Guides - Non-Classroom Use (055) -- Tests/Evaluation Instruments (160)

EDRS PRICE MF01/PC02 Plus Postage.  
 DESCRIPTORS Agency Cooperation; Community Programs; \*Cultural Awareness; Cultural Differences; \*Delivery Systems; \*Disabilities; Early Intervention; Ethnic Groups; Family Involvement; \*Family Programs; Program Development; \*Self Evaluation (Groups); State Programs

ABSTRACT

A series of self-study questions is presented to examine policy and practice issues important in developing culturally competent programs for children with special needs and their families. Cultural competence refers to a program's ability to honor and respect the beliefs, interpersonal styles, attitudes, and behaviors both of families who are clients and the multicultural staff who are providing services. The self-study questions are designed to help program staff reflect on their program's decision-making process and examine how cultural issues affecting staff and clients interact with those decisions. The goal of the workbook exercises is to help the program target areas where staff, community, and families can work together to enable the program to become more culturally competent in the delivery of services to all cultural and ethnic groups within the program's catchment area. Two self-studies are included. The first is intended to be used by programs; it provides an analysis of the type of agency supporting the program; types of services to be offered; policy issues affecting program design; and issues in practice such as assessment, outreach, staffing, client load, and training. The second study guide is intended for larger state organizations or interagency groups and focuses on: definition of target population; assessment; integrated service models, including the provision of case management; outreach and public awareness efforts; central directory, including early intervention services and resources; and personnel development.

(JDD)

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Workbook Series for Providing Services to  
Children with Handicaps and Their Families

WORKBOOK FOR:

DEVELOPING CULTURALLY COMPETENT PROGRAMS  
FOR FAMILIES OF CHILDREN WITH SPECIAL  
NEEDS

Prepared by  
Georgetown University Child Development Center  
3800 Reservoir Road NW  
Washington, DC 20007

300325

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**Workbook Series for Providing Services to  
Children with Handicaps and Their Families**

**WORKBOOK FOR:  
DEVELOPING CULTURALLY COMPETENT  
PROGRAMS FOR FAMILIES OF CHILDREN  
WITH SPECIAL NEEDS**

**2nd Edition**

**Richard N. Roberts**

*In collaboration with:*

**Gina Barclay-McLaughlin**

**James Cleveland**

**Wanda Colston**

**Randi Malach**

**Laurie Mulvey**

**Gloria Rodriguez**

**Trish Thomas**

**Dorothy Yonemitsu**

**Prepared by  
Georgetown University Child Development Center  
3800 Reservoir Road NW  
Washington, DC 20007  
Maternal and Child Health Bureau  
Project Director: Phyllis Magrab  
September, 1990**

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## **WHAT MAKES A PROGRAM CULTURALLY COMPETENT?**

In our daily talk, we use the term "culture" in fairly loose ways to describe a set of beliefs, behaviors, and interactional patterns that identify a person with a larger social or ethnic group. Here, we distinguish between culture and ethnicity. Within ethnic groups, there are many cultures and subcultures, though some common history may be shared. Within the context of this publication, then, cultural competence refers to a program's ability to honor and respect those beliefs, interpersonal styles, attitudes and behaviors both of families who are clients and the multicultural staff who are providing services. In so doing, it incorporates these values at the levels of policy, administration and practice.

A multitude of terms has been used in the field to relate cultural issues to practice. Among these terms are cultural competence, cultural sensitivity, cultural diversity, cultural relevance and cultural awareness. We have chosen to encourage programs to employ the term "cultural competence" for several reasons. Competence implies more than beliefs, attitudes and tolerance, though it also includes them. Competence also implies skills which help to translate beliefs, attitudes and orientation into action and behavior within the context of daily interaction with families and children.

Importantly, these concepts have been discussed in some detail in a recent monograph by Cross, Bazron, Dennis and Isaacs with respect to minority children who are severely emotionally disturbed. Cross et al., define cultural competence as "a set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals to work effectively in cross cultural situations" p. 13.

Alternately, Hanson, Lynch and Wayman use the term "ethnic competence" to describe the need for early intervention programs to honor the cultural diversity of families in providing services. They cite a definition of ethnic competence from Taft (cited in Green, 1982) which states "ethnic competence means acting in a manner that is congruent with the behavior and expectations of the members of a particular culture."

Jordan et al. (1981), in describing a culturally competent educational system, used this phrase "coming home to school." In the program she describes, the educational system was challenged to alter those key components of the school environment to reflect the social organization and learning styles familiar to Hawaiian children in their homes. Importantly, the locus of the problem was not viewed as an inability of Hawaiian children to profit from an educational experience, but that the educational system was incompetent in developing an appropriate learning environment.

Likewise, culturally competent systems of care for children with special health needs do not ask families to accommodate their beliefs, attitudes and behaviors to those of the dominant culture but ensure that the system changes so that families feel like they are "coming home to the clinic."

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## HOW TO USE THIS WORKBOOK

The following workbook is intended to be used in conjunction with the monograph **Developing Culturally Competent Programs for Children With Special Needs**. The concepts and rationale for this series of self-studies are outlined in more detail within the monograph. Here in the workbook, issues in policy and practice are presented as a series of self-study questions which will help you reflect on the decision-making process in your program and how the cultural issues affecting your staff and clients interact with those decisions. The goal of this exercise is to help your program target areas where the staff, community, and families can work together to help your program become more culturally competent in the delivery of services to all cultural and ethnic groups within your catchment areas.

In many cases, major points from the monograph will be used to introduce the sections below in the self-study. The short introductions to each section below are intended more as a review than a full discussion of the major points. In many cases, you will be referred to page numbers in the full monograph to help accurately answer questions posed by the self-studies. You will find it beneficial to have first read the monograph prior to completing the workbook.

Two self-studies are included. The first is intended to be used by programs. As a program, you may already be serving families from distinct cultural groups within your catchment area. Alternately, you may be considering beginning a new outreach effort which will provide services in a culturally competent way to groups which are not presently being served. A third possibility is that you are in the process of developing a totally new program distinct from anything which now exists. The self-study guide below is designed for any of these three options. It will lead you through an analysis of a wide range of issues which need to be considered in good program design. These issues include: (a) an analysis of the type of agency supporting the program; (b) the types of service to be offered; (c) policy issues affecting program design; and (d) issues in practice such as assessment, outreach, staffing, client load, and training.

The second study guide is intended for larger state organizations or interagency groups such as the Interagency Coordinating Council for P.L. 99-457 or state departments in their efforts on a state-wide basis to develop programs which competently serve families from all cultural groups within the state. Each state is composed of a different blend of cultural groups and is confronted with issues unique to itself. For instance, some states may have larger newly arrived immigrant populations. These states will have special challenges in developing programs unique to these new groups. Other states may have a more stable population but have cultural groups which have been chronically underserved or inappropriately served. Efforts to develop new programs or alter existing practices within ongoing programs will create the circumstances where services to families within each state are more culturally competent.

Both self-studies are designed to help users of this workbook move along a continuum toward providing services to families in a more culturally competent manner. **Remember at the individual level that cultural competence is not an absolute label to be applied to programs or services, but is a cluster of skills, attitudes, policies and statutes or practice which can be learned and incorporated into ongoing practice systems which can be learned.** As with any evolving process, it is sometimes awkward and difficult to become more proficient, and it takes practice to do so. These two volumes stress that we learn from one another as families, communities, and programs continue to work together providing options and programs which meet the needs of children and families. In this light, the self-study can be used as a tool to bring together the people who must ultimately work together to make it work. No one constituency can provide the answers alone. Good luck in your efforts!!!!

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## **A SELF-STUDY GUIDE FOR PROGRAMS**

You may be already providing services to diverse cultural groups/ethnic minorities or you may be considering beginning a program in the near future. In either case, thinking through the issues involved in this study guide will give you a better sense of how much you have accomplished to this point and areas where you feel you could do some more planning and work.

To help you in your efforts, this study guide first asks you to decide what type of agency you represent and how far along you are in providing services. Next, policy issues are discussed which help programs focus on the community-centered nature of cultural competence as it relates to their program. This is followed by questions with respect to practice including assessment, outreach, staffing, client load, and training. In each area, you will be asked to assess your current status and then to begin to build a plan to strengthen those areas you have identified as needing additional attention through your assessment. Good luck in your efforts!!!!!!!

### **1. Agency Description**

As a start, decide which of the following best describes your program. The first list provides options with respect to what type of agency is sponsoring the program; the second list provides options with respect to how far along you are in planning or service delivery.

(Refer to page 8 of the monograph for a full discussion of the issues involved with each type of agency.)

#### **Agency Type**

- Mainstream agency providing outreach to minorities.
- Mainstream agency which supports services by minorities within minority community.
- Agency which provides bilingual/bicultural services.
- Minority agency which provides services to minority people.  
(from Cross, Bazron, Dennis & Isaacs, 1989)

As described in the text, mainstream programs may find it more difficult to provide culturally competent services because of their lack of sensitivity to cultural issues. The first step in developing a more culturally competent program is to create a strong community base for program development. Without that base, other efforts are more likely to fail. Larger mainstream agencies may have more stable funding and a wider range of services they can provide. Minority agencies may be smaller, less well funded, and have a narrower range of service options. On the other hand, minority agencies may have stronger grass roots support

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within the target community and cultural group. They are more likely to be of and in the community. It is important to understand the type of program you have mounted, because each type has different advantages and limitations when providing services to diverse cultural groups.

### **Services Now In Place**

- Services already in place. You have a full range of services which have been developed for use with cultural groups in your community.
- Services not in place. You would like to modify, expand, or offer new services beyond what is already being done to include groups in catchment areas not being served.
- You wish to begin a new program from scratch.

The further along you are in program implementation, the fewer degrees of freedom are available to you in changing how things are done. New programs can begin with a clean slate in developing policies and practices within the constraints of budget and community interest. Programs already underway have their own inertia which must be overcome to change directions and to explore new options. Again, the important thing to remember here is the commitment to community-based program development stressed in the monograph. With a strong community base, it is easier for programs to make policy and practice decisions which will lead to more culturally competent services, because the community will support decisions which they have helped develop. When you have been part of the process, it is harder (though not impossible!) to criticize the outcome.

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## 2. Policy

The following questions will help you think about your program's policies regarding the cultural groups you are presently serving and those you are mandated to serve. Policies reflect the general philosophical framework which guides a program. In a sense, policies are the way that you ensure that the principles underlying your philosophy are carried out in the daily operation of your program. For those of you who have already established a policy, this is a good opportunity to review it. For those just beginning to formulate a policy, this exercise will help you to develop a clear, easily understood statement. A fuller discussion of each of the issues addressed below can be found on pages 16-18 in the monograph. When you have finished this section, you should have a better idea of: (a) how clearly you have articulated a policy to yourselves and the community with respect to your commitment to culturally competent services, and (b) the extent to which your policies are community based in their development and daily expression in your interaction with the community.

\_\_\_\_\_ Is there a clearly established policy in writing which mandates the program to serve cultural minorities in the program?

\_\_\_\_\_ YES (continue with the next four questions)

\_\_\_\_\_ NO (skip the next four questions. Begin with the discussion about how to formulate a policy statement.)

A policy statement may include some of the following:

*The Any Town Community Health Agency serves families with children birth to 21 whose children have or are at risk for having developmental disabilities. Our program is committed to providing culturally competent services to children and families within the community. This means that, as an agency, we are committed to outreach efforts which will ensure that all eligible children within our catchment area are provided with appropriate services in a manner which is acceptable and comfortable to the family members.*

\_\_\_\_\_ Write your policy statement down here.

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\_\_\_\_\_ Where else does this policy statement appear in writing?

\_\_\_\_\_ How do you ensure that staff members are aware of the policy?

\_\_\_\_\_ How do you ensure that the community is aware of the policy?

**For those programs which answered "NO" above, begin here.**

Policy statements are only as good as the process used to develop and implement them. Your program may have developed implicit, unwritten policies which reflect your practices regarding community involvement and how culturally relevant your program is now. You just haven't written these components of your implicit policy down. It is helpful to do so because it provides a concrete statement which can be a starting point which is understood by all concerned. Everyone can also react to a written statement and determine how much they agree with it. You may find staff or community members saying that they agree or strongly disagree with parts of what is written. You'll never know until it is down on paper.

The development of a statement will provide the opportunity for your staff and the community to enter into a dialogue. The implicit assumptions about how things work will become more explicit. This should prove to be a valuable learning experience for everyone. The experience of a community agency which conducted a felt needs assessment, as described in the

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companion monograph, illustrates how important this process can be for service delivery. Remember that policies are best created within the shared experience of programs, families, and community leaders. You can begin by setting up the meetings which will allow this dialogue to take place.

Try a first draft of a statement here.

***Example: The Any Town Community Health Agency serves families with children birth to 21 whose children have or are at risk for having developmental disabilities. Our program is committed to providing culturally competent services to children and families within the community. This means that, as an agency, we are committed to outreach efforts which will ensure that all eligible children within our catchment area are provided with appropriate services in a manner which is acceptable and comfortable to the family members.***

**The following questions are for all programs:**

These questions will help you to think about how the community and parents have been involved in helping you formulate policy regardless of whether you have a written policy at this point.

\_\_\_\_\_ How are members of culturally diverse groups involved in the policy decisions which affect the daily operation of your program?

\_\_\_\_\_ List the most recent policy decisions made by your agency.

- 1.
- 2.
- 3.

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\_\_\_\_\_ Describe the way that the community had input into any of these decisions.

\_\_\_\_\_ List the members of the target community which have attended recent board of advisors' meetings.

\_\_\_\_\_ List four natural leaders within the target community with whom you have had contact over a policy issue in the last 6 months.

\_\_\_\_\_ What issues within your agency are not amenable to community/cultural leader input?

Why?

\_\_\_\_\_ Are these boundaries clearly articulated as part of your policy so that leaders know what the ground rules are?

\_\_\_\_\_ YES      \_\_\_\_\_ NO

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\_\_\_\_\_ How many parents of children who you wish to serve have you consulted on policy issues in the last 6 months? Write the number here. \_\_\_\_\_

Over what issues?

\_\_\_\_\_ Describe how their input was used in the decision-making process. If it was not used, why not? What could be changed to make their input more helpful to the program?

Though it is important to have family and community input into decision making, individual programs have the right to decide how and when this should occur. Not all decisions need to be open to everyone. Head Start is an example of a program where parents have a major voice in all policy and personnel issues. Other programs, for a variety of legitimate reasons, will open fewer decisions to the community. Community and family members need to know from the start what the ground rules are, and everyone needs to abide by those rules. If, for instance, a community group believes it has input into hiring practices in a program but they are not consulted or their advice is ignored, they are less likely to cooperatively invest themselves in other areas where their input is solicited. Once the ground rules are set, programs can profit from a true partnership with the community which surrounds them. When members of a community feel some ownership and a stake in how a program operates, they are more likely to go to bat for that agency at budget time or at other critical decision points. If they do not feel that ownership, they may seek to change the way that the agency operates through advocacy within the agency or adversarial relationships outside of it.

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### **3. Practice**

The creation of a community-based, culturally competent program is not a static event but an ongoing collaborative process. The monograph discusses several guiding principles which will help to ensure that the intended policy of culturally competent services is translated into an ongoing effort to shape practice. A fuller discussion of these issues is found on pages 18-20 in the monograph. The major points are highlighted here.

1. Staff should be aware that families are unique and should be treated uniquely.
2. Care must be taken to separate cultural issues from the effects of poverty and discrimination experienced by many minority groups within the United States.
3. Program staff should have the capacity to assess for themselves their own cultural values and understand the impact of their backgrounds on their ability to provide culturally competent staff.
4. It is important that staff understand the dynamics of the inherent tension caused when two or more cultures interact to provide a service or solve a problem.
5. The commitment to culturally competent needs to be at the institutional level with sufficiently broad-based involvement that this institutional commitment survives staff turnover and changing interests.
6. The development of community-based, culturally competent programs requires a program to share ownership and decision making. It requires a higher tolerance for ambiguity as programs, parents and community leaders map a course together. The result is a better program with higher community, family and staff satisfaction.

Specific questions which will help you to evaluate the current practices within your program are listed below.

#### **3a. Assessment**

Assessment of children and families is particularly sensitive to cultural bias, and programs need to carefully review their efforts in this area periodically. There are no absolutes in this field. What follows are some guidelines and suggestions to help think through the assessment process. To the extent you can guard against cultural bias through careful criteria development and test selection, you will have achieved an important step forward. The more families are involved in the assessment procedure, the more valid your findings will be. Let the families help in the process rather than excluding them. Remember that feedback to the family is extremely important for them to understand what is going on with their child.

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\_\_\_\_\_ What assessment tools are used in your program?

\_\_\_\_\_ Do you only assess individual children, or is a more comprehensive family assessment also completed?

Write the rationale for the approach used here.

\_\_\_\_\_ What are the eligibility requirements for entry into your program?

\_\_\_\_\_ What are some of the cultural differences that may account for some of your entry criteria rather than real developmental differences?

How can you guard against this bias?

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\_\_\_\_\_ Who is involved in the assessment process?

\_\_\_\_\_ Are extended family members or friends allowed to be involved in the information gathering process?

\_\_\_\_\_ YES \_\_\_\_\_ NO

Write the rationale for the approach used here.

\_\_\_\_\_ Who decides who will be involved during interviews? Does the family have a say?

One of your program goals should be to assist the families in making competent, informed decisions about their child's treatment. Unless they have current and appropriate information, they will have to make these decisions based on incomplete or inaccurate information. Assessment should help families and professionals work together to make treatment relevant to the family's values and lifestyle.

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### **3b. Outreach**

Outreach efforts should be developed which invite culturally different groups into the service system. Pages 14-15 of the monograph suggest a number of issues to consider in the development of such an effort and suggests ways to estimate how many children and families are in need of service. This is one example of the critical nature of knowing your own community. Children and families may not be in your particular service system for a variety of reasons. One reason may be that their needs are very adequately served in a culturally competent manner by other formal or informal systems such as churches, private agencies, etc. Questions to help you evaluate your own outreach efforts are presented below.

\_\_\_\_\_ How many children from different ethnic groups would you estimate are eligible for services in your program?

\_\_\_\_\_ How did you arrive at that figure?

From the monograph, you can see that one way to arrive at an estimate of the number of children and families from each ethnic/cultural group you should be serving is to compare the percent of each ethnic group within your catchment area with the percent of families from that group who are currently on your case load. For instance, if 12 percent of the population in your catchment area is Hispanic, then at least that percentage of your total case load should be Hispanic. For many programs which particularly serve high-risk children, they may find a higher percent of certain groups due to the additional developmental problems experienced by children raised in poverty

\_\_\_\_\_ What types of outreach efforts have you used to date? Were they successful as measured by an increased number of children and families from the target groups entering into your program?

\_\_\_\_\_ Given the current number of children and families from different ethnic groups that you are serving now, how many children are yet to be served?

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\_\_\_\_\_ What resources would it take in dollars, people, etc., to expand your program to the point that 100% of these children are being served?

\_\_\_\_\_ Where do most of your referrals come from?

The more culturally relevant and family centered your program becomes, you will find that a higher percentage of your referrals will come from parents already in the program and who recruit other parents into the program to take advantage of the services you offer.

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### **3c. Staffing**

Ultimately, the way people from agencies interact with people who are seeking services is the critical variable in how culturally competent a program seems to be. Staff are the bottom line on all of the issues addressed so far. The qualifications, training, and support to staff who interact daily with families are extremely important concerns. As mentioned in the monograph, a wide range of staffing patterns exists within programs. Some use professional while others rely on paraprofessional staff. The questions below, as well as the more extended discussion of these issues in the monograph, will help you to make decisions for your program which will best suit your community and program.

\_\_\_\_\_ Do job descriptions list a requirement for relevant experience with a cultural group in every position which will come into contact with clients?  
\_\_\_\_\_ YES      \_\_\_\_\_ NO

\_\_\_\_\_ Think of a position which is either vacant at present or has been filled recently. List your priorities in the requirements for this position. Where does previous experience with a cultural minority group fit in your list?

\_\_\_\_\_ Pretend that you are in the dilemma described on page 16 of the monograph where no applicant has the full range of required skills or experiences. Discuss with your colleagues what solutions you might try. Write down some of your ideas here.

\_\_\_\_\_ What alternative strategies can you use to insure that staff who are hired reflect the cultural diversity of the groups you serve?



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### 3d. Client Load

Programs which serve culturally different populations frequently must adjust their client load because of the level of effort involved by staff. Clients unfamiliar with western medicine or clinic practices will need more and different types of contact with agency personnel. If services are to be truly culturally competent, efforts must be made to adjust case loads accordingly.

\_\_\_\_\_ What is the average client load for professional and paraprofessional staff in your program? Write the number here. \_\_\_\_\_

\_\_\_\_\_ Does this case load provide sufficient time for staff to provide the services required to ethnic or cultural minorities?

\_\_\_\_\_ YES      \_\_\_\_\_ NO

If your answer was yes, congratulations!! You are one in a million for sure! If not, are there any components which can be shifted or deleted which could help in this problem?

\_\_\_\_\_ List three things your staff feel would be possible within budgetary constraints to address this problem.

1.

2.

3.

One way to shift load is to change models of service delivery. Have you considered other ways to deliver services which would still honor the cultural values of clients but do so in a more cost-effective manner than your present effort?

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### **3e. Training**

Inservice training can be a valuable tool in helping staff learn new skills and update old ones with respect to the wide variety of information they need to be responsive to their clients' needs. Without a dynamic inservice training program, even the best trained staff will find themselves burning out fairly soon. A good training program also provides an opportunity for families to become part of the training process by being involved as advisors, teachers, or resources when needed.

\_\_\_\_\_ Does your program have an inservice training program in place?  
\_\_\_\_\_ YES      \_\_\_\_\_ NO (What would be necessary to get one started?)

\_\_\_\_\_ Does this curriculum address the issues of working with the different cultural groups within your catchment area?  
\_\_\_\_\_ YES (How?)

\_\_\_\_\_ NO (How can you incorporate this into your program?)

\_\_\_\_\_ Have parents or other community leaders been approached to teach parts of this curriculum?  
\_\_\_\_\_ YES (CONGRATULATIONS, YOU ARE A LEADER IN THE FIELD!)

\_\_\_\_\_ NO (What would it take for this to happen?)

\_\_\_\_\_ What incentives can you use to help parents so they could help teach parts of your inservice training (respite care, money for gas, a small honorarium)?

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## Summary

Now that you have completed the self-study, it is time to reflect back on what you have learned about your program and to generate an action plan to help you develop those parts which you feel you would like to work on first. **Remember that the goal of this exercise is to succeed. Cultural competence is a skill which can be learned, and like most skills, it requires time and practice.** With this skill comes attitudes and behavioral changes which reflect a commitment to provide services to families in ways which are consonant with their beliefs and cultural patterns. Start with some of the issues which you feel comfortable with and you know can be changed without restructuring your entire program. As you experience success, you will feel more comfortable tackling some of the more complex issues. As changes are made, you will also have more support from various groups within the community to carry out some of the more extensive efforts as they see your program becoming increasingly responsive to their needs. Remember the importance of family and community involvement in this effort. **The goal of this exercise is not to present your community with a finished product, but to integrally involve them in the process of helping you develop the most culturally competent set of services that you can provide. To this end, get members of your target group involved as soon as possible.**

For example, if you have completed the self-assessment alone or just with your staff, you may wish to begin by sharing your assessment with some of the community leaders who are in contact with groups you would like to serve. Their inclusion in the assessment process to help you review your efforts is a very important step. You may have asked community leaders to help in this self-study from the beginning. If so, this suggests that you are at a more advanced stage of development along this continuum of developing culturally competent, community-based programs. In either case, the views of the community from outside the agency are important and can help provide a different perspective on the self-study process.

Remember that this information is most helpful if it is shared, discussed, debated, and then some action steps are taken from it. The self-study is only a guide to help you formulate a plan from your knowledge of your community and your program. Please use that knowledge to take the next step along the continuum of building cultural competence into your program efforts.

List the strongest characteristics of your program as reflected in this self-assessment.

- 1.
- 2.
- 3.

---

List three or four areas where you feel you can make realistic changes which would help move your program along the road to becoming increasingly more culturally competent.

1.

2.

3.

4.

We hope this workbook and the accompanying monograph have been useful to you. We would appreciate hearing from you with respect to how you have used it. What parts were helpful? What parts didn't make sense for your situations? What other information do we need to add? What should be changed? Correspondence may be addressed to:

**Richard Roberts, Ph.D.**  
**Co-Director, Early Intervention Research Institute**  
**Utah State University**  
**Logan, UT 84332-6580**  
**THANKS!**

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## **STUDY GUIDE FOR INTERAGENCY COMMITTEES TO BE USED IN DEVELOPING A STATE PLAN FOR CULTURALLY COMPETENT PROGRAMS**

This study guide is designed to help interagency committees and larger state systems review their efforts in developing culturally competent systems of care for children and families. Groups who use this booklet may already be working together to develop better systems of care for families of children with special needs in the areas of health, mental health, education, or social service. The development of cultural competence should be an integral part of the planning for improved services in any of these areas. The issues are more complex than those presented in the previous self-study; in part because there are more players in the planning process, and each group may have different priorities and interests. **Nonetheless, the product is the same: A shared experience in which concerned families, community members, and agency representatives are involved in ongoing assessment and program development ensuring that culturally competent services are delivered to families.**

As with the earlier self-study guide, it is important that you read the full monograph prior to completing the self-study because it contains background information which will help you in this assessment process and in future planning efforts. In this self-study, we are using the example of P.L. 99-457 as the framework to discuss issues relating to program development when several agencies who either by choice or by mandate are working together to develop a plan of action. In each section, we will discuss the general issues which should be addressed and then use the example of an interagency planning effort to develop services for young children and their families as part of a state effort to implement P.L. 99-457.

### **1. Definition of Target Population**

The Western traditions of medicine and health have deeply influenced our definitions of target populations for special services. It is important to remember that many cultural groups do not share this same tradition. Therefore, they may have different views on the causes of behavior, labels they may apply to it, and appropriate strategies for intervention. Though some behaviors such as child abuse and neglect are legally defined and must be reported as required by legal mandates, other health, mental health, and educational problems may not be as absolute in their manifestations. It is important for groups to consider the cultural differences of groups they will be serving as they define the target population.

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The questions listed below are designed to help you begin this process by using the example of a definition of developmental delay. However, they can be easily adapted to other areas of interest. Substitute the label for your target population in each question where the term "developmental delay" appears.

\_\_\_\_\_ How has your state defined "developmentally delayed" or your target population?

\_\_\_\_\_ How does this definition recognize that children can be culturally different as well as delayed? Does your definition of "at risk" preclude the possibility that children from cultural minorities would be labelled "at risk" only because of this characteristic?

\_\_\_\_\_ Have you had the opportunity to seek input from cultural groups within your state on the acceptability of your definition?

\_\_\_\_\_ YES (What were their reactions?)

\_\_\_\_\_ NO (It's not too late. What steps could you take now which would initiate this process?)

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## 2. Assessment

Assessment of individuals from diverse cultural backgrounds requires a particular set of skills and must have safeguards built into the process to guard against inappropriate use of standardized assessment instruments. In many cases, norms do not exist for culturally different groups. Language also plays an important role in the assessment process. Though some instruments have been translated into languages other than English, most assessments rely on interpersonal communication between the family and professionals. When both groups do not speak the same first language, serious problems in assessment can occur. The accompanying monograph discusses the uses of translators in some detail as an example for the need to ensure that the assessment process is one which provides for complete and accurate information exchange.

Beyond the language issues are the interpersonal communication styles which are central to most cultural identities. Unless the assessment is completed in a manner which is sensitive to the interpersonal style of the family members, inaccurate information will be the result. It is important that the assessment process be one in which the natural patterns of communication are understood and followed in the assessment process. For example, if the father is the traditional speaker for the family, then it is important that the assessment process honor his position and rely heavily on him in this situation as well. Please refer to the accompanying monograph for a more extensive discussion of these very important issues.

The following questions raise issues in multidisciplinary assessment following the mandates of P.L. 99-457, but they are applicable to a wide variety of situations beyond that law.

### **Timely Comprehensive Multidisciplinary Evaluation of the Functioning of Each Handicapped Infant and Needs of the Family**

\_\_\_\_\_ Does your state plan include a set of guidelines for assessing children from culturally different backgrounds?

\_\_\_\_\_ YES      \_\_\_\_\_ NO

If the answer is "NO," what steps should you take now which could begin this process?

If the answer is "YES," have these guidelines been developed and reviewed with input from the various cultural groups within your state?

\_\_\_\_\_ YES      \_\_\_\_\_ NO (What steps can you take now to begin this process?)

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\_\_\_\_\_ Does your state plan recognize that the assessment process must include multiple sources of information, including extended family members and informal networks?

\_\_\_\_\_ YES Where is this in writing?

\_\_\_\_\_ NO How can this be changed?

\_\_\_\_\_ Does your state plan require that families be given the option with respect to who can be present during an evaluation of their children?

\_\_\_\_\_ YES \_\_\_\_\_ NO If "NO," what are the issues which would make it difficult to implement such a policy if it became part of your state plan?

\_\_\_\_\_ How does your state plan recognize that families must be evaluated individually and cannot be stereotyped by ethnic or cultural origin?

\_\_\_\_\_ How does your state plan recognize the differences in clusters of needs likely to be required by newly immigrated families from those who are familiar with local services?

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### **3. Integrated Service Models, Including the Provision of Case Management**

Not only must the assessment of families be culturally sensitive, but the services which are provided as a function of that assessment must also take into consideration the cultural values of the families being served. The monograph provides a number of detailed examples of services which programs have developed that are culturally competent as well as a discussion of the issues involved in developing these types of services. At the level of interagency coordination, the opportunity exists for programs to share resources to ensure that within a cluster of agencies, services will be available for a number of different cultural groups. As an example, one clinic may have several Spanish-speaking therapists or physicians and other agencies within the groups can ensure that Spanish-speaking families are seen at that clinic. Even so, other clinics should try to develop their own resources and share the load with the agency which has a particular resource represented on their staff. There must be a system where cross-referrals are possible as each agency develops its own area of expertise.

The following set of self-study questions involve coordination of services within the mandate of P.L. 99-457, particularly centering on the issue of the development of the Individualized Family Service Plan (IFSP). This plan is designed to allow family input in setting the goals for the child and family over the course of treatment. Case managers are assigned, and a family member has the option of either being the case manager or being a co-case manager. In the examples which follow, you can substitute the term "service plan" or "interagency service model" where the term IFSP appears.

\_\_\_\_\_ Does your definition of an IFSP include a statement that all families are different and that one aspect of these differences is their cultural heritage?  
\_\_\_\_\_ YES      \_\_\_\_\_ NO

\_\_\_\_\_ Does the definition of an IFSP provide for the opportunity for different types of families (single parent, divorced, blended, extended families) to be included in the process whereby a service plan is developed?  
\_\_\_\_\_ YES      \_\_\_\_\_ NO

\_\_\_\_\_ Is there a provision in the IFSP for families to be served in the most culturally relevant manner, including: Who will be assigned as case manager; which agencies will provide the service; and what options are available to families on the types of services to be included (e.g., services by traditional healers)?  
\_\_\_\_\_ YES      \_\_\_\_\_ NO

\_\_\_\_\_ Is there a recognition that case management services can best be provided to culturally different families when the caseload is low enough to provide for continuous and meaningful contact with the family and agency providers?  
\_\_\_\_\_ YES      \_\_\_\_\_ NO

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#### 4. Outreach and Public Awareness Efforts

In most cases, culturally different groups find it very difficult to gain access to mainstream agencies which are the primary care providers in their communities. Significant interagency outreach is necessary to ensure that families are aware of the services which are available and to help them begin the process of seeking help. Again, the accompanying monograph provides a more extensive discussion of the issues involved in outreach efforts. Since P.L. 99-457 mandates a Project Child Find in each state, it is used as the example below.

\_\_\_\_\_ Does your state plan for a comprehensive Child Find system recognize the special need to aggressively seek out minority and culturally different groups in its process?

\_\_\_\_\_ YES      \_\_\_\_\_ NO

\_\_\_\_\_ How many children from different ethnic groups would you estimate are eligible for services in your state? Write the estimate here. \_\_\_\_\_

\_\_\_\_\_ How did you arrive at that number?

\_\_\_\_\_ How many children from each ethnic/cultural group listed above are now being served? Write the number in here. \_\_\_\_\_

\_\_\_\_\_ What resources would it take in dollars, people, etc., to expand services in your state so that 100% of these children are being served?

\_\_\_\_\_ What public awareness efforts have you made to date to reach cultural minorities?



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## **5. Central Directory, Including Early Intervention Services and Resources**

P.L. 99-457 provides for the development of a central directory to assist in the access of services for families with young children at risk for or who have developmental disabilities. At a more generic level, agencies and families need to have access to information on what types of services are available to families for other reasons for referral. In order for your interagency group to have the knowledge it needs to refer clients to appropriate services, such a directory is an important feature of a service delivery system. It is particularly important that services be listed in a manner which identifies their particular competence in working with families from varying cultural backgrounds. Such a listing should also include traditional services specific to a particular cultural group.

\_\_\_\_\_ Is there a specific plan to include services in the directory which identify themselves as providing services to a particular cultural minority?  
\_\_\_\_\_ YES (Describe it briefly.)

\_\_\_\_\_ NO (How can such a plan be developed?)

\_\_\_\_\_ Does the directory include Western as well as Nonwestern service providers?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_ Are traditional services included in the directory for families who may wish to use such services?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_ Have local community leaders been consulted with respect to which agencies should or should not be included in the directory based on their knowledge of the family-centered, culturally competent nature of the programs?  
\_\_\_\_\_ YES \_\_\_\_\_ NO (How can this process be initiated?)

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## **6. Personnel Development**

As stated in the accompanying monograph, the primary component of cultural competence within agencies is the degree to which staff who interact with families do so in a culturally competent manner. The issues addressed below will help you to think about training within your state and individual agencies. Interagency groups can be particularly effective in helping to foster training models which incorporate concepts of cultural competence in staff development. Several agencies working together can provide a richer set of experiences than one agency working alone. They are also more able to demonstrate the need for preservice training to institutions in a more forceful manner than an individual program. These guidelines address culturally competent training both as a preservice and an inservice issue.

### **6a. Preservice Training**

\_\_\_\_\_ What efforts have been made at the university and community college levels within your state to ensure that a higher percentage of minority candidates are enrolled in programs that will lead to a degree in the early childhood area (or the area needed by your agencies such as social work, occupational therapy, etc.)?

\_\_\_\_\_ How can the state plan insure that all students in programs leading to a degree in early childhood (or your specialty area) take course work that specifically deals with cultural differences in families and service delivery options?

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## **6b. Inservice Training**

\_\_\_\_\_ How does your state plan recognize the needs for continuing high-quality inservice training programs for all personnel associated with early intervention efforts (or your target population)?

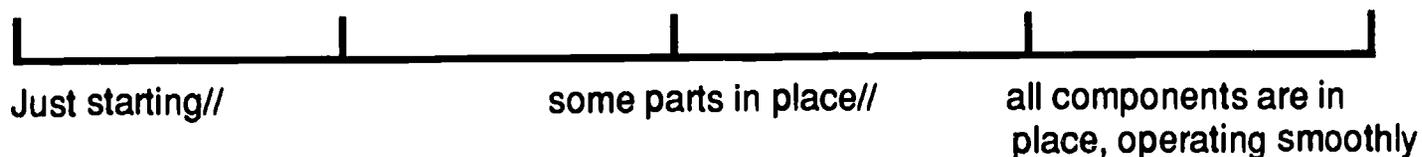
\_\_\_\_\_ How does your state plan recognize the need for specific culturally sensitive training for those working with cultural minorities?

\_\_\_\_\_ How does your state plan encourage the inclusion of families in planning for and teaching inservice programs to existing personnel?

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## Summary

Overall, assess your progress in developing a state plan which recognizes the need for a culturally competent system of care.



List four of the major areas where you see your state plan can begin to take action now.

- 1.
- 2.
- 3.
- 4.

What are some of the challenges you will face in beginning with these four including governmental regulations, financing, constituency concerns and lack of time or personnel?

Discuss among your committee how these challenges can be met. Good Luck! We would really appreciate hearing from you how you used this workbook and your ideas on what else could be included or what parts needs to be changed. Address correspondence to:

**Richard Roberts, Ph.D.**  
**Co-director, Early Intervention Research Institute**  
**Utah State University**  
**Logan, UT 84322-6580**

**THANKS!**