

Participant Materials

Module 5: Collecting Cultural Information



Ethnic Communities Council of NSW and
NSW Community Options
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- DISCLAIMER -

This training and the handouts are general in nature and give a broad overview of cultural competency within the context of providing community care case management services. This training package may not provide you with ALL the information you may need to know about this topic, or your role.

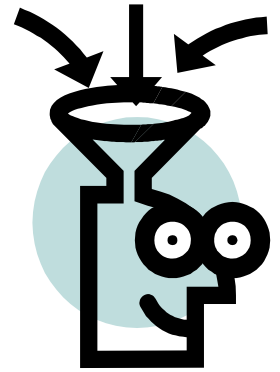
Independent professional advice should be sought about specific issues.

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Learning Objectives and Assessment Tasks



Learning outcome

1. Analyse current case management processes and identify where cultural information is currently collected.
2. Identify weaknesses within the current case management processes in relation to systematically collecting cultural information.
3. Apply the Community Care Cultural Assessment Checklist within the context of providing case management.
4. Identify and plan strategies to collect cultural information.

Assessment task

1. Draw a flow chart of your current case management processes, identifying what cultural information is collected, when and how.
2. Identify gaps or weaknesses in your current case management processes in relation to systematically collecting cultural information.
3. Apply the Community Care Cultural Assessment Checklist to a case study.
4. Identify and plan strategies for collecting cultural information in reference to a case study.

Introduction



What cultural information do you currently collect from your clients?

This training is about getting to know your client's individual cultural values, beliefs and practices by conducting a 'cultural assessment'.

Today, we will consider what domains of information are included in a cultural assessment and what strategies or techniques can be employed to collect that information.

In the session you will be asked to:

- analyse your current contact with the client, identifying where, when and how you collect cultural information;
- identify gaps or weaknesses in your current processes in relation to systematically collecting cultural information;
- apply the Community Care Cultural Assessment Checklist using a case study; and
- identify and plan strategies for collecting cultural information with reference to a case study.

Activity 1 (Introduce Yourself)

Introduce yourself, telling us:

- your name;
- the service you work for, and the programs you case manage in; and
- what you'd like to get out of the day, or what you expect of the day?

Activity 2 (Orientation)

What cultural information do you currently collect from your clients?

Think about your intake/assessment forms. Where does culture feature in these information collections?

Where is that information recorded? How is it used?

Activity 3 (Ground Rules)

If we are going to get the maximum benefit out of the day, we need to feel free to engage and explore the topic of collecting cultural information. To be able to do this, we will need to feel safe and supported. Having ground rules is the best way to ensure this.

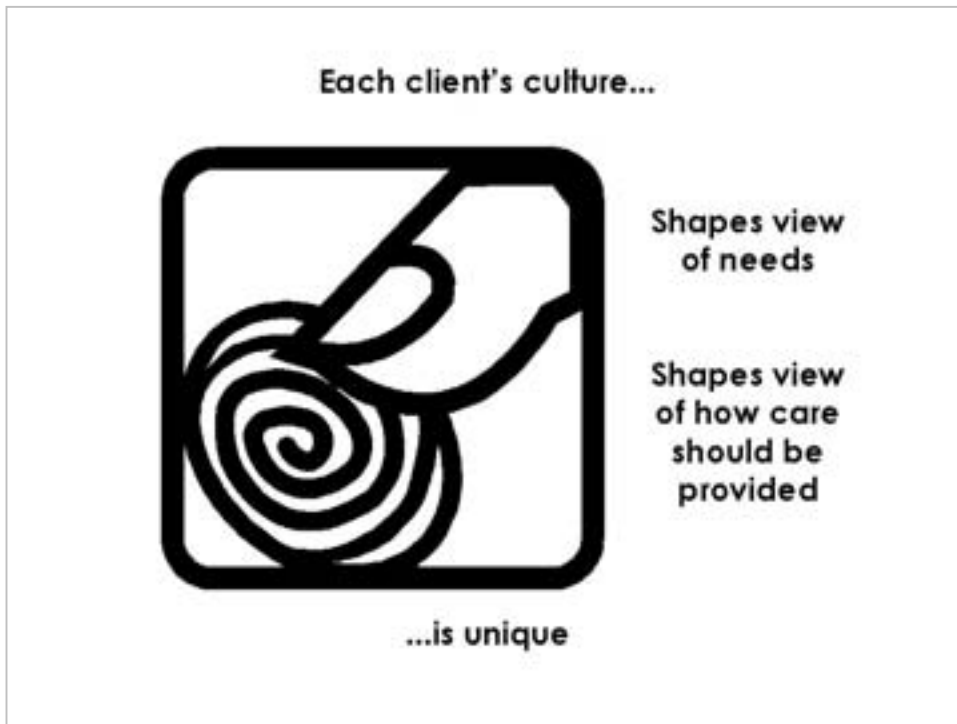
What ground rules do you think the group should have?

TOPIC 1: Cultural Assessment

Cultural assessment is not a 'tick box' approach to collecting cultural information, but rather a process you go through to get to know your client as an individual and to find out how they see the world.

Cultural assessment is not a one-off event but will continue throughout your contact with the client.

Assessing the client's 'culture bubble' should be central to your assessment process and to all interactions with the client.



A cultural assessment:

- identifies the client's understanding of issues such as what is quality of life for them;
- asks what they regard as quality of life;
- considers what independence means to the client and whether or not it is valued;
- considers which of the client's beliefs, values or practices may not align with the culture of the community care sector;
- helps in understanding how the client sees the world; and
- ensures the client's view is reflected in the care plan.

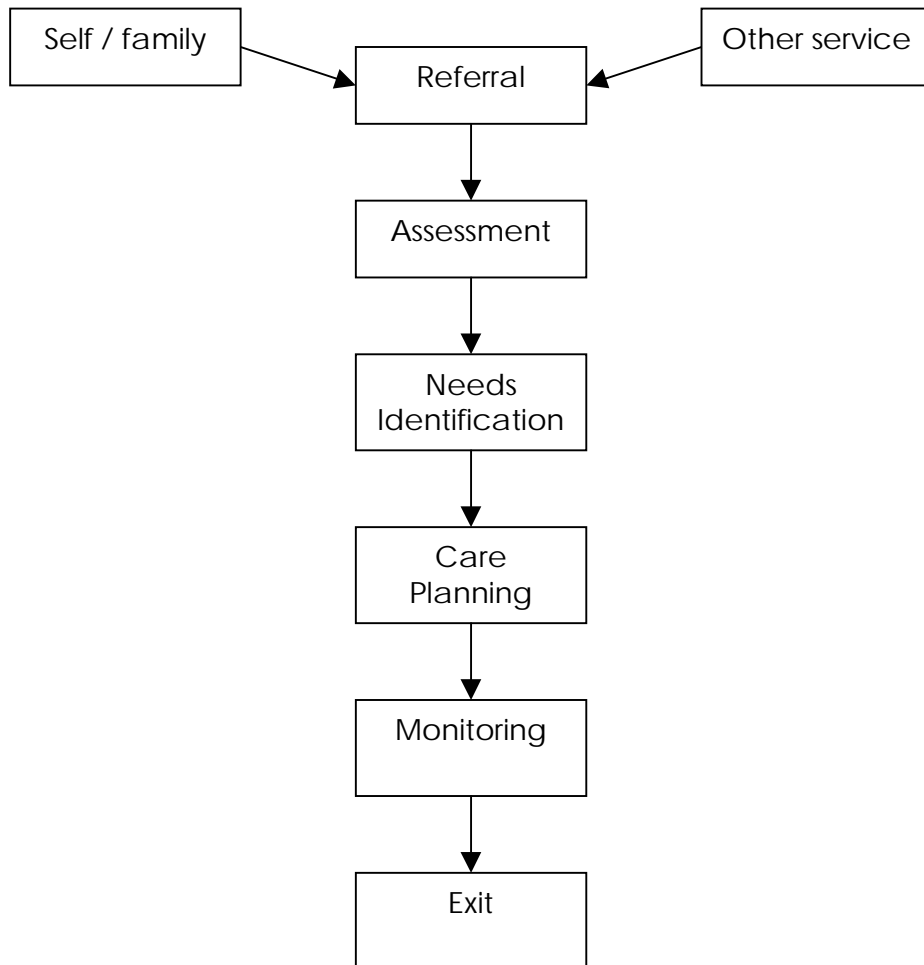
If you centre your care plan on the client's culture, it is more likely to be acceptable to the client and their family, and therefore is more likely to succeed. Working in this way also shows respect to the client.

Care plans and service delivery that are not developed within this frame of reference will lead to extra work, more stress and higher cost.

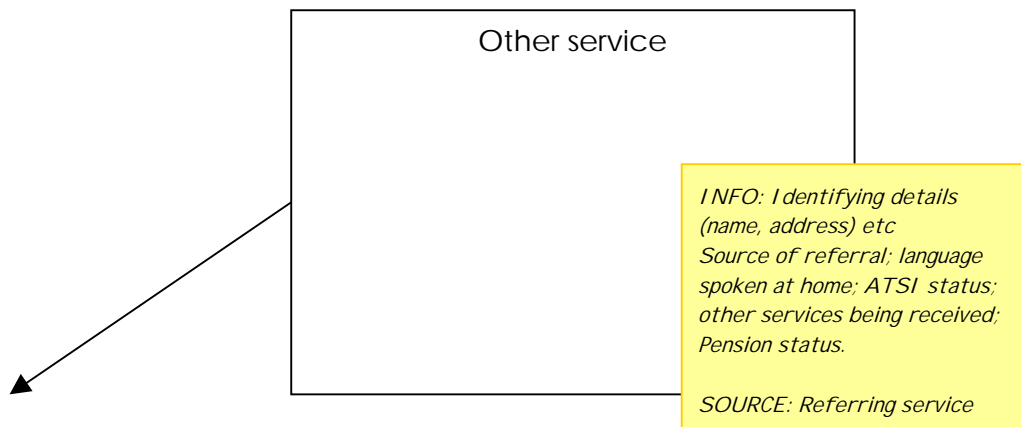


Activity 4 (Flow Chart)

Form into small groups. On a piece of flip chart paper, draw a copy of the flow chart below.



Once you have completed the flow chart, discuss what information is collected from the client on a routine basis at each stage. Record this information on a post-it note and stick it on the flow chart. For example:



You may find you collect information at more than one point. If this is the case, repeat the note on your flow chart.

Activity 5 (Identify Gaps)

Below is a case study of Mr. Sook. The case study provides only information on some of his cultural values, beliefs and practices.

Imagine that Mr. Sook has been referred to your service and he will therefore be part of your flow chart.

Identify where, in your current flow chart, cultural information would be captured and recorded including how and from whom.

Write down each of the discrete pieces of cultural information about Mr. Sook on a sticky note. If the information is ROUTINELY collected, place it on the flow chart, along with a description of how it is collected and recorded, and from whom.

If a piece of information is NOT ROUTINELY collected, place it at the bottom of the flow chart.

Case Study: Mr. Sook

Mr. Sook is an 86 year-old man who was born in Korea and migrated to Australia in 1990.

He is a Buddhist. He also was a Confucian scholar in his younger days and adheres to Confucian principles and traditions such as, highly authoritarian male-dominated systems. He believes strongly in education and respect for ancestors and elders. Mr. Sook and his immediate family adhere to the practice of showing respect to elders and authority by a quick quarter bow. Mr. Sook bows at you in this way when you are introduced to him. He does not look at you in the eye because he believes that direct eye contact during conversation shows boldness, which he views as being rude and proud. He is an extremely modest man.

Punctuality is also extremely important to Mr. Sook because he believes this is an important way to show respect.

Mr. Sook is very family-oriented. He lives with his eldest son, his daughter-in-law and their 3 children. He believes he should have the final say in family decisions and that also applies to his extended family. He was the eldest son in his family. When he dies, he believes his son will inherit his position in the family. Family welfare is much more important than the welfare of any individual within the family. He gets upset when he sees that his grandchildren don't share these views. Because the family is consulted about all decisions, he needs time to review all information with them before coming to what the final 'decision' for the family will be.

He is a vegetarian and prefers to use chopsticks and large spoons for soup. He believes that cold drinks with ice bring the body out of balance and as such does not drink them. For him, health is the

harmony and balance between the soul and the physical being. When bad luck or ill health befalls him or a member of his family, he is convinced that this is the result of karma. This conviction can make him quite passive with respect to attending to his health and wellbeing. It also means he can behave as very ill, possibly even worse than he actually feels, because he believes that he is suffering because a mistake in a previous life. He also believes in fate and that everything happens for a reason.

Mr. Sook does not expect to live much longer. He believes that when he dies, his son should be told first. It would then be his duty and responsibility to inform the rest of the family.

He speaks and understands English quite well, but cannot read or write in English.

TOPIC 2: Cultural Assessment Tools

There are a number of cultural assessment tools available, however most are focussed in the health services area and many are quite long and detailed.

Cultural competency theorist Mary Narayan (2003:613) developed a simpler cultural assessment checklist that has been adapted for your use. A copy appears on the next page.

The areas where you may encounter cultural differences amongst groups or individuals include:

Social – the client’s preferred spoken language; and preferred written language.

Verbal and non-verbal communication patterns – such as eye contact; impolite or taboo topics; facial expressions; gestures.

The body – such as special customs, rituals or etiquette to do with the physical care of the client; and restrictions on who can help the client with physical necessities of daily living.

Roles – such as specific family or gender roles; expectations of children, the elderly, people with disability; expected role of the ‘professional’; and roles associated with ‘domestic labour’.

Spiritual and religious – such as worship or practice of beliefs.

Views of illness, ageing or disability – such as dementia, mental illness.

Cultural expression – such as important celebrations; events; observed; and who is part of the community?

Then there are PRACTICAL aspects you may need to determine separately, such as:

Decision- making - how are decisions made; and who makes them for the family.

Use of resources - how are resources used and distributed; belongings; and what is valued.

Community Care Cultural Assessment Checklist

Verbal communication

- What language does the client prefer?
- Would the client prefer an interpreter?
- What language does the client prefer to receive written information in? and
- Are any topics regarded as forbidden, unsavoury or taboo?

Carers and family

- Who is considered 'family'?
- What impact does the person's care needs have on the family?
- Who is the head of the family?
- Who in the family should you discuss the client's care needs with?
- Who should you NOT discuss certain topics with?
- How will family members be involved in the care?
- Does the word 'carer' translate into the client's preferred language?

Activities of daily living

- Are there special routines or rituals associated with personal hygiene?
- Are there any restrictions on who can help with ADLs (gender, age, class)?
- How important is modesty?
- How is modesty shown?
- Are there any rituals or practices that must be observed?

Etiquette and social customs

- How would you like to be addressed? (the client, carer and family members?)
- What behaviour is expected of guests?
- Is it polite to engage in small talk before getting into a purposeful conversation?
- Should discussions be direct, subtle or indirect?

Food preferences

- What is eaten and when? (keep a 2-day food diary);
- Are any special utensils preferred?

Life rituals

- What events are celebrated and how?
- What rituals are practiced around ageing or death and disability?

Non-verbal communication

- Is eye contact considered polite or rude?
- What personal space is acceptable?
- When, where and by whom can physical contact with the client occur?
- Are there certain facial expressions or body gestures that have specific meanings?

Care of the elderly or disabled?

- How do the client and family view ageing? Greater or less respect and authority?
- How do the client and family view disability or dementia?
- How are the elderly cared for within this family and this culture?
- How do this family and this culture care for the disabled?

Decisions

- How are decisions made in this family?
- Is there an individual orientation or a group orientation to decisions?
- Who is consulted on decisions? And on what topics?

Use of resources

- How are resources distributed or used within the family?
- Is there an individual orientation or a group orientation to the ownership of resources?
- Are certain resources owned by the family and others or by the individual?

Degree of acculturation (where relevant)

- When did the client arrive in Australia?
- How closely does the client keep to the customs of the culture or country of origin?
- In what ways do the client and the family express their culture?

Religion and Spiritual

- Are there any religious or spiritual practices our service can help the client to maintain, such as worship and prayer times?
- Are there religious items the client likes to keep close at hand?
- Are there any dietary or specific food preparation requirements?
- Is fasting practiced?

Adapted from Narayanan, 2003

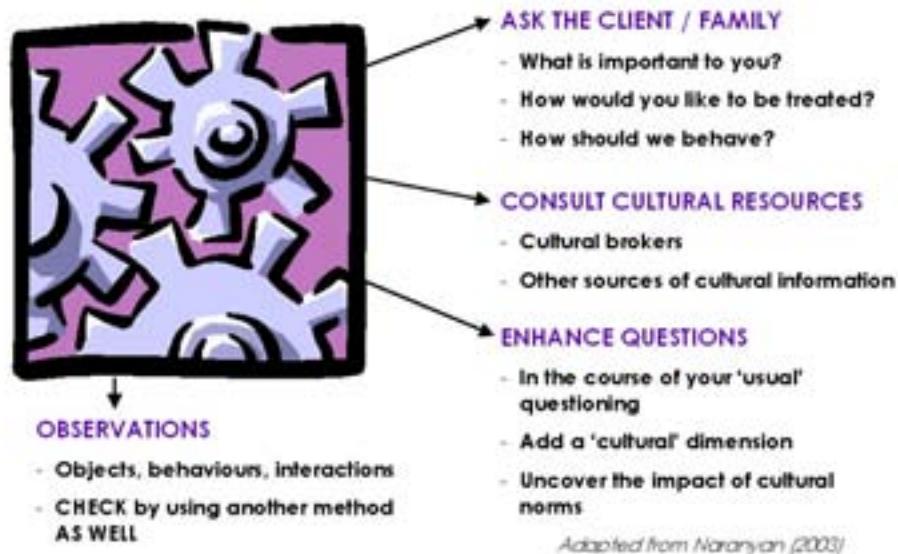
Activity 6 (Apply Checklist)

Select three categories from the Community Care Cultural Assessment Checklist. Write a description of Mr. Sook's cultural profile for each of these categories. Use the trigger questions in the Community Care Cultural Assessment Checklist as a guide. Where there is insufficient information in the case study, write the information you would like to know in the Questions column.

Category	Description	Questions
Careers and family	Extended family including son, daughter-in-law and three grandchildren. Respect to be shown to elders and ancestors. Eldest male is head of the house.	
Etiquette and Social Customs		How does Mr. Sook prefer to be addressed?

TOPIC 3: Strategies and Techniques

4 Strategies for collecting information



1. Observations

Observations can be used to take in and consider objects, behaviours and interactions. However, observations are greatly influenced by our own cultural perceptions as well as by our deeply held biases. For these reasons, you **MUST** also **CROSS CHECK** your understanding of your observations by using other information collection strategies.

2. Ask the Client or Family


This will be our main strategy as it is already a means for collecting program and other information. It is the most important strategy we can use for understanding the client's culture and cultural preferences. Questioning the client and family directly also enables the client to feel heard and understood, and thus promotes regard, rapport and trust.

With this information a care plan can be developed that is mutually acceptable and therefore has a much greater chance of successful implementation.

There may be differing views and opinions within a family. By becoming aware of these differences, we can anticipate and perhaps avoid possible areas of conflict.

We need to also be aware of areas where there could be gender sensitivities. If you are female, it may be appropriate to ask a female member of the family how to raise topics about personal care or other sensitive issues.

Ask the client and family



Helps build:

- Regard
- Rapport
- Trust

Be aware of: →

Different views within the family?

Gender or other sensitivities on certain topics?

Conversational approach

A conversational approach works well when questioning the client or family.

If a non-direct strategy is required, ask the client what another member of the family thinks about a certain issue. Clients may be more likely to reveal their cultural perspective when it is ascribed to another, particularly if there is concern about how you might respond to their views on that issue.

Once a client has described the situation in this way, you can then ask in a non-judgmental way what the client thinks about that practice.

Conversational Approach

DIRECT: What do you want us to do in this area?



INDIRECT: What would your son prefer?
Is this what you would prefer too?

Declaratory statements

Another strategy is to make a statement and then to ask what the client thinks about that statement. For example a statement could be:


"It is important to us that we, and the services that we arrange for you, are polite and respectful to your family."

Questions to follow could include:

- "What courtesies should be practiced when services visit?"
- "Are there things we might do that you would find offensive?" and
- "Could you let us know if service providers seem rude or offensive to you in any way?"

Declaratory Statements

STATEMENT: It is important for many people to practise their spiritual or religious beliefs



QUESTIONS: Are there any religious beliefs that we can help you to continue to practise?

3. Consult Cultural Resources

Cultural resources can include:

- Cultural brokers who are trusted representatives of particular cultural groups;
- Service specific cultural brokers such as, Multicultural Resource Centres or Multicultural Access Projects; and
- Books, literature and other written resources.



Cultural brokers

Cultural brokers are people who bridge, link or mediate between cultural groups. You need to find and maintain relationships with cultural brokers in order to have access to information that will assist you in understanding your individual clients. Cultural brokers can include accredited interpreters, or trusted community members.

Service sector resources

Service sector resources can provide assistance in understanding cultural groups. These include ethno-specific service providers, Aboriginal and Torres Strait Islander specific organisations, Multicultural Resource Centres, Multicultural Access Projects and multicultural or Aboriginal advocacy services. Certain government departments, such as Health, Education or Community Services, also have an array of information that may be of assistance to you, in particular, those that employ community liaison officers.

Written information

Useful written information can also be found in libraries and on the Internet. However, it is a good idea to check with the client and the family to ensure that the cultural information is relevant to this particular client and family.

Information that you can source from cultural resources include:

Communication patterns

Verbal and non-verbal communication patterns. Eye contact, gestures, personal space and other characteristics that may be common within the cultural group.

Etiquette, customs and norms

Who should be shown respect and how is this respect shown? What is considered polite behaviour?

Caring roles

What are the core roles common within the cultural group? Is it expected within the cultural group that daughters or sons should have responsibility for the care of the elderly?

Beliefs, values and norms

What beliefs, values and norms are common to the cultural group?

Genetic variations and risks

What risk factors are related to this cultural group?

Family roles

What are the family roles common to this cultural group?

Attitudes to receiving help from 'outside'

What are commonly held attitudes about receiving help from outside the family or community group?

Dietary practices

- What dietary practices are common to this cultural group? When are meals taken? With whom?
- Are there any special times in the year where certain foods are eaten or not eaten?
- Are there any requirements for food preparation?

Make sure you **CHECK** to see whether the information you collect from cultural resources is relevant to THIS particular client and this particular family.

The best way to do this is to **CROSS REFERENCE** by using at least one other strategy for collecting the information.

4. Enhance Questions

While collecting specific program information we can enhance our existing questions by adding a cultural dimension that helps reveal the cultural norms that are important to the client.

Many of the activities of daily living that you will be assessing and providing service in, are heavily influenced by cultural beliefs, norms and practices.


Prepare yourself for the assessment visit by using cultural resources first, then thinking of questions to check this information with the client. Finally enhance your usual set of questions by adding a cultural dimension.

For instance, when asking about diet and nutrition, you could use cultural resources for general information, then check with the client by using the declaration/statement method, as in the following:

“Mr. Mahmic, I understand that many Muslims will only eat foods that are Halal, and many also fast during Ramadan. Are these practices important to you?”

Enhanced Cultural Questions

Intake and Assessment Form



Prepare yourself for the assessment by using cultural resources first, then thinking of questions in advance of the visit.

Enhance your current questions by adding a cultural dimension.

Activity 7 (Select Strategies)

Look back at Activity 6. For each category you chose, list a range of strategies you could use to collect information on this issue; identify specific questions to ask the client or the family; and indicate where in your assessment process you would enhance questions pertaining to particular issues. Note the use of a declaratory statement in the example; you could also use a non-direct question.

Category	Strategies to collect the information	Questions you could ask the client or family	Where in the case management process could you or would you need to collect this information?
Carers and family	<ul style="list-style-type: none"> - Call the MRC - Call the Association for Korean Welfare - Ask client - Ask family 	'It is important to us that we find services that respect you and your family. What courtesies should be shown when services visit?'	<ul style="list-style-type: none"> - Assessment - Needs identification - Monitoring client

Activity 8 (Design Strategies)

Your group will be assigned one of the case studies on the next page. Complete the table by selecting categories from the Community Care Cultural Assessment Checklist. For each category, identify strategies you could use and questions you could ask to collect information about the client's culture. You also need to identify where in the case management process you could collect this information.

Category	Strategies to collect the information	Questions you could ask the client or family	Where in the case management process could you or would you need to collect this information?

Case Study: Mr. Asad

Mr. Asad is an 89-year old Muslim man, who was born in Pakistan. He greets men by taking his right palm to his forehead and bowing while expressing a verbal greeting. He would never shake the hand of a woman. Mr. Asad views people using loud voices as disrespectful. The male family members, particularly the eldest son, have decision-making power in the family. However, other family members are also consulted. Mr. Asad is uncomfortable giving written consent.

He is most respectful of food and prefers metal utensils for cooking and eating. He refrains from eating meat and fish, and fasts one day a week. When he eats, he uses the fingers of his right hand. Cleanliness is highly important to him.

Touching is not acceptable to Mr. Asad and he considers direct eye contact to be a sign of rudeness. He is often silent when he wants to communicate acceptance, approval or tolerance.

In keeping with his Islamic faith, Mr. Asad prays 5 times a day.

Case Study: Mrs. Cheung

Mrs. Cheung is an 88-year old woman who was born in Shanghai and migrated to Australia in 1988.

She likes to wear her jade pendant and is reluctant to take it off. Mrs. Cheung needs assistance to wash her hair but does not like to have it washed when she feels she is getting sick.

Mrs. Cheung speaks Cantonese but can hardly read or write as she left school when she was very young. Her English is poor and when she does not understand something, she simply nods politely and smiles. She is very shy, especially when in the company of unfamiliar people. It would be considered very disrespectful to address her by her first name.

Mrs. Cheung lives with her husband. Her husband is the decision maker and spokesperson for the family. The Cheungs live with their son, daughter-in-law, and three grandchildren. The grandchildren are highly regarded and are brought up to respect and honour their elders.

Mrs. Cheung also expects her daughter-in-law to care for her and her husband, as well as the grandchildren. This is what she did when she was a young mother.

Mrs. Cheung believes that physical illness is caused by imbalance of yin and yang. She does not like Western medicine and thinks it is best to leave the body intact rather than have surgery. She will avoid telling doctors of her illnesses, preferring traditional remedies.

Culturally Tailored Care Plans

A care plan that has the best chance of success is one that is acceptable to both the program and to the client and their family.

It is a requirement of community care services to respect and accommodate the cultural needs of the client. There may be, however, some situations where this is not entirely possible, or where it may not contribute to the desired outcomes for the client, or the requirements of law.



Summary

Culture is as unique as a person's fingerprint. It also shapes the client's view of their needs and how care should be provided.

The philosophy of community care is to provide care that enhances a person's quality of life, which is often determined by the person's cultural beliefs. Because culture goes is at the core of who we are as human beings, it should also be at the centre of our practice.

Today we explored some tools and techniques that enable you to build a cultural profile of your clients. A cultural profile should be developed for each and every client. It is quite likely that you already do this for clients whose culture you are familiar with. For clients who are quite different to you, more explicitly planned strategies may be needed.

Some strategies you were introduced to today include:

- asking the client and their family;
- using cultural resources; and
- enhance your usual questions.

Some key points to remember include the use of more than one strategy. Observation and the use of cultural resources should be complimented by effective questioning.

Some questioning techniques you were introduced to include asking indirect questions, or using a declaration / statement combination.

PLEASE COMPLETE YOUR EVALUATION FORM