

Trainer's Guide

Module 5: Collecting Cultural Information



Ethnic Communities Council of NSW and
NSW Community Options
2006



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The project was undertaken by Carrie Hayter and Jenny Bray, Community Services Consultants, who also designed this training package.

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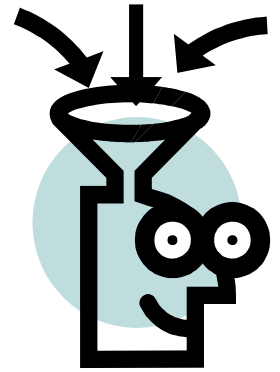
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- DISCLAIMER -

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.

Learning Objectives and Assessment Tasks



Learning outcome

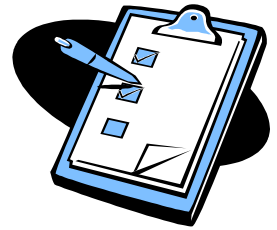
1. Analyse current case management processes and identify where cultural information is currently collected.
2. Identify weaknesses within the current case management processes in relation to systematically collecting cultural information.
3. Apply the Community Care Cultural Assessment Checklist within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

Delivery Methods

Gathering Cultural Information



Group Delivery

Target Groups: Case Managers
Managers

Session Time: 6 hours

Group Size: 12-15

Resources: Data projector, laptop, speakers
or
Overhead projector, video, TV & CD player

AND

Flip chart paper or whiteboard

Participant Materials

Evaluation and Self Assessment Sheets



This module does not include a Self-Directed Learning component.

Preparation Sheet

Gathering Cultural Information



Checklist

Details

Session Time: 6 hours

Equipment: Flip chart paper or whiteboard

Data projector, laptop, speakers

or
Overhead projector and
Video player, TV and CD player

Handouts: Participant Materials _____ copies

Venue Details

Address: _____

Contact: _____

The area is the traditional land of the
_____ People.

Housekeeping Details

Toilets: _____

Smoking Area: _____

Hazards: _____

Exits: _____

Assembly Point: _____

Lesson Plan

Collecting Cultural Information



Introduction (2 mins)

SLIDE 1



Introduce yourself as the trainer and provide the course title:
Collecting Cultural Information.

Acknowledge the traditional custodians of the land on which you are meeting, who are the _____

Housekeeping (5 mins)

Amenities: Toilets _____

Smoking area _____

Safety: hazards _____

Exits _____

Assembly point _____

Registration document _____

Breaks: _____

Materials: Has everyone got everything? _____

Notice there is a Self Assessment Sheet amongst your materials. Take a moment to fill it in now. You do not have to put your name on it.

At the conclusion of the training, you will complete an Evaluation Sheet. Please make sure you complete an Evaluation Sheet even if you have to leave early.

Course Introduction (2 mins)

In previous modules, we have focussed on what is culture, what is cultural competency and what personal attributes and skills are required to advance towards cultural competency.

In this lesson, we begin to focus on the client and getting to know the client's individual cultural values, beliefs and practices.

We will consider what domains of information should be collected and what strategies or techniques can be employed in order to collect it.

Activity 1 Participants Introduce Themselves

But before we go any further, let's get to know each other.

Would you please introduce yourselves, by 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?



15 minutes

Alternatively: "when have you encountered diversity?"

Activity 2

Orientation (2 mins)



You may need to prompt the participants to get them to answer the following question.

What cultural information do you currently collect from your client?

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

Where is that information recorded? How is it used?



Draw out ideas like:

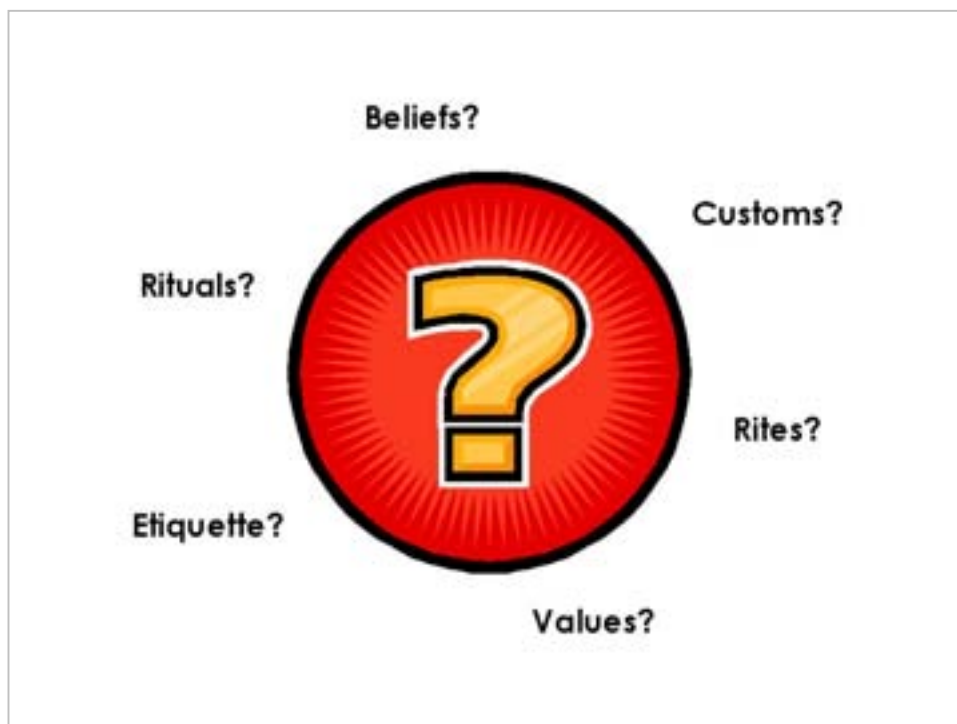
Country of birth;

Language spoken at home;

How much of this information is collected systematically?

Routinely?

Write learner's points on board.



Learning Outcomes and Structure (3mins)

SLIDE 3

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.

Today's lesson will focus on how to conduct a cultural assessment of your client and that collecting cultural information is central to this process.

The aim of the day is to focus on collecting information that will help you to understand your client's culture and to identify specific strategies and tools to assist you in collecting that information.

You do not have to participate in activities.

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 assessing for a cultural understanding or collecting cultural information. When we touch on the area of addressing cultural practices that may be harmful to a person's wellbeing, or to the delivery of community care services, we may encounter issues that relate to personal values and beliefs. To be able to do this, we will need to feel safe and supported.

Having ground rules is the best way to ensure this.

Activity 3

Ground Rules (5 mins)



If this group has worked together previously and has developed ground rules, ask the group if they are happy to continue with the existing ground rules. Read them out and ask for any amendments. Otherwise continue below:

I would like each of you to take a few minutes to record what ground rules you feel should be set so that we can get the most benefit from the session.

After a few minutes, I'll ask you to share your points with the group.



Write learner's rules on flip chart paper and pin up for the duration of the session

Draw out ideas like:

Confidentiality;
Listening to others;
You don't have to participate; and
Take time out if you need it.

TOPIC 1: Cultural Assessment (10 mins)

SLIDE 5 (✦)

Each client's 'culture bubble' is as unique as their fingerprint.

Practicing case management with cultural competency requires us to adapt the 'culture' of case management, as practiced in Australia, to the individual cultural needs and preferences of each of our clients. This means being able to apply our practices within the context of infinite diversity.

✦ The client's culture bubble has a strong impact on how they understand and perceive their care need and how care should be provided.

Understanding cultural competency is critical to good case management because the service is tailored to the individual no matter what their ethnic heritage, religious beliefs, values or practices.

SLIDE 6 (✦)

As discussed in module 3, there is a strong view that it is highly unethical to provide care in a manner that imposes cultural norms on an individual.

This has been described as a form of cultural imperialism.

In addition, such practice is against all community care standards and possibly even anti-discrimination law. This is because imposing cultural norms on a client or their family can be construed as indirect discrimination.

However, even if this was not the case, consider this:

✦ Imposing your culture, or the culture of 'mainstream case management' onto a client and / or their family will not work.

A successful care plan requires the client, their informal care giver and /or family, to work in partnership with the case manager as a team.

A clash of cultures or imposition of a cultural agenda will inevitably hamper such teamwork and lead to difficulties in the case management process.

The first step towards ensuring your case management practice demonstrates cultural competency is to conduct a cultural assessment of the client. This 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.

Care plans developed within this frame of reference have every chance of being acceptable to the client and their family and therefore are more likely to succeed. Practicing in this way also honours 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**

The following activity will prepare us to think about when and how we can enhance our case management practice by adding a cultural dimension.



Ask participants to form into groups. Give each group flip chart paper, blu-tac, post-it notes in 4 different colours and marker pens.

Form into small groups.

Draw a copy of the flow chart onto a piece of flip chart paper.

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. There is an example in your workbook.

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



25 minutes

Circulate among the groups and ensure they understand the instructions. If necessary, help participants.

Activity 5

Identify Gaps (20 mins)

On the following page of your workbook you will find a case study of Mr. Sook. The case study only provides information on some of Mr Sook's cultural values, beliefs and practices.

I want you to imagine that Mr. Sook has been referred to your service and he will therefore become part of your flow chart.

Your task is to identify where in your current flow chart the cultural information about Mr. Sook would have been collected, if it at all.

If some cultural information about Mr. Sook would have been ROUTINELY collected, place it on a sticky note on the flow chart.

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.



Activity continues next page.

Activity 5

Identify Gaps (continued)

Case Study: Mr. Sook (continued)

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.

Activity 5 Feedback (10 mins)

What information would be collected routinely? What information would not? Where would this information be recorded?

Many case managers find that their routine processes for collecting information about the client do not focus on what is of primary importance to the client: their culture.

What sources would you get this information from?



Highlight the fact that it is OUR case management needs that take up MOST of the time in the assessment. What is important to the client and helps to develop RAPPORT is asking about him or her as an individual.

(Extension question: Thinking of the previous lessons, what range of skills would a case manager use to collect this information?)

BREAK



TOPIC 2: Cultural Assessment Tools (15 mins)

SLIDE 9 (+++++)

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.

In 2003, Mary Narayan, a cultural competency theorist developed a simpler cultural assessment checklist. This has been adapted for community care services by Hayter and Bray Community Service Consultants (2006). Here is a summary of the checklist, which highlights the areas where you may find cultural differences.

It also provides a range of points and types of questions that can be used in conversation with the client and for obtaining culturally specific information using other sources.

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

✦ Social

This includes obvious aspects such as the language in which the client prefers to communicate or receive written material.

Verbal and non-verbal communication patterns

These involve elements such as eye contact, topics that are considered impolite or taboo and the meaning of facial expressions or gestures.

✦ The body

There may be special customs, rituals or etiquette to do with the physical care of the client. Are there any restrictions on who can help the client with the physical necessities of daily living?

✦ Roles

Are there specific family or gender roles? What is expected of children, the elderly or people with a disability? What is the expected role of the professional or roles associated with domestic labour.

✦ Spiritual and religious

How does the person specifically worship or practice their beliefs?

✦ Views of illness, ageing or disability

How do this person and their family view dementia, mental illness or disability?

✦ Cultural expression

How does this person express their culture? What are the important celebrations, events or holidays to be observed? Who does this person regard as their community?

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

◆ **Use of resources**

Is there an individual or a group orientation to how resources are used and distributed? How are belongings treated? What objects or belongings are valued?

◆ **Decision-making**

How do this person and their family make decisions? Who makes the decisions for the family?

CUSTOMS, RITUALS, BELIEFS, ETIQUETTE REGARDING...

SOCIAL

- Interpersonal communication

THE BODY

- Care of the body
- Physical contact

ROLES

- Family or gender roles
- Child/elder/parent
- The 'professional'

SPIRITUAL / RELIGIOUS

- Beliefs, worship, and practice of religion

DECISIONS

- How decisions are made & by whom?



VIEWS ON ILLNESS & DISABILITY

- Dementia
- Disability
- Mental illness

USE OF RESOURCES

- Individual or family/group orientation?
- How used and distributed?
- How are belongings treated? Valued?

CULTURAL EXPRESSION

- Holidays, celebrations, events
- How is culture expressed?
- Who is this person's community?

Adapted from Naranyan (2003)

Culture lies at the core of every person's being.

If we are serious about putting the client at the centre of our service delivery, then we must enhance our assessment process by adding a cultural dimension.

Activity 6 Apply Checklist (30 mins)

We're now going to apply the checklist to the scenario of Mr. Sook. Turn to Activity 6 in your workbooks.

Select three categories from the Community Care Cultural Assessment Checklist. Write a description of Mr. Sook's cultural profile for each of these categories.

For example, under 'Carers and Family' you could write:

- Extended family including son, daughter-in-law and three grandchildren;
- Respect to be shown to elders and ancestors; and
- Eldest male is head of the house.

Where there is insufficient information in the case study, write the information you would like to know in the Questions column.

For example: How would Mr. Sook prefer to be addressed?



Prepare chart for feedback.

Activity 6 Feedback (30 mins)

How did you find that activity?

Was some information recorded under more than one category?

Was there any information that did not fit into any category? Why?

What did you have written under Verbal communication?



Using flip chart paper in landscape, draw up a cultural profile table for Mr. Sook using the responses of the participants.

LUNCH BREAK



TOPIC 3: Strategies and Techniques

SLIDE 12 (★★★★)

There are four general strategies for collecting cultural information. We will look at each strategy in detail, after which you will have an opportunity to think of how and when you would apply each strategy.

The four strategies for collecting cultural information are:

✦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. Asking the client or family

This will be our main strategy as it is already a means for collecting program and other information.

✦3. Consulting cultural resources

This includes:

- 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.

✦4. Enhancing Questions

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

Observations

Observations have been covered in a previous module. The important point to remember is that our observations are affected by our own cultural perspectives. We must double check our assumption gathered by observations, using other complimentary strategies and techniques.

Asking the Client or Family

SLIDE 13 (+)

This is the most important strategy we can use for understanding the client's culture and cultural preferences.

Questioning the client and family directly 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 about how to raise topics about personal care or other sensitive issues.

Conversational approach

SLIDE 14

A conversational approach is best 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. A person may be more likely to reveal their cultural perspective when it is ascribed to another, particularly if they are concerned 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.

For example, a direct question would be:

- What do you want us to do in this area?

Whereas a non-direct question would be:

- What do you think your son would prefer?
- Is that what you would prefer, too?

Declaratory statements

SLIDE 15

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 we arrange for you, behave politely and show respect 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?
- Could you let us know if service providers seem rude or offensive to you in any way?

SLIDE 16

Another example could be to make the statement:


- It is important for many people to practise their spiritual or religious beliefs.

And to follow with the question:

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

Declaratory Statements

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



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

Cultural Resources

SLIDE 17

Cultural brokers

Cultural resources include people acting as cultural brokers. This can include accredited interpreters or trusted community members.

Service sector resources

Cultural resources also include resources within the service sector, such as 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 can assist 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.

SLIDE 18 (★★★★★★★★)

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?
- Any 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.

Enhance Questions

SLIDE 19

Many of the domains of 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?

Activity 7 Select strategies (20 mins)

In your groups, I want you to look back at the table you filled out for Mr. Sook in Activity 6.

In this activity, for each category you selected:

- 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 how you would enhance your assessment processes by adding questions relating to culture.

For example, under carers and family we have listed as strategies:

- call the Multicultural Resource Centre (cultural resource);
- call the Korean Welfare Association (cultural resource); and
- ask the family and the client.

A declaratory statement has been used in our example question:

It is important to us that we find services that respect you and your family.
What courtesies should be shown when services visit?

You could use a non-direct question.

Activity 7 Feedback (20 mins)

How did you find that activity?

Let's look at some of the strategies you have come up with.



Using flip chart paper in landscape used for the previous activity, add another column for strategies.

Write up the strategies provided by the participants.

Demonstrate how some of the questions used to collect cultural information can also be used to develop rapport.

While these strategies are still new to you, it can be useful to prepare for an assessment visit by drawing up a table like this for your client.

Using referral information and then information from cultural resources, start to complete the table by including questions to ask the client and ideas on enhancing your questions by adding a cultural dimension.

Activity 8 Design strategies (20 mins)

The best way to ensure culture is central to your day-to-day practice is to plan for assessment and other visits by completing a cultural assessment table.

In your groups, work through Activity 8 in the workbook. Here you will find a series of case studies. One case study will be allocated to each group.

Your task is to complete the table by identifying strategies you could use to collect information about the client's culture. Naturally you would not normally know this information about the client in advance. However, I would like you to design a strategy that would elicit these pieces of information about the client.

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.

Activity continues on next page



Activity 8

Design Strategies (continued)

Case Study: Mrs Cheung (continued)

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.

Activity 8 Feedback (20 mins)

How did you find that activity?

Let's look at some of the strategies you have come up with.



Using flip chart paper in landscape write up a table for each case study.

Write up the strategies provided by the participants.

Demonstrate how the strategies can also be used to help develop rapport with the client.

Once you have created a cultural profile for your client and collected information about these various domains, the information could be used to fully brief care workers and service providers about the cultural requirement of the client.

Culturally Tailored Care Plans (5 mins)

SLIDE 22

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.

As far as possible, we should respect and accommodate the cultural needs of the client. However, there may be some situations where this is not entirely possible or where it may not contribute to the desired outcomes for the client.



Summary (15 mins)

SLIDE 23

Today we looked at how the culture of each client is as unique as their fingerprint. Culture also shapes the client's view of their needs and how care should be provided.

SLIDE 24

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 is at the core of who we are as human beings, it should also be at the centre of our practice.

SLIDE 25

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.

SLIDE 26

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.

SLIDE 27

That concludes today's lesson. I hope you have gained or reinforced some useful skills for achieving a cultural assessment within the core business of your case management practice. Please assist to improve this training by completing an evaluation form.



Review the learning outcomes, giving feedback.

Be available for any Participants who may have issues raised by the training.

Evaluations.

- END -