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Building Bridges Initiative Issue Brief

Creating and Maintaining Cultural and Linguistic Competence in Human Service Agencies: Rationale and Recommendations for Promising Practices

This document is a Building Bridges Initiative (BBI) Issue Brief on Cultural and Linguistic Competence. This Issue Brief focuses on understanding issues associated with equality and disproportionality, and strategies to improve cultural and linguistic competence in youth and family serving agencies. Additionally, this Issue Brief will offer several recommendations to assist providers with cultural and linguistic competence initiatives.

The Building Bridges Initiative (BBI) supports and encourages the use of culturally and linguistically competent (CLC)[1] policies, procedures and practices in all residential and community programs providing services and supports to children and adolescents (hereafter referred to as youth), and their families. To support stakeholders in increasing their knowledge base in the area of cultural and linguistic competence, BBI developed the *Building Bridges Initiative Cultural and Linguistic Competence Guidelines for Residential Programs*. This document also includes a comprehensive list of cultural and linguistic competence resources. These guidelines are available at http://www.buildingbridges4youth.org/workgroups/cultural-linguistic-competence/products. Please visit www.buildingbridges4youth.org for more information and additional documents to support residential and community programs in moving to the best practices arena.

Introduction

A youth's perception of the world as being fair and equal for all is considerably intertwined with his/her social experiences and environment. All too often, the social environment for numerous youth of color and other cultural groups that are marginalized consists

[1] For the purposes of this Issue Brief, cultural competence is defined as "a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations"[1]. Linguistic competence is defined as the ability of an organization and its employees to successfully communicate information in a manner that is uncomplicated and easily understood by diverse individuals and groups, including those with limited English proficiency, low literacy skills or who are illiterate, and those with disabilities.

LGBT, LGBTQ, LGBTQA, LGBTQI2-S, TBLG refer to Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Asexual or Ally, Intersex, and Two-Spirit, as defined by University of Michigan, n.d. While all of the above acronyms are represented in research used to write this Issue Brief, *LGBTQ* will be the only acronym used throughout this paper.

of personal and family experiences of racial and other forms of discrimination that demonstrate unfairness, inequality and prejudice[i].

Cultural needs for youth and families are not simply an academic construct with tasks and competencies that providers can add-on to existing programs. Culture includes basic imbedded and familiar practices for all ethnic/racial communities, and includes food, grooming, music, recreation, discipline, and even the very definition of "family". These practices and cultural norms are rooted in the context of the everyday lives of youth and families receiving services, and shapes them in subtle and overt ways that profoundly impact the individual's perception of how he/she fits into the world.

Youth of diverse cultures, classes, races, and ethnic backgrounds living with emotional and behavioral challenges (and their families) receive services from community-based and residential programs, as a part of child welfare, mental health, juvenile justice and education systems. These same youth and their families may face numerous forms of discrimination and disparate outcomes within the various youth- and family-serving systems due to one or more factors including race, social status, gender, disability, and/or sexual orientation[ii]. Based on these facts, it is essential that service providers ensure that culturally and linguistically competent principles and values are embedded within their service delivery systems, practices and policies.

To this end, BBI has developed this Issue Brief to encourage service providers to employ culturally and linguistically competent policies, procedures, and practices in all services to youth and their families as detailed in the *BBI Cultural and Linguistic Competence Guidelines for Residential Programs.*

Issue

Youth of color have long been overrepresented in the United States child welfare system. Research indicates that youth of color remain in the child welfare system for greater lengths of stay as compared to White youth[iii]. Similarly, Latino youth are placed in out-of-home care more frequently than their White counterparts and remain in care for longer lengths of stay[iv]. Furthermore, American Indian/Alaska Natives are disproportionately overrepresented in entry into the child welfare system and remain in care longer than their White counterparts[v].

Evidence indicates that youth of color are disproportionately represented in residential programs and remain in out-of-home care longer than necessary. Fortunately, there is a positive trend -between 2002 and 2012, the total number of youth living in foster care (as of September 30, 2012) declined by almost a quarter (23.7%), from 523,616 to 399,546[vi]. However, the Department of Health and Human Services reported that since 2009, Native American youth have the highest rate per 1,000 in the general population under age 18, of representation in foster care.

The workforce of clinical and executive staff in residential programs and their boards of directors do not necessarily mirror the populations of youth and families served. The majority of youth and families receiving services in residential and other acute care settings are of color[vii];

however, it is not unusual for a white middle-class point of view to inform the structure and organization of the facility – from the schedules and routines, meals, behavioral expectations and treatment modalities, to the décor of the physical environment in which youth live while receiving treatment away from their homes. These seemingly innocent, often overlooked details, impact how families communicate and interact with the facility and staff that are caring for their children.

Additionally, the Surgeon General reported that the degree of racial and ethnic disparities is greater for mental health services than for other physical health services[viii]. Youth and families of color are less likely to access and use mental health services for several reasons, including under-identification of needs, accessibility, and lack of knowledge of services and the health center's practices[ix]. In addition, several social factors contribute to disparities in mental and physical health services access and use by youth of color, such as inequalities in income, housing, education and social causes[x].

Differential treatment of minority youth and those with mental health challenges is often displayed as a higher incidence of incarceration or increased length of incarceration[xi]. Youth who are African American, American Indian, and Hispanic are most often identified as having disproportionately high rates of contact with the juvenile justice system[xii].

Disproportionality and disparity of outcomes among youth of color with mental illnesses and/or emotional and behavioral challenges are not limited to the child welfare, mental health and juvenile justice systems; this group of youth is also affected by the differential treatment they receive in the education system. Several studies have documented that racial and ethnic discrimination among youth of color with mental health challenges is common in schools and in other public places[xiii]. Some of the most common forms of unfair treatment reported by youth of color are receiving a lower grade from instructors than earned; receiving uncommonly harsh discipline from school authorities; and being accused of acting suspiciously in public areas[xiv].

The need for change is fueled by the disparities in services and outcomes, and from changes in the demographics of the youth population. The 2010 Census[xv] reports that 47% of all persons under the age of 18 are youth of color. A full twenty percent of the population 5 years or older speaks a language other than English at home and 8.7 percent of those who speak a language other than English at home speak English "less than very well"[xvi]. Note that ten percent of the K-12 population is English language learners[xvii]. This group includes youth of families who have come to the United States as immigrants or as refugees. Approximately 6% of documented immigrants are between the ages of 5-17[xviii], and approximately 35% of the refugees who come to US are under the age of 18[xix]. To these numbers one must add undocumented youth and youth who are born to immigrant and refugee parents. Even if the youth speak English, many of the parents or other caregivers are persons with Limited English Proficiency. Successful services to these youth and families require attention to both the impact of their immigration or refugee experience on their mental health status and the ability to communicate those concerns and participate in services using their preferred language.

The incompatibility between cultural and linguistic competence and the clinical setting can sometimes result in the youth and family feeling out of place in the very environment that has been designed to provide treatment and support. "Clinicians who lack training regarding different cultural groups bring biases that may hinder treatment effectiveness[xx]." The behaviors of the youth and family member that are named "disruptive," "aggressive," or "non-compliant" can be seen as a natural and expected reaction to finding themselves in an environment that they experience as alien. When a youth and family "adjusts" to the setting, it should not always be seen as a good outcome; at times, it may in fact be submission to an environment over which they feel they have no control. The youth who suppresses his/her personhood to fit in to an environment that does not support ethnic and cultural needs learns to mold to the institution. This process is described as a psychological change wherein the youth learns to balance their culture with the other demands of personhood[xxi]. Studies have demonstrated that it is critical that providers' treatment approaches be sensitive to various developmental trajectories and integrate minority families' diverse parenting practices into its interventions, if treatment is to be appropriate and effective[xxii].

Additionally, disparity in outcomes extends beyond youth and families of color. Youth who identify as lesbian, gay, bisexual, transgender or questioning (LGBTQ) have a history of experiencing unequal treatment and disparities throughout various systems[xxiii]. Research indicates that youth who identify as LGBTQ are vulnerable, and at higher risk of being victimized or dying by suicide; and the two categories of youth that are mostly impacted by abusive and discriminatory practices are transgender youth and youth of color.[xxiv]

Youth who identify as LGBTQ are more likely to be placed in more restrictive settings, moved between placements more often, and less likely to develop permanent adult connections than other youth.[xxv] Youth who identify as LGBTQ experience significantly higher levels of harassment and assault than their non- LGBTQ peers in child welfare placements and juvenile justice environments.[xxvi] 'When discussing youth who identify as LGBTQ as a population, it is important to recognize that young people, particularly young people of color, may not fit or define themselves according to "common sense" or prevailing definitions of lesbian, gay, bisexual, or transgender'[xxvii]. Additionally, it is critical to acknowledge that both the sexual orientation and gender identity challenges may influence youth not to reveal their sexual orientation due to discomfort, lack of acceptance or fear of reprisal. Similarly, if one shows his/her gender identity, s/he may be opening self to criticism and harassment, even though such assertion is demonstrating authentic identity and should be accomplished without risk to personal safety.

Ethnic and cultural views on gender and sexuality are deeply rooted in spoken and unspoken rules of conduct. The acceptance or lack of acceptance and outright rejection of youth who are developing their sexuality and gender identification is a critical facet in providing safe and supportive interventions. The discrimination that occurs because of the negative perceptions about mental health disorders, combined with the fear, isolation, bullying and rejection that many youth who identify as LGBTQ experience is truly debilitating. It is critical that agencies create a welcoming environment by establishing allies that will help youth who identify as LGBTQ to

feel respected, supported, understood and valued[xxviii]. It is important that allies represent the cultural, ethnic and linguistic needs of the youth, as these needs are imperative as a baseline of care before clinical work can have any success[xxix].

For quite some time, human rights advocates have acknowledged the close connection between discrimination and poverty.[xxx] Families raising youth with mental illnesses and/or emotional and behavioral challenges often exhaust personal resources and find themselves living in poverty to provide care for their child[xxxi]. Recently, published data indicates that more than two- thirds of people who are extremely poor in low- income countries and lower-middle-income countries live in households where the head of household is a member of an ethnic minority group[xxxii]. Discrimination against people who are poor, and racially and ethnically diverse is evident towards members of these households, as are the prejudices that minority groups have for other minority groups[xxxiii]. While there are legal protections against discrimination, groups that are the recipients of this discrimination generally have limited opportunities to address it.

Call to Action

Research has demonstrated that racial disproportionality and disparate outcomes are the result of various disadvantages that are social, political, economic, and attitudinal in nature[xxxiv]. The research distinctly identifies the factors causing disproportionality and contributing to disparate outcomes, as poverty, classism, racism. Additional factors include less than responsive organizational culture and service strategies, and inadequate resources.[xxxv] Based on these findings, it is critical that residential and community programs serving youth and families utilize the tools and resources that are available to assist organizations and staff with increasing their level of cultural and linguistic competence.

It is imperative that youth and family service providers learn and demonstrate the cultural, ethnic, linguistic and social respect and responsiveness needed to truly provide compassionate and successful services. This is a life-long process that individuals and organizations must commit to and practice in order to develop and maintain cultural and linguistic competence.

It is important that boards and executive leadership within organizations develop a plan to assess and increase the agencies' integration of culturally and linguistically competent policies, procedures, and practices into the delivery of all services for youth and their families, as well as into their internal and external operations. One such tool for conducting self-assessments is the *Cultural and Linguistic Competence Self-Assessment Checklist for Staff of Residential Programs Providing Behavioral Health Services and Support to Children, Youth and Their Families*[xxxvi]. These actions will help to

A SYSTEM RESPONSE TO CULTURAL & LINGUISTIC COMPETENCE CHALLENGES

To examine the challenges associated with addressing racial disproportionality and disparate outcomes,[1] provider agencies should review Casey Family Programs' publication, *Breakthrough Series Collaborative on Reducing Racial Disproportionality and Disparate Outcomes for Children and Families Of Color in The Child Welfare System*.

The challenges are as follows:

- Widespread lack of professional and public awareness
- Unavailability of family support services and resources
- Reluctance to address structural and institutional racism
- Limited cultural competence of agency staff
- Limited cultural relevance of agency services and service providers
- Lack of racial/ethnic diversity among staff and service providers
- Challenge of engaging other systems and community partners
- Agency policies and systemic practices

The complete *Breakthrough Series Collaborative on Reducing Racial Disproportionality and Disparate Outcomes for Children and Families Of Color in The Child Welfare System* and recommendations are available at: http://www.casey.org/Resources/Publications/BreakthroughSeries_ReducingDisproportionality_process.htm

create a more equitable service system for youth and their families, as well as assist with the mitigation and eventually the elimination of disproportionality and disparity of outcomes.

In addition, agencies must be willing to address the challenges related to increasing their level of cultural and linguistic competence. If an organization lacks the capacity to adequately address a particular challenge, the organization should devise a plan for building its capacity in that area to effectively address that challenge. Additionally, several initial recommendations have been developed by the BBI Cultural & Linguistic Competence Workgroup for residential agencies and other programs and organizations serving youth and their families. The agency's leaders should consider these foundational recommendations as building blocks for their cultural and linguistic competence initiative. While these recommendations are limited to service organizations, it is believed that state licensing entities and accreditation organizations could also choose to use these recommendations as a guide to support their oversight functions.

Recommendations

Provider Agencies

Provider agencies are encouraged to use the following recommendations to guide their efforts to address and improve cultural competence:

- The National Standards on Culturally and Linguistically Appropriate Services (CLAS) http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15. The most recent version of the *National CLAS Standards* includes mental health and entities that promote the health of the whole person. Individual providers and organizations are encouraged to use the standards to make their practices more culturally and linguistically accessible.

- Facilitate language access for youth and families by providing services in their preferred language. If the agency receives federal funding, it must comply with Title VI of the Civil Rights Act of 1964, which requires language access for persons with Limited English Proficiency. The agency must also be in compliance with the Americans with Disabilities Act, which requires accommodations for persons with communication barriers related to disability.

- Develop and implement a recruitment and retention plan for ensuring board members, executive leaders and staff reflect the racial, ethnic, and cultural diversity of the population served. The written plan should be integrated into the agency's strategic plan and should include reasonable and specific timeframes for accomplishing milestones and goals. The plan should also have a system for sustaining diversity levels.

- Create a cultural and linguistic competence orientation system that is tailored to the particular tasks and responsibilities of all new board members, executive leadership, staff and volunteers, on the organization's approach to cultural and linguistic competence. As part of the orientation process, board members, executive leadership, staff and volunteers

must be required to share their understanding of the organization's approach to cultural and linguistic competence upon completion of orientation to ensure full understanding.

- Establish a Quality Improvement (QI) process that regularly monitors and evaluates its procedures related to the consistent implementation of an equitable methodology for promoting staff who are culturally diverse into management and leadership positions throughout the organization, and supporting their success in these positions. Particular attention should be given to structural barriers to advancement for staff who are minorities.

- Develop a plan with strategies and timelines for identifying and involving family members and youth that reflects the diversity of the service population. It is critical that the plan includes the meaningful involvement of family members and youth in planning and policy development to ensure appropriate cultural and linguistic responsiveness.

- Allocate funding to support the active involvement of family members and youth who represent the diversity of those served.

- Advocate for adequate funding and resources to effectively impact disproportionality and mitigate disparate outcomes.

- Establish a process for identifying and partnering with individuals and organizations that represent the youth and families served to develop authentic culturally relevant training and support.

- Collect data and report findings to the community about how the organization is addressing issues of disproportionality and disparity particularly related to service outcomes.

- Develop and implement a plan to ensure that data are collected and analyzed, and used to identify and revise the agency's goals and objectives, policies, programs, practices, and services. The plan should be incorporated into the organization's QI process.

It is strongly recommended that provider agencies refer to the *Building Bridges Initiative Cultural and Linguistic Competence: Guidelines for Residential Programs*: http://www.nxtbook.com/nxtbooks/casey/breakthroughseriescollaborative/index.php?startid=69#/22 to view a full range of recommendations to assist provider agencies on their journey towards cultural and linguistic competence.

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Definitions

Cultural competence is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations (Cross, Bazron, Dennis, & Isaacs, 1989; Isaacs & Benjamin, 1991).

Disproportionality refers to the difference in the representation of a group in a service population when compared to the group's representation in the general population.

Disparity refers to the inequitable treatment and/or services provided to a specific group as compared to Caucasians in similar situations (Adapted from Derezotes, Poertner, & Testa, 2005).

Family-driven refers to families having a primary decision-making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory, and nation (National Federation of Families For Children's Mental Health, 2010).

Intersex refers to a person born with an indeterminate sexual anatomy or developmental hormone pattern that is neither male nor female. The conditions that cause these variations are sometimes grouped under the terms "intersex" or "DSD" (Differences of Sex Development), (Poirier, et. al., 2008).

LGBT, LGBTQ, LGBTQA, LGBTQI2-S, TBLG are acronyms that refer to Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Asexual or Ally, Intersex, and Two-Spirit (University of Michigan, n.d.).

LGBT Ally refers to a person who works both to facilitate the development of all students around issues of sexual orientation and to improve the experience of lesbian, gay, bisexual, and transgender people (University of Illinois at Urbana-Campaign, 2007).

Linguistic competence is defined as the ability of an organization and its employees to successfully communicate information in a manner that is uncomplicated and easily understood by diverse individuals and groups, including those with Limited English Proficiency, low literacy skills or who are illiterate, and those with disabilities (Goode & Jones, 2004).

Social inequality describes societies in which specific groups do not have equal social status

based on ethnicity, gender, or other characteristics (Schulz, Israel, Williams, Parker, Becker & James, 2000).

Transitioning is often defined as the process of ceasing to live in one gender role and starting to live in another, undertaken by individuals who are transgender and transsexual. Many people also use the term to refer to the entire transgender/transsexual process (from living full time in the beginning gender role to after gender reassignment surgery), (Poirier, et. al., 2008).

Two-Spirit refers to a gender identity in which someone's body simultaneously houses both a masculine spirit and a feminine spirit; this idea originated with Native Americans, and can also mean that they fulfill both gender roles (Urban Dictionary, 2014).

Queer is a term sometimes used by the LGBTQA community to refer to the entire LGBT community (University of Michigan, n.d.).

Youth-guided means that youth have the right to be empowered, educated, and given a decision-making role in the care of their own lives as well as the policies and procedures governing care for all youth in the community, state, and nation, including giving youth a sustainable voice. The focus should be towards creating a safe environment enabling youth to gain self- sustainability in accordance with their culture and beliefs (Youth-Guided Definition, n.d.)

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www.buildingbridges4youth.org