

Cultural Competence in Child Welfare: What Is It? How Do We Achieve It? What Happens Without It?

Anna R. McPhatter

The overrepresentation of minority children in the child welfare system is well-documented. Providing culturally relevant and effective medical and psychosocial services in the field, while an enduring goal, still remains elusive. This article asserts that before significant progress toward achieving these goals can be made, what constitutes cultural competence must be elucidated. A Cultural Competence Attainment Model, comprising a grounded knowledge base, affective dimensions, and cumulative skill proficiency, is described for use by child welfare practitioners. The effects of cultural incompetence are also addressed.

Anna R. McPhatter, Ph.D., LCSW, is Chair and Associate Professor, Department of Social Work and Mental Health, Morgan State University, Baltimore, MD.

The overrepresentation of racially and culturally diverse children and families in the child welfare system is well-established. In the general population, four times as many African American children as Caucasian children become wards of the state; the former also spend a longer time in the child welfare system [Everett et al. 1991; Edelman 1987]. Nationally, 26% of the children entering out-of-home care are African American and 10% are Latino [National Center on Child Abuse and Neglect 1992]. Moreover, in a number of jurisdictions and states, the percentage of African American children in the out-of-home care system is staggering. These figures range from a high of 87.5% in the District of Columbia to over 45% percent in Illinois, New Jersey, South Carolina, Louisiana, Georgia, and Mississippi. Latino children are overrepresented in several states as well; they comprise 45% of the children in New Mexico, 31% in Texas, 29% in California, 25% in Arizona, and over 15% in Connecticut, New Jersey, Massachusetts, and New York [Children's Defense Fund 1994].

It is also well-established that the professionals who provide health and social services to these children are predominantly Caucasian. For well over a decade, a variety of efforts have been undertaken to enhance the ability of child welfare practitioners to respond to the needs of children and families of color in ways that are culturally congruent and effective. These efforts have been largely sporadic, with an emphasis on raising awareness and sensitivity. Additional efforts have sought to increase knowledge and understanding about the unique aspects of the history and culture of specific groups, primarily African Americans and Latino Americans. These efforts, however, have not addressed culturally effective practice in a comprehensive and sustained manner, and have been inadequate.

Cultural competence in child welfare practice has become a buzz phrase in dire need of elucidation if we are to move beyond the fragmented approaches that have characterized previous efforts. This article seeks to advance the conceptual

understanding of what child welfare practitioners have identified as a goal—cultural competence. A comprehensive model for achieving cultural competence in child welfare is presented and implications of cultural incompetence are discussed. The underlying assumption of this model is that children and families should be provided with health care and psychosocial services that are culturally acceptable and that support the integrity and strengths of their culture. Child welfare practitioners have an obligation to provide culturally congruent interventions if they are to achieve, in actuality, the goal of preserving the best interests of children, families, and communities.

Literature Review

Social demographers project that in less than two decades, racial and ethnic minorities will become the numerical majority in the U.S. [Sue et al. 1992]. Motivated by long-term profit projections, corporate America has taken seriously the inevitable racial and cultural diversity of the future labor force and is investing tremendous resources in preparing for this eventuality. It recognizes that productivity in the workplace is greatly enhanced by the extent to which people engage effectively in cross-cultural interactions. Social work, health, and other human services would do well to emulate the commitment of corporations to achieve a genuine level of cross-cultural competence, notwithstanding the corporations' motivation for doing so.

For nearly two decades, the social work profession has decried the importance of cultural diversity in student enrollment, faculty, and curricula. Schools of social work are required to demonstrate throughout their curricula that students are being prepared to serve a culturally diverse client population. Despite this ongoing mandate, born of ethical obligation, there is reason to believe that the demonstration has been substantially ineffective. McMahan and Allen-Meares [1992: 533] concluded from a content analysis of recent social work literature that most

of the social work literature on practice with minorities is “naïve and superficial.” Moreover, the authors believed that those who publish in the predominant social work literature have a powerful influence on framing practice knowledge. Similarly, Diggs [1992] found in a large study ($N = 200$) of graduate social work educators that (1) when schools did not make the inclusion of ethnic and cultural content in the curriculum a priority and did not provide pertinent resources, the content rarely appeared; and (2) two-thirds of the educators in her study described the lack of knowledge and competence to teach diversity content as their most problematic teaching concern. These educators described textbook content as inadequate and superficial. The educators themselves were not generally knowledgeable of even classic works on diversity such as Norton’s work [1978] on the “dual perspective” in social work. Many of these same social work educators (70%), while believing that cross-cultural practice required different skills, could not identify what the different skills were. Another disturbing trend found by Diggs was the tendency of social work educators to repeatedly use the same content on diversity in each social work course, effectively thwarting the development of knowledge at an advanced or content-specific level. These transmitters of the profession’s most fundamental education process openly admitted that they had not been educated and trained in their own social work preparation to deliver multicultural content and did not feel confident or competent to do so in their courses.

Social work is not alone in its inability to meet the complex challenge of cultural competence despite its avowals to do so. Sue et al. [1992] indicate that despite continued efforts by the counseling profession to press for multicultural competencies, the Association for Multicultural Counseling and Development is still trying to justify the need. They note that the American Psychological Association and a number of government-sponsored conferences have identified the serious lack and/or inadequacy of training programs that deal with racial, ethnic,

and cultural matters. In fact, in its code of ethics, the American Psychological Association [1992] requires mental health professionals to be aware of differences due to race, ethnicity, language, socioeconomic status, gender, and national origin. Violation of this principle may be considered unethical and may present a cause for action for unfair discriminatory practice. Kavanagh and Kennedy [1992], in *Promoting Cultural Diversity: Strategies for Health Care Professionals*, make it clear that culturally relevant health care is a right, not an option, and that health care professionals are obliged to pursue competence in this area as painstakingly as they do in clinical training or other specialities.

All of these exhortations and descriptions are reminders of just how essential it is for practitioners in child welfare to move beyond the obvious identification of the need for culturally competent practice. Commitment to cultural competence at this point demands an advanced level of activity, that is, critical discourse on what constitutes cultural competence and a thoughtful delineation of the path one must traverse to achieve it. What follows is an effort to stimulate this badly needed initiative.

The Child Welfare Challenge

There is a clear imperative in child welfare to provide services that deal effectively with the oftentimes life-threatening conditions that face children and families. Social work educators as well as child welfare practitioners often assume that competence with racially, culturally, and ethnically distinct groups can be achieved through short-term—and often one-shot—workshops or classes. This assumption reflects a short-sighted, simplistic view of a complex process. Restructuring one's worldview and developing a sound base of knowledge and skills are long-term professional endeavors.

The first step toward achieving cultural competence is understanding and accepting the reality that openness to long-term, ongoing, and persistent development is required. As in

all professional development, there is no ideal completion. Sue et al. [1992: 75] describes the culturally skilled counselor as “one who is in the process of actively developing and practicing appropriate, relevant, and sensitive intervention strategies and skills in working with his or her culturally different clients.” Thus, any serious initiative to work effectively with diverse client populations begins with this premise.

As variably expressed by others [Devore & Schlesinger 1996; Green 1995; McAdoo 1993; Sue et al. 1992; Logan et al. 1990], preparation for serving ethnically and culturally diverse populations effectively must be pursued on a three-level—yet highly integrated—front. A unimodal focus on raising awareness or sensitivity is necessary but not sufficient. Neither is it acceptable to believe that increasing one’s level of cognitive understanding of culturally different groups is all one needs to do. The literature gives much support to the idea that behavioral change does not necessarily follow knowledge about social phenomena. For example, the perennial battle against HIV—the deadly virus that causes AIDS—has raged for several years now around the goal of bridging the gap between information and high-risk behavior, with only marginally positive results.

Over the course of more than 20 years of teaching and practice in the field of child welfare, it is clear to this author that a comprehensive model for achieving cultural competence is sorely needed. It is from my own work in child welfare that the following model evolved as a response to demands from the field. The discussion begins with definitions of several concepts critical to understanding the model.

Cultural Competence Defined

The study and description of culture is massive. Most pertinent to this discussion is Green’s [1982: 6–7] description of *culture* as “those elements of a people’s history, tradition, values, and social organization that become implicitly or explicitly meaningful

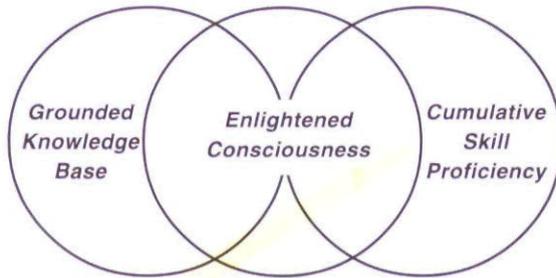
to the participants...in cross-cultural encounters." *Culture*, then, connotes worldview, behavioral styles and inclinations, and thinking patterns that present and can be anticipated in interpersonal interactions across social boundaries. It is precisely the different ways in which culture becomes manifest that are pivotal in this discussion. It is one's culture that distinguishes and brings meaning to social events, necessitating knowledge of readily observable distinctions as well as less discernible nuances between and among groups.

As used in this context, *competence* refers to an ability or a capacity equal to the requirement, that is, responding effectively to the purpose or goal. Further, Green [1995: 52] asserts that the competent practitioner is able to conduct her or his "professional work in a way that is congruent with the behavior and expectations that members of a distinctive culture recognizes as appropriate among themselves." Dana et al. [1992: 221] likewise describe *cultural competence* as "an ability to provide services that are perceived as legitimate for problems experienced by culturally diverse persons." Cultural competence denotes the ability to transform knowledge and cultural awareness into health and/or psychosocial interventions that support and sustain healthy client-system functioning within the appropriate cultural context. This definition compels one to ask, "What purpose is served by providing services in any other context?" Unfortunately, much of what occurs in child welfare practice falls far short of meeting the foregoing criteria.

The Cultural Competence Attainment Model

The proposed model assumes that (a) achieving competence in any sphere is developmental and (b) learning may take place in any or all of one's thinking, feeling, sensing, and behaving dimensions. In this regard, the model is holistic, circular, and interconnected, as shown in figure 1. The components of the model are an Enlightened Consciousness, a Grounded Knowledge Base,

FIGURE 1
Cultural Competence



and Cumulative Skill Proficiency. Although each component represents a substantive goal unto itself, none is sufficient alone to produce competent cross-cultural practice. Each dimension must be embraced as an essential part of a mutually influencing whole. This fact is precisely why earlier professional declarations of becoming “culturally sensitive,” brief overviews of ethnic group history, or cursory cross-cultural communication techniques have not evolved into a level of competence that effectively encompasses the needs of culturally diverse child welfare clients. Focus in one area must not exclude substantive endeavor in the other areas. Each dimension of the model will be discussed separately, but the reader is cautioned not to presume that proficiency in one area takes precedence or priority over the others.

Enlightened Consciousness

Enlightened consciousness involves a fundamental process of re-orienting one’s primary worldview. It often requires a radical restructuring of a well-entrenched belief system that perceives oneself and one’s culture, including values and ways of behavior, as not only preferred but clearly superior to another’s. The ultimate goal of this shift in mind-set is to create a belief in, and acceptance of, others on the basis of equality solely because of a

sense of shared humanity. Much of what people have become through socialization, formal and informal education, cultural transmission, and so on, contradicts the real essence of equality between and among us. This is particularly evident in century-old traditions and beliefs fueled by declarations of “unbiased scientific research” that support the superiority of European Americans and everything derived therefrom. Altering one’s worldview is often a frightening effort because it forces one to challenge the very foundation on which one’s personhood stands, even when it is clear that this foundation is substantially out of line with reality.

This essential transformation begins with a shifting of consciousness and awareness of just how endemic and narrow one’s socialization has been. Individuals who have grown up in environments in which most of the people with whom they interact are racially, ethnically, and culturally similar to themselves have had a monocultural early socialization. They will likely experience a great deal of peeling away and restructuring in this process of enlightened consciousness. Monoculturally oriented individuals experience a great deal of personal and professional discomfort when interacting with people significantly different from themselves. In the real world of practice, such individuals often exhibit nervousness and insecurity with culturally different clients and may resort to superficial small talk with culturally different professionals. It is quite common in situations where an African American professional might expect engagement in substantive dialogue on pertinent issues with Caucasian professionals for the latter to resort to commenting on clothing styles, the weather, and other frivolous matters. This behavior occurs frequently even with professionals who share common education, training, and experiences. The discomfort is often driven by a fear of offending, a lack of a fundamental understanding of the other’s culture, or by the meaning attached to specific events or behaviors. As an example, a nationally regarded social work educator expressed his extreme discomfort

with how to refer to people of African descent, making a joke about whether to call them Negro, Black, Afro-American, or “just what” (to use his precise words). His discomfort came across as offensive to African Americans in a situation where it clearly was not the intent. An awareness and understanding of the often dissimilar worldview of people of African descent may very well have prevented the perceived trivializing comment about an aspect of identity that is so meaningful.

Enlightened consciousness also has attitudinal and affective dimensions. The restructuring of worldview requires a critical review of what individuals believe is reality. When awareness, sensitivity, and genuine acceptance toward culturally different others are internalized, our whole affective demeanor moves closer to one of openness to engagement. The reality of a multicultural society is accepted, and the struggle to maintain the superiority/inferiority dichotomy eases. We acknowledge the shortcomings of our education and socialization, we express the need to expand our knowledge and understanding of others, and we make a steadfast commitment to do the work necessary to move from the comfort of a monocultural existence to a bicultural and, ultimately, a multicultural existence.

It should be apparent that this dynamic process cannot even begin in short-term or brief overtures into another's world. It must be a sustained effort motivated by a true desire to become accepting and comfortable in personal cross-cultural interactions and effective in providing services to clients whose cultural realities differ markedly from one's own. This work requires immersion experiences through what Green [1995] refers to as participant observation using cultural guides. Genuine efforts to increase knowledge and awareness of others are often met with positive responses from professionals and clients alike, especially when attitudes of condescension and voyeurism are resolved. Professionals and clients of color willingly engage in a teaching/learning process that is approached from a position of equality and shared meaning. African American profession-

als often experience and describe resentment when approached and expected by colleagues to be teachers in unidirectional ways. Too often, they are requested to share content and material on diversity without accompanying offers to share resources or demonstrated effort to obtain information through normal pursuits. This failure is often viewed as a less than genuine commitment to expand one's knowledge base absent clear and sustained previous work to do so.

Exploring the uniqueness of one's own culture, and identifying and embracing both positive and negatively perceived aspects, increases one's ability to approach these aspects in the cultures of others. A state of enlightened consciousness enables one to connect with culturally different others at a new level of excitement and joy. Blockades and walls erected to separate begin to crumble, making way for a lifelong journey toward the attainment of cultural competence.

Grounded Knowledge Base

We are all burdened with the Eurocentric bias that is the foundation of our formal and informal education. The very nature of the education process, as well as the content that is selected and presented, is flawed in ways that make it extremely tedious to dissect and dismantle its stronghold. The formal education process begins with the highly questionable—if not false notion—that science is neutral and lacks bias. History, mythology, values, culture, scientific methodology—all shape the basic essence of knowledge building. The bias is so deeply entrenched that it is often difficult for the most adept among us to engage the misinformation in a productive way. A *grounded knowledge base* begins with the premise that everything must be exposed to a process of critical analysis. This is emphatically true because the selection of content to which we are introduced has so thoroughly excluded perspectives that both challenge and broaden the Eurocentric worldview. The theory and practice wisdom that form the basis of social work practice demand con-

siderable and ongoing critique, in addition to teaching future social workers how to develop this mode of inquiry.

Examples of major weaknesses and gaps in the knowledge base passed on to others in the profession of social work are numerous. For example, contributions of African Americans and other people of color to the social welfare systems rarely, if ever, are included in the knowledge base. Further, most of us were introduced to mainstream developmental theories—Freud, Erikson, Kohlberg, and so on—in human behavior courses, and completed this education exchange without knowing that these conceptualizations of normal life-course development describe women and culturally different people as deficient and abnormal. Theorists who describe normal adult development as career attainment, heterosexual marriage, childbearing, and managing a household exclude the developmental experiences of a substantial number of people. Unfortunately, in this educational scenario, alternative theoretical perspectives are either not available or seldom get presented.

The pursuit of a grounded knowledge base demands creative use of a wide range of sources of information that includes other disciplines, related subject matter, and nonmainstream works. Communities of color, key informants, and traditional and nontraditional economic, religious, and social institutions are dynamic laboratories for relevant knowledge building and must be seen as valuable resources.

In the field of child welfare, developing an essential knowledge base is an expansive endeavor. A number of areas, however, are absolutely critical to enhancing competence with ethnically and culturally diverse people. No list would ever be considered complete or comprehensive, but the following essentials are believed to be foundational components for every child welfare worker actively engaged in becoming culturally competent.

1. Knowledge of the history, culture, traditions and customs, preferred language or primary dialect, value orientation,

religious and spiritual orientations, art, music, and folk or other healing beliefs of the groups for which the worker carries out professional responsibilities is required. While it is frequently necessary in cognitive processes to rely on generalizations, practitioners must discern important differences in culture and practice between and among groups typically categorized as monolithic. Further, the worker's exploration of her or his own ethnic or cultural group is essential because the value and meaning others hold about the culture will likely emerge from it.

2. Child welfare workers need intimate familiarity about social problems and issues that have different impacts on minority group members. These conditions are, most especially, sustained patterns of socioeconomic disadvantage because of poverty, unemployment, or truncated education; morbidity and mortality; health and psychosocial risk factors such as substance abuse; and increasing rates of interpersonal and community violence. It is fundamentally important that workers understand the dynamics that sustain these problems, as well as their origin and etiology, so that interventions may be appropriately targeted.
3. Because children and families live in and relate to neighborhoods and communities in deeply interlocking ways, workers must include neighborhoods and communities as vital aspects of their practice domain. Neighborhood and community profiles, including, for example, sociodemographic information and a comprehensive knowledge of neighborhood needs and resources, are essential. Formal, civic, and informal resources are important. Workers often fail to use valuable resources offered by churches, religious institutions, and other community-based programs that have a long history of prominence in communities of color.
4. Practitioners must demonstrate a firm understanding of the dynamics of oppression, racism, sexism, classism, and other forms of discrimination that shadow and defame culturally

different clients irreparably. It is also critical to understand the process by which clients internalize oppression, how that process is manifested, and how it compounds an already overburdened reality. Persons with an enlightened consciousness no longer engage in the futile process of denying the historical and current existence of oppression; they no longer make excuses or try to justify the fear and hatred that fuel it. Instead, they acknowledge the need to develop strategic and persistent responses to thwart and eliminate individual and institutional mechanisms that maintain oppression, and busy themselves doing so. These efforts require knowledge of advocacy and individual and community empowerment as child welfare professionals form real collaborations with families and communities.

5. Child welfare workers should have knowledge of the formal child welfare system, its history, the contributions made by people of color to the development of services for children and families, the current issues facing child welfare (including funding and policy shifts), and, most especially, the obstacles to providing effective services to culturally diverse clients. Workers must clearly understand minority group perceptions and feelings about the larger social welfare system generally, and specifically, their own perceptions and feelings concerning the child welfare system. Consumers of social and child welfare services have a long history of receiving degrading and humiliating experiences within these systems and harbor great fear and distrust of the system. In fact, social workers are generally held in extremely poor regard in communities of color, where the negative experiences of members are transmitted over time. Recent focus groups of child welfare clients conducted by the author in an eastern city confirmed just how negatively perceived these institutions are. Workers must be able to engage clients empathically and with sensitivity concerning these very real perceptions, and most importantly, must stop citing the un-

derstandable resistance offered by clients as something inherently deficient in the client when inappropriate interventions fail.

6. Workers must be well-versed regarding the diversity of family structure and the often overlooked functionality of diverse family forms among families of color. Billingsley [1992] provides an exhaustive and informed description of the great variation in African American families and an unparalleled discourse on the remarkable strategies these families have used to survive and to excel over time.
7. Knowledge about family functioning is a broad and expansive area fraught with ambiguity concerning indicators of what constitutes optimal functioning or its opposite, dysfunctioning, within families. Assessing family functioning is even more problematic when one lacks knowledge about culturally proscribed and prescribed behavior. Child-rearing practices, including methods of discipline, nurturing, and meeting physical and psychosocial needs of children; responses to illness and health; and racial socialization are all areas where culturally competent practitioners must be adept. The imprecise nature of the ways in which the profession assesses risk for children and what genuinely constitutes neglect and abuse demand that we approach these areas solidly grounded in community and cultural norms. The use of corporal punishment in many African American families, for example, is an area where great care and understanding must be exercised. Coping strategies and survival behaviors of people of color demonstrate great variance, and lacking knowledge that an immersion experience provides puts practitioners at an extreme disadvantage when seeking to discover "what works." Martin and Martin [1995] portray dynamically how African Americans use blues and spirituals as a way of defining a problem through "moanin;" engage a problem-solving process through "mournin," which includes collective empathy, emotional catharsis, in-

culcation of hope and faith, and facing reality objectively; and express through “mornin,” finally seeing the light and achieving hoped-for dreams most typically through the connection and intervention of a sovereign God. It is knowledge of these diverse cultural processes and the ability to validate and support them that increases the effectiveness of child welfare practice with culturally different clients.

8. Knowledge of child welfare interventions is enhanced by incorporating alternative theoretical and practice perspectives that are culturally relevant. One must be constantly alert to the possibility of alternative explanations for behavior and events. For example, what is often described as manipulative behavior may be reframed as problem-solving efforts in need of support and skill development. Chestang [1972], in a seminal work on character development in a hostile environment, describes an effective dual response wherein a balance is sought between a perennial belief in the goodness of people and the reality of threats posed by them. Workers who recognize and understand the dynamics of hostile environments for people of color do not ask them to give up a major survival and adaptive strategy before they are on firm footing with other more effective alternatives.
9. Child welfare practitioners must value and build on the longstanding informal foster/adoption/kinship care practices that are characteristic in families of color. Because family preservation, family reunification, and family support interventions are pursued within a cultural milieu, they represent new challenges for practitioners. Many of the models being implemented in various parts of the U.S. are built on theoretical and practice perspectives that are incongruent with minority families’ belief systems. For example, many ethnic and cultural groups use faith and the belief in a higher power to resolve difficult and seemingly elusive problems, whereas professionals often minimize or dismiss the legiti-

macy of this practice. In this regard, it seems obvious that cultural context must form the basis of intervention choices and strategies with clients of color. Short-term and intense interventions must be measured in the context of the oftentimes longstanding risk factors such as poverty and unemployment that clients have little control over and are not likely to resolve in an arbitrary time, despite their best efforts.

10. Concepts related to strengths and resilience must be incorporated into explanations of behavior and approaches to intervention. The ability to identify assets in a family beset by overwhelming liabilities often produces the pivotal turning point toward successful interventions with culturally different clients. Although a great deal of effort has been made by child welfare practitioners to incorporate a strengths perspective in work with families, many of the models that make up the landscape of practice continue to overemphasize deficits, making it difficult to help clients glean a sense of hope for positive change. This point is especially pertinent due to the unrelenting negative images of people of color portrayed in our society.

A grounded knowledge base must significantly expand the social work and child welfare knowledge base as currently constructed. To become culturally competent, workers must engage in persistent and thoughtful analysis of the cultural implications of the most basic and fundamental theoretical constructs and practice approaches. The search for cultural relevance must be put to the test unapologetically and used in ways that continually enrich this critical knowledge base.

Cumulative Skill Proficiency

Enlightened consciousness and a grounded knowledge base are the bricks and cement that build *cumulative skill proficiency*. *Cumulative* connotes the process nature of skill development and suggests that the practitioner who is committed to becoming

culturally effective recognizes the building and constructing nature of this effort. *Skill proficiency* is not a haphazard process; it is focused, systematic, reflective, and evaluative. Continuing to use skills because we were trained that way or because we lack alternative skill proficiency is out of sync with the goal of achieving cultural competence.

One of the most crucial skills for a culturally competent practitioner is the ability to engage a culturally different client's reality in an accepting, genuine, nonoffensive manner. Practitioners who give equal value to others' worldview are more able to engage clients in ways that put them at ease quickly and successfully. People of color are adept at reading the slightest nuance or cue that carries even the most carefully concealed message of disapproval, discomfort, or nonacceptance because of one's race, culture, or ethnicity. A description of a worker as "she's alright" by a client of color in reference to a cross-cultural interaction is usually a response to an accurate reading of the worker's skill at entering a dissimilar cultural milieu. Acquiring such a fundamentally important skill can only take place through consistent practice motivated by an authentic goal to be real with others.

Prevailing practice principles are clear about the importance of developing rapport and trust with clients. Cultural differences, by their very existence, complicate the bridging of what often appear as gulfs. An inferior knowledge base, coupled with a skewed view of our multicultural reality, doom the best efforts to connect with clients in productive work. In clinical practice, for example, it is futile to expect people of color, given their contravening history with the Caucasian world, to immediately trust the intentions of Caucasian workers or to honestly disclose deeply personal and threatening information about themselves or their families. Closing this cultural gap is the professional responsibility of the culturally competent practitioner.

Assessment and intervention skills in a broad sense form the child welfare practitioner's armamentarium, and grow out

of the critical knowledge base above. In assessment, the very questions we pursue are determined by worldview and practice theory [McPhatter 1991]. Our beliefs about why people experience unusual problems in living and how change occurs guide assessment and intervention processes. The areas we pursue in assessment must be informed by substantial understanding of the client's cultural reality or the result is often distorted, confused, and unhelpful.

Given the longstanding institutional and environmental structures that have a negative impact on people of color, the culturally competent worker must be able to intervene skillfully at every level—organizational, community, social, economic, and political. Intervening swiftly and effectively to remove organizational or community obstacles to the benefit of clients sends powerful messages to clients of color about the worker's skill and commitment, with invaluable outcome. This is especially true if Caucasian workers correctly identify and confront issues of racism and discrimination, a battle that people of color often feel they fight alone.

Practitioners who do not view macro issues as their domain, given their import to minority clients, function in a vacuum and will not achieve even minimal levels of effectiveness in their work with culturally different clients. Knowledge of organizational and structural dynamics and related intervention skills are critical for effective work with clients of color. Early and successful interventions by workers in behalf of clients with court systems, social welfare agencies, and health care and other service providers often convince clients of color of the worker's trustworthiness, thus easing the way for more intra/interpersonal interactions.

Cross-cultural communication skills are also a must. Use of professional jargon with clients and equating the lack of a command of standard English with a lack of intelligence are frequent errors made by child welfare workers. Culturally incompetent workers more often than not walk away from interac-

tions with clients with a distorted and incomplete view because the workers know so little about the language and dialects used by the clients. For example, how often do workers know to interpret a reference to “my raise” as describing a parent; “keep it on the down low” as hold in confidence; or “running it” as manipulating or getting over on someone. The fact that language and accompanying meaning change so frequently among some cultural groups emphasizes the importance of frequent and ongoing connections within the cultural environment of clients.

Proficiency in practice skills with culturally diverse groups is an important component for measuring successful outcome. Effective cross-cultural communication results in increased accuracy in assessment of problem areas, leading to appropriate and strategically targeted interventions. If we clearly grasp culturally expressed intrapsychic and behavioral dynamics, opportunities for effective resolution increase exponentially.

The Consequences of Cultural Incompetence

The current level of cultural incompetence can persist only at vast detriment to children, families, communities, the child welfare system, and society as a whole. Policymakers, administrators, planners, and organizers design culturally irrelevant programs and services in sync with perceptions and agendas that are not only incongruent with the realities and needs of culturally diverse populations, but also often exacerbate the very problems they aim to ease. The cost of this business-as-usual approach to child welfare concerns is incalculable. The socioeconomic, personal, familial, and community problems we now face are increasing in complexity each day. Burnout and worker turnover add to these complexities. Programs and practice interventions born outside of the appropriate cultural context pursue erroneous targets, squander scarce resources, and help few. Child welfare agencies continue in disarray and uncertainty

about real visions and ways of reaching them. Caucasian professionals, professionals of color, and culturally diverse clients are estranged from one another; they are anxious, angry, and bitter as they seek targets for their confusion and sense of failure. Cultural incompetence does absolutely nothing to rescue the neediest of our children and families from the tragic futures they face. Professionals cannot model or emulate what they do not understand and do not know how to practice.

What are the benefits of an authentic **commitment** to achieving cultural competence? In the **short run**, efforts at enlightened consciousness help free us **from** ignorance, and truth is aired. The effort helps us to **regard**, respect, and value each other. The real payoff is the **realization** that we are more effective in our efforts and **more energized** toward goal attainment when we are not **constantly** trying to protect our fears, trying to say or do the **politically correct** thing, and trying to avoid the most frightening prospect—being thought of as a bigot. We begin to develop a foundation of trust at the core of which is equality, resulting in more creative solutions to difficult problems. Culturally competent practitioners provide culturally relevant services to people. We ask and listen to what culturally diverse people say about their needs and we attend and respond to their views about how to approach resolution.

The Challenge

The process of becoming culturally competent begins with an honest assessment of one's level of functioning with culturally different others. This challenge requires a level of honesty and forthrightness that eludes most. Practitioners and educators alike consistently perceive themselves to be considerably more effective in their cross-cultural work than they, in fact, are. It is these faulty perceptions that get in the way of the real work that must be done to achieve the level of effectiveness that chil-

dren and families of color have every right to expect. The questions below, honestly approached, are designed to assist in the initiation of that appraisal.

1. How much personal/social time do I spend with people who are culturally similar to or different from me?
2. When I am with culturally different people, do I reflect my own cultural preferences or do I spend the time openly learning about the unique aspects of another person's culture?
3. How comfortable am I in immersion experiences, especially when I am in a numerical minority? What feelings and behaviors do I experience or exhibit in this situation?
4. How much time do I spend engaged in cross-cultural professional exchanges? Is this time spent in superficial, cordial activity, or do I undertake the risk of engaging in serious discourse that may divulge my fears and lack of knowledge?
5. How much work have I actually done to increase my knowledge and understanding of culturally and ethnically distinct groups? Does this work include only an occasional workshop in which I am required to participate? What are my deficiencies and gaps in knowledge about important cultural issues?
6. What is my commitment to becoming culturally competent? What personal and professional sacrifices am I willing to make in the short term for the long-term benefit of all children and families?
7. To what extent have I nondefensively extended myself in approaching professional colleagues with the goal of bridging cultural differences?
8. Am I willing to discontinue representing myself as knowledgeable and as having expertise in areas of cultural diversity that I have not actually achieved?
9. If I am unwilling to commit to a path leading to cultural competence, will I take the moral and ethical high ground and discontinue providing services to people I am unwilling to learn about?♦

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