

Workshop 27: **Culturally competent collaboration**

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Background

The Department of Corrective Services recently adopted a new vision for the department being *“Leaders in Corrections: Partners in Criminal and Social Justice”* (Strategic Plan 2003-2007, 2003). This vision was informed by a group of senior officers identified by the Department of Corrective Services Executive Management Group as future leaders within the organization. The group working together under the banner of the Vision 2005 team for over six months shaped the new vision, as well as critically influencing the thinking of the Executive Management Group as to what future scenarios are possible for the department. The majority of the Vision 2005 team subsequently constituted the core of the University of Queensland Department of Corrective Services Learning Group (UQ DCS Learning Group) formed to develop collaborative capacity within the department.

The Queensland Government has engaged the Queensland Indigenous community through a number of partnerships such as that arising from the December 2000 *Queensland Aboriginal and Torres Strait Islander Justice Agreement* (the Justice Agreement). A high priority outcome for the department under the Justice Agreement is *“To reduce by 50 percent the rate of incarceration of Aboriginal and Torres Strait Islander offenders by the year 2011”*. Future scenarios including partnerships with Indigenous communities and desired outcomes such as the reduction in the rate of incarceration are largely responsible for the social justice element in the department’s vision statement.

However, a corollary exists between the vision and work performance of the department in that the department does not enjoy sound public perception as being a *“culturally competent”* organization (pers comment Creative Industries Indigenous Focus Group, 2003). Improved collaboration within and between business units of the department are viewed as one way in which organisational performance can be improved in responding better to the needs of offenders, particularly Aboriginal and Torres Strait Islander offenders.

Methodology

A concise literature review was conducted to ascertain current approaches in the specific area of culturally competent collaboration. As expected, a sizable amount of literature is generated through United States based enterprises and less generated in Australian or near Pacific regions. The Australian information predominantly originated from health service organizations such as the Victorian Centre for Culture, Ethnicity and Health, and

the University of New South Wales Centre for Culture and Health. Literature was sourced from:

- Material supplied by the University of Queensland through the UQ DCS Learning Group
- Material held by the Department of Corrective Services
- Material held by the author
- A search of the internet
- A search of databases including Australian Family and Society Abstracts and Index New Zealand.

Searches were largely limited to material published in the last ten years where possible, and search terms used in various combinations included:

- competence
- competency
- cultural
- cross-cultural
- culturally
- collaboration
- definitions
- diversity
- ethnicity
- multicultural
- partnership
- race
- transcultural.

Many definitions of cultural competence are found in the literature yet none is accepted as the "benchmark" in what still is an emerging field. According to Campbell (1995), the term "cultural competence" embodies "the knowledge, attitudes, skills, and protocols that allow an individual or system to render services across cultural boundaries in an optimal manner". Like (1996) further suggests that cultural competency "is a continuum that encompasses several stages, which include:

- understanding one's own cultural background
- acknowledging the patient's different culture, value systems, beliefs, and behaviours
- recognising that cultural difference is not synonymous with cultural inferiority
- learning about the patient's culture
- adapting optimal health care delivery to an acceptable cultural framework."

Several culture-related terms used in the scientific literature included:

- biculturalism - the simultaneous identification with two cultures
- cross-cultural - interaction between individuals from different cultures
- culture - the shared values, norms, traditions, customs, arts, history, folklore and institutions of a group of people

- cultural diversity - differences in race, ethnicity, language, nationality or religion
- ethnicity - belonging to a common group with shared heritage, often linked by race, nationality and language
- race - a socially defined population that is derived from distinguishable physical characteristics that are genetically determined.

Similarly, many definitions of collaboration were found in the literature however the meaning defined by Thomas (1976) as involving “the equal concern for both the interests of others and the interests of self” is preferred.

Thus understanding of culturally competent collaboration used in this paper is one where an application of the collective knowledge and skills of a diverse group of individuals transcend cultural boundaries in a respectful and honourable manner to effectively and efficiently achieve more than what would have been achieved by an individual.

Discussion

From the literature, it is apparent that the health services paradigm is the most dominant influence on the concept of culturally competent collaboration. When serving the interests of a minority cultural group, there are strengths and weaknesses from there being a dominant paradigm.

For example, the main entry point for employees into the Department of Corrective Services during the last five years has been through custodial corrections. The operating principles and business of the department have been dominated by the custodial corrections paradigm given the majority of senior managers and executive directors have arrived at their substantive positions by this pathway. However, significant changes such as external recruitment to a number of senior management positions within the last two years have exacted a positively stronger influence over the strategic business of the department.

This change in the dominant paradigm within the department, coupled with a conscious organisational adaptation of cultural specialist roles within the workforce has created impediments to career development and progression for Aboriginal and Torres Strait Islander employees in the form of inconsistent workforce practices and requirements for qualifications in some functional areas. Whilst an amount of change management and collaborative expertise exists within the department, the falling number of Aboriginal and Torres Strait Islander employees and rising numbers of Aboriginal and Torres Strait Islander offenders as reported on the Department of Corrective Services’ website www.dcs.qld.gov.au is a clear demonstration of the standard of culturally competent collaboration within the department.

Gardner and Cary (1999) identify six core competencies required for effective collaboration:

1. critical (systems) thinking
2. clinical competence
3. strong interpersonal communication skills
4. knowledge of other health care professionals’ roles (acknowledging differences)

5. conflict resolution skills
6. group process knowledge and group facilitation skills.

In order to get to the root meaning of *effective collaboration* as advanced above, then an unpacking of the term “competency” is required. The definition of a unit of competence as advanced by Next Training Pty Ltd (2002) is one that combines “a general area of knowledge and skill” (see Figure 1).

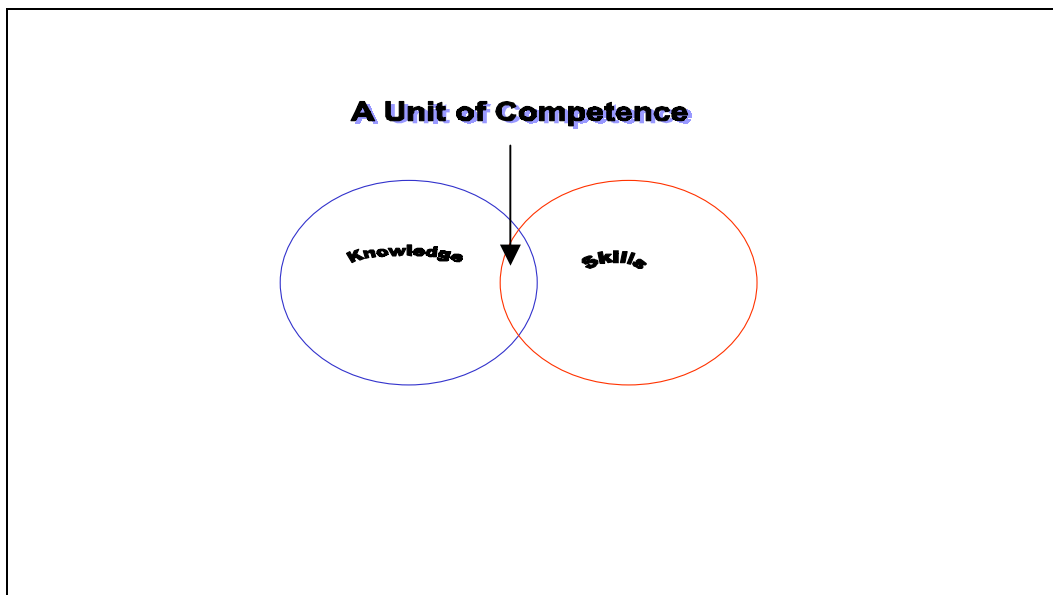


Figure 1

Next Training Pty Ltd (2002) further advances that a standard of competence (see Figure 2) as advanced by Next Training Pty Ltd (2002) is one that reflects:

- *the understanding of knowledge (facts, reasons, principles, etc);*
- *the required psychomotor skills (performance/ability); and (sic)*
- *the application/attitude/aptitude (innate capability) of individuals.*

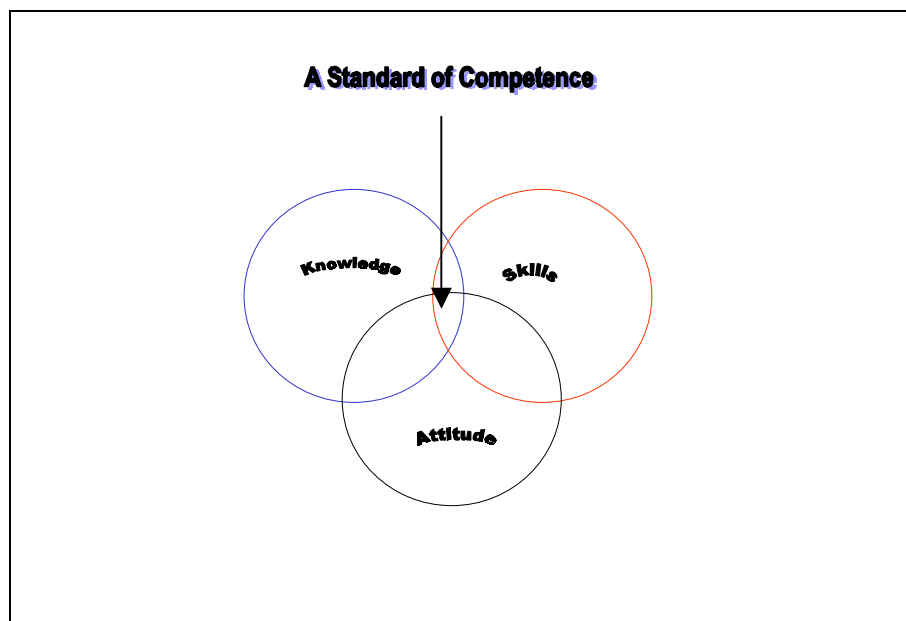


Figure 2

Both of the above propositions are consistent with the Australian Qualifications Training Framework. A necessary component of a standard of competency is that of attitude or aptitude. So if participants approach the collaborative venture with little or no concern for the ethnic or cultural values of other stakeholders, then the critical role tensions within the collaboration may predispose collaborative outcomes to the clinical realm rather than humanistic or realistic in essence.

Take for example Campinha-Bacote's (1994) presentation of a culturally competent model of care. The model comprises four components on a continuum:

- (1) cultural awareness
- (2) cultural knowledge
- (3) cultural skill
- (4) cultural encounters.

According to Campinha-Bacote (1994):

Cultural awareness is defined as having cultural sensitivity and avoiding cultural biases. Cultural knowledge is defined as the care provider understanding the cultural worldview and theoretical/conceptual framework of the patient. Cultural skill is defined as the provider having developed the skill set to access an individual's background and formulate a treatment plan that is culturally relevant. Cultural encounters are the processes, which allow the health care provider to directly engage in cultural interaction with clients from culturally diverse backgrounds.

From this perspective, a collaborator possessing cultural awareness, knowledge and skill would more likely be effective and successful in any cultural encounter. Additionally Campinha-Bacote's article provides a checklist of the "Six A's for Culturally Responsive Services" as keys to providing access of services to underserved and culturally/ethnically diverse populations. The six A's are:

- (1) available
- (2) accessible
- (3) affordable
- (4) acceptable
- (5) appropriate
- (6) adoptable.

Competency is also more than cross-cultural awareness according to Brink (1999). In this short article, the term trans-cultural is defined as “the belief in concepts that transcend cultural boundaries” and cross-cultural is defined in the context of “anthropological research that compares and contrasts cultural groups with each other”. The majority of Queensland Government departments, including the Department of Corrective Services, are more familiar with cross-cultural awareness than the term ‘trans-cultural’. The focus on cross-cultural awareness has meant that structural organisational elements impeding culturally competent collaboration remain unaddressed because of misplaced faith in equity plans and recruitment and retention strategies to singularly make up for the lack of cultural competencies.

As Senge (1990) described “[Oftentimes] the structure causes the behaviour [of individuals]. This distinction is important because seeing only individual actions and missing the structure underlying the actions... lies at the root of our powerlessness in complex situations.” A result of such an encounter is a brand of collaboration, which is secular and bounded solely by the quality and strength of personal relationships. This secular brand of collaboration is in lieu of a much stronger model of centrally coordinated collaborations appropriately supported by a multi-layered and decentralised organisational structure, which is informed by the collective formal and social experiences of networked clusters of competent individuals.

Another term experienced in some nursing practices is “cultural relativism”. Baker (1997) defines cultural relativism as:

the perspective that the behaviours of individuals should be judged only from the context of their own cultural system. The terms refer to the use of one’s own culture as the starting point to judge other cultures and to the assumption that one’s own culture is superior to other cultures.

For example, an Acting General Manager of a Queensland Correctional Centre recently challenged an Aboriginal employee about taking sick leave due to the employee having ‘flashbacks’ about a death in custody. The Acting General Manager asserted that he had personally seen a number of deaths in custody and it had not bothered him (pers comm witness). The ignominy of this example is that it is not an isolated event in the corporate life of the department.

Baker (1997) further examines:

the dilemmas faced by nurses in making judgments in cross-cultural situations and suggests (sic) drawing on the hermeneutic approach as a philosophy for cultural encounters. The hermeneutic approach deals with how one person comes to understand the actions, words, or any other meaningful product of another person.

At the heart of the hermeneutic perspective is constructive communication across cultures.

From the above discussion, an argument can therefore be drawn that it is not possible to be a culturally competent collaborator without possessing cultural competencies. The response to the argument then is how might the grounds for culturally competent collaboration be prepared? The literature proposes a number of elements that contribute to precondition the department as being capable of a culturally competent collaboration:

- The department has to become more familiar with a language or lexicon for managed organisational change and references to cultural competence must become more evident in corporate documents including policy, programs and procedures;
- Cultural competency training must become a regular offering in the annual calendar of the Training and Development Centre and should become mandatory for all senior managers and supervisors in the first instance but phased in over a longer term as a mandatory annual requirement for all staff;
- Establish a senior executive level committee to implement and monitor diversity initiatives as well as ensuring cultural competence within the system;
- Develop accountability mechanisms to measure progress via benchmarks and performance measures, audits and evaluations of cultural competence;
- Improve language accessibility to non-speakers of English through translation or interpreter services;
- Recruit or grow in-house bilingual/bicultural proficiencies;
- Translate significant documents, brochures, procedures and guidelines into other languages based on forecasted demands;
- Develop standards and guidelines inclusive of cultural competency clauses for the contracts and tendering processes, particularly as it relates to service provision for Aboriginal and Torres Strait Islander offenders and employees; and
- Ensure there is a generous annual budget allocation specifically to enhance culturally competent collaborations.

Conclusion

After the grounds for growing cultural competencies are prepared, the returns on investments in collaborative ventures will be more resilient and sustainable according to Campinha-Bacote (1994). Attitudes and resistance to working effectively with a diverse range of employees and offenders will be better managed given the proposed accountability means and measures to ensure that those employees not yet culturally competent will be identified and supported to become competent.

It is clear that the 'traditional' approaches to collaboration will not be enough to take the department into the near future and beyond given the demographic mismatch between the diversity of the workforce and clients. However the stage-managed creation of a collaborative learning and culturally competent organization will reduce conflict and tension arising from the gradual rewiring of the circuits of power within the changing organization. An organised and careful mapping and monitoring of cultural and collaborative competencies will also help arrest dysfunctional conflict before it becomes problematic. The ongoing challenge for change agents within the department will be succession

planning for the eventual replacement of self as ongoing management of the 'big picture' processes will be essential if consistency of collaboration is to be sustained at the systemic and small or local systems level.

Tovey (1997) said, "competency based training means training that is geared towards specific outcomes which reflect the required competencies in the workplace." The capacity for the organised and ongoing supported development of cultural and collaborative competencies is critical to the department's collaborative futures as highlighted in previous pages. The matter of does the department have on hand the required knowledge, skills and attributes to take the department forward should be confirmed by an audit of whether existing human resources are competent or not yet competent. As proposed previously, workplace training, learning and development are critically strategic characteristics given that culturally competent collaboration is already manifesting as a key organisational imperative of the Department of Corrective Services.

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