

## *Section Three*

### *Cross-cultural interactions*

Now that you have become more familiar with culture, cultural awareness and cultural knowledge, this third part of the manual will help you when you **are working and interacting with** people.

## Sources and further reading:

- Davidhizar, R., Dowd, S. & Giger, J.N. (1999). Managing diversity in the health care workplace. *Health Care Supervisor*, **17** (3), 51- 62.
- Fitzgerald, M.H., Mullavey-O'Byrne, C., Clemson, L. and Williamson, P. (1996). *Enhancing Cultural Competency: Training Manual*. Transcultural Mental Health Centre, NSW. Cumberland: Australia.
- Multicultural Mental Health Australia (2002). *Cultural Awareness Tool: Understanding Cultural Diversity in Mental Health*. Parramatta, NSW, Australia.
- NSW Department of Ageing and Disability (no date). Communication Handbook for NSW Government Agencies to Assist in Developing Communication Strategies that Meet the Information Needs of People with Disabilities. Accessed on line 10/04 from: [http://www.dadhc.nsw.gov.au/NR/rdonlyres/898B1EC7-FFED-4F87-83F0-E7C25D504C61/280/DPF Comms handbook.pdf](http://www.dadhc.nsw.gov.au/NR/rdonlyres/898B1EC7-FFED-4F87-83F0-E7C25D504C61/280/DPF%20Comms%20handbook.pdf)
- Narayan, M.C. (2003). Cultural assessment and care planning. *Home HealthCare Nurse*, **21** (9), 611 – 620.
- Orb, A. & Wynaden, D. (2001). Cross-cultural communication and health care practice. *The Australian Journal of Holistic Nursing*, **8** (2), 31-38.
- Sue, S. and Zane, N. (1987). The role of culture and cultural techniques in psychotherapy. *American Psychologist*, **42** (1), 37 – 45.
- Tsang, A.K.T. and Bogo, M. (1997). Engaging with clients cross-culturally: towards developing research-based best practice. *Journal of Multicultural Social Work*, **6** (3/4), 73 – 91.

Now that you have become more familiar with culture, cultural awareness and cultural knowledge, this third part of the manual will help you when you are **working and interacting with** people.

The first section provides strategies you can use to **improve your relationship** with people from different cultural backgrounds from yours: learning about each other; negotiating understanding; and establishing trust.

The second section looks at **ways to encourage effective communication** between you and others: patience; and what to look out for in oral communication, in non-verbal communication, and when you use interpreters.

The third section suggests how to conduct, and what to include when you conduct a **culturally competent client assessment**.

## *Creating good relationships*

*“The most important thing is the way people approach consumers, especially at the first point of contact. Be open minded, accepting and aware of others’ values, and able to negotiate. You also have to give the feeling that they can help themselves and that you can build together. Don’t just go in there saying ‘I am the expert, they know nothing’.” Advocate*

*“It’s a two way street. For us to understand them as well as them understand us. This is not just for us to find out what we can do and show what we have to offer, but so that we*

*also know what they are looking for. We need to make our and their expectations clear as this can otherwise make the relationship that little bit more difficult.” Service Provider*  
*“Trust. That’s a huge issue! You have got to feel comfortable, and at the first contact. If there is no comfort then it is a non-relationship.” Advocate*  
*“One useful thing is when you first talk to a family, try to relate some of your experiences back to them, so they can see that you have been through this. It is very important that the person doesn’t see you as someone who sits in the office and just writes things. That is very, very important, because if you can overcome that, that is one of the first steps.” Service Provider*

## **The first contact**

How you *first approach* people is critical. The **first point of contact** can either set you up for **success**, or create an **unnecessary barrier** that can take a long time to get around. This goes for all clients. With consumers and their families from NESB, however, it can be much easier to make a mistake. Making a serious mistake makes it much more difficult to establish a good relationship. One manager I talked to spoke about the difference between Anglo-Australian and NESB consumers and their families. He told me that, “If you step on someone’s toes and they are Anglo-Australian, you might be able to re-build it straight away, and rectify it. With NESB, it is much more difficult to get back, the damage is done sometimes.” The answer is to **make an extra effort** not to make mistakes.

## Strategies for building good relationships

There are **three** very useful strategies that help create a good relationship: learning about each other; negotiating understanding; and establishing trust.<sup>1</sup>

### Learning about each other:

*“Don't come across as the 'expert'. There is a man at one of the Government departments we work with. Consumers are always complaining about him. He thinks he is fully aware and culturally competent. But really he can't listen, never has any time, is suspicious of people's motives, and already has preconceived ideas about clients and where they are coming from. He always thinks he is right.” Advocate*

First and foremost the relationship, especially at first contact, is about you and the consumer **learning about each other**. Coming across as an expert who knows everything is **not** recommended. While it is important to come across as a professional who knows what they are doing, you need to do this with a human face. The best way to approach the consumer is to demonstrate **you are equal partners in the relationship**. This means you make it clear you want to learn about their circumstances **as well as** tell them about yourself and the service you can offer. On the one hand the consumer can learn *about you* and what you have to offer. On the

other hand, they feel comfortable that you want to learn *about them*.

### Case study 8: How NOT to learn about each other

Steven couldn't understand what had gone wrong. He had gone to assess a Greek consumer, Alysia, and her elderly parents but had come away with nothing, except feeling frustrated. They spoke good English, so why had this family seemed so uninterested and, well there was only one word for it, rude, to him?

Steve was busy that day, so when Alysia's parents greeted him at the door he looked at his watch and said, 'Nice to meet you too. I'm sorry, I am in a hurry today, do you mind if we begin straight away?'

So they all went to the kitchen, and the mother put on some coffee. She asked Steve if he would like some coffee before they began, and he said, 'No thank you. I don't drink coffee.'

'How about some baklava?'

Steve looked at the baklava and said, 'No I've had that stuff before and it's too sweet for me! Look, I'm sorry but I really must begin.'

The mother shrugged and the family sat down. Steve then proceeded to tell them about the service and what it could do for Alysia. He was quite clear that they were a very experienced professional service. He said they were experts in providing the support Alysia obviously needed. The parents said nothing. As he was about half way through talking the father stood up and said, 'I am sorry, this is not going to work. We will keep looking after Alysia. We don't need your help. Thank you for coming but we don't need you.' He stood up and walked out of the room, leaving Steve slack-jawed in amazement. The mother showed him out with barely a word spoken.

<sup>1</sup> Adapted from Tsang and Bogo (1997)

*Exercise 7: What did Steve do wrong, and how could he have made it better?*

Write down what you think Steve did wrong. Then write down what he could have done to make the meeting better.

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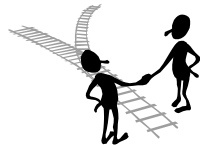
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**Negotiating understanding:**



Once you **both** feel **comfortable**, you can begin to **understand** each other. Your role is to **negotiate** with the consumer and their family about their needs, views and concerns, what you can offer, and agree on an acceptable plan of action. This is based on both of you letting each other know about the **similarities** and **differences** you have. This includes exploring the influence of culture in understanding disability and seeking support. Then explain what you have to offer. Then explore the consumer and family's expectations about what is being offered. Consumers also told me it is important **not to come across as if they owe you a favour for the work you are doing**. They said they already felt uncomfortable enough having to ask for help in the first place and this just put them off even more.

**Negotiating understanding about systems:**

*"I thought, what do you mean by 'Support'? In the beginning when I joined the service I didn't understand what it meant. It doesn't translate in my language!"*

**Consumer**

It became apparent from my discussions with people that people from NESB have great **difficulty in understanding the disability system**. By the 'system' I mean what support is being offered, what 'support' means and how it is provided. As many consumers and their families are from countries where receiving disability support from strangers is non-existent, this lack of understanding is not surprising. Many of the frustrations that NESB consumers experience seem to revolve around *not interacting well with the system because they don't understand how it works*. Workers also agreed with this. For example, one worker said:

*"I think people from a NESB are actually quite intimidated by the system, because they don't know it very well. As one*

example, one family in particular refers to this service continually as 'School'. Others refer to it as 'Child Care Centre'. Because they don't understand our role they have the added pressure that the service might be taken away from them. This can lead to a lot of frustration and worry. It could be a cultural thing because my guess is that in the country they have come from, programs like this, with disability, will not be accessible and maybe won't exist."

This lack of understanding means that it is **essential** for you to **explain the system in plain and simple terms**.

This explanation should focus on what you are there for and what you can provide. For example, if you are there to provide respite, explain in plain and simple terms what respite is in a culturally appropriate way (a program where the consumer spends 2 hours a day, or 2 nights a week and that can give some time for the carer and person with disability to have a break from each other, and do things with others independently of each other). It also helps to **include the values of your organisation**.

Once you have done this **ask the consumer and their family** what **they** need, what is important for them, and how they would like to receive support. *Sensitive planning* can then take place based on *realistic understanding of each other*; be realistic about what you can offer and let the consumer and family know if your organisation can or cannot meet their expectations. If you don't provide the kind of service required, then suggest

another organisation or service for the consumer and family to approach.



### **Box 13: Culturally Competent Information**

(see Appendix 4 for more detail)

Information covers posters, flyers, promotional material, material describing your service and so on. Culturally competent information is vital in helping consumers from NESB and their families to feel comfortable in what can be an alien environment for them. Information is also a major part of making people aware of and able to access disability services; it will set up whether or not people feel comfortable that they are going to be treated appropriately when they do access the service.

Making suggestions to your organisation and colleagues about providing culturally competent information is a useful way for you to encourage cultural competence in your organisation. Here are some key things to look out for.

**Overall** the information should reflect the cultural, linguistic and ethnic profile of the community and consumers supported by the service.

Following on from this:

- **information** should be translated, accessible and appropriate to local communities;
- **reception** areas should have culturally appropriate magazines, brochures and other printed materials;
- **reception** area should include a large interpreter sign indicating that people can use an interpreter in their language of choice;
- **images and language** used should be culturally appropriate; and
- **information** should be at a level that *all* people can read and understand. Be aware that everyone reads and understands words at different levels.

## **Establishing trust**

At the same time as reaching understanding it is



important to **establish trust** between you and the consumer and their family.

This is because it is important that *the consumer is confident in your* interest in assisting, ability to assist, and whether you accept and respect their values and beliefs. You can develop this confidence by being **warm, non-judgmental, curious and understanding**. An advocate pointed out to me that workers should approach consumers asking themselves the question, “How can I prove I can help?” Be aware that **different** consumers, families, and communities **will require different approaches** to establishing trust, based on your understanding of them. For example some people distrust government officials - even if you work for a non-government organisation usually people will have the impression that you work for the government. You will need to **address** this distrust if you are *to build* a positive relationship.

Of course your relationship with consumers evolves **over time**. It follows that once the relationship is set up it is important to **keep it going**. Using the same **strategies** each time you meet the consumer or their family is important **for the relationship to grow**. Service providers said to me that **over time** the understanding, negotiation and trust building become **much easier** as your positive relationship with consumers grows.

#### **Box 14: Reaching understanding and establishing trust**

Let's take the interaction between Steve and the Greek family in **Case study 8** and show how Steve could have negotiated understanding and established trust better.

First he would understand that he was there to learn about Alysia and her family, most importantly by allowing enough time for the meeting (by negotiating another time and date if he was running too late on the day of the initial appointment). He would set up a positive and respectful discussion by drinking the coffee (or accepting an alternative drink) and by participating in chit chat (saying how nice the house was). He would be prepared to answer personal questions about himself.

When he believed that it was appropriate to begin discussing support, he would make it clear that he needed to learn from Alysia and her mother and father. He would also say that he would be happy for them to ask questions any time, particularly if they didn't understand what he was saying.

He would then explain what his service was offering, making clear that the service had a great deal of experience working with people with disability and their families. He would point out that Alysia's relationship with the family was of the utmost importance and that the service always respected their consumers' families' values and traditional ways of providing support; they would always try to come to an understanding about what they were offering and what Alysia and her family expected. All the while he would check that the family understood what he was talking about and ask how they felt about what he was offering.

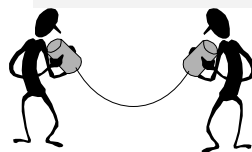
The formal assessment could then begin.

Now go back to *Exercise 7*. Does what you wrote down match up with the points made in this box?

## **Encouraging Effective Communication**

*"In the last place I worked an Asian couple brought their daughter to respite. We explained the situation to them: what was for dinner, who was going to care for her, shower and all that. They didn't understand. Everything we said they nodded. We asked 'did you understand?' and they nodded. They went home, they got very very upset. Then one of their neighbours rang and said they were very upset. They were petrified for their daughter as they didn't want her to be showered by male staff. They didn't want any interaction with male staff at all. Apparently we had given them completely the wrong idea! It made me think. I mean, put yourself in the place of someone from NESB. How would you feel to go to another country and try to understand what was going on without speaking the language?"*

**Worker**



**Effective communication is at the heart of cultural competence. Poor**

communication, as the above example shows, can lead to **misunderstanding, distress and a lack of trust** in the quality of the service you are providing. There are **four** important things for you to be aware of when communicating with someone who speaks a different language and comes from a culture different from yours.

These are

- patience,
- oral communication,
- non-verbal communication, and
- what to look out for when you use interpreters.

#### **Box 15: Communication and Disability**

Different types of disability may affect a person's communication. Learning how a person with disability communicates is one of the key tasks for any disability worker. The NSW Government (see Sources and further reading, p. 41) has produced a very useful document on communication and types of disability. Combining the ideas in that document with what is written about culture and communication in this section will be a very useful exercise for you. This is an interesting example of not putting culture on a pedestal, but of using cultural information to enhance your general understanding of communication and disability.

#### **Patience:**

*"You need tolerance and patience. You need to be able to explain the system, so take it slowly, step by step, and have patience."*

*"I think you have to slow down. Some people are just so fast! The meetings with NESB clients often take longer because they want that time to just chat to you, they want to talk to you about things. But some meetings are so fast, it's 'bang, bang, bang' and move on to the next one. I watch it sometimes and I think, 'The service got out of it what they want, but what about the family?' Service Providers*

When communicating with people from NESB it is *essential to be patient!* Being

patient means *taking your time* and *not minding taking your time*.

The reality is that language and cultural differences mean you will have **to take time** if you want to fully understand what is going on. As a busy service provider or worker, you may want to get meetings over and done with as quickly as possible. The consumer and family, however, may prefer a **slow discussion** about a topic, which may take some time. Being patient means you need to **slow down**.

The benefits of being patient will be **greater understanding** between you and the consumer, **greater respect** between you both, and a **more effective relationship** over all. This may save you a lot of time in the long term. However, one thing to watch out for is **not to overdo slowing down** *when you are speaking to someone*. Try to speak as normally as possible.

S...L...O...W...I...N...G...D...O...W...N  
and pronouncing every syllable can be very patronising! Slow down sensibly in a way that encourages a normal, clear conversation.

#### **Chit chat:**

Part of being patient is preparing yourself for small talk. It can be impolite for you to dive straight into a question without any 'chit chat' or introductory discussions with consumers and their families. For example, one consumer recalled, "I remember one lady, she must have been in her late 40s, she just threw the question right at me, and I'm like thinking, 'I just met you, let's get to know each other and talk a bit?'"

## Oral communication:

Oral communication covers speech, including the language and words used. When communicating orally with people from NESB, here are some **do's** and **don'ts**:

- *Do* speak slowly and clearly.
- *Do* use simple words.
- *Do* take your time and go back to clarify that people understand what you are saying.
- *Do* be aware that people can have heavy accents, which make it more difficult for you to understand what they are saying.
- *Do* be aware of your own accent.
- *Do* give people plenty of time to respond.
- *Do* ask people what they mean if they use a word you may not be familiar with.
- *Do* be aware that some words may not translate into other languages. For example, the consumer who told me that she had never heard of the word 'Support' before coming to Australia.
- *Do* learn and use some words, for example saying "hello", in the language of the consumer and their family.
- *Don't* assume that people from NESB are proficient in English, even when they can speak some English.
- *Don't* phrase your questions so they invite a simple 'Yes' or 'No' response with no additional comments.
- *Don't* use professional jargon, abbreviations, or technical terms. For example, one service provider said to me, "As soon as we use all the jargon that we use in the disability industry, 'goal setting' and

'outcome based', then we've lost them."

### **Box 16: The Nodding Head Effect**

While researching the manual, I made a common mistake that ended up causing what I call 'the nodding head effect'. While I was doing the research a consumer and family from a South Asian country arrived at MDAA for a different reason. I was told that they would be happy to speak to me while they were waiting. I asked if they needed an interpreter, but they insisted that they didn't. So I began the interview.

It soon became apparent that the father was nodding and saying 'Yes' to every question I asked. He did mention that his daughter did not like Australian food and only wanted her mother or sister to care and cook for her. However, everything else was answered with a 'Yes' and a nod. I recalled that in many South Asian cultures people often say 'Yes' so as not to lose face or appear rude when they do not understand a question. To avoid any embarrassment for the family I politely cut the interview short.

I was really frustrated and angry with myself afterwards. From then on I promised myself that I would always use an interpreter. The issues about the food and the care showed that with an interpreter I could have got so much more information! In these circumstances the interpreter was for my benefit so I could learn about the family and what was important to them. The nodding head effect does not seem to be limited to my questions. Every service provider and worker I spoke to had had a similar experience. Ways that I was told to get around it were to repeat the question again, or to re-word it so a one-word answer is not possible. But what happens if you do that and still get a 'Yes' and a nod? My guess is that you need to use an interpreter!

### **Oral communication styles:**

People also **differ** in the way they express themselves and wish to be addressed. As a general rule, **change your style and questions to suit the**

### **style of the consumer or their family.**

Different oral communication styles<sup>2</sup> to be aware of, including your own, are:

The *degree* of **directness** or **indirectness** that people are used to: some people like to be *direct and straight to the point* when they speak, whereas others like to be *indirect and prefer to talk around a point*.

Anglo-Australians typically like to be **direct** and to the point - at least I know I do. Being direct may also be a part of our **work culture**. Working professionals such as you may be very busy and therefore expect a direct conversation simply because it saves time.

However, for many people from NESB, **indirect communication** is much more important. For example, I had one conversation with a consumer that was full of expressions and little episodes that had happened to her. These at first seemed a little off the point that she originally made. However, I paid attention and kept interested, and eventually she returned back to her original point. By doing this I came away with much more relevant information about her as a person, what was important to her in life and her response to her disability, than if I had cut her off as she began to veer off and asked her to get to the point.

The *degree* of **elaborateness** or **succinctness** that people are used to: when elaborate oral communication is preferred, expressive colourful language is used that includes many

adjectives and adverbs. People who are more succinct are more likely to use silences and pauses.

Using my own cultural influence as an example, I tend to use very flowery language when I speak and write, much to the exasperation (see, there you go) of my colleagues. I think this is because English literature was all around me when I was growing up, an example of how culture is transmitted to a person! The *degree* of **formality** or **informality** the person is used to: some people prefer to be treated formally, others informally. For example, one worker from a similar cultural background to his client's family told me about the good relationship he had with them. He felt that the reason he was able to communicate so well with the family was that he knew that people of their age group in Italy liked respect and politeness when being spoken to.

*Other aspects* of oral communication to watch out for are taking turns, pause time, and vocal patterns. Taking turns refers to the point at which you or the consumer begin to speak in a conversation (try not to interrupt!).

Pause time refers to the amount of time taken between statements. Vocal patterns refer to the volume and pitch at which people speak.

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<sup>2</sup> First three points taken from Fitzgerald and colleagues (1996)

### **Box 17: Communicating about Culture and Disability**

Some people find it difficult to talk directly about the impact of culture on disability. There are a number of valid reasons for this. It may be taboo; they may have had a bad experience in the past; or they simply may not have thought about this. In addition, recalling the comment made to me by my colleague on p. 11 (See **Box 2**), why should people know what culture is just because we see them as somehow different? One way around this is to ask, 'How do people in your community see people with disability?' or 'Back in \*, how do people provide support for people with disability?'

As an example, one mother I spoke to, Julia, was very concerned about the care being given to her daughter in a special education school. She told me that the teacher always 'underestimated' her daughter. In order to understand this better, I asked Julia a few times about how important her culture was to the care of her daughter. She kept replying that it was not important with a simple 'No'. I then asked, 'How do people see disability back in \*?' She was much more vocal about this, saying that they try to keep the person active and participating in their own community in any way. By asking this indirect question a possible link to why Julia was so dissatisfied with the school, based on the way disability support is perceived in \*, was opened up.

### **Box 18: Speaking with family and community about disability**

Families and communities will have their own words for what disability is. You need to be aware of this, particularly when you involve the family or work with communities. At MDAA, staff often meet people who at first use terms like 'Spastic' or 'Stupid' when talking about disability (even about their own family members). While this may shock you, remember that it is not morally wrong for people to use these terms. These are not necessarily a reflection of the values they hold about people or the person with disability, but may be used because they have never come across the language we use in the disability sector in Australia.

However it is possible for *you* to work around this. The first thing to do is not make a big deal out of it (don't be an expert telling people what to do). As your relationship progresses, let them stick with their terms and continue to stick with the terms you use. Over time this will give them access to and prompts about the terms that disability professionals in Australia use to speak about disability. Generally, families and communities will pick up this language (if only to converse with you in a similar manner) and over time will take it on.

## **Non-verbal communication**

Non-verbal communication includes **eye contact, facial expressions and gestures**. When we communicate we use **non-verbal cues** to convey and express **attitudes and emotions** towards others such as interest, respect and attention. Around **80 % of communication is non-verbal**. Much non-verbal communication is unconscious and is attached firmly to our cultural influences.

Be *aware of and interpret* non-verbal cues such as gestures and pauses. **Not** being

alert to non-verbal cues can cause **serious difficulties** and even **offence**. Some examples of non-verbal behaviour to watch out for are (remembering that people with disability may have additional non-verbal communication patterns or communicate only or predominantly through non-verbal communication):

- *Eye contact*: Many Anglo-Australians believe that having eye contact is important and respectful. However in many cultures it is disrespectful to look directly at persons in authority.
- *Use of space*: Personal space is the area surrounding a person's body. Different cultures have different understanding of the appropriate amount of space between people when they interact. For example, standing very close to a person may be threatening to people from Anglo-Saxon background but appropriate for other cultures.
- *Use and meaning of touch*: Touching a person's head in many cultures (particularly Asian cultures) is disrespectful, even to children.
- *Hand gestures*: Hand gestures that are appropriate in one culture may be offensive in another. Gesturing for someone to come over to you with your hand pointed upward is seen as sexually suggestive in some cultures.

## Interpreters

*"We have a refugee client who does not speak English much. We get around this by using the Telephone Interpreter Service with him. He doesn't speak much but now he actually comes up to me and says 'Telephone! Talk!' It is really good because he is actually initiating conversations with us, and he is expressing his needs that way. The staff member who works with him is really good, and he will make that effort. It is so tiring sometimes to get the phone and use TIS, but if we do it, it actually meets his needs even more. And he trusts us too. It actually shows that we do give a stuff about what he is saying." Manager*

*"We have one service user, when we use the TIS with him, he gets really embarrassed, so we try to use his brother. But his brother doesn't always communicate the message the way we want it. So that is a problem too. But with TIS he gets embarrassed because it is about his personal life and he doesn't know the person he is speaking to, and he feels more comfortable communicating through his brother, because he is more open with his brother. But his brother's English isn't the best either." Service Provider*

*"There is also the issue that some people actually feel that they speak English quite well, and they are perhaps a little bit offended that you are actually asking if they want an interpreter." Manager*

**Using an interpreter makes communicating much easier.**

Appendix 5 provides some handy hints on how to do so. Below are some key general points you need to take into account. I suggest you read these first, then the instructions in Appendix 5.

While you are doing so, think why and how they could be important.

(Another practical, hands-on poster is Centrelink's (2001) 'Working with Interpreters'. There is also a training video, a trainer's guide and a self study guide based on scenarios from the video. Contact Centrelink's Multicultural Office on (02) 8512 0880 or email [centrelink.direct@centrelink.gov.au](mailto:centrelink.direct@centrelink.gov.au)).

**General points to look out for:**

- *Always* use a professional interpreter who is part of an accredited interpreter service.
- *Always* brief the interpreter *before* the session: let them know who you are; what your service is; any technical issues; and what information you need. Also ask if they can provide you with some additional cultural information you may not have considered or need more information on.
- *Always* de-brief with the interpreter *following* the session. One service provider gave a good example of this: "We find it very useful to ask how they feel the session went? Is there anything more they think we should know that is not being elaborated on in there?" However, you need to be aware of the ethics involved in talking about a consumer when they are not present. Focus on what was talked about in the session, not on the interpreter's

personal opinions about the consumer.

- *Always* make sure interpreters are, so far as possible, from the same language and cultural background as the client and their family. Some regions of the world have very different cultural values, and some may have a history of conflict. Other areas have very different languages within one region.
- *Always* identify cultural differences when you book an interpreter. For example, in some cultures it is inappropriate for men to be talking to women or women to men. Your cultural knowledge will come into play here. If you are unsure whether there may be cultural issues involved, ask the consumer!

### **Box 19: A disastrous telephone interpreter experience**

Beatriz, originally from Argentina, is known as a person with a lot to say, so when she agreed to be interviewed for this manual I was really excited. However, within a few minutes of the interview starting my excitement had turned to embarrassment.

Beatriz speaks in *very* long sentences. My first question was apparently interpreted well and through the speakerphone came this fantastically long and elaborate response in Spanish. At first I thought the interpreter had a great memory and would interpret what Beatriz was saying once she had finished. So I was a bit concerned when the interpretation of this long sentence was finished in around five or six words! I grew even more worried when at the end of the next long reply the interpreter said to me, 'I'm sorry, she speaks too fast and too long, I can't catch what she is saying.' So I asked Beatriz, through the interpreter, to slow down a little because what she was saying was important and we needed to catch everything. This seemed to be interpreted with no problem and she slowed down. But nothing changed! It got worse! The interpreter then began to translate *while* she was talking then said to me - also while she was talking! - 'I am sorry, I can't understand her!' I was so embarrassed I had to apologise to Beatriz and cut the interview short.

What made me really upset was when a few days later a colleague told me what a fantastic telephone interview she'd recently had with an Argentinian lady named Beatriz! So I told the colleague my Beatriz story, and she said to me, "Oh that was you! At the end of our interview, Beatriz thanked the interpreter we used for being so good! She told us that in the last interview she had the interpreter was useless and did not explain anything that she was saying!"

I don't totally blame the interpreter. I should have taken more control in the interview. I also hadn't checked their cultural match. There are many different countries and regions that speak

Spanish: was that why the interpreter couldn't cope with the indirect and elaborate replies? And I hadn't briefed the interpreter before the interview. I *knew* that Beatriz spoke a lot and in long sentences, and I should have told the interpreter this!

The lesson is that interpreting is not always easy, and sometimes if it is not done well by you and the interpreter as professional partners, it can be a disaster!

### **When to use an interpreter?**

As a general rule, always use one.

- If the consumer indicates that using an interpreter is embarrassing

Talk to the consumer about what an interpreter is and how to use one. Make it clear that the interpreter service is professional and confidential. Begin slowly and with fewer personal questions. Help the consumer's confidence grow and over time he or she should open up.

- If the consumer indicates that their English is good enough not to need an interpreter

Make it clear that you understand that their English is good, but that you might be discussing some complex ideas and terms. Make it clear that **you are the one who may have difficulties** and it would really help you if an interpreter were used. Mention that everything discussed with interpreters is confidential. It would help if your organisation has a policy indicating when interpreters need to be used. If so you can show this to the consumer.

### Using family as interpreters:

*“Whether we use the family depends on the type of conversation, and whether or not the client or their parents give permission. If it is day to day stuff then it can be okay to use the family. If it is more complex it is best to use an interpreter, as they can be less biased.”*

*“Sometimes I find it frustrating when I have to ring a family and explain and talk and talk. And in the end I realise that they still have not grasped what I am trying to say.”*

*“There can be conflict in the family. Especially if it is around children, you have no idea what is being related between them, that is why we tend to get an independent interpreter in.”*

#### *Service Providers*

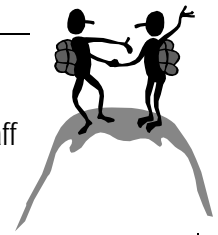
Using family members as interpreters is generally **not recommended**. **Personal issues** can get in the way and result in important things you want to say not being told in full. There may be **tension** in the family and interpreting can place **added strain** on family relationships. Family are also **less likely** to know about the **concepts** you use when discussing disability support. A family member may also decide not to interpret something that would be disappointing or offensive to the consumer.

**NEVER** use children as interpreters.

### Bi-cultural colleagues:

#### Case study 9: The overworked NESB worker

Lucia was the only member of staff at Helping Support who spoke Italian. She liked her job but quite frankly, she'd had enough. Helping Support had four Italian clients on their books, and Lucia only ever seemed to work with these clients. What was worse, two Italian clients' mothers did not speak any English. Every time they contacted Helping Support Lucia had to translate for them, and translate what they were saying back. It wasn't that she didn't want to work with Italians. She enjoyed her work with them and felt pleased the mothers felt comfortable speaking through her. She knew how to be respectful when speaking to them, and other people might not understand this. The problem was that she never seemed to work with anyone else!



You are in a fortunate position if you work with colleagues who are bi-cultural or bi-lingual. It is important, however, that these people are **not isolated** from working with all clients and are **not given an extra workload** without their consent or without giving them extra incentive to do it. Don't pass every conversation you have with NESB consumers on to these colleagues. Use a professional interpreter rather than colleagues.

### 3. Assessment (and intake)

*"Be prepared, assessments are often quite long and done in clients' own homes.*

*But you know when you walk in there that you'll be there a while. And that is fine, because you do get a lot of information, and that is what we are there for. But you do have to eat something!"*

*"Eat the food and drink that is offered to you. I was once given artichoke tea. I'll be honest: it was disgusting. But I drank it! By drinking it I showed that bit of respect, and that I was open to their culture." Service Providers*

Assessment and intake can be the first contact between you and consumers and their families. As the comments show, **you need to be prepared!**

#### **Culturally competent assessment of consumers**

*"Questions should be worded in a way that gives the person the opportunity to explain and that gets the most information. You can ask a question and really get nothing out of a person. There is no set way to ask, I guess it depends on each family and personality too, but I won't always stick to the way the question is asked on the form. I'll sort of venture out and ask other general questions and get a feel for where they are coming from." Manager*



When you do an assessment it is important to do it culturally competently. Establishing trust and understanding (p. 47) are part of this process.

- **Explain to the family and carers** that you are not there to take over their role but to support them in providing the best support for the consumer as possible / help them to go on caring without placing their health at risk.
- Make sure the **assessment looks at all aspects of the client's life**, as well as what you or your organisation believe is important.
- Don't always stick to the form. **Be creative** in the questions you use, the way you word questions and what you ask (see cultural questions below).
- **Directly involve** clients and their family and carers.
- **Listen, offer choices and tailor options** to individuals' needs.
- **Include cultural questions:** Think about including the cultural questions outlined below in your assessment. There should be enough scope within the assessment for you to include them. If there isn't, it would be worthwhile including them anyway. Additionally, discuss with a supervisor about putting them into assessments more formally (this has the added benefit of making you look good!).

## Specific Cultural Questions

(Adapted from the article by Narayan in Appendix 6)

There are many specific questions about culture that you can ask in an assessment. Reading through the following will help you **become more familiar** with some of the areas of life which are influenced by culture, and which it will be useful to ask questions about in an assessment.

**Be creative.** These questions are listed here *only as a guide* for you to think about each and about how you would tailor them to fit in with assessments of consumers you might encounter. Note how you feel about each question. If you believe they need to be re-phrased, then re-phrase them in your own words (while being sensitive to your consumer's needs).

### **Box 20: Acculturation**

Acculturation describes the natural process of people adapting to new or different cultural influences, or other changes around them. For example, you may well have been acculturated to some of the values of the organisation you work for.

Many things influence the degree to which a person will have acculturated, some of which are listed under the Degree of Acculturation heading in the cultural questions. These will differ among individuals.

It is best to ask people questions directly about this:

One advocate I spoke to put it nicely, "It is very important not to assume that someone from a NESB identifies with Australia and Australian customs. They may have kept their traditional ways, especially if they are isolated and haven't had much contact with others. BUT it could be the other way around. They could identify strongly with being Australian and be offended that you think they are from a NESB. You need to ask how comfortable they are in Australia, and what their connections to their own country community are."

## **Disability**

- Are there disabilities or health problems that carry a stigma in your culture?
- Are there any illnesses or disabilities that are identified within your culture only?
- Are there any tests/ procedures/ treatments that violate cultural practices?
- In past experiences with disability services and support, what have you found helpful? What have you found offensive? What have you found confusing?
- What is your attitude towards disability support based on providing support that is geared to your individual needs (see *Box 22* in *Section Four*). Do you value this or distrust this?
- What do you call the disability?
- Why do you think you acquired the disability [use consumer's words if they have a specific term for their disability – do so throughout the assessment] (for example it may be seen as a genetic condition, caused by a physical event such as an accident, or given by a higher being)?
- What are some of the daily restrictions you experience?
- How serious do you think these restrictions are? What do these mean to you?
- What kind of support do you want / need?
- Within your own community, how are people with disability supported?
- How is your community supporting you with your disability?

## **Cultural, Religious and Spiritual Needs and Practices**

- Do you maintain any spiritual practices (eg, special prayer times)?
- Are there religious articles you like to use, wear, or keep close?
- Are there rites/ blessings that you use? Spiritual leaders/ healers you find helpful?
- Are there dietary prescriptions or restrictions that should be kept?
- What beliefs, values and practices surround life events (birth, childcare, ageing, death)? (Being appropriate to the consumer's circumstances)

## **Daily Personal Practices and Routines**

- Are there special rituals/ practices you associate with bathing, toileting, hair/ nail care?
- Are you aware of any sex/ age/ social class restrictions on who can help a person with support and activities?
- How important is modesty for you? How do you show modesty?
- Are there special morning/ evening rituals or practices that are important to you?

**Communication** – These are just some examples, see also the section on communication in this manual and think of your own questions

- What language are you most comfortable speaking?
- Are you able to read English or another language? Which do you prefer to read?

- What do you understand by certain facial expressions and hand/ body gestures?
- Do you attach any special meaning to loud or whispered conversations?
- Do you prefer to be spoken to directly or indirectly?

### **Social Customs**

- How would you like to be greeted and addressed by our staff?
- What behaviour is expected of your guests? Taking shoes off? Accepting food/ drink?
- Is punctuality important to you?
- Is it polite for our staff to engage in “small talk” before getting “down to business”?
- Should discussions with our staff be direct and forthright or subtle and indirect?
- What topics are not acceptable to you? Is it appropriate for you to share emotions and feelings?

### **Medication and Pain Assessment**

- What is your attitude towards Western medications? Do you value or distrust these?
- Could there be genetic variations in the way you respond to medications?
- Are there traditional remedies, such as herbs, teas or ointments that you use?
- What is your attitude towards taking medications (including pain medications)?
- Do you tend to be stoic or expressive when in pain?
- What does pain mean to you?
- Do you generally describe pain as ‘how much’ or ‘how strong’?
- What is the worst pain you have ever had? How did you cope with it? How did you treat it? How well did the treatment work?

### **Food and Nutrition**

- What do you eat and when do you eat it? What have you eaten during the past 2 days?
- Are there eating patterns that may be in conflict with your care plan (eg, fasting)?
- (Ask yourself) if there is potential for food/ drug interactions with traditional foods.
- What foods do you believe promote health? What foods do you believe are good for people with the disability?
- What do you think about the cold-hot theory of disease and treatment that some Asian cultures accept?
- Do you have any religious food prescriptions and restrictions?
- Degree of Acculturation (see **Box 20** on Acculturation):
- How strictly do you adhere to the beliefs/ values/ practices of your culture of origin?
- How traditional would you describe yourself as?

- Do you maintain ways of your culture of origin?

**Family and Community**

- Who is considered “family”? What impact does the disability have on your family?
- Who is the head of the family? Who makes decisions for the family and for you?
- With whom should we discuss your support? Is there someone who helps you make decisions?
- How will family members be involved in your support?
- Who supports you when you are sick? How do they help you? How would you like them to help you?
- What health/ support services are available through your community?
- Do members of your community or family commonly engage in any harmful practices to health?

***Exercise 9: Culturally Assess Yourself***

As you think about each question, write down your own response to each question (where you can).

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