

Section Four

Family involvement and community participation

Involving the family and the broader community **in the delivery of your work** are key elements of **working culturally competently**. This section aims to give you **general knowledge and skill in working effectively with families and communities**.

Sources and further reading:

Bertram, C. (1997). *Cultures in the Workplace Manual: A Step by Step – ‘How to guide’*. Wentworth Area Health Service: Australia.

Goode, T.D. (2001). *Engaging Communities to Realize the Vision of One Hundred Percent Access and Zero Health Disparities: A Culturally Competent Approach*. National Center for Cultural Competence. Georgetown University Child Development Center: Washington D.C.

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Hasnain, R., Sotnik, P. and Ghiloni, C. (2003). Person centred planning: a gateway to improving vocational rehabilitation services for culturally diverse individuals with disabilities. *Journal of Rehabilitation*, **69** (3), 10 - 17

Mir, G., Nocon, A., Ahmad, W. and Jones, L (2001). *Learning Difficulties and Ethnicity*. Report to the Department of Health by the Centre for Research in Primary Care, University of Leeds, Department of Health, UK.

National Center for Cultural Competence (2004). *Bridging the Cultural Divide in Health Care Settings: The Essential Role of Cultural Broker Programs*. National Center for Cultural Competence. Georgetown University Child Development Center: Washington D.C. Accessed Online 10/04 from: http://data.georgetown.edu/research/gucchd/nccc/documents/Cultural_Broker_Guide_English.pdf

Rounds, K.A., Weil, M. and Bishop, K. (1994). Practice with culturally diverse families of young children with disabilities. *Families in Society*, **75** (1), 3.



Involving **the family and the broader community** in the delivery of your work are **key elements** of working culturally competently. This section aims to give you **general knowledge and skill** in working effectively with families and communities.

- **Family involvement** is discussed first: why involving the family is important; ways to approach families; and strategies to encourage involvement.
- **Community participation** is then discussed: what it is; why it is important; and strategies to encourage it (working with cultural brokers, conducting community consultations, and outreach).

As you work through this section you may find that putting some of the suggestions into practice *can be tough on your own*. You will often **need support** from your management and colleagues. While this may be the case, given the benefits to your work (see **Box 21**), it is important that you include these suggestions wherever possible. As you come across each suggestion try to see how you can take it on as an individual. Where the help or support of others is required discuss the suggestion with them, *especially the benefits* and what is involved in putting it into practice. This is a great way of encouraging other workers and your organisation to work culturally competently more formally. Before beginning, however, it is important to note that you must **always ask the consumer for consent** to involve the family and community.

Box 21: Benefits of Family Involvement and Community Participation to Tell Your Managers and Colleagues at Work About Family Involvement:

- Families often have an intimate relationship with the consumer
- Helps families to understand better the support that is being provided
- Helps families to get to know you and your organisation better
- Helps you to understand the life and values of the consumer better, including the traditional supports they have received and activities that are important to them
- Helps you to understand the dynamics of the family better and how these influence the life of the consumer
- Families can help provide direction to your work
- Families can help with referrals in the community
- Families can support each other

Community Participation:

- Helps communities to understand disability and the impact of disability better, reducing the isolation many people with disability and their families face
- Communities can provide you with valuable cultural information and knowledge to help you improve the cultural appropriateness of the support you provide (including how best to promote the work you do)
- Communities can provide avenues for you to access people who may not know you exist and for those people to access you

Family involvement:



(See also the article by Rounds and colleagues in Appendix 7)

Family involvement means involving families and carers of people with disability in decisions about the services and support that you are giving.

Case study 10: Family Involvement

Roberto De La Cruz is an 18 year old man who migrated to Australia from the Philippines with his mother Andrea and father Patricio. Roberto has an intellectual disability, and the family speaks very limited English. They have a large extended family in Australia.

It took a long time for Andrea and Patricio to understand that in Australia there are services to help support Roberto. They were caring for him until his mother one day slipped and broke her ankle when she was carrying him. A social worker put them in touch with a supported accommodation provider, *. They were fearful at first as they had no understanding of supported accommodation, which they had never heard of in the Philippines. They also had to explain to their family that putting Roberto in care was for the best. Andrea in particular was ashamed and felt like a failure.

Over time the whole family has become very happy with the support provided. Within a month of Roberto moving to care, the extended family had been invited to see Roberto's new place. Sisters, brothers, uncles, aunts all came and were very impressed that Roberto was being given good support and was living with great housemates. Andrea and Patricio were very grateful to * because this showed the family they had made the right decision.

Andrea and Patricio are fully involved in decisions about Roberto's support. Andrea provides advice on individual support plans, including activities, food and Roberto's personal likes and dislikes. Patricio is more involved in decisions that affect the whole family, like church events, religious holidays, birthdays, weddings and other important events that Roberto should attend. In turn, Andrea and Patricio feel comfortable asking questions about how Roberto is settling in, who his friends are, what he is eating and if he is behaving himself.

Andrea and Patricio are both involved on the board of *. At first they were scared they would not know what to do and how to communicate at meetings. But * always provides an interpreter and Susan, the manager, explained how meetings take place. They are now confident enough to know that their voices are heard. They recently suggested that more information in the service be translated into community languages and this was accepted.

* recently had a referral through a member of the Filipino community who had heard good things about them through the community. Andrea and Patricio were asked to act as mentors for this family to help them with the move to full-time support. They accepted and now regularly meet this family to discuss their shared circumstances. Sandra, a care worker, recently completed a culturally competent self-assessment as part of her staff development. She provides support to Roberto and knows Andrea and Patricio fairly well. So she asked them to give their opinion on some of the items. They were happy to do this and gave her top marks for each item. Susan is arranging an organisational assessment, and has asked that Andrea and Patricio be involved.

Family involvement is important for four reasons:

- **First**, for some people from some cultures *the family may be the most important influence on their lives*. In many cultures family members are the primary carers of people with disability. They have **intimate knowledge** of the person with disability. They therefore can be a **valuable resource** to you. However, do begin by asking the consumer how they feel about involving their family as it is a myth that every consumer from NESB has family to support them.
- **Second, understanding the family** is a good way for you to **understand more about the consumer's culture**. Families act as filters for culture, influencing what parts of a culture an individual takes on or learns.
- **Third**, every family **is different**. Because the family can be such an important influence on the consumer, you need to **be familiar with the structure and dynamics** of each family (see 'Recognise the family's dynamics, strengths and individuality' below).
- **Fourth**, carers, who are often family members, can be **isolated** from society. They can experience **added pressures** that may **lead to isolation even within their own community**. Sensitively involving these people in a role that **works with their expertise** (caring for the person with disability) can **reduce this isolation and improve self-esteem**.

How to approach families

How you approach families is a **precursor to starting a good**

relationship. Here is what to *look out for*.

Recognise the family dynamics, strengths and individuality: every family is different, although that difference might be heavily influenced by their culture. The family **dynamics** can play an important part in the support of a consumer. Things to be aware of are:

- Who are considered to be **family members**?
- **Who makes decisions** in the family (mother, father, grandmother, grandfather, uncle, aunt and so on) / who is expected to hear information from you?
- How the family **feels about seeking help from outsiders** to support the person with disability.
- Which family members **can or are expected to provide care** to other family members?
- If the family values **independence and activity** for the consumer or **inter-dependence** (See *Box 22*), **family involvement, and rest**.
- **Ask** how **families** would like to participate: in different ways and at different levels.
- **Establish trust and negotiate understanding:** do this as an equal, not an expert. **Do not judge** the family by your own standards. If you do this, you are already creating a barrier between you and the consumer's family. **Respect and work with the different dynamics** of each family.
- Have **ongoing and meaningful contact:** communicate regularly and consult the family. Make sure the family **can see what changes result** from their involvement, based on what you have negotiated. If

nothing can be offered, at the very least **show them that you have given serious consideration to their views and needs**, and suggest other avenues or organisations where they may be able to get the support they want.

- **Recognise the social world of the family:** understand that the family may have additional interests and pressures that may be of equal importance in their lives as the well-being of the consumer.

Box 22: Independence and Inter-dependence

Independence and inter-dependence are two different values that can have a huge impact on the type and acceptance of disability support.

Independence is a concept that Western countries value greatly. Independence means people with disability see themselves as autonomous individuals, separate from others around them. They prefer to be supported as self-directed individuals, determining their own lives, making their own decisions and able to exist independently from others around them. This is reflected in the disability support system in Australia.

Inter-dependence is a concept many other cultures value greatly. Inter-dependence means that the individuality of a person with disability is tied up with others around them. They, their family and community prefer to be supported as a unit, determining their own lives as a unit, making decisions as a group and being enabled to exist inter-dependently as a group. This is often not reflected in the Australian system.

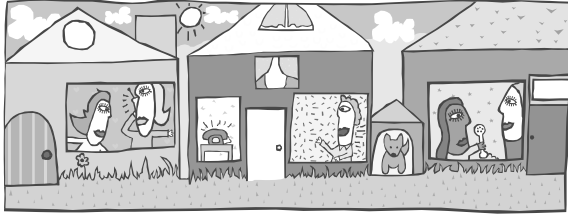
Strategies to encourage family involvement:

- ‘Buddy up’ new families with **representatives** from more **experienced families**: invite families

from diverse populations to **act as mentors for new families** entering your organisation. These mentors can help **explain** the system and **reduce the isolation** many families from NESB face. These people should be encouraged to attend meetings with you and your co-workers.

- **Encourage community involvement:** family members should be encouraged to identify and invite their traditional ‘natural’ community **supports** to attend family action planning meetings.
- Start a support group: set up a **support group** that **includes NESB** families, using interpreters. You may want to set up a **language specific** support group. If you don’t have enough people from a specific group, **ask other disability services** in your region if they would like to set up a specific group with you. This is a very helpful way to reduce feelings of isolation in carers.
- Create ‘**parent leaders**’ from **among families** of consumers from NESB. Parent leaders sit on boards; help with support and organisational guidelines; form support groups for each other; and form advisory networks and committees for other organisations to work with. **Don’t under-estimate** how skilled and knowledgeable people from NESB are!
- When conducting **an evaluation**, **involve** the family: they are in an excellent position to judge the effectiveness of what you are doing. Use them!

Community participation:



"If you really want to improve services to people from NESB you should have two or three people from each community, who are respected by that community, who are educated, who can speak English and can help with the communication between the community and the organisation. First you need communication with the community people, you need direct contact with them." Consumer

What does community participation mean?

Community participation means that communities participate in the design and delivery of the support you provide. This benefits the consumer, the community, your work and you. A good relationship with the community will become a valuable resource for you and your organisation to use.

Why is community participation important?

Community participation is important for **four** main reasons.

- **First**, some communities *have had little access to information about disability*. As a result **awareness** of

what disability is and how it impacts on peoples' lives, even in their own community, may be **low**. By **increasing** these communities' **awareness** of disability you are raising awareness not only of the impact of disability, but of the ways your service and work is designed to support members of their community. *It is your responsibility as a representative of the disability sector to work with communities to help them better understand the impact of disability.*

- **Second**, if designed with the help of the community, the services you provide will be more **culturally competent, appropriate, acceptable and approachable!**
- **Third**, local communities can **hold the key to accessing people with disability**, who may be isolated and in need of support. They are one of the best ways that information about **your service will be noticed**.
- **Fourth**, these communities can be **excellent sources of cultural information** and knowledge for you.

BUT

While community participation is necessary to improve your work, **it can be complex**. It is therefore best to **work with an experienced community development worker or established organisation like MDAA**. This should ensure **both** you and the community will **get the most out of the experience**.

Box 23: A community participation project at MDAA

In 2003-4 MDAA conducted a project with 10 communities to produce booklets on what disability means to them. Below is an overview of what one of the project officers, who had never done similar work before, experienced during the project. I have highlighted key words.

"The most important thing was to **reflect the attitudes and views of the communities**. My work was actually just to find these out and write them into booklets together **with the community**. For me personally, at the meetings and consultations I came in touch with the different communities and **learned so much about their** different cultures and attitudes.

It was challenging and often difficult to approach the communities to talk about disability. I found the best way to approach this was to invite them to my office to have lunch together and **to prepare them with a project explanation before we met**. This meant I sent the questions out a week before the meeting, which surprisingly resulted in some people coming to the meetings with a lot of preparation they had done themselves!! This was a great success and I had some very productive consultations like this! **I always tried to explain in detail what MDAA is doing and what my project is doing**. It helped to bring along some MDAA flyers and some 'project letters' that explained the project.

A good starting point for the meetings themselves was to **ask people about their culture and their countries**, which everybody loved to talk about. Another good introductory question was to talk about experiences from their childhood, if they remembered any person or child with disability in the neighbourhood or at school. After getting them talking I could then direct the conversations a little bit with some of the questions which are addressed in the booklet.

It was certainly **not only for me** a learning process **but also for the communities!** The consultations were often, and especially in the beginning, somehow confusing and unstructured. **But it was always informative!** **We kept the learning and consultation processes alive** and I definitely learned to lose my fear of creative chaos!

As the whole process was supposed to be done **for and with** the community I always tried to get as much feedback as possible from the community. I always sent out drafts to the community, involved community workers, MDAA consumers and MDAA workers to tell me what they thought about the draft intro of 'their' booklet.

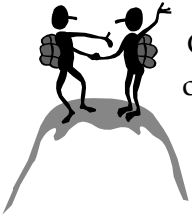
The good thing was the community seemed to **get more and more an ownership** of the booklet and the networks to certain community workers were strengthened. For example the Korean community very much appreciated my project and the Korean booklet as pioneering work (i.e. that there is finally somebody who talks with the community about disability).

And now, unbelievable but true, this is all done. The booklets are finished, translated and out to print. I have to say I enjoyed the work in this project very very much. **I learned so much** and I learned from so many mistakes I made: 'It doesn't matter how rocky the road may appear, the road will clear if you keep walking.'

Strategies to encourage community participation

Here are some **tried and tested** ways of engaging with and increasing the involvement of communities. Be aware that communities respond differently to disability. As a result, following some sensitive discussion, the level of their involvement needs to be **set by the community members themselves**.

1. Work with cultural brokers¹:



Cultural brokers are people who can act as go-betweens and links **for you to reach communities, and for communities to reach you**. They are also useful **sources** of cultural **information** and **knowledge**. They can be community members themselves, parents, family members, other staff, managers, committee members, workers from other organisations, in fact anyone! *BUT cultural brokers must be recognised by you and supported in the work they do.*

Case study 11: Cultural Brokers

Veejay practised as a medical doctor in India but since coming to Australia several years ago has been unemployed. His qualifications are not recognised. He has a daughter with a disability. Farzana is an elderly Afghan who moved to Australia several years ago after her husband was killed in the war. Although they were quite poor, her husband was seen as a national hero in Afghanistan and Farzana is well-respected in her community in Australia. Her nephew works for a disability service.

Both Veejay and Farzana are now employed as cultural brokers. Veejay is paid on a part-time basis by the organisation providing support to his daughter; Farzana by the organisation her nephew works for. They were trained in how disability services work and in public speaking. Now they work closely with the organisations and with the community. They have given talks to staff on community attitudes to disability and what is culturally appropriate in their communities. They have helped the organisations form links with communities, community workers and have helped with a number of referrals. Farzana recently helped to create and translate an information kit for a marketing campaign and is currently consulting with the community about the best way to give the information out. Veejay has acted as a mentor for a number of Indian families who have a family member with disability being supported by the organisation and is studying to become an accredited interpreter.

¹ Cultural Brokers is a term from the cultural competence literature in the U.S. (National Center For Cultural Competence, 2004). You may want to use another term.

2. Conducting Community Consultations:

Community consultations are an excellent way for **you to understand communities and for communities to**

understand your service. BUT consultations with communities do need to be seen to **create change**. To do this, **be clear about why you are consulting and how it can help the community**.

Here is a **step-by-step** guide to conducting community consultations. Using the guide will help you focus on a purpose, results and how to provide the community with the results of the consultations:

- *Step One:* **Form a work group** to coordinate the work involved in planning, conducting and evaluating consultations. Include people from your organisation and cultural brokers from the local communities with whom you plan to consult.
- *Step Two:* **Select the language groups** you would like to consult. Do this by looking at your community profile data. Then identify key people from these communities and invite them to participate in the work group.
- *Step Three:* Through these key people and cultural brokers, **establish links** with relevant networks of communities to be consulted. Promote what is being done and what you hope to achieve.
- *Step Four:* **Develop a plan**, including who, when, where, what you want



to find out and offer the community, and a plan of the discussion you wish to have. **Evaluate the plan:** the best way to do this is give a copy to the communities you wish to consult. Ask for their opinion on good and bad things, what they want to talk about, and how appropriate the concepts you are using are. Use a brief survey or ask in person.

Implement the evaluated plan.

Evaluate the consultations: a simple questionnaire asking people at the consultation to give their opinion on good and bad things anonymously.

- *Step Five:* **Summarise the information gathered.** Develop **how you are going to report back** to the community.
- *Step Six:* **Report back** to the community what you have learnt from the consultation and the evaluations. This should include what you intend to do with the results.
- *Step Seven:* **Document the whole process** that occurred throughout the strategy, completing a checklist of outcomes.
- *Step Eight:* **Evaluate the whole process with all who were involved.** Write a final document or report, translate it and send a copy to everyone who was involved. Include all relevant documents produced throughout the process. Some people may not want a written report, in which case you will need to give presentations in person. (Source: Bertram, 1997)

3. Conducting outreach activities:

Outreach is essential for involving communities fully in your service.

When you conduct outreach activities, you and your organisation **reach out to people and communities**. *This includes those families and communities who may have difficulties getting support and accessing your support.* These are **perfect activities** for your organisation to report to funders or others about **access and equity initiatives** you have done. Key **outreach strategies** (See examples in **Box 24**) to culturally diverse communities are²:

- **Increase promotional efforts** in ethnic communities. Marketing strategies should identify and address the needs of communities and aim for the people that your organisation may know nothing about (and who may know nothing about your organisation). It would be best to speak to an experienced organisation such as MDAA on the best way to conduct culturally competent promotion.
- Use **non-traditional outreach methods to inform communities about your service options**. Examples are: conduct informal presentations at community events and festivities; place job notices and advertisements with local community press; and use ethnic media.

² (Source Hasnain and colleagues, 2003)

- **Conduct consultations / focus groups** to identify the needs of culturally diverse individuals with disabilities and to incorporate them into future support.

Reaching Ethnic Communities in Rural and Remote Areas

When we think about people from NESB we mostly think of people living in the urban areas of our cities. There is a strong perception that we don't need to bother about people from NESB living in regional and remote areas. Well, guess what: that is **another myth!** For example, if you have a look at the profiles of Lightning Ridge and Griffith you'll see there are over 25 different languages spoken in Lightning Ridge and that over 20% of the population in Griffith speak a language other than English at home.

It is true that often in rural communities the numbers of people from NESB are smaller than in the city. Also often rural **communities are very diverse**, with only a handful of people from one language group in an area. These **small numbers**, however, can often **lead to greater isolation**. One advocate working in rural areas told me that there is often no telephone and people from NESB usually stay on the farms where they might work, not mingling with others in the community. Some of your **strategies** might be similar to those used in the city, but you will have **to modify others**. **Link into larger organisations** for information about community languages; link up with other organisations to do some **outreach**. In the city, given the size of

communities, you might do lots of **ethno-specific work**, aiming your outreach to specific communities. In many rural and remote areas where the numbers are smaller, however, you may **do more multicultural work**, aiming your outreach to everyone. Finally it can be very costly getting face to face interpreters so we recommend that you **become very good at using the Telephone Interpreter Service!**

Box 24: Examples of Successful Outreach Strategies

Antenna is a mental health service that promotes social inclusion for its clients and builds bridges with the health sector and the community, including churches, the business communities, and youth teams. It trains young people who then become 'ambassadors' in the community. It has produced a video aiming to encourage young people to access help early. Relatives and carers are invited annually to appraise its service.

(Source, UK Department of Health, 2003).

The second strategy to consider was implemented in a city with a high proportion of South Asian communities. A disability service that wished to access local Asian communities began a touring exhibition using South Asian staff in public places accessible to South Asian people. These staff visited the city centre, City Mela, mosques, community centres, temples, street corners and open events. Displays were made up of photographs as well as a video in Urdu. The exhibitions were advertised on a South Asian radio station, local press and in South Asian Publications. What was highlighted by the initiative was that *families do come forward when contact methods are relevant to their background and experiences*. This not only increased referrals to services publicised but led to an *increased awareness of disability within local communities*, especially as media images of people with disabilities is missing in the region.

(Source Mir and colleagues, 2001).

Section Five

Working with change: Self-assessment and putting changes into practice

At its heart this manual has been about how **you can make changes** so that your work practices become more effective for your consumers. This final section of the manual looks more closely at **the concept of change itself**.

Sources and further reading:

Goode, T.D. (2000b). Promoting Cultural Diversity and Cultural Competency: Self-Assessment Checklist for Personnel Providing Services and Supports in Early Intervention and Early Childhood Settings. National Center for Cultural Competence. Georgetown University Child Development Center: Washington D.C.

McPhatter, A.R. and Ganaway, T.L. (2003). Beyond the rhetoric: strategies for implementing culturally effective practice with children, families, and communities. *Child Welfare*, VXXXII (2), 103 – 125.

NSW Health (2001). *The Clinician's Toolkit for Improving Patient Care*. NSW Health Department, North Sydney. Accessed 10/04 online from www.health.nsw.gov.au

NSW Health (2002). *Easy Guide to Clinical Practice Improvement: A Guide For Health Care Professionals*. NSW Health Department, North Sydney. Accessed 10/04 online from www.health.nsw.gov.au

Parnell, B. and Benton, K. (1999). *Introduction*, in *Facilitating Sustainable Behaviour Change: A Guidebook for Designing HIV Programs*, MacFarlane Burnett Centre, Victoria, 3-16. Accessed on line 10/04 from http://www.burnet.internationalhealth.edu.au/freestyler/gui/files/fsb_change.pdf

At its heart this manual has been about how **you can make changes** so that your work practices become **more effective for your consumers**. This final section of the manual looks at **the concept of change itself** more closely. Part one discusses how you can **monitor changes in your own cultural competence** through doing a regular self-assessment. Part two shows a way for you to **put changes into practice** formally in your workplace.

Culturally competent self assessment

Why do a culturally competent self-assessment?

Cultural competence does not happen overnight. Becoming culturally competent, like most complex changes, is a **long-term experience**. You will need to become comfortable with the long-term nature of change. It is a mistake to assume that change towards cultural competence happens with a click of the fingers.

Going back to the image of cultural competence as a journey, the aim

should be to **enjoy the journey** rather than be obsessed with the place of arrival!

Personally (because of my cultural background) it has taken me quite a while to

realise that **the journey is AS important as reaching the destination**. It is a lesson I am still learning!

Assessing where you are on the cultural competence journey is a

valuable way of putting a finger on **where you are now and where you are going**. The best way to assess where you are on the journey is to conduct a self-assessment.

This part of the manual **provides you with a self-assessment checklist**.

First discussed are **some pointers** on the best way to use the checklist. Then the **checklist itself** is provided.



Pointers

When to complete the checklist?

Once every three months. As you develop, space this out to once every six months. The important thing is that the checklist **is ongoing**. Don't worry if you move jobs, take it with you!

It is useful to include the assessment in your **staff appraisal**. Also you could include items as Key Performance Indicators. Suggest these to your colleagues or supervisors. This would be a good opportunity for you to demonstrate your cultural competence journey to others.

Generate and use numbers and data!

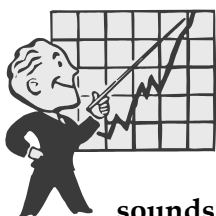
As you fill in the checklist, you will notice it is on a scale from one to five.

Write down on a separate piece of paper your scores for each question. For each section of the checklist **add up** your scores and divide it by the number of questions. Write this number down and keep it. As you improve on each item when you assess yourself in the future, you will be able to **generate a new score** for each section. Write this



down and **compare it** to your last score, and the scores before that.

If you then plot these on a graph, you will be able to see how you have changed. If you are really keen, do this for each question asked.



The change process

Change is **not as straightforward as it sounds**.

It is therefore worthwhile considering how some authors have written about the change process.

Parnell and Benton (1999) have proposed a model of change that occurs over five stages, each representing a level on a **continuum** of change. Their work illustrates how behaviour change can be achieved and maintained by you as an individual:

At the **pre-contemplation stage** of the model, a person may not realise that change is possible, desirable, or even relevant to them. They have not yet begun to contemplate change.

Later something happens that prompts them to think about change, **at which point they begin the contemplation stage**.

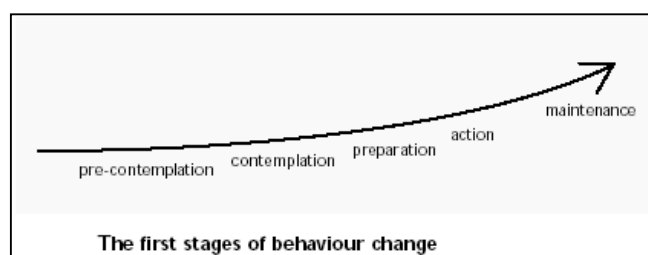
Next is **the preparation stage**, when the person begins to prepare for change by gathering information; finding out how to achieve change; learning what skills are necessary; and deciding when change will take place.

Eventually, the person will change their behaviour and **move to the action stage**. Here they act on previous decisions, experience, information, new

skills and motivation for making the change.

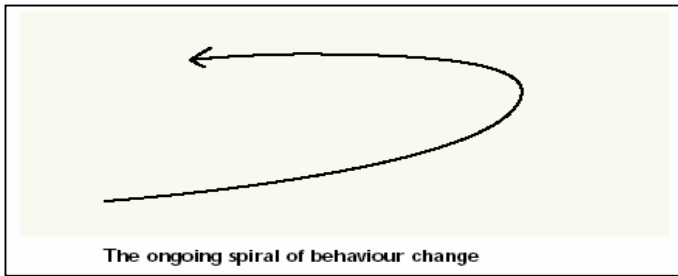
At the maintenance stage, practising the newly adopted behaviour is required for it to be consistently maintained.

Below is how Parnell and Benton have visualised the stages. The stages are illustrated with a curved line, representing the fact that change is rarely a straightforward process.



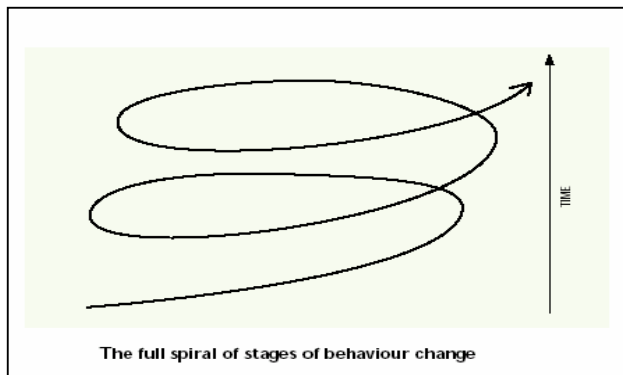
(Reproduced from Parnell and Benton, 1999)

For all sorts of reasons people might **move back to earlier stages and work through them again**. This is not negative, simply realistic. However, people **never** move back to the pre-contemplation stage. They may return to the contemplation stage for more reflection and thinking, or to the preparation stage to gather new skills or more support, before continuing on again through the other stages. Because the starting place cannot be the same – both the person and the world around them are not the same – the illustration is a **spiral** rather than a circle.



(Reproduced from Parnell and Benton, 1999)

Maintaining behaviour means that a person may go through the same stages, or some of them, more than once. Once a person reaches the action stage again, there may still be a return to the earlier stages. To illustrate this a longer spiral can be drawn. This represents change over the long term.



(Reproduced from Parnell and Benton, 1999)

Include other people!
Ask other people where they think you score on each item. These people include your supervisors and co-workers, your consumers, their family and carers. Include members of the community you have been working with.

How the checklist works

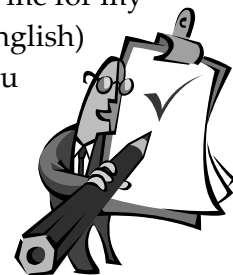
You will find the checklist in Appendix 8.

Each section of the checklist represents each section in this manual. Various strategies or approaches outlined in each section have been placed on the stages in the model of change discussed above. You can therefore plot and visualise how you are going through the change process and at what stage you are. Most importantly you can see what stage you are about to move on to.

You can only move to the next stage if you score 4 or more on average across each item.

Three or less means you are not quite there yet!

To be quite honest, I became a bit bored continually writing down 'Unsure' at point three on each question. To spice things up a bit I have occasionally replaced 'unsure' with some cheeky line that is meant to represent being unsure. I hope you will forgive me for my own (probably quite English) sense of humour! If you don't like it, replace these items with 'Unsure'.



Putting changes into action

This concluding part of the manual looks at a method of putting *changes you have learnt into practice* effectively both as an individual and with other people. This shows you a **visible way to put changes into practice yourself**. This is another perfect opportunity for you to

show your colleagues and bosses formally how the change process can produce results in the workplace! This is how it works.

First ask yourself **three questions** that need to be answered: (the example here is needs and expectations, try to think of other examples from the suggestions made in the manual).

- **What am I trying to achieve?** For example, finding out the consumer's needs and expectations
- **How will I know that a change is an improvement?** For example, greater understanding of the consumer's needs and expectations
- **What changes can I make that will result in an improvement?** For example, establishing trust and negotiating understanding

To achieve the changes that you want to make, first you need to set an **aim**, or a clear and firm intention to make a change. This aim should be expressed in specific terms, eg, a 30% increase in documentation of the consumer's needs in a three month period.

Second, you need to **measure changes**. For example, note down the number of questions that were actively discussed with the consumer, compared to a simple nod of the head or questions that were misunderstood.

Third, ask yourself, '**did the change result in an improvement?**' For example, some conversations may be better than others. It is then important to find out why one might have been more useful or effective than another. Watching what takes place and having a hunch of why improvement has happened can be useful sources of

insight. It is important to write these down

The important thing is **trying** something, **observing** the consequences, **learning** from those consequences, and **acting** upon what you have learnt. You then go on to do the whole cycle again, looking for more improvement each time.

In the field of Health, this is called 'Plan, Do, Study, Act' and is used extensively by doctors and other health professionals **to make improvements in work and practices**³. 'Plan, Do Study, Act' **works in a cycle**. You (and others if they are involved) plan to make a change (PLAN), carry out the plan (DO), summarise what you learnt so you can use this knowledge in the future (STUDY), and then determine what other changes may need to be made (ACT). Then the cycle starts again.

And don't raise your eyebrows and say 'I'm too busy for this' (Yes I can see you)! As you go through the process, you will notice that the changes you make will in the long term make each effort easier, will encourage you and others to learn from your actions, and **will end up saving you time**.

³ NSW Health, 2001

Conclusion

So that is it! You are **now well on your way to becoming culturally competent**, and to making tangible improvements in the quality of your support for consumers! There is not much more to write, apart from saying that this is **most definitely an ongoing experience for you**. At the risk of sounding like a broken record, keep **going over** the sections of the manual, and keep **dipping into** it if you feel you need to remind yourself of anything or begin work on something new. You can also go further and **use it as a reference base** for future work.

As if you weren't already aware, there are many, **many concepts** in this manual, each of which can be **explored in much more detail** if you have the time and inclination. **Check out the sources and references** at the beginning of each section: these are all an excellent start to further reading and ideas.

I hope you have enjoyed what has been written. I have certainly enjoyed researching, developing and writing the manual and poster.

I hope they have made and will make a difference for you and for your consumers. If you need any more help, don't hesitate to get in touch with the staff at MDAA.

Good Luck!

Patrick Harris

List of Appendices

Appendix 1: What is critical thinking?

Appendix 2: Critical Thinking: What It Is and Why It Counts, Peter A. Facione, Dean of the College of Arts and Sciences, Santa Clara University, 1998, California Academic Press reprinted at <http://www.calpress.com/critical.html>

Appendix 3: Number of people from a non-English speaking background with disability in NSW

Appendix 4: Strategies towards a culturally competent disability services sector

Appendix 5: Using Interpreters successfully

Appendix 6: Cultural Assessment & Planning, Mary Curry Narayan, MSN, RN, CS, CTN, reproduced from *Home Healthcare Nurse*, vol. 21, No. 9, September 2003; Currently seeking permission to reprint

Appendix 7: Practice with Culturally Diverse Families Of Young Children with Disabilities, Kathleen A. Rounds, Marie Weil, & Kathleen Kirk Bishop, reproduced from *Families in Society: The Journal of Contemporary Human Services*, January 1994
Currently seeking permission to reprint

Appendix 8: Self Assessment Checklist