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Author

Sawrikar, Pooja, Katz, Ilan

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Enhancing family and relationship service accessibility and delivery to culturally and linguistically diverse families in Australia

Pooja Sawrikar and Ilan Katz

1. Introduction and background

Family relationship services span a diverse and extensive range of interventions that aim to support and nurture family relationships, and so provide an important source of support to families in Australia. However, there is a dearth of research and information on service accessibility and the effectiveness of interventions in the family relationship services sector across different cultural groups in Australia. That “the needs of ethnic minority people have often been neglected or marginalised in the provision of social care services” (Butt, 2006, p. v) has led to a gap in the literature is widely acknowledged among researchers and practitioners in the field of family relationship and other related service delivery (e.g. Box, Bignall, & Butt, 2001; Katz & Pinkerton, 2003). Therefore, examining how to improve access to and delivery of family relationship services for culturally and linguistically diverse (CALD) communities is an important line of critical inquiry, given Australia’s multicultural milieu.

Research into the needs of CALD families has only recently garnered attention. Butt (2006) and Page, Whitting, and McLean (2007), in particular, have offered comprehensive frameworks for understanding the barriers CALD families experience. However, their research focused on ethnic minority families in the UK. This paper builds on and synthesises the emerging international and national literature to develop a practice and policy framework that can be used to help overcome inequities in access to or culturally inappropriate service delivery of family relationship services for CALD families in Australia.

Abbreviations

AFRC	Australian Family Relationships Clearinghouse	FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
AGD	Attorney-General’s Department	FRSP	Family Relationship Services Program
AIFS	Australian Institute of Family Studies	MRC	Migrant Resource Centre
CALD	Culturally and linguistically diverse	NESB	Non-English speaking background
ECC	Ethnic Communities Council	SPRC	Social Policy Research Centre
		UNSW	University of New South Wales



Australian Government

Australian Institute of Family Studies
Australian Family Relationships Clearinghouse

The Australian Family Relationships Clearinghouse (AFRC) is an information and advisory unit funded by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs. The Clearinghouse aims to enhance family relationships across the lifespan by offering a resource and a point of contact for providers of family relationship and support services, policy makers and members of the research and broader communities. The Clearinghouse collects, synthesises and disseminates information on family relationships and facilitates networking and information exchange.

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The authors

Professor Ilan Katz is the Director and **Dr Pooja Sawrikar** is a Research Associate at the Social Policy Research Centre, University of New South Wales, tel: 02 9385 5504, email: p.sawrikar@unsw.edu.au

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AFRC Manager: Elly Robinson

Australian Institute of Family Studies
Level 20, 485 La Trobe Street Melbourne VIC 3000 Australia
Phone: (03) 9214 7888 Fax: (03) 9214 7839
Email: afrc@aifs.gov.au
Internet: www.aifs.gov.au

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1.1. Main aims of this paper

Broadly, there are two main aims of this paper. The first is to identify the key issues, challenges and needs of CALD families when accessing and using family relationship services, as well as the key issues, challenges and needs of service providers and practitioners when they deliver services to CALD clients. This is because, as Katz, La Placa, and Hunter (2007) pointed out, barriers to inclusion should not be seen exclusively in terms of the characteristics of CALD families, nor as the characteristics of services and providers, but rather as the quality of interaction and “fit” between the needs and expectations of CALD families and the provision of services. Secondly, this paper aims to use the identified concerns of CALD families and service providers and practitioners to make practice, procedure and policy recommendations. These recommendations can be used to increase the inclusion and engagement of CALD families in the family relationship services sector.

There are no national data publicly available from the Family Relationship Services Program (FRSP)¹ of the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) that provide information on the number of families across cultural groups who access family relationship services. It is also not known whether and the extent to which information on a family’s ethnicity is routinely collected by FRSP service providers and practitioners. This poses a problem in being able to gauge the size of possible inequity experienced by CALD families in service accessibility in Australia. However, research from overseas may be used as a guide. The 2001 National Family and Parenting Institute found that black and ethnic minority families in the UK accessed services less than mainstream families (Katz et al., 2007). As CALD groups worldwide tend to experience similar issues and concerns that relate to dislocation, cultural identity and sense of belonging, acculturation, and racism and discrimination (e.g., Mendoza, 1989; Phinney, Horenczyk, Liebkind, & Vedder, 2001; Sawrikar & Hunt, 2005),² we infer in this paper that the trend for CALD families in Australia will be similar to that in the UK; they will be less likely to use family and relationship services compared to mainstream families. Further, as large-scale evaluations on the effectiveness of these services for CALD families have not been conducted in Australia, and are only just emerging in the international literature (e.g., Page et al., 2007), it is again difficult to identify and address the issues, challenges and barriers CALD families experience when they do access these services.

1. www.facsia.gov.au/frsp

2. See section 3.1 for more information on issues that CALD groups face.

In light of the above issues, this paper inevitably draws to a large extent on the international literature, especially from the UK (Forehand & Kotchick, 2002; Katz et al., 2007; Moran, Ghate, & van der Merwe, 2004; Murry et al., 2004) and the USA (Forehand & Kotchick, 2002; Murry et al., 2004). Although the composition of CALD groups in the USA and UK are different from the main CALD groups in Australia,³ and their policies and practices differ from the Australian context, some of the key lessons learned in those countries will nevertheless be relevant here.

1.2. Main approach of this paper

Katz & Pinkerton (2003) have pointed out that most of the international literature (and the limited national literature) addressing issues of service accessibility and delivery for CALD families is written in the form of practice or policy guidelines (e.g., Coakley & Scoble, 2003; Moffat & Tung, 2004; Olavarria, Beaulac, Bélanger, Young, & Aubry, 2005) rather than empirical studies that compare different interventions or approaches. Therefore, this paper cannot provide a comparative analysis on the efficacy of competing models of service delivery to CALD families. As Chand & Thoburn (2005) pointed out:

the very small amount of research that has looked at outcomes for minority ethnic families, measured in terms of parent or child well-being and improvements in well-being overall, means that it is not possible to say at this stage whether some approaches to family support work are “better” than others for particular groups of families. (p. 177)

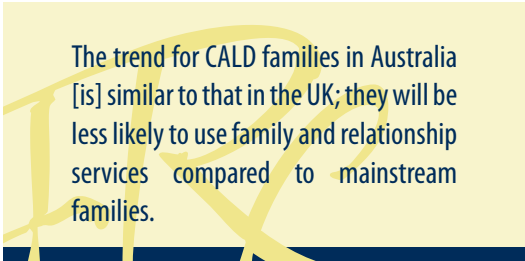
While this paper will provide the theoretical and academic basis for making policy and practice statements, its main approach is to develop specific policy and practice recommendations, presented in plain English, so that senior managers and practitioners in family relationship services will be able to use the review as a tool for improving practice in this area. Specifically, this paper can be used to inform service providers and practitioners in Australia how to:

- improve their service delivery to CALD families;
- develop their own expertise regarding CALD families; and
- develop their professional practice by partnering and sharing expertise with services that already have a CALD focus.

1.3. Intended audience

This paper can be used as a comprehensive resource for a range of policy makers, stakeholders and peak bodies involved in the provision of family relationship services to CALD families. These include (but are not limited to) the:

- family relationship service providers and practitioners funded by the Family Relationship Services Program;
- family relationship and/or CALD-focused researchers;
- service providers and practitioners involved in assisting and providing other related services to CALD families;
- CALD advocacy groups;
- Australian Institute of Family Studies (AIFS); and
- Australian Family Relationships Clearinghouse (AFRC).



The trend for CALD families in Australia [is] similar to that in the UK; they will be less likely to use family and relationship services compared to mainstream families.

2. Characteristics and experiences of CALD groups in Australia

2.1. What are the main CALD groups in Australia?

CALD groups comprise a significant proportion of Australia's population. Currently, 31% of Australians were born overseas and, of these, about two-thirds were born in non-English speaking countries (Australian Bureau of Statistics [ABS], 2007). For consistency in this paper, CALD families refer to those born, or who have at least one parent born overseas, but the difficulty in defining the term needs to be acknowledged. On the one hand, it is an inclusive term when it is describing Australia's cultural and linguistic plurality (ABS, 1999) and so refers

3. Indians (1.8%), Pakistani (1.3%) and Irish (1.2%) comprise the three largest CALD groups in the UK (National Statistics, 2008). African-Americans (12.4%), Asians (4.4%) and American Indians or Alaska Natives (0.8%) comprise the three largest CALD groups in the US (US Census Bureau, 2006). See section 3.1 for more information on CALD groups in Australia.

to all families. However, in research and practice especially, it is mostly used to distinguish the mainstream community from those in which English is not the main language and/or cultural norms and values differ. “CALD” therefore has superseded the term “non-English speaking background” (NESB) because of its reference to culture as an explanation for why differences between CALD and mainstream communities may occur, and so goes beyond linguistic factors.

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CALD families, then, generally refer to those that originate from countries in which English is not the main language. Therefore, it refers to all people who are not English-speaking Anglo-Saxons/Celtics or Indigenous/Aboriginal Australians. According to the 2006 Census, in descending order of population size, the main CALD groups in Australia are from Italy, China, Vietnam, India, Philippines, Greece, Germany, Malaysia, Netherlands, Lebanon, and Hong Kong (see Table 1).

Most CALD communities in Australia, especially Asian communities, are concentrated in urban areas. Of people born in Vietnam, 97% lived in major urban areas in 2004, especially Sydney and Melbourne. Similarly, 96% of people born in China, 91% born in India, and 85% born in the Philippines reside in major urban areas (ABS, 2004).

Although it is recognised that a considerable proportion of permanent entries to Australia are via the Humanitarian Program, including refugees, it is beyond the scope of this paper to specifically address issues related to refugee families in Australia.

Table 1: Main countries of birth of overseas-born Australian residents, 2006

Country of birth (COB)	'000	Predominant religion		Largest minority religion/s		Main language
		In Australia	In COB ^a	In Australia	In COB ^a	In COB
(United Kingdom) ^b	1153.3					
(New Zealand) ^b	476.7					
Italy	220.5	Christianity		N/A		Italian
China (excl. Hong Kong)	203.1	No religion	Atheist	Buddhism		Mandarin
Vietnam	180.4	Buddhism	No religion	Christianity	Buddhism	Vietnamese
India	153.6	Hinduism		Christianity	Islam	Hindi
Philippines	135.6	Christianity		Not stated	Islam	Tagalog
Greece	125.9	Christianity		Not stated	Islam	Greek
(South Africa) ^b	118.8	Christianity		No religion		Zulu ^c
Germany	114.9	Christianity		No religion/not stated		German
Malaysia	104.0	Christianity	Islam	Buddhism		Malay
Netherlands	87.0	Christianity		No religion		Dutch
Lebanon	86.6	Christianity	Islam	Islam	Christianity	Arabic
Hong Kong	76.3	No religion	Buddhism	Christianity	Taoism	Cantonese
Other overseas-born	1633.6					
Total overseas-born	4,956.9					
Australian-born	15,648.6					
Total population	20,605.5					

Notes: (a) If different from religion of Australian residents from this country. Methods of collection of this data may differ from those used by the ABS; therefore, caution should be exercised when interpreting results. (b) Australian residents who were born in the United Kingdom, New Zealand and South Africa are not included as CALD. (c) Although Zulu is the language used by the largest percentage of the population in South Africa, the main language of most South African migrants to Australia is English and so they are not included as CALD in this paper. Also, it is worth noting that there is a significant population of Australian residents from South Africa who are Jewish (the third most predominant religion among South Africans in Australia, according to ABS figures).

Sources: Population: ABS. (2007). *Migration Australia* (3412.0): Estimated resident population at 30 June 2006. Religion: ABS. (2007). *Perspectives on migrants* (3416.0), at 30 June 2006. Language: Wikipedia.

2.2. Characteristics of the main CALD groups in Australia

Families both across and within cultural groups vary considerably from one another, and it is important for service providers and practitioners to be aware of and sensitive to this diversity. However, there are some general characteristics of cultural groups that can be useful in informing what constitutes effective and culturally appropriate service delivery for different CALD groups. The main characteristics service providers and practitioners should be aware of are:

- their language and religion; and
- the individualistic or collectivistic orientation of the family's cultural group.

Language and religion

The main CALD groups in Australia vary in their languages and religions. The most common languages spoken in each country are listed in Table 1. It is important to know the main languages when translation and interpreting services are required. Predominantly, East European countries are Christian; Asian dialectical philosophies (ADPs) such as Hinduism, Buddhism and Taoism are common across Asia; and Islam is common across Asia, North Africa and the Middle East. It is also important to consider religious norms for culturally appropriate service delivery.

Individualism/collectivism

Although families and cultures vary on a continuum in the extent to which their cultural norms, values, beliefs and practices are individualistic or collectivistic, these two theoretical viewpoints have heuristic value. While family responsibilities are important in both paradigms, generally collectivistic cultures emphasise family obligations over individual autonomy (Triandis, 1990). As such, social harmony and support tend to be prioritised over individuation, hierarchies based on age and gender are more socially acceptable, and the family provides relatively more social support than the state (Berry, 1980; Triandis, 1990). In addition, it is atypical for families to disclose or discuss their family-related concerns to outsiders, as this contravenes a typically collectivistic norm of “saving face”—protecting the family name (Berry, 1980; Lieh-Mak, Lee & Luk, 1984, cited in Forehand & Kotchick, 1996; Triandis, 1990).

Of the main CALD groups in Australia (as listed in Table 1), only Germany and the Netherlands are categorised as individualistic cultures according to Hofstede's (1980) classic study, in which nations were ordered according to their degree of individualism or collectivism.⁴ In individualistic cultures, individuals are generally socialised to be more autonomous, generally experience discomfort with non-egalitarian relationships, and expect and experience the role of the state in providing support to be relatively high (Bond, 2002). As a result, seeking help from the state and disclosing family problems to extra-familial sources of support is more commonplace among people from individualistic cultures (Bhui, Warfa, Edonya, McKenzie, & Bhugra, 2007; Broadhurst, 2003). It is thus important to understand how collectivistic cultural norms and practices can contribute to the barriers CALD families face when they access and use family relationship services.⁵

2.3. Why do service providers and practitioners need to consider the characteristics of CALD groups in their service delivery?

Service providers and practitioners need to consider the characteristics of CALD groups in their service delivery because the size of inequity in access to and use of services varies across the different CALD groups. In particular, migrant families from Germany and the Netherlands differ from the other main CALD groups in Australia in two important ways. Firstly, they are generally individualistic in their cultural norms and practices, similar to their Anglo-Australian counterparts. In addition, they are more likely to be proficient in English. As such, families from these two CALD groups are distinguished from the other main CALD groups in Australia. In this paper, the latter group are referred to as “ethnic minorities” because they are more likely to experience barriers to service access and use as a result

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4. Note: In this study, Australia was ordered as the second most individualistic culture, after the USA.

5. See section 3.1 for more information on cultural barriers.

of their variation both culturally and linguistically from the mainstream community. These barriers are described more fully in the following sections.

3. Barriers to service accessibility and appropriate service delivery for CALD families in Australia

3.1. Barriers ethnic minority families perceive or experience

A number of barriers to equal access and use of services may be perceived or experienced by ethnic minority families. As the term “culturally diverse” suggests, the nature and magnitude of these barriers vary both within and across cultures. Further, these barriers are interrelated, and interact with and reflect barriers that arise from the families’ own situation or factors about the specific service. Notwithstanding, the literature indicates that, broadly, the barriers common to ethnic minority families can be divided into:

- cultural barriers:
 - language barriers: English proficiency, professional jargon and misinterpretation of body language;
 - cultural norms that prohibit seeking extra-familial support, especially for women and children;
 - traditional gender roles that prevent men from engaging with services or discussing family difficulties; and
 - fear of authorities, such as child protection, police, courts, taxation, immigration and housing departments (although not strictly speaking a cultural barrier, it is a barrier that CALD families may face).
- structural barriers:
 - practical barriers accessing services; and
 - lack of knowledge or understanding of services that are available.
- service-related barriers:
 - model of service is culturally inappropriate;
 - service not perceived as relevant due to lack of cultural diversity in the workforce and marketing of services;
 - service choice perceived as limited due to lack of cultural diversity in the workforce; and
 - reluctance to engage with services because of concern they will not be understood, or that they will be stereotyped or judged.

Cultural barriers

Language barriers: English proficiency, professional jargon and misinterpretation of body language

Ethnic minority families may experience language barriers. Low English proficiency can mean that families are prevented from seeking out or do not have the confidence to seek out information about services in the community from which they could benefit (Box et al., 2001). However, Weerasinghe and Williams (2003) importantly pointed out that even among CALD families who are proficient in English, the use of professional jargon by service providers and practitioners, without accompanying explanations, can be a deterrent to their uptake of services. The authors also suggested that service providers or practitioners may misinterpret the body language of CALD families, which can interfere with how comfortable the latter feel about expressing their issues or concerns. In addition, some CALD families may simply agree with service providers and practitioners so as not to disappoint them.

Example: Misinterpreting body language

As a sign of respect for authority, Chinese family members may lower their eyes and avoid eye contact. The service provider or practitioner may misinterpret this “Apollonian” body language—in which self-control, moderation and reserve are norms—as indicating fear or shyness (Triandis, 1998).

Cultural norms that prohibit seeking extra-familial support, especially for women and children

When ethnic minority families experience disruption and conflict in their family relationships, government-funded services, such as those provided by FRSP, can provide assistance and support. However, in collectivist cultures, it is normative to rely on the family as the main source of support and family issues are generally not to be known to outsiders; if they were to become widely known, it could compromise their social standing in the

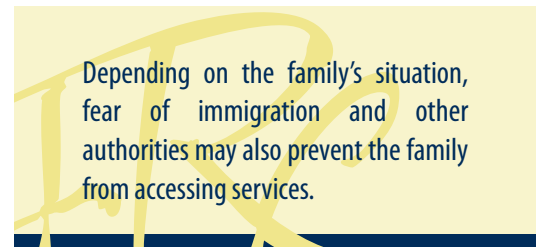
community. For example, based on research that investigated parent training issues with Chinese families in the US, Lieh-Mak et al. (1984) stated that one of their cultural beliefs is that “the private shame of a family should not be made known to outsiders” (cited in Forehand & Kotchick, 1996, p. 199). As such, some ethnic minority families may resist seeking extra-familial help because of a prohibitive sociocultural norm. This is compounded further for ethnic minority women, whose traditional gender role is as carers rather than as those who are cared for (Cortis, Sawrikar, & Muir, 2007; Weerasinghe & Williams, 2003).

Traditional gender roles that prevent men from engaging with services or discussing family difficulties

The National Evaluation of Sure Start in the UK (Lloyd, O’Brien, & Lewis, 2003) indicated that most family counselling services have great difficulty engaging fathers. However, fathers from ethnic minority families are particularly challenging to engage because of traditional gender roles. As Page et al. (2007) pointed out, based on a review of a number of good practice case studies for promoting and enhancing cultural diversity in children’s and parental service provision in the UK, “virtually all of the case studies found engaging with fathers more challenging than engaging with mothers. The reasons for this were a mix of practical issues (such as limited time due to being the main breadwinner) and cultural in which gender roles are clearly defined and raising children is delineated as being a predominantly female activity” (p. 4).

Fear of authorities, such as child protection, police, courts, taxation, immigration and housing departments

Depending on the family’s situation, fear of immigration and other authorities may also prevent the family from accessing services. For example, many refugee families will have experienced violence or abuse from officials in their own countries, and this may well affect the way they relate to any authority figures (Sipe, 1999). Also, families unsure of their status in Australia may be reluctant to divulge family-related difficulties for fear they will be conveyed to immigration authorities.



More broadly, issues of trust and confidentiality may be magnified for some CALD groups. For example, Kokanovic, Petersen, and Klimidis (2006) found that CALD families accessing mental health services indicated considerable concern about the impact on the family’s standing in the community of having a relative with a mental illness. In another small-scale study of Arabic families, mental illness was considered a negative reflection on the family that may have an impact on events like the marriage of their children (Youssef & Deane, 2006). Reassurance of confidentiality was considered critical for this group. While these studies concentrated on mental health specifically, it appears important for service providers and practitioners in health-related fields to be explicit in the protocol and boundaries of how confidentially the information is held. For example, CALD families should be informed that service providers and practitioners are required by law to breach confidentiality and disclose issues in cases involving mandatory reporting of child abuse.

Structural barriers

Practical barriers accessing services

There are a number of practical barriers that can affect service accessibility that are not exclusive to ethnic minority families; low-income earners and rural and remote residents may also experience practical barriers in accessing services. For example, if the location of the service outlet is not easily accessible or centrally located, if it is difficult to get to by public transport, if opening hours do not suit the clientele, or if childcare facilities are not provided or nearby, service accessibility is compromised. These may be compounded further by the cost of accessing services for those living in poverty or in poor areas.

Lack of knowledge or understanding of services that are available

Another barrier to uptake of services by ethnic minority families may be a lack of knowledge or understanding of services that are available. This may be tied in with language barriers, but could also reflect insufficient dissemination at the local level of information about the range of services available in their community.

While this barrier can be partly addressed by translating relevant written materials, translation of information in and of itself is not sufficient. Potential clients from ethnic minorities need to believe that the service itself will be delivered in a culturally and linguistically appropriate fashion. Thus, the brochures or other information should indicate that the service is available in minority languages and should point out how it can be accessed.

Service-related barriers

Model of service is culturally inappropriate

Ethnic minority families who perceive that the skills, support and advice they are receiving from family relationship services reflect individualistic norms may disengage from the service because they do not consider it appropriate for their cultural needs or issues. The need to provide tailored, culturally appropriate service delivery for ethnic minority families is especially important for preventative or universal services. If CALD families have had experiences of services that target chronic issues that did not meet their expectations and/or the ideology of the service differs from that of the family's or the community's, they may be reluctant to engage with services when there is a crisis and service provision is necessary. Thus, failure to engage with culturally appropriate delivery of preventative services can result in children and families suffering much harm.

At worst, CALD families may perceive that individualistic models of service are an implicit attempt to make ethnic minority families conform to mainstream culture, in which the service provider is imposing a "white is right" model, and which suppresses their right and need to express different parts of their cultural identity at different times. As Forehand & Kotchick (1996) pointed out:

Ethnic minorities walk a fine line between maintaining their cultural values and customs and adopting the cultural strategies of the European American culture that are typically associated with success. If parent training is viewed by ethnic minority parents only as a way to shape their child's behaviour into conformity with the mainstream, then the intervention will not be successful. Because of the long history of abuse of ethnic minorities in this country, many of these families resist any efforts of the "white establishment" to assist them in raising their children. Only by being culturally sensitive and responsive to ethnic values will parent training be accepted within these populations. (p. 200)

Further, Bhui et al. (2007) pointed out that, even among service providers and practitioners from ethnic minority groups, standardised professional training practices reduce the number of culturally tailored options for models of service delivery. Service providers who are unaware of the individualistic norms that underlie models of service delivery in Australia, and who do not acknowledge the resentment some ethnic minority families may experience when receiving a mainstream model that is not tailored to meet their cultural needs, are less likely to engage CALD families in their services (Page et al., 2007).

More importantly, some CALD families may not necessarily perceive their issues as "problems" that require a "service" to solve them. In a study by Katz (1996), Asian families in the UK (who in the main refer to families from India, Bangladesh and Pakistan), for example, viewed children's mental health issues as being behavioural or spiritual difficulties, and sought advice from Imams, who generally recommended increased religious observance and training (or marriage, in the case of young women) as the solution, rather than psychiatry. In fact, the whole concept of a family sitting down and discussing their problems together was alien, in that parents very seldom discussed issues with children.

Example: Encouraging children's emotional independence

Parenting skills and programs may advocate for parents to teach their children self-sufficiency because emotional independence is seen as an asset to their personal and social development. This technique may not generalise well to ethnic minority families because of cultural discrepancies in what is considered best for the child (Forehand & Kotchick, 2002).

Service not perceived as relevant due to lack of cultural diversity in the workforce and marketing of services

The ways in which services are marketed can have a significant effect on whether families perceive the service to be relevant to them. It is suggested that CALD families who perceive the services as being geared toward Anglo-Saxon families may be less likely to use the services. For example, if there are no staff from a CALD background in the profile of the family relationship service outlet, or accompanying pamphlets do not depict a diverse range of families, some CALD families may then feel the service is not relevant for them.

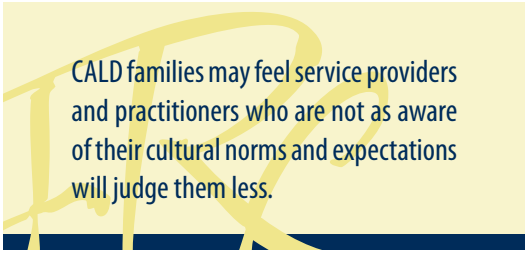
Example: Marketing appropriately to CALD families

A Sudanese father may read about a family relationship service in his local newspaper. The accompanying graphic has pictures of families from several cultural backgrounds, and so he perceives the service as being relevant to his family.

Service choice perceived as limited due to lack of cultural diversity in the workforce

It is important for staff to respect the particular preferences of ethnic minority parents (Box et al., 2001). If the staff profile of service providers at a family relationship service outlet is not culturally diverse, this can compromise the extent to which they perceive or have a choice in service providers. Some CALD families may prefer to have a service provider or practitioner who is of the same or similar cultural background to themselves because they might feel more comfortable or feel that they will be understood better.

Alternatively, some CALD families may prefer to have a service provider or practitioner who is not of the same cultural background as themselves. Differences in cultural norms and values between two individuals from the same cultural group may in fact exceed those across two individuals from different cultural groups. As Bhui et al. (2007) pointed out, a service user and service provider “ostensibly belonging to the same ethnic group because of shared country of origin, may actually differ in terms of social class, religious practices, languages, and cultural beliefs about illness and recovery” (p. 8). Such differences can either decrease empathy or understanding for the family’s concerns and/or increase (pre-)judgement; CALD families may feel service providers and practitioners who are not as aware of their cultural norms and expectations will judge them less. Also, as Katz (1996) pointed out, in many CALD communities there is likely to be a family or other connection between the client and the service provider. In these cases, CALD families may be concerned about confidentiality issues, in that their community is more likely to find out about their family’s concerns and this can compromise the status of their family in the community.



CALD families may feel service providers and practitioners who are not as aware of their cultural norms and expectations will judge them less.

To ensure CALD families have and perceive choice, it is important to ask them if they would prefer a service provider or practitioner who is of the same cultural background as themselves; their choice should not be assumed for them, simply based on their cultural background.

In addition to the difficulties inherent in recruiting staff with appropriate skills, experience and knowledge because of standardised professional training practices (Bhui et al., 2007), CALD staff members should not be seen as being “experts” on their own ethnic group, and CALD families should not be allocated only to CALD staff. This can produce a burden on CALD staff, both in terms of being expected to know and understand the nuances of all CALD groups, but also in terms of workload.

These issues not only point to the importance of a culturally diverse staff to increase the sense of choice for CALD families, but also demonstrate the limitations of assuming that a culturally diverse staff is sufficient for meeting the needs of CALD families. A culturally diverse staff profile is necessary but not sufficient; it is still important to have “culturally competent” staff.⁶ That is, training in cultural competency for all staff, regardless of their ethnic background, will increase effective engagement with all CALD families. Nevertheless, a staff profile that reflects the ethnic mix of the local population is preferable.

Example: Compatibility of cultural backgrounds of client and service provider

A Tamil Sri Lankan who is culturally Dravidian may prefer not to have a Sri Lankan service provider or practitioner who is Buddhist Sinhalese, because of the in-fighting between these two cultural sub-groups.

6. See section 4.1. for more information.

Reluctance to engage with services because of concern they will not be understood, or that they will be stereotyped or judged

Ethnic minority families may not take up services if they believe the service provider or practitioner is not aware of or empathetic to their issues as ethnic minorities. These issues can pertain to a range of factors, such as dislocation, acculturation, identity and racism. In addition, refugee families are likely to experience a niche set of issues that pertain to their experiences.

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CALD families have all experienced migration from their home countries, with associated issues such as dislocation from close family and community, identity concerns and having to cope with a foreign environment (Berry, 1980; Phinney et al., 2001; Sawrikar & Hunt, 2005). The ongoing and fluid process in which individuals from CALD groups must balance their conflicting needs for cultural preservation and cultural adaptation is known as acculturation (Berry, 1980). Although the intensity of acculturation wanes over time, individuals from ethnic minority groups do have the need to

express different parts of their cultural selves at different times (Porter & Washington, 1983). Thus, the challenge of acculturation spills over into the second and subsequent generations of CALD families, and may underlie intergenerational conflict or tension between family members. In addition, families from visible ethnic minorities are very likely to have experienced racism and discrimination of one sort or another, and this will affect their relationships with Anglo-Australians. Extensive research in this area (e.g. Babacan, 2005; Page et al., 2007; Weerasinghe & Williams, 2003) has shown that this is especially so for Muslim families, with media portrayals making them targets of racism and discrimination.

The experiences and challenges of ethnic minority families and the challenge of acculturation are also differentially related to area of residence. Across both urban and regional areas of Australia, the extent of racism and discrimination varies. Indeed, even in two urban areas such as Sydney and Melbourne, the reasons underpinning the extent and nature of racism and discrimination vary. However, we anticipate that because most ethnic minority families live in urban areas, being a more conspicuous minority in regional Australia can exacerbate the extent to which racism and discrimination are perceived or experienced. Further, ethnic minority families in regional Australia may not have the social support of extensive community networks.

Just as individual service providers and practitioners in Australia differ to a greater or lesser extent from Australian cultural norms, families from CALD groups may deviate from the norms of their culture, both generally and as a result of acculturation. Generally, deviations are greater for CALD family members born in Australia compared to immigrants, settled migrants compared to newly arrived migrants, migrants who have chosen to live in Australia compared to those who have not (e.g., spouses who have moved because of their partner or some refugees), and for those who identify with and feel they belong to Australia compared to those who do not (Forehand & Kotchick, 1996; Ward & Kennedy, 1999; Ward & Rana-Deuba, 1999). There is extensive research (e.g., Bell, Bryson, Barnes, & O'Shea, 2005; Box et al., 2001; Page et al., 2007; Williams & Churchill, 2006) pointing to the importance of service providers and practitioners being sensitive to these individual variations within families; ethnic minority families are more likely to engage these services if their concern that family members will be stereotyped or misunderstood is alleviated. For example, being aware of religious diversity *within* CALD groups makes service providers and practitioners more likely to tailor services to meet the needs of Christian Indians compared to Hindu Indians, Lebanese Muslims compared to Lebanese Christians, and secular Turks compared to Muslim Turks.

Ethnic minority families are less likely to access services if they are concerned they will be typecast and will not receive the same quantity or quality of service they believe others receive. They are usually more satisfied with services when they feel they are being treated equally, feel they are receiving full and accurate information about service provision, and that the services offered are sufficient in addressing their range of needs (Chand & Thoburn, 2005; Lloyd & Rafferty, 2006).

Finally, families from collectivistic cultures, in the main characterised by the central role of the family in the individual's life and traditional gender roles, may be concerned that they will be judged as *deficient* rather than *different* (Forehand & Kotchick, 1996; Korbin, forthcoming). For example, they may be concerned that they will be seen as being overly dependent on their family or not sufficiently independent, compared to their age-matched Anglo peers.


3.2. Barriers service providers and practitioners perceive or experience

Because of differences in cultural characteristics between Anglo-Australian and ethnic minority cultures, a number of barriers to equal access and use of services may be perceived or experienced by service providers and practitioners who deliver services to CALD families. These include:

- lack of awareness or confidence to address the needs of CALD families;
- practice that is not culturally competent;
- lack of adequate resources;
- institutional racism; and
- lack of awareness and partnering with CALD-focused organisations in the local community.

Lack of awareness or confidence to address the needs of CALD families and practice that is not culturally competent

Service providers and practitioners who are not familiar with ethnic minority families may not feel sufficiently informed or efficacious in addressing the needs of CALD clients generally. There is always a tension between, on the one hand, a “colour blind” service, which treats everybody in the same way, and a culturally specific service, which assumes that each culture is different. Neither of these approaches is adequate. One leads to ignoring cultural issues that may be very important in understanding the family and identifying the most appropriate intervention, while the other can lead to stereotyping and making assumptions about families that may not be correct.



There is always a tension between, on the one hand, a “colour blind” service, which treats everybody in the same way, and a culturally specific service, which assumes that each culture is different.

It is important for practitioners and services not to be “colour blind”. Although treating everyone in the same way is superficially equivalent to providing equal opportunities, it can in fact result in discrimination and “institutional racism” (discussed below). Families need to be understood not only in cultural context, but also in the context of their experiences. Awareness of and sensitivity to cultural and personal diversity is necessary for enhancing equity in services; a one-size-fits-all approach may only lead to inequity. Thus, culturally competent practitioners feel confident and able to openly discuss culture and religion, as well as issues such as racism and immigration experiences with families, while at the same time exercising their professional judgement about a situation.

Lack of adequate resources

Service providers and practitioners may not have adequate resources to support them in providing a culturally appropriate service. For example, insufficient partnering with services that can offer accredited translation or interpretation can prevent good practice. Also, lack of training and support in cultural issues can act as a barrier to effective service for CALD families. Such situations can burden other family members such as children, who at times may be engaged as interpreters for their parents on sensitive issues. Where possible, accredited interpreters should be employed to overcome issues that may occur due to varying levels of skill and training.

Institutional racism

There is no clear definition of the term “institutional racism”, as it is used differently in the medical, health, social work and education literatures. As such, institutional racism has been redefined here to broadly refer to racism that is not due to prejudice or discrimination by individuals, but rather occurs when the policies, practices or procedures of organisations intentionally or unintentionally discriminate against particular sectors of the population. One way in which institutional racism can manifest is in having practices and procedures that are “colour blind”. For example, service providers and practitioners may assume knowledge of English or define culturally acceptable practices as abuse.

It also occurs when there is little cultural diversity in the staff profile of the outlet. As outlined in section 3.1 (under “Service choice perceived as limited due to lack of cultural diversity in the workforce”), a culturally diverse staff profile is necessary but not sufficient; simply having a culturally diverse workforce does not necessarily imply that the needs and issues of CALD families will be met effectively, and so *all* staff should receive training in cultural competency. Notwithstanding the complexity of issues associated with a culturally diverse workforce, it is still important to be able to provide an opportunity to ethnically match service providers and clients. Such

matches can be useful to families who are concerned they will not be understood or that service providers who are not of the same cultural background will judge them. Therefore, under-representation of the cultural diversity of the local community in the workforce can compromise effective and culturally appropriate service delivery. A lack of cultural diversity can also be problematic to family relationship service outlets because “ethnic minority staff are over-relied upon and the racialised experiences of service use are focussed on too heavily” (Page et al., 2007, p. 68).

Lack of awareness and partnering with CALD-focused organisations in local community

It is important for service providers and practitioners to keep a regularly updated list of the main CALD-focused centres and organisations in their local community who can offer interpreting and translation services as well as support and advice.

It is important for service providers and practitioners to keep a regularly updated list of the main CALD-focused centres and organisations in their local community who can offer interpreting and translation services as well as support and advice. These can include, for example, local CALD advocacy groups, Migrant Resource Centres (MRCs), Ethnic Communities Councils (ECCs), language centres that provide interpreting and translation services, centres that specialise in meeting the needs of refugees or newly arrived migrants, and multicultural organisations.

Lack of information and partnering with CALD-focused services in the local community can compromise the holistic approach that service delivery can offer. When the family relationship service cannot meet the needs of the CALD family, it is especially important that it be able to broker the services to other CALD-focused organisations.

3.3. Summary

It is important for service providers and practitioners to be aware of the cultural, structural and service-related barriers that ethnic minority families may experience or perceive. In turn, service delivery can be tailored to ensure it is sensitive to cultural factors and more accessible for these harder-to-reach families in the Australian community. There are also a number of barriers to effective and culturally appropriate service delivery that service providers and practitioners face when interacting with ethnic minority families. It is important to consider the experiences, challenges and issues of ethnic minority families in conjunction with those of service providers and practitioners, to see how best to improve the fit between service providers and service users. Based on the barriers outlined above, a number of recommendations for enhancing service accessibility and delivery to CALD families have been identified. These are described in the following section.

4. Recommendations for enhancing service accessibility and delivery for CALD families in Australia

4.1. Overcoming the barriers experienced by CALD families in service delivery

There are a number of strategies that can be implemented to overcome or minimise the barriers and/or disadvantages experienced by CALD families in service delivery. Katz et al. (2007) outlined six main approaches that can be used to increase the engagement of CALD families in the family relationship services sector: personal relationships between staff and service users; practical issues; service culture; consultation, information and targeting; service delivery issues; and community development approaches. These six approaches are considered here to be subsumed within a three-tiered strategy for capacity-building to improve access to and use of services for CALD families, at:

- practitioner level;
- service level; and
- policy level.

Implementing strategies at all three levels is necessary to provide the holistic and appropriate support service that will best meet the needs of ethnic minority families in Australia. For example, organisations should not expect cultural competency to emerge simply by having a culturally diverse workforce that is representative of the local population; “a genuine willingness and desire to learn about other cultures, rather than simply being a managerial requirement” (Bhui et al., 2007, p. 4) of programs is important for the successful inclusion and engagement of CALD families.

Practitioner level

Service providers and practitioners who are culturally aware, sensitive and competent are more likely to offer effective and culturally appropriate services. The literature on cultural competency (e.g. Bhui et al., 2007; Braithwaite, 2003; Campinha-Bacote, 2002; Hsueh-Fen, Kao, Hsu, & Clark, 2004; Jones, Cason, & Bond, 2004; Korbin, forthcoming; Purnell, 2002; Reich & Reich, 2006; Zoucha, 2002) often groups these three terms together, and so distinctions between them are not clear. Based on the literature, we have redefined these factors and the contribution they each make to the concept of cultural competency.

Cultural awareness is defined here as being aware of or knowing what are the cultural norms, values, beliefs and practices common to a CALD group. This is information that can be obtained in a variety of ways, such as reading about the cultural group, or inviting personnel from CALD-focused services and centres in the local community to speak about the experiences, needs and challenges of families from different CALD groups. This information can be used to address practical issues such as knowing into which languages to translate service documents. Information and training are essential, as they form the base from which cultural sensitivity and competency can be developed.

Cultural sensitivity in this paper builds on cultural awareness. It occurs when service providers and practitioners are familiar with how individuals and families *within* a CALD group differ from the norms, beliefs, values and practices typical of that culture, and so are less likely to stereotype families; they are aware of how cultural diversity expresses itself among individuals within a cultural group. We argue that cultural sensitivity is knowledge that develops with exposure to individual variation in a cultural group. As such, it is comparatively more difficult to attain than cultural awareness, because it develops over time and is a continuous process of learning. As service providers become more culturally sensitive, they are less likely to rely on stereotypes to inform their assessment of the nature and intensity of the family's problems.

Culturally aware and sensitive service providers and practitioners, who are "willing to let the family be the expert and the educator" (Shapiro, 1995, p. 5, cited in Forehand & Kotchick, 1996) in deciding what is problematic in the family, are less likely to under- or over-estimate the role of culture in the nature and expression of the issues their CALD family is experiencing (Bhui et al., 2007; Katz, 1996). That is, they will be less likely to misattribute culture to problematic behaviours or vice versa (Korbin, forthcoming). However, while it is important for practitioners to understand the norms from the family's point of view, as part of good practice they should not necessarily accept them at face value.

Cultural sensitivity is difficult to attain because cultural norms differ across the various CALD groups, it is subject to change pre- and post-migration, and it varies even within families. Some services work with many different cultural groups, and it is not possible for practitioners to understand the nuances of every culture. Thus, differences across CALD groups make judging deviations within cultural norms difficult. Nevertheless, practitioners can still be culturally sensitive by not stereotyping people or by simply asking them about their cultural norms. It may also be problematic to judge families by cultural norms, as these are especially likely to change after migration. Cultural norms that may be protective and adaptive in one context (e.g., in rural villages) may be potentially harmful in another context (e.g., in the inner city), and so families must be seen in their social and geographical as well as cultural context. Norms may also differ within families; for example, when children have conflict with parents.

To assist in making decisions about the needs or services a family may need, based on how the family or members in the family deviate from what is typical in that culture, it is important to include and involve ethnic minority families in decision making and the provision of services, as this facilitates a sense of ownership (Bell et al., 2005). For example, it is better for service providers and practitioners to "implement interview and engagement techniques that allow service users to articulate their needs, rather than create uncertainty for them" (Butt, 2006, p. 8). Further, this may help overcome any hesitation service providers and practitioners have for fear of appearing racist or ignorant (Brophy, Jhutti-Johan, & McDonald, 2005).

While cultural awareness requires service providers and practitioners to know about the cultural norms common to a CALD group, and cultural sensitivity requires them to be able to correctly judge

While cultural awareness requires service providers and practitioners to know about the cultural norms common to a CALD group, and cultural sensitivity requires them to be able to correctly judge deviations from these norms as problematic, cultural competency requires service providers and practitioners to also be aware of their own cultural norms.

deviations from these norms as problematic, we argue that *cultural competency* requires service providers and practitioners to also be aware of their own cultural norms. This helps to avoid judging the family's problems as deviations from the professional's norms as opposed to deviations from the cultural norms of the family. Such judgements can interfere with service delivery because the family are likely to perceive this as a lack of acknowledgement, respect or celebration of the differences.

Circumstances where cultural norms violate Australian laws (e.g., genital mutilation) do not apply to the issue of cultural competency, as these are not deviations from the cultural norms of the professional's cultural group, but from Australian law.

Culturally competent service providers are those who are aware of differences without making people feel different. Therefore, we assert that cultural competency builds on and subsumes both cultural awareness and sensitivity. It should be noted, however, that circumstances where cultural norms violate Australian laws (e.g., genital mutilation) do not apply to the issue of cultural competency, as these are not deviations from the cultural norms of the professional's cultural group, but from Australian law.

Having reflected on the cultural differences between themselves and their CALD family, service providers and practitioners will be able to establish their common cultural ground. This can help demystify "the other", and stimulate the need to increase accessibility and the inclusiveness of the

service culture to cultural groups that may, in fact, have more similarities with the culture of the practitioners than is otherwise perceived. Similar to cultural sensitivity, Braithwaite (2003) pointed out that cultural competency is a continuous process of learning, and requires service providers and practitioners to be generally interested in cultural diversity and to continuously strive to achieve the ability to effectively work within the cultural context of the family. Culturally competent service providers and practitioners are those who feel confident and have a sense of efficacy in being able to address the needs of CALD groups, are aware of differences between cultural groups without making members of that group feel different, and are less likely to judge the cultural norms of CALD groups. In addition, they are aware of the cultural strengths of the family and community, which they use in their service model and practice for engaging the family.

In summary, culturally competent service providers and practitioners are those who:

- are generally interested in and respect cultural diversity;
- continuously strive to effectively work within the cultural context of an individual, family or community;
- are aware of how the cultural norms of the CALD group differ from their own; and
- feel confident and efficacious to address the issues of their CALD clients, even if they are unfamiliar with the CALD group.

This awareness and confidence can inform service providers and practitioners about the appropriateness of referral and to whom referral should be made (Bhui et al, 2007). It can also inform practical issues, such as knowing important festival dates to avoid organising services on those days.

Service level

Based on a review of the literature (e.g., Butt, 2006; Box et al., 2001; Bell et al., 2005; Page et al., 2007; Taylor, 2005; Weerasinghe & Williams, 2003), a number of recommendations were identified that can be implemented at the organisational service level to promote good practice with CALD families. For example, to overcome language barriers, service providers and practitioners can offer interpreting and translation services to CALD families with low English proficiency. Plain language in both verbal and written communications is necessary (Weerasinghe & Williams, 2003). It is also important to explain professional jargon as much as possible, and to use simple English and simple sentences. Practical issues, such as the location of the outlet, opening hours and nearby childcare facilities, also need to be considered.

Promoting the dissemination of services, for example through community newsletters, local businesses, and religious and community groups, can also be useful. These should be translated into the main languages spoken by the most prominent CALD groups in the community, should emphasise the cultural diversity of the staff (where applicable), and include pictures of a range of ethnic minority families to increase their perception that the service is relevant to and inclusive of them (Becher, & Hussain, 2003; Lloyd & Rafferty, 2006).

Confidentiality and trust issues may be heightened for CALD families compared to their Anglo counterparts because of concern that the community may find out or because of fear of authorities. To help overcome this, and as part of normal practice with all families, it is important for service providers and practitioners to be honest and comprehensive in the protocols and boundaries on sharing information. For example, individuals should be informed that some information they disclose is subject to mandatory reporting, such

as when child abuse is suspected. However, based on the particular concerns that some CALD families may have regarding confidentiality, it seems important to pay particular attention to informing them that, except in these circumstances, information is confidential and will not be disclosed to other members of their family or community, or immigration and other authorities.

Finally, it is important to be aware of, partner with, and have respectful and cordial relations with personnel in CALD-focused centres and organisations in the local community. Partnerships with CALD-focused centres or organisations are useful for a number of reasons. Firstly, they can provide interpreting and translation services and they may provide or be aware of other services that may be more useful or appropriate for the CALD family. Further, personnel from these community centres can be consulted on issues of culturally appropriate service delivery and accessibility (Moffat & Tung, 2004). Lack of minority ethnic participation in the planning and development of services has been noted in the literature (e.g., Box et al., 2001). Finally, personnel can be invited to speak at seminars to service providers and practitioners about the experiences, needs and issues of CALD families, as a form of cultural awareness training for staff. This holistic approach to service delivery builds relationships and the CALD capacity of the family relationship service outlet. As Page et al. (2007) pointed out:

Go out and meet people and build relations and trust. Be aware of different communities and cultural backgrounds and be sensitive to their needs. (p. 31)

Policy level

The policy and service culture of the family relationship organisation plays an overarching role in the efficacy and success of personal and organisational level strategies. There are two main policies that can be implemented to increase the inclusion and engagement of CALD families in the family relationship services sector: equal employment opportunity policies and multicultural/diversity policies.


Equal employment opportunity policies can increase the cultural diversity of the outlet's staff profile to be more representative of the ethnic mix of the local population. In turn, they can facilitate the engagement of hard-to-reach groups (Katz et al., 2007) and the eradication of systemic barriers to access (Weerasinghe & Williams, 2003). Notwithstanding, difficulties in recruiting qualified family and relationship workers from CALD backgrounds appropriate for the local area may be amplified in rural and remote areas.

Multicultural policies influence the welcoming nature of the service culture when providing and administering the family relationship outlet (Chand & Thoburn, 2005; Salveron, Arney, & Scott, 2006). Multicultural health policies are those that are reflective, inclusive, responsive and sensitive to the social and cultural values of the diverse ethnocultural communities (Weerasinghe & Williams, 2003) in Australia. The service culture of the organisation affects the first impression CALD families have, and first impressions are crucial;

“if we get this wrong we will lose parents” (Page et al., 2007, p. 47). Best practice in the frontline provision of services is characterised by confident and competent service providers and practitioners who:

- communicate effectively;
- use their knowledge in a non-stereotypical manner;
- demonstrate flexibility in their approach;
- have resources⁷ to draw on; and
- have access to managers who are knowledgeable about diversity and are competent supervisors (Butt, 2006).

Multicultural policies can be implemented in a variety of ways. For example, CALD community members can join management boards for greater representation from diverse populations, or resources can be dedicated to creating outreach groups and programs that target hard-to-reach groups (Harachi, Catalano, & Hawkins, 1997; Page et al., 2007). Management can provide cultural awareness training to their staff to facilitate the inclusion of CALD families. They can also influence the extent to which data on culture are collected and monitored (Butt, 2006), such as country of birth for family members, year of arrival in Australia, main language(s) spoken at



Multicultural policies influence the welcoming nature of the service culture when providing and administering the family relationship outlet.

7. Refer to “Useful resources” at the end of this paper for more information.

home, and the self-rated cultural identity of each family member. Overall, successful policy recommendations require a commitment to:

- increase investment;
- monitor ethnic minority participation; and
- involve minority ethnic families more effectively (Box et al., 2001).

4.2. Prioritising strategies for improving the CALD capacity of a service outlet

This Issues paper has outlined a number of practitioner-, service- and policy-level recommendations that can be implemented to improve the CALD capacity of a service outlet and help enhance service accessibility and delivery of family relationship services to CALD and ethnic minority families. These three levels of recommendations all affect one another in a mutually interactive way. For example, a welcoming and culturally inclusive service influences, and is influenced by, culturally competent practitioners and service providers, as well as equal opportunity and multicultural policies that govern the service outlet.

However, to help prioritise the implementation of strategies, we recommend the following:

1. Improve the overall quality of the service. Although many of the recommendations below are specific to improving access by CALD families to services, this review has indicated that high-quality, well-resourced services with dedicated, well-trained and well-supported staff are the basic ingredients for accessible services. Practices that encourage diversity, client participation and good worker–client relationships will benefit *all* clients, not only CALD families. Indeed, the Australian-born population is itself very diverse, and these policies and practices will impact equally on them.
2. Implement equal employment opportunity and multicultural policies to increase recruitment of CALD staff. If possible, recruitment should reflect the local ethnic mix in the community.
3. Collect data on factors that measure or assess culture, such as the country of birth of family members, their year of arrival in Australia, main language(s) spoken at home, and their self-rated cultural identity. This will allow the service outlet to monitor the size of (in)equity of access to and use of services, especially across the different types of services that the outlet offers.
4. Market and promote services to increase awareness of them, and their perceived relevance, to CALD and ethnic minority families. This can occur through local community networks, such as newsletters, local businesses, religious and community groups, and should be translated or indicate that translated versions are available. The cultural diversity of the staff profile should be indicated and pictures of ethnic minority families should be included.
5. Service providers and practitioners in the outlet should receive training in cultural competency to become aware of:
 - cultural norms, values, beliefs and practices typical of a CALD group;
 - the need to pay attention to individual variation within a cultural group in order to avoid stereotyping or homogenising the needs of all ethnic minority families and misattributing problematic behaviours to culture or culture to problematic behaviours; and
 - differences in cultural norms between themselves and their client family to avoid judging behaviours as deviations from their own cultural norms rather than as deviations from the cultural norms of the CALD family.
6. Consider practical issues, such as the physical locality of the service, the layout of the rooms, opening times, staff profile and links between different services. This may be relevant for enhancing service accessibility and delivery to *all* families, not just those from a CALD background.
7. Partner with other CALD-focused centres or organisations in the local community to receive:
 - support through networks;
 - advice and consultation on appropriate service delivery;
 - clear referral pathways for CALD families;
 - language services;
 - cultural awareness training; and
 - provision of more holistic support for CALD families by building the CALD capacity of the service outlet; that is, the service outlet will be better able to respond to the needs of their CALD families because of the collective knowledge, experience and support of a culturally diverse and competent workforce.

5. Conclusion

This Issues paper has reviewed the international and national literature to inform practice and policy recommendations on what constitutes good practice for CALD families in Australia. Enhancing service accessibility and delivery to CALD families in Australia is a three-tiered process. It requires the implementation of practitioner-, service- and policy-level strategies to provide holistic support to CALD families, improve service delivery, develop expertise regarding CALD families, and develop professional practice by partnering and sharing expertise with services that already have a CALD focus.

This paper can contribute to existing knowledge, understanding and practice because it brings together the extensive but disparate research on effective service delivery and the needs and issues of various CALD communities in Australia. It is a comprehensive resource tool for relevant policy makers, stakeholders and peak bodies on how to enhance service accessibility and delivery for CALD families. The findings of this paper can also stimulate further research and interest in the experiences and needs of CALD families when they engage with family relationship services; they can “open up a much needed dialogue with a range of stakeholders on the challenges to be met” (Butt, 2006, p. v).

As Weerasinghe and Williams (2003) pointed out, “although it seems obvious, the involvement of ethnic minority groups is often overlooked” (p. 6), thus compromising the voice and representation of marginalised groups in program and model planning and policy making for the delivery of services. Service providers and practitioners play a crucial role in providing support and nurturance to families. However, “only through an awareness of an appreciation for the diversity of cultures within our society” (Forehand & Kotchick, 1996, p. 203), can the inclusiveness and engagement of family relationship services for all families in Australia be enhanced.

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Useful resources

Federation of Ethnic Communities' Councils of Australia (FECCA)

www.fecca.org.au

FECCA is the Australian national peak body that promotes multiculturalism, community harmony and social justice. It is involved in community education, advocacy for equitable access to services and information for Australians from diverse cultural and linguistic backgrounds, and human and cultural rights. A list of Ethnic Communities' Councils (EECs) and other members, and their contact details, can be found at www.fecca.org.au/members.cfm

Migrant Resource Centres

Migrant Resource Centres (MRCs) exist in many cities and towns throughout Australia. Use a search engine or directory to find your nearest centre.

Mensline Australia

www.menslineaus.org.au/youth

www.menslineaus.org.au/indigenous

www.menslineaus.org.au/arabic

www.menslineaus.org.au/vietnamese

Mensline provides a national telephone counselling support service for men with family and relationship concerns. Mensline has been engaging widely with members of the Indigenous, Arabic-speaking, Vietnamese and young men's communities in order to both improve its service response and raise awareness of Mensline Australia in these target populations. Part of the outcome of this process has been the development of a series of communication materials that respond to the specific needs of each of these groups, available from the web pages listed above.

Social Care Institute for Excellence (SCIE)

www.scie.org.uk

The SCIE was established by the UK government in 2001 to improve social care services for adults and children in the United Kingdom. It achieves this by identifying good practice and helping to embed it in everyday social care provision. SCIE works to disseminate knowledge-based good practice guidance; involve service users, carers, practitioners, providers and policy makers in advancing and promoting good practice in social care;

and enhance the skills and professionalism of social care workers through tailored, targeted and user-friendly resources.

Cultural Competence Online

www.culturalcompetence2.com

Cultural Competence Online provides information, resources and products for organisations, businesses and training institutions interested in:

- organisational services/tools for businesses to remain competitive in a changing multicultural environment;
- training resources, services and products to promote culturally competent organisations for today's diverse society; and
- information to promote healthy lifestyle behaviours and empowering individuals, families and communities.

Research in Practice: Supporting evidence-informed practice with children and families

www.rip.org.uk

Research in Practice is the largest children and families research implementation project in England and Wales. Its mission is to promote positive outcomes for children and families through the use of research evidence. Its purpose is to identify effective methods of understanding and using research by providing services to a collaborative network of committed agencies.

Parenting Research Centre (Victoria)

www.parentingrc.org.au/vp

The Parenting Research Centre engages in a range of research activities to help parents raise children well. The Positive Parenting CD-ROM has been translated into eight community languages. Details can be found on their website.

Brotherhood of St Laurence Ecumenical Migration Centre (Victoria)

www.bsl.org.au/main.asp?PageId=25&iMainMenuPageId=25

The Ecumenical Migration Centre (EMC), established in 1962, is one of the oldest agencies of its kind in Australia. EMC works statewide and across ethnic, faith and language boundaries for the full participation of migrants and refugees and the development of Australia as a multicultural society. The centre's activities include:

- casework/counselling;
- community development and organisational support for new and emerging communities;
- service development and special projects across sectors;
- policy analysis and advice; and
- information, action research and publications.