Section two: Core cultural safety and cultural responsiveness

Purpose

This section introduces cultural responsiveness and explores core worker competencies relating to cultural safety, cultural competence and Māori responsiveness.

Objectives

By the end of the section you will be able to:

- understand how cultural responsiveness can benefit engagement and treatment
- reflect on your own cultural safety practice
- consider the importance of culturally congruent practice particularly when working with Māori.

2.1 Thinking about culture

Let’s get real (Ministry of Health, 2008), places an expectation on the entire mental health and addiction workforce, that they will have a degree of cultural fluency in relation to working with Māori. It describes the essential knowledge, skills and attitudes required to deliver effective mental health and addiction treatment services. Its aim is to create shared language and understandings and it is meant to underpin all work with people. To ensure that workers have, or are working towards, cultural fluency it is essential that cultural competence is also supported as part of professional supervision.

As stated in section one our judgements, attitudes and perspectives will vary according to our own experience and training. Everybody is shaped by various cultural factors and influences that can influence how they work with people. A normal part of ethical professional practice is to become aware of and reflect on our own attitudes and values and how these can impact on our relationship with the people we work with. So too is reflecting on and examining our own culture and whether we impose this on the people we work with. The need for cultural safety applies to all people not just tangata whenua. Practitioner attitudes and behaviours in regard to ethno-cultural responsiveness and competence can enhance or be a barrier to effective interventions.

What is culture?

Reflect on what you think culture is and how it is expressed or demonstrated. If you have a colleague available to discuss this with, have a brief discussion and see what ideas you can come up with. It might also be something you would like to explore in supervision.


**Culture**

- A key feature of any culture is language. Consider your responses in the previous section and how the language you use identifies your culture(s).

- Culture includes the ways group members understand each other and communicate that understanding.

- Much of cultural identity is generated by behaviour rather than words, and much of the interaction is determined by shared values that are taken for granted or operating unconsciously.

- People can belong to multiple cultures simultaneously.

- Many groups have their own distinctive culture, e.g. the elderly, the poor, professional groups, gangs, the army.

Reflecting on your practice, and using the space below, brainstorm the different cultures you have been aware of amongst the people you have worked with and how this has affected treatment. Remember culture is not just about ethnicity.
2.2 Definitions

Cultural sensitivity

This is a common term but what does it really mean? In the space below, write some ideas about what you think cultural sensitivity means.

Culturally sensitive approaches acknowledge that difference is important and must be respected. However, culturally sensitive approaches in health care tend to focus on others as being the bearers of culture.

As indicated in the above statements, we are often sensitive to the cultures of others but don’t necessarily look at what impact our own cultures have on the relationships we have with people using services. It is essential that mental health and addiction practitioners are not only culturally sensitive but also bring awareness of their own culture and cultural fluency to these relationships.

Cultural safety

Think about what you think is meant by the term cultural safety and then write some ideas in the spaces below.

Cultural safety is an acknowledgement of the beliefs and practices of people who differ from us in age, occupation, sex, sexuality, religious belief, disability, or any other different lived experiences.

We need to acknowledge that our own culture may be different from those of the people we work with in order to guard against imposing our beliefs. Workers do not need to research and understand other groups’ beliefs and cultural practices; rather they need to acknowledge their own culture as different from those of the people they serve, to ensure that they do not impose their beliefs (Ramsden, 1997).
Reflect on the following points:

- unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual, family, whānau or group
- cultural safety and what constitutes safe service is defined by those who receive the service.

**Cultural competence**

*Cultural competence is recognised as one of the essential competencies for health practitioners. In the spaces below, list some of your ideas for a definition of cultural competence.*

Mason Durie, in an address to the Australian and New Zealand Boards and Council Conference in 2001, stated:

“Cultural competence focuses on the capacity of the health worker to improve health status by integrating culture into the clinical context. Recognition of culture is not by itself sufficient rationale for requiring cultural competence; instead the point of the exercise is to maximise gains from a health intervention where the parties are from different cultures.”

In 2001, the US Surgeon General defined cultural competence in general terms as:

“the delivery of services responsive to the cultural concerns of racial and ethnic minority groups, including their languages, histories, traditions, beliefs, and values.”

Durie (2001) also commented that cultural competence and cultural safety are similar in that they are both about the relationship between the helper and the client. Cultural safety centres on the experience of the person while cultural competence focuses on the capacity of the practitioner to contribute to whānau ora by the integration of cultural and clinical elements within their practice. Jansen and Sorenson (2002) expand on this with regard to working with Māori, saying that cultural competence requires that providers have a willingness and ability to draw on Māori values, traditions and customs and work with kaumatua and other knowledgeable Māori, to communicate and develop responsive interventions.

Whānau Ora is underpinned by an approach that emphasises te Ao Māori resources, language and culture: Ngā Kaupapa tuku iho. Essentially these are the ways in which Māori values, beliefs, obligations and responsibilities are available to guide whānau in their day to day lives. There is an assumption that utilisation of Ngā Kaupapa tuku iho will enhance engagement and the access to relevant and effective services and thus effective outcomes.
The definition of cultural competence provided by the US Surgeon General above provides a relatively narrow perspective on culture and assumes that cultural competence is about the majority working with the minority. What would our expectations of competence be for a Samoan that is working with a Samoan, a woman that is working with another woman, or a person in recovery working with someone starting on that journey? Our approach to culture should be cautious in regard to making assumptions, and we also need to take into account that even those who appear to share specific cultural aspects will vary according to their personal lived experience.

**Cultural responsiveness**

In the spaces below, list some of your ideas on what is meant by this term.

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Indigenous cultures provide ways of knowing what is salient and congruent with local values and beliefs, and providing credible ways of defining problems and solutions. When working with people in culturally responsive ways, the essential aspects of their cultural needs will become apparent as will solutions that are congruent with their cultural values and beliefs.

**Cultural fluency**

Cultural fluency is defined as appropriate application of respect, empathy, flexibility, patience, interest, curiosity, openness, a non-judgemental attitude, tolerance for ambiguity and sense of humour. It implies a cultural familiarity and enhances the communicator’s understanding of cultural context and the degree to which a message is received and understood (Inoue, 2007).

**What do you think this actually means in your work?**

**How would you know if you are being culturally fluent?**

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2.3 Culture as a responsivity factor

Responsivity (see section six) tells us what we need to clear out of the way or build upon in order for someone to benefit from an intervention.

*Cultures can have differing approaches to accessing, understanding and accepting care.*

*This may influence the understanding of an issue or its resolution.*

Taking these two statements into account, consider the possible impact of culture on how the provision of care is perceived. Consider how cultural competence might be a responsivity factor.

Try brainstorming some things you think might be culturally relevant responsivity factors. These may be things that can either enhance responsivity or act as barriers to effective interventions. Enhancements will be factors we can build upon and barriers will be things we may need to remove in order for a person to benefit from an intervention. List these below.

**Enhancements:**

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**Barriers:**

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**Cultural competence as a responsivity factor**

A lack of cultural competence can be a barrier to being appropriately responsive.

On the other hand having some cultural competence might enhance engagement and uptake.

Remember that culture is a dynamic factor that can include the values, beliefs, norms and behaviours that help identify membership of a particular group. People may be shaped by a number of diverse cultural influences, so understanding that and being able to relate in culturally responsive ways is essential to enhance positive outcomes.
2.4 Māori responsiveness

Being able to work in a culturally congruent way with tāngata whenua has special importance as Māori are over-represented proportionally in the justice system and in mental health and addiction treatment. Māori responsiveness is everyone’s responsibility – both Māori and non-Māori.

“Workers will not always be able to meet the wide range of skills needed by the people they work with. But more than anyone else they may be pivotal to mobilising the relationships necessary for positive development and the realisation of potential.”
(Durie, 2001)

There are a number of Māori competency frameworks but what they have in common is a defined set of behaviours, values and expectations of how these manifest in practice. Matua Ra ki (Huriwai et al., 2008) has been involved in implementing a competency framework for working with Māori, which relates to the application of Māori-centred practice in mental health and addiction settings – with competence being the demonstration of integrated professional and Māori knowledge and skills.

The following is an extract taken from the Takarangi Competency Framework Workshop Manual.

“Cultural competency of practitioners is becoming increasingly significant, as research continues to identify the significance culture provides to the recovery and wellbeing of tāngata whaiora and whānau. The notion of cultural competence outside New Zealand has been promoted for many years as being about increasing the cultural responsiveness of non-indigenous services and practitioners.” (Huriwai et al., 2008)

Example:
You are a worker in a community mental health and addiction service and you have booked in somebody for assessment. The person is Māori and arrives with three members of his whānau and a traditional healing practitioner. He has been referred by his probation officer who wishes to get feedback from the assessment. He says he wants to have the session hosted by you, but wishes the traditional healer to determine the treatment plan and does not wish any information disclosed to the probation service as there are issues of shame for the whanau that are private. He asks you not to write any notes and to respect his treatment needs, as he has tried mainstream approaches before and they did not work for him. His requests go against service protocols and against the request for information from the probation service.

Reflect on how you might approach this situation while respecting the needs of the person in terms of their treatment preferences and their cultural processes. You will have to balance your own and your service needs in regard to assessment and procedures, as well as the expectations of the healer, the person and his whānau, and the probation officer who referred them.

Here are some suggestions for this situation.

Before engaging in a pōwhiri process you might consider whether you need to bring, or get some advice from, someone more versed in Māori kawa (protocol). The pōwhiri process will assist in negotiating a safe space for discussion to take place and lead naturally into mihimhi, karakia and then whakawhanaunga. Attention to these processes will help initiate engagement, build trust and allow you to discuss the needs of the various parties.

The person is obviously engaged and wishes to make changes, so how do we make the most of this window of opportunity?
This discussion will allow you to get some clarification as to the person's understanding of their problems and how the healer's proposed solution fits. This will give you a better appreciation of what sort of information or procedures need to be discussed and/or negotiated with the whānau. It will also give you a chance to discuss how your skills and knowledge can complement what else is going on.

Given the possible nature of the healing being considered, is your office the best place? If another hui is rescheduled, this might give you time to seek advice and assistance.

At the end of the hui it is important a transition process is initiated so mihi whakamutunga and karakia can occur. These mark the end of the transaction but also allow a cleansing so that all parties are freed up to move back into secular ‘real-time’.

Scenario and exercise

Read the scenario below and consider why her assessor felt she was at high risk of reoffending.

Scenario 1

Mary was convicted of receiving stolen goods, namely meat stolen from a local butchery. When asked why she did it she said that she had whānau coming to visit and didn't have any kai. She said she knew it was wrong and was very sorry.

Why do you think her assessor felt she was at high risk of reoffending?

In considering the question above, think about possible cultural considerations that are implicit in this scenario and how you might respond to, and work with, this person.
One of the cultural imperatives for Māori is the provision of food (kai) by the host for any gathering, and it is felt to be a priority to be able to provide this as part of the cultural protocol. The sharing of kai has a special place in Māori culture, following the formalities of the gathering. If Mary could not provide kai and indicated this to the whānau, they could bring kai with them; however, Mary may have felt too embarrassed (whakama) to let this be known. The expectation of providing food for guests would be ongoing and therefore Mary may behave in the same way again if she was in a similar situation.

**Think about how you would work with Mary’s cultural beliefs.**

**How would you use Māori values and practices to help Mary see the consequences in another way?**

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2.5 **Summary**

- Be aware that our culture can affect our engagement and relationship with people.
- Increasing our cultural fluency can enhance our cultural competence.

Culture can be both a barrier and an enhancer to an intervention. We need to be aware of our own stuff and how that can potentially influence our perception of people and their situation. This means examining our attitudes and behaviours and increasing our understanding of how many of these are culturally determined and using this awareness to increase our acceptance of the varied aspects of culture. In addition to ethnicity, consider also age, gender, sexual orientation, gender identity, socio-economic status, gang affiliation, refugee status, consumers (addiction and mental health), those in recovery and offenders.

In summary, by increasing our own cultural fluency we can work more congruently in a person and whānau-centred way and turn a potential barrier to engagement into a positive and enhancing factor.
2.6 References


Notes page

What has been my key learning in relation to this module?

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What level of knowledge or skills about this section did I have before I read it?

What gaps in my knowledge or practice have I identified?

What do I plan to do from here to increase my level of skill or knowledge?
(supervision, support, cultural advice/support, further training).

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