



FEDERATION FOR CHILDREN WITH SPECIAL NEEDS



INFORMING, EDUCATING, EMPOWERING FAMILIES

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Cultural brokering- An effective approach in improving services for children with autism from diverse families.

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Objectives

- Understand more about the various cultural values and beliefs and how that influence service access for non-English speaking families of children with autism.
- Learn about the cultural brokering model
- Learn to apply the “cultural brokering” framework and strategies to improve access for non-English speaking families of children with autism



Quiz

When taking a medical history from a parents with limited English, which of the following is the LEAST useful?

- A. Asking question that requires parent to give simple “Yes” or “No” answer.
- B. Encouraging parent to give a description of their concern and medical situation of their children
- C. Ask parents if she/he would like to have an interpreter at every visit



Quiz

Which of the following are the correct ways to communicate with a parent through an interpreter?

- A. Making eye contact with the interpreter when you are speaking, then look at the child while the interpreter interpret what you said to him/her
- B. Speak slowing, pausing between words
- C. Asking the interpreter to further explain the parent's statement in order to get a more complete pictures of the child's condition
- D. None of the above

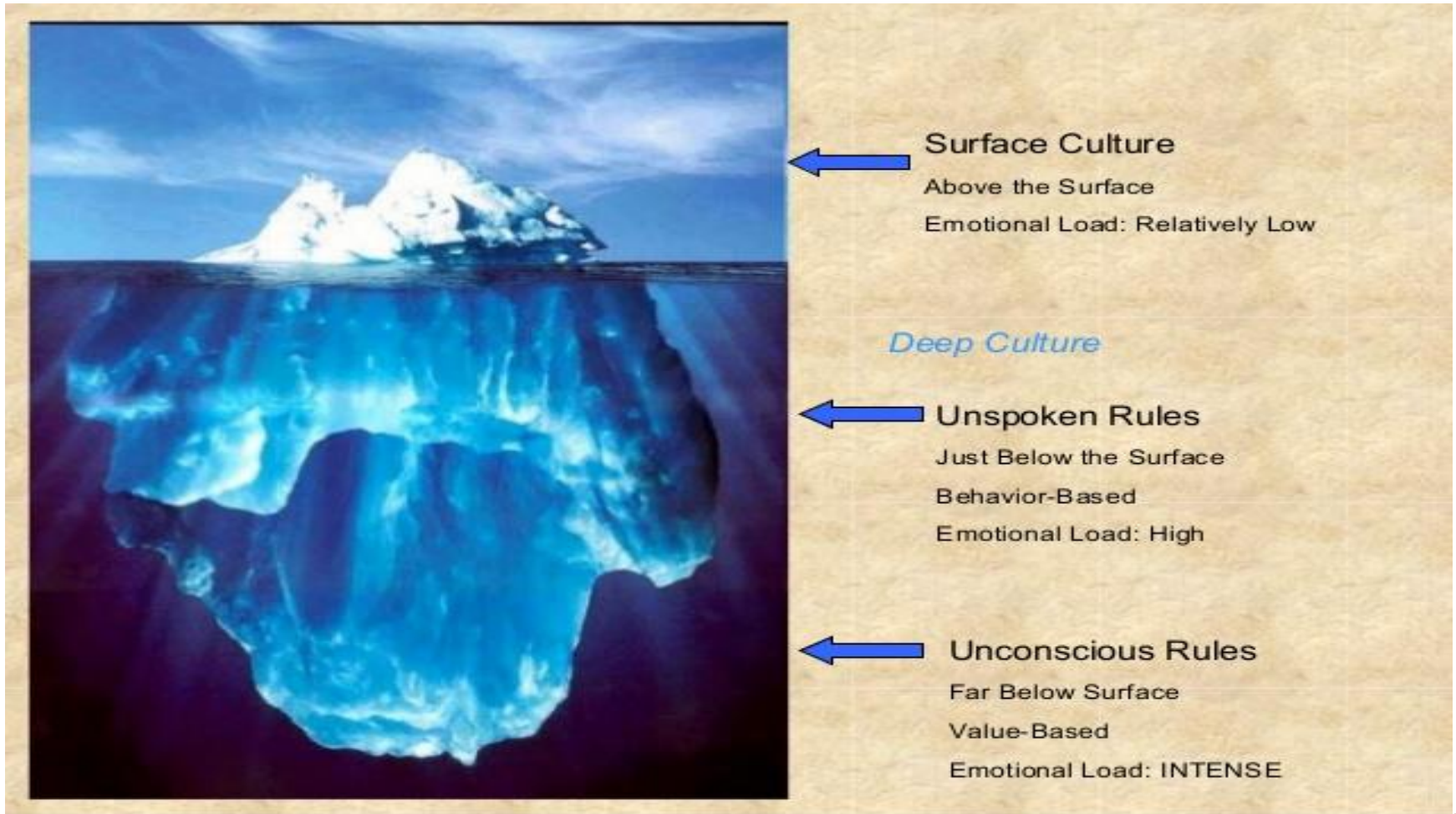


What research tells us?

- Black and Latino families may not have the same level of access to health care services, particularly specialized services.
- A limited number of studies have shown that children of African American, Hispanic, and Asian descent are less likely to receive early diagnosis of autism than Caucasian children
- Greater stigma associated with developmental disabilities in black and Hispanic communities also may play a role in preventing parents from seeking assessments for their children.



Cultural Iceberg (Weaver, 1986)



Disability in various cultures

Asian: • Individuals with traditional beliefs may perceive a disability as karma for the sins committed in a previous life; • People with disability will be dependent, not productive and parents will have to take care of the kids all their lives.

Number of African Societies: • Believe in God as a supreme being & believe all people are "God's children," including those with disabilities. • Others believe that witchcraft is strongly linked to chronic illness & disability.

Some Native American Communities: • disability was “meant to be” so attempts to “fix” the person may upset the balance, which includes his or her contribution to the group; individual is not seen as deficient; instead, contributes to the community in his/her own way regardless of disability.

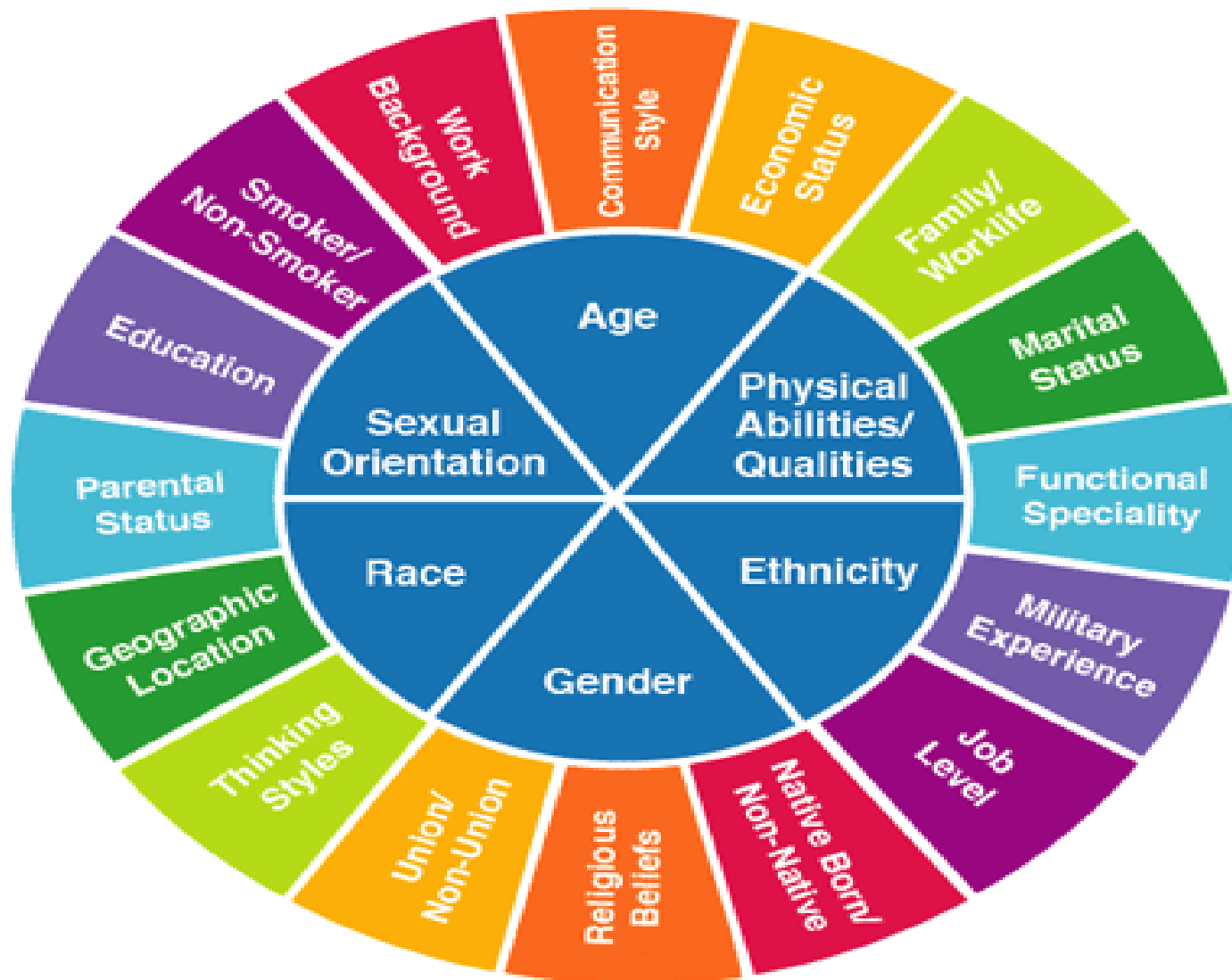


Look at the list of countries where English, Arabic, Portuguese or Spanish is their first language,

- *What factors should we consider when providing services families speaking that language?*
- *What needed to be done to ensure that we are culturally responsive?*

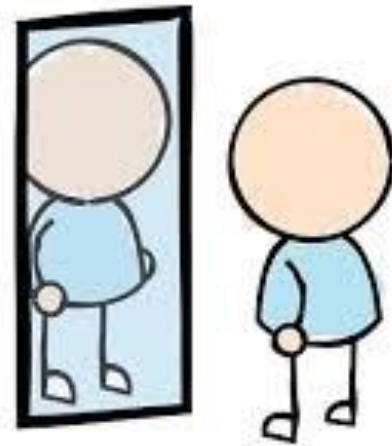


More than Race



Who are families?

- Socio-Economic Factors
- Gender Identities
- Educational Levels
- Family Structures
- Child Raising Norms
- Military families
- Trauma Experiences
- Homeless
- Family Medical Histories
- Incarcerated families
- Others/Your experiences?



Why beyond interpretation and translation?

- Different cultural belief
 - Different views and perspectives about disability
 - Relationship between parents and professionals
 - Different system of support in their home countries
 - Terminologies with no equivalent translations
-
- Other factors to consider:
 - Minimal knowledge about the systems
 - Financial resources
 - Immigration status
 - Psychological obstacles
 - Employment & family issues



Cultural brokering

- The act of bridging, linking, or mediating between groups or persons of differing cultural backgrounds for the purpose of reducing conflict or producing change (Jezewski, 1990).
- A cultural broker acts as a go-between, one who advocates on behalf of another individual or group (Jezewski & Sotnik, 2001).
National Center for Cultural Competence



* Source: *Bridging the Cultural Divide: Health Care Settings: The Essential Role of Cultural Broker Programs*, NCCC, 2004



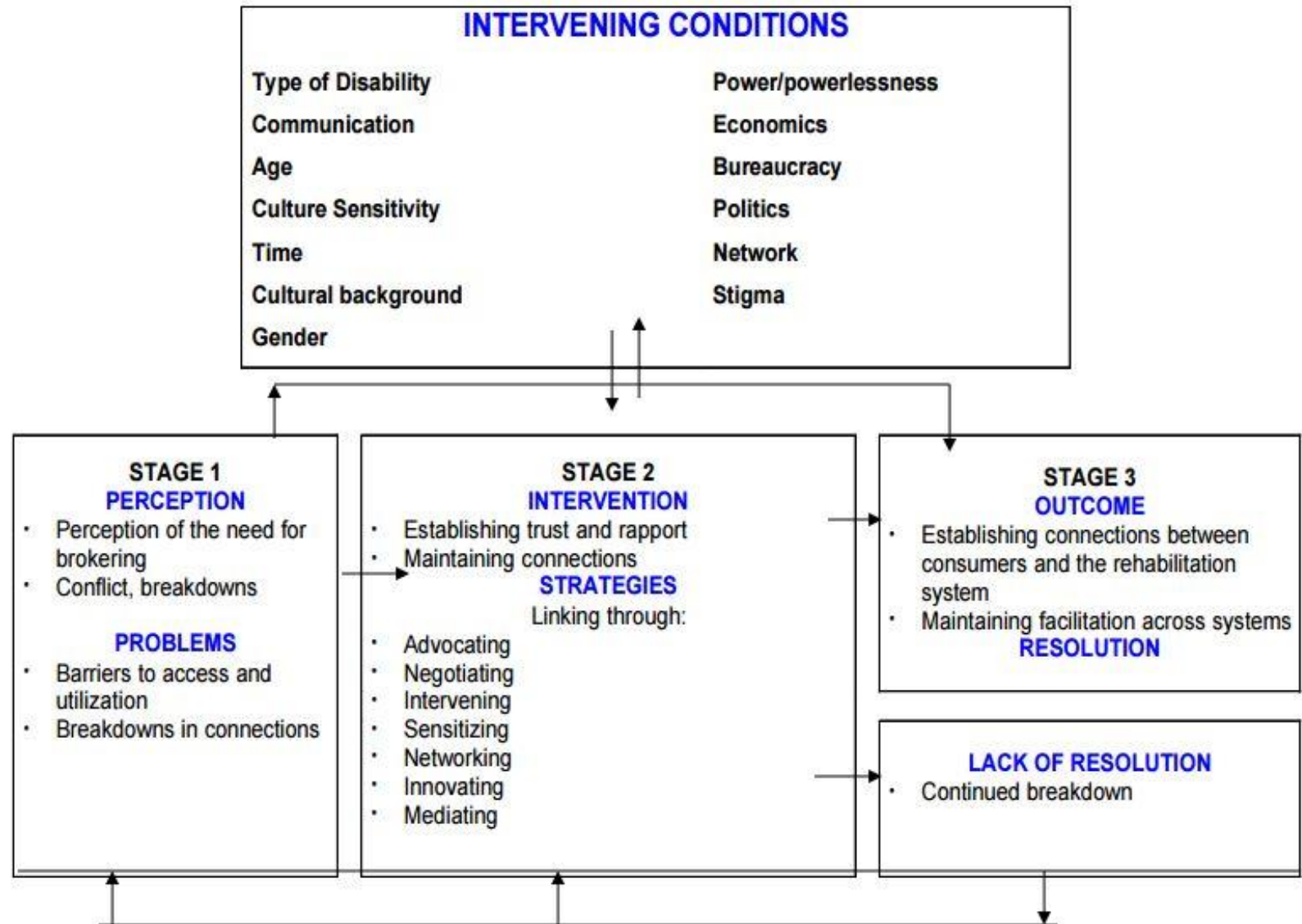
Culture Broker

- Functions as a “cultural bridge” between diverse communities and mainstream service systems
- Understands how a diverse community’s culture differs from the mainstream service system’s culture
- Can explain nuances & values of one culture to the other culture.
- Tolerates different views, values & beliefs



Culture Brokering Model

Adapted from Jezewski, M.A. (1995), Evolution of a grounded theory: Conflict resolution through culture brokering. Advances in Nursing Science. 17(3), 14-30.



AN APPLICATION OF THE CULTURAL BROKERING MODEL ADAPTED FOR EI

Intervening Conditions

2-year old child just got a diagnosed with autism

This child can't talk yet, often throw tantrum and has short attention span

Family is Vietnamese, and parents speak a little bit English

The child's grandparents and uncles are living in the same household

Family does not want to receive EI services

Stage 1: Perception- Problems

- Professionals want this child to receive EI services
- Family failed to bring the child to the therapy center

Stage 2: Intervention - Strategies

- Professionals share info. in Vietnamese
- Schedule an interpreter at every meeting to help with communication
- Consult with the decision-maker in the household regarding the importance of early intervention for a child with autism

Stage 3: Outcome - Resolution

The child receive EI services and make progress.

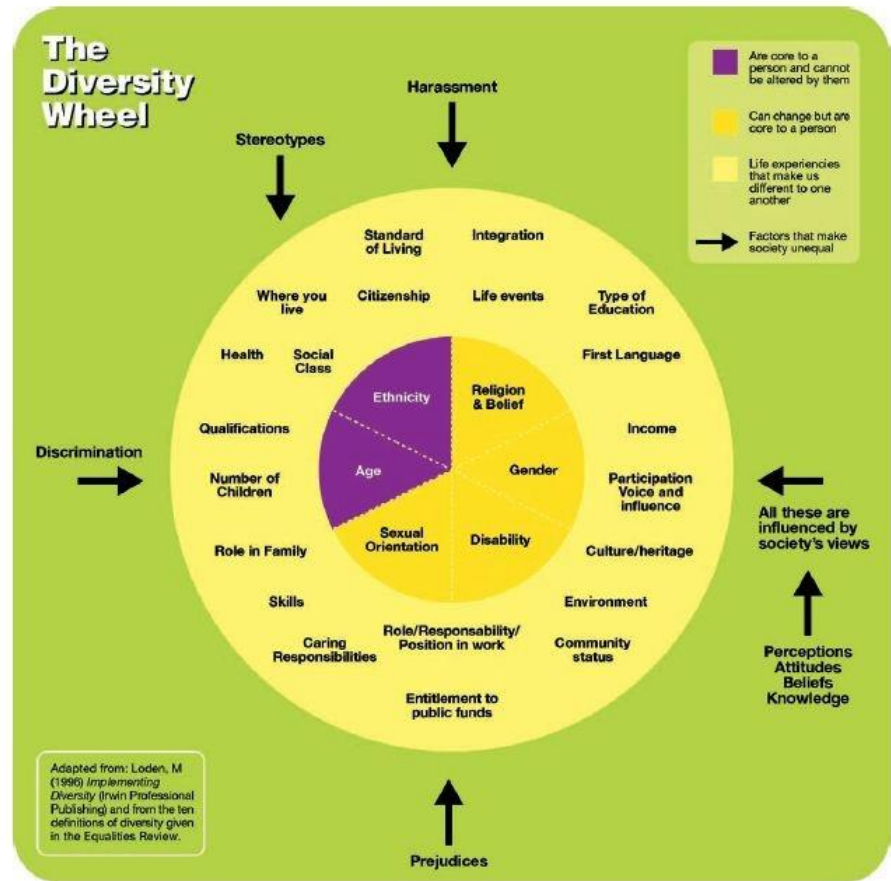
Lack of resolution

Parent still refused sending child to EI



Intervening Condition

Disability
Communication
Age
Culture Sensitivity
Time
Cultural Background
Gender
Power/Powerlessness
Economics
Bureaucracy
Politics
Networks
Stigma



Stage 1

Perception

Perception of the need for brokering
Conflict, breakdowns

Problems

Barriers to access and utilization
Breakdowns in connections



Stage 2

Intervention

Establishing trust and rapport

Maintaining connections

Strategies

Linking through:

Advocating

Negotiating

Intervening

Sensitizing

Networking

Innovating

Mediating

Educating



Stage 3

Outcome:

Resolution

Established connections between individuals and the service system

Maintaining facilitation across systems

OR

Lack of Resolution

Continued breakdown/conflict



Attributes of a Culture Broker

A willingness to be a risk taker

Able to tolerate ambiguous roles

Comfortable functioning at the margins of various systems (the person's cultural system and the service delivery system.)

Good communication skills



Attributes of a Culture Broker

The ability to network

Effective problem solving skills

Flexibility and a willingness to learn and perfect the culture brokering role



How Is Cultural Brokering Useful?

- Bridging the gaps in service delivery
- Communicating more effectively
- Evaluating and diagnosing more accurately
- Providing and receiving culturally and linguistically appropriate treatment plan with mutual trust and respect
- Enhancing person-centered planning
- Decreasing health disparity and achieving health equity



Cultural brokering = Trust and Relationship building

- **Individual:** know yourself (value, cultural identities) explore unique of other
- **Organization:** know community served (culture, traditions, norms, practices, beliefs – agencies may respond sensitively to needs
- **Systems:** build structure and capacity (mission, value, vision, policies, practices, principles) better serve



Things to consider working with CLD parents

- TRUST/RELATIONSHIP
- Recognize different dialect
- Understand how they come to the US
- Find out how long they have been in the U.S.
- Attend community event (Family may invite service provider to a ritual ceremony)
- Communication style: “Yes” means “I heard what you say” and NOT “I agree.”
- Family Structure (extended family members, clan leaders/elders)
- Collaborate with local community-based organization
- Use “cultural broker” model



Resources

Bridging Cultural Divide in Health Care Settings:

http://www.culturalbroker.info/1_overview/index.html

National Center for Cultural Competence

<http://www11.georgetown.edu/research/gucchd/nccc/>

Cultural Competence Standards in Managed Care Mental Health Services: Four Underserved/ Underrepresented Racial/Ethnic Groups

<http://mentalhealth.samhsa.gov/publications/allpubs/SMA00-3457/preface.asp>

The Provider's Guide to Quality and Culture

<http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English>

Multicultural support manual:

http://www.nami.org/Content/ContentGroups/Multicultural_Support1/AAPIManual.pdf

NCCC Resources on Self-Assessment for Providers

<http://www11.georgetown.edu/research/gucchd/nccc/information/providers.html>

Diversity and Inclusion Toolkit: <http://www.implementdiversity.tools/>



Resources

- [The Spirit Catches You and You Fall Down](#) by Anne Fadiman (1998), New York: Press: Farrar, Straus & Giroux.
- The Blind Advantage: How Going Blind Made Me a Stronger Principal and How Including Children with Disabilities Made Our School Better for Everyone by Bill Henderson
- Unstrange Minds by Roy Richard Grinker (2007)
- Battle Hymn of the Tiger Mother is a book by Amy Chua, (2011)
- Surviving War, Surviving Autism by Kim Yen Nguyen (2012)
- Cultural Reciprocity in Special Education: Building Family-Professional Relationships by [Maya Kalyanpur Ph.D.](#), and [Beth Harry Ph.D.](#) (2005)
- Culture and Disability-Providing Culturally Competent Services by John H. Stone



The bottom line

Equality vs. Equity



equality

EQUALITY=SAMENESS
GIVING EVERYONE THE SAME THING → It only works if everyone starts from the same place



equity

EQUITY=FAIRNESS
ACCESS to SAME OPPORTUNITIES → We must first ensure equity before we can enjoy equality



