editorial mission/information

Child & Family Professional journal is a Canadian publication for practitioners working with children 0-18 years of age and their families, experiencing or at risk for social, emotional, or mental health issues. This professional development tool is committed to disseminating knowledge across disciplines, linking practice with research and training. It provides opportunities for practitioners to keep current and examine multi-disciplinary perspectives, as well as exchange ideas, methods and service models. Child & Family Professional journal aims to challenge practitioners, to better equip themselves to examine issues through diverse lenses and hence be more effective in today’s global society and potentially improve worldwide practices. Our children and families depend on it!

Promote the work through your own contribution!
As practitioners, we all have a responsibility to stay current in our practice. The pace of change is ever increasing and many heads are better than one when we want to continuously improve our practice. In writing about your experiences, reflections, current legislation, research and/ or emerging practices you deepen your own understanding, facilitate dialogue with your peers, identify new opportunities for growth as well as hone your ability to write succinctly and clearly. By sharing your personal knowledge and experiences with other professionals in the child and youth mental wellness and special education fields, you build a network of trusted colleagues with whom you can problem solve and look to for support.

Promote the work by learning from others!
Become a subscriber to deepen and broaden your understanding of relevant topics, develop leadership and moderating skills, and participate in the on-line community of practice!

Support the work through advertising!
The journal is a highly targeted resource, which delivers a very unique opportunity to reach child and family professionals. There are various advertising opportunities available.

Support the work through sponsorship!
Increase your profile by sponsoring an issue that speaks to a particular topic in which you have intense interest or unique expertise.

IN THIS ISSUE

EDITORIAL
FOR THE SOUL AT WORK
- Managing Change and Transitions: Moving Beyond the Delusion of our Separateness by Patricia Berendsen

LINKS TO RESEARCH
- Ethically Respectful Social Practice: Towards a More Comprehensive Model by Debasish Dutta

LINKS TO PRACTICE
- Cultural Sensitivity: Perspectives of Early Interventionists by Carmel French, Emily Gardner
- Practicing Sensitivity in an International Setting: A Social Worker’s Cultural Transition in Beijing by Trish Jasiewicz
- Practicing Social Work Abroad: A Transformative Experience by Emily Gray, Brad Berg
- Teaching in New Zealand by Sara Hill

LINKS TO TRAINING
- Using Knowledge of Cultural Transmission to Provide Culturally Sensitive Services by Judith A. Colbert
- Book Review: SWITCH: How to Change Things When Change is Hard by Terry Smith
- Book Review: Children in Canada Today by Joan Wagner

COMING EVENTS
CALL FOR PAPERS
- Instructions to Authors
Cultural Sensitivity: Perspectives of Early Interventionists

Carmel French, PhD
Emily Gardiner, MA (CYS)

Carmel French Ph.D. is Chair of the Department of Child and Youth Study at Mount Saint Vincent University in Halifax, Nova Scotia.

Emily Gardiner, MA (CYS), will be starting her Ph.D. at the University of Victoria in British Columbia in September, 2010.

The philosophy governing early intervention programs in Canada and the United States has undergone a significant transformation over the past 50 years. The professional-as-expert approach that dominated the 1950s and early 60s has evolved to the present family-centred approach with the role of the family becoming increasingly central. Today's family-centred professionals have relinquished their role of expert and now view families as the most knowledgeable about their children with special needs. Flexible and individualized approaches are then utilized so the best fit between intervention and need may be achieved (Trivette & Dunst, 2005).

Most importantly, professionals realize that the family and child are inextricably linked, and that the family is a constant in the child's life (Beckman, 2002). The family, therefore, holds invaluable information regarding their child's strengths and needs and can provide examples of the kinds of situations through which their child best learns (Bruder, 2000; Keilty & Galvin, 2006). Culture significantly influences how individuals view disability, their help-seeking and childrearing behaviors, and their communication style (Garcia Coll & Magnuson, 2000;
Harry, 1992; Turnbull & Turnbull, 1990). If professionals neglect to take these important factors into account, the child is placed at greater risk as the family’s needs will not be adequately met (García Coll & Magnuson, 2000).

North America's changing demographics are also cited as a rationale for engaging in culturally sensitive practices (Barnwell & Day, 1996; Chan, 1990; Harry, 1992). As population characteristics change, it is inevitable that interventionists will increasingly encounter families who have values, beliefs, and practices that differ from their own, and they will face challenges in learning how to be family-centred within these new contexts. Researchers have demonstrated that using culturally sensitive practices, such as incorporating families' native languages in sessions and including roles and norms specific to the cultures of those involved, results in increased parental involvement, advocacy, and participation (Bruder, Anderson, Schutz, & Caldera, 1991; Chan, 1990). Researchers have also suggested that to become culturally sensitive, we must be self-aware, so we can understand that our perception of “normal” represents only one viewpoint. We must also seek culture-specific information through reading about and interacting with diverse individuals (Chan, 1990; Lynch, 1992).

However, practices such as those noted above are not occurring frequently enough. The National Early Intervention Longitudinal Study, for example, found that culturally diverse families reported significantly fewer positive intervention outcomes than did families in the dominate culture, indicating that professionals are less able to meet these families' needs (Bailey, Scarborough, Hebbeler, Spiker, & Mallik, 2004). To determine whether similar concerns existed in Nova Scotia, Canada, the perceptions held by early intervention practitioners were examined. Ten early interventionists involved with two urban early intervention programs in Nova Scotia were interviewed to gain their perceptions of current beliefs, practices, and challenges when working with culturally diverse families. Most directors (approximately 70%) of early intervention programs in the province also responded to an online survey on these issues.

**Beliefs and Practices**

Four themes emerged from an analysis of the interview and survey data. First, early interventionists in this study identified knowledge as one of the main components necessary when working with culturally diverse families. These early interventionists felt they needed to be aware of cultural tenets, including childrearing and disciplining practices, beliefs and faiths, and views on disability. A number of interventionists, however, also warned against making assumptions about members of a particular culture based on this knowledge. Interventionists further communicated their cultural sensitivity by asking questions, admitting when they were unsure, and by listening. This, at times, involved family-professional information sharing. Interventionists asked questions about families' diverse cultures in order to educate themselves about different beliefs, practices, and values. One participant said that she had learned “not [to be] afraid to ask questions.” Another reiterated this and explained how asking questions communicated a desire to learn: “If you’re unsure of the reason for a request, ask about it, and find out why.”

Interventionists were open and took the initiative for their own learning. They felt it was important “to seek out and read up on things yourself,” as this provided them with a background upon which they could build. Interventionists suggested that there was little training specific to cultural awareness, so they utilized knowledge they had gained from other training opportunities to inform their practice.

A second theme that emerged was the importance of acknowledging and being respectful of families’ varied backgrounds and circumstances. Family-focused interventionists put families in the role of expert as a way to ensure that their needs were met. Others noted that following families’ priorities often meant putting their own aside. Culturally sensitive interventionists made conscious efforts not to “indirectly or directly offend” families due to their own lack of knowledge. These professionals were sensitive in a number of important ways. One example was their cognizance of families’ unique characteristics, including their education levels, upbringings, and world-views. Upon learning this information, professionals tried to suggest strategies that were consistent with families' beliefs.

A third theme that emerged from interventionists’ statements was
communication. Interventionists believed that part of being culturally sensitive was sharing something of themselves with families. They had open discussions where each shared information about their backgrounds and practices. For example, they often engaged families in conversation about the differences between their countries of origin and Canada, challenges they faced, and typical childrearing practices. A number of these professionals also spoke about taking part in families’ cultural traditions. Many interventionists learned words in the family’s first language and incorporated them into home visits.

Finally, early interventionists also identified finding and obtaining available supports to provide services in culturally sensitive ways as an issue and a challenge. It appeared that professionals were unsure of what was available to culturally diverse families until they became involved with one. This is clear from the following statement: “I don’t think we really know what’s out there until we need to access it.” Interventionists mentioned their awareness of culturally sensitive community resources, such as daycares that offered services in various languages and cultural societies. However, only one organization in Nova Scotia provided professionals with the centralized information they needed. This organization helped interventionists locate translators and provided them with contact information for local cultural organizations. One professional noted that this organization was also a useful connection for families, as they offered English courses and a number of other programs for newcomers.

Challenges
Most interventionists reported feeling unprepared to work with culturally diverse families. These feelings stemmed from their lack of exposure to ongoing relevant training opportunities, such as professional development seminars. Few interventionists felt that they had received adequate training to prepare them to meet the needs of culturally diverse families. Interestingly, no one spoke about receiving training specific to cultural diversity, awareness, or sensitivity. The few who felt prepared said that a combination of their personal and professional experiences had contributed to their comfort in providing culturally diverse families with a sensitive approach to service delivery. Others spoke about utilizing practices they had learned about through participating in other training sessions, including ones on sensitivity and reflective practice.

Interventionists also reported that barriers, such as communication challenges, cultural barriers, and lack of supports, could thwart the information sharing process and pose problems for rapport building. Professionals frequently cited communication challenges, such as having phone conversations with family members for whom English was a second language. Many early interventionists also noted their reliance on one family member’s ability to speak English and observed that this situation was common. Problems arose, however, when this person could not be present during visits. In addition, access to translation services was especially difficult because the Department of Community Services does not fund this service. As a consequence, interventionists must go through other sources of short-term funding to obtain translators.

Communication and cultural barriers presented additional difficulties when interventionists were uncertain of how to appropriately address potentially uncomfortable topics. Many interventionists noted having to confront their own lack of understanding as a barrier. This involved not knowing about childrearing practices in different cultures, beliefs about child development and learning, and views on disability. Early interventionists mentioned being unsure of how to ask families about their finances when looking into eligibility for funding programs and about parents’ relationships, such as whether or not they spent time together. One interventionist said, “there’s just barriers to even really helping them the way they need to be helped because you’re not sure what you can say and what you can’t.”

In reference to the sharing that took place between families and interventionists, professionals discussed families’ willingness to share about their child, but reluctance to share about themselves. One interventionist stated, “I think where it sometimes becomes problematic is... that distinction between being willing to kind of share, talk about their whole family, because it’s almost like they feel you’re... here for our child, because if it wasn’t for our child we wouldn’t even be receiving this service.”
Interventionists stated that many of the culturally diverse families with which they worked were not supported in ways that other families might be. As culturally diverse families may have moved from another country or region, they often had little social support. They may have left their extended family and were either intimidated or unsure of where to go to establish new social connections. Interventionists also discussed how families often did not have strong financial supports, and as a result, lived in less nurturing neighborhoods.

In relation to this, one interventionist said, “I find these can be families that are a little bit more isolated, not only isolated by the benefit of having a child with special needs, but they’re isolated because they don’t know as many people, they’re trying to figure out a new city potentially.”

Conclusion
In summary, early interventionists revealed a desire for more knowledge and training focused on working with culturally diverse families, especially child rearing practices and attitudes towards disabilities. Their comments also reflected their respect for culturally diverse families and willingness to engage in an open dialogue. However, interventionists expressed concern regarding the lack of services and funding available to support culturally diverse families. Lack of professional development opportunities, funding for translators and family support services, and brochures/forms only available in English were frequently noted barriers to delivering family-centred early intervention to culturally diverse families.

Encouragingly, early interventionists did not see these barriers as insurmountable and persevered to overcome them. Based on the information gathered during this study it became clear that interventionists had adapted and developed coping strategies to deal with the challenges they were encountering. As well, most interventionists noted that their relationships with culturally diverse families had been very special ones, and had allowed them to learn new approaches that served to improve their practice.

Tangible resources that interventionists would like to see in place to support themselves and culturally diverse families included: 1) resource books and professional development sessions addressing cultural diversity for early interventionists; 2) improved access to translators who could assist both professionals and families and be a valuable addition to home visits and inter-professional meetings; 3) availability of commonly used forms and information booklets for families in different languages to help families navigate the system; 4) access to parenting support, as many culturally diverse families are socially isolated and receive little assistance in this area; and 5) access to counseling services if culturally diverse families need help adjusting to a new culture and/or to their child’s diagnosis.

To ensure that culturally sensitive resources are available, government, early intervention associations, training institutions, and organizations dedicated to working with immigrant families need to advocate for increased funding to support professionals in the field and culturally diverse families. Financial support to translate common forms and brochures into various languages, to purchase relevant material, to hire translators, and to access support services is required. Training opportunities specifically related to communicating and partnering with culturally diverse families must be developed and offered to early interventionists to increase their confidence and abilities in this area. Such initiatives will build on early interventionists’ current knowledge and genuine respect for all families, creating opportunities for comfortable, supportive, and open relationships with culturally diverse families.

References:


PRACTICING SENSITIVITY IN AN INTERNATIONAL SETTING:
A SOCIAL WORKER'S CULTURAL TRANSITION IN BEIJING

Trish Jasiewicz, Student, 2nd Year Wilfrid Laurier University Master of Social Work Program Waterloo, ON

As a Master of Social Work student at Wilfrid Laurier University, I have had the privilege to participate in two separate practicum placements in which I was given the opportunity to apply the skills I learned in the classroom in a professional setting. I consider myself especially fortunate because my second internship was completed internationally. In a matter of months, I found myself stumbling upon the idea of an international placement, committing to it, and packing my bags to move half way across the world for this opportunity – and I couldn't be more pleased with the results.

I must preface this narrative by explaining that I had never before travelled to an Asian country. I had very limited knowledge about Chinese customs and traditions, and basically had no idea what to expect from the placement. Although I have done my share of travelling in the past, I had not worked in another country nor had I lived in another country for an extended period of time, so this was a special opportunity for me. I was placed in a boarding school for boys and girls, grades 10 through 12, with the expectation of providing counselling services for students. My colleague and I fulfilled this expectation, and initiated several other projects, including research and workshops, in order to gain the most from the placement and provide the best possible service to the school.

Seeing as how I had neither experience, nor real concrete knowledge, about practising social work in an international setting, prior to depart-