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1
CULTURAL COMPETENCE

> The men of culture are the true apostles of equality.
>
> – Sohrab and Rustum

Introduction

The importance of counsellors and psychotherapists developing a culturally competent practice for working with children and young people cannot be overstated. If we are to truly reach them therapeutically and create the crucial relationship within which they can begin to understand themselves better then we need to work hard at knowing them fully. This means adapting and developing our methods and models of practice to fit the child – not the other way round. It means resisting offering a *monotherapeutic* experience to every child or young person regardless of their unique characteristics. In so doing we can engage them and enable their needs to permeate our working practices more comprehensively. It means ensuring that we do not make generalisable assumptions about a child or young person's home life, customs or beliefs from a cursory question or relying solely on information about religion, ethnic origin or family background (Parekh 2000, Hartley 2003, Kehily and Swann 2003).

Children and young people are developing psychologically in an external world in which information, and the power it has to influence and shape their beliefs and feelings have never been greater. Control and manipulation of that information is being concentrated in a few hands themselves closely identified with a narrow ideological doctrine that legitimates certain forms of behaviour, attitude and culture. Western developed countries led by America dominate the production, marketing and distribution of products representing brand names and iconic images aimed at maximising profit in the global marketplace (Hall 1993). Children and young people are viewed as consumers and in this context the nature of their indigenous culture is seen as

another part of their identity to be moulded in order to maintain cultural conformity. Young people's desperate need to fit in, be included and be the same as other children is exploited relentlessly by corporations propagating certain values that reinforce the consumerist culture of the early 21st century.

Children and young people face considerable challenges in maintaining their cultural integrity in the face of institutional racism, homophobia, economic activity or migration patterns. The consequences may lead to significant emotional and psychological problems expressed, for example, by high rates of school exclusion among African-Caribbean children (Otikikpi 1999), suicide and para-suicide of gay and lesbian young people (Trotter 2000) or unemployment among Bangladeshi youth (Jones 1996). The cultural assets of minority children regularly go unrecognised, denied or devalued within the wider community (Newman 2002). It is crucial therefore that support offered by counsellors or psychotherapists includes opportunities to celebrate their heritage and creates links with other members of their cultural or social group. Children from migrant cultures are especially vulnerable to feelings of inferiority resulting in frustration, anxiety and poor school attainment (Spencer 1996). In the USA the promotion of resilience in black communities is an important strategy aimed at developing cultural confidence and enhancing problem-solving capacities (Reynolds 1998).

'Culture' is a word that appears in everyday discourse – so much so that as with much common parlance it ceases to require any great effort at understanding what it means. We all seem to know what we are talking about when we mention 'culture'. Yet the variety of definitions and interpretations of the word allow it an elasticity that is more a hindrance to clarity than a help. The increasing need to improve our therapeutic work with children and young people requires us to examine their changing cultural environment for evidence of how we might harness new ways of understanding them and their troubles. At a general level, culture is associated with high art, refinement, superior taste and so on, or there is popular culture which is associated with the masses, low taste, tabloid media and TV soap operas.

We can also acknowledge that there is a 'therapy culture' – that is, something associated with Western methods of responding to individual human psychological difficulties. Depending on the context, it can be used as a term of criticism implying that the problems of society are caused by the culture of therapy which posits people as victims and weak-willed (Masson 1988, Furedi 2003). Or it can be used in a benign sense illustrative of how advanced societies are

becoming in attending to the stresses and pressures of modern life. What is certain is that those of us seeking to help troubled children and adolescents need to develop our understanding of how cultural influences affect, maintain and ultimately provide solutions to the psychological difficulties of young people.

'Culture' in the anthropological sense has come to mean the way of life followed by a people. This concept developed as the history of Western expansionism and colonialism encountered manifestations of difference around the world. These encounters prompted a reaction at several levels of consciousness. Politically there was a need to justify the appropriation of native land and resources, economically the imperial explorers required raw materials to service industrialisation, but *psychologically* there was a fear of difference that had to be rationalised – hence the early attempts at racial categorisation and efforts to construct order from diversity and chaos in human lifeways. 'Culture' can also be defined in opposition to nature – the product and achievement of human beings representing a rising-above of their natural instincts. In this sense human nature is typically understood as the opposite of culture. 'Culture' can also mean the difference between humans and animals – the capacity to use language and complex communication to symbolise that which is not present (Jenkins 2002).

Thus the bearers of a culture are understood to be a collectivity of individuals such as a society or community. However, the cultural patterns that shape the behaviour of children and young people in groups should not be confused with the structure of institutions or social systems, even though there is a link between them. We can think of culture in one sense as the organisation of experience shared by members of a community, including their standards for perceiving, predicting, judging and acting. This means that culture includes all socially standardised ways of seeing and thinking about the world; of understanding relationships among people, things and events; of establishing preferences and purposes; and of carrying out actions and pursuing goals (Valentine 1976, Haralambos 1988, Jenkins 2002). As the history of the past three centuries demonstrates, the impact of Western imperialism has reproduced its economic and political structures worldwide, resulting in the development of industrial societies in former agrarian countries that have disrupted cultural patterns.

Inequalities in the distribution of wealth among these newly developing countries have created expectations and increasing demands for fairer trade relationships. Globalisation combined with instant international communications has brought the consequences of these unequal relationships and the needs of poor nations closer

to our attention than ever before. Thus, developed nations are confronted with a variety of cultures with a common experience of exploitation and a need to reconcile conflicting feelings, guilt, confusion and responses. There is still a requirement for systematic knowledge about groups or categories of humanity who are more mobile and are attracted to Western lifestyles of wealth, materialism and welfare. In the early part of this 21st century the recent history of ethnic conflicts, population changes and poverty has prompted the emigration of refugee and asylum seekers towards the West.

The more privileged and comfortable strata of Western societies, as well as new urban communities in former agricultural economies, are facing the reality of desperately poor people who feel more and more marginalised and neglected. Resentment is a feature of the reaction of wealthier nations to inflows of dependent people and the realisation among refugees that they are not universally welcome. There is a need therefore to render knowledge about difference and cultural diversity coherent in order to inform public attitudes and social policy, as well as enhance therapeutic practice. One way of doing this is to attribute a culture or sub-culture to a broad variety of social categories. Hence we encounter relatively meaningless terms such as the 'culture of poverty', 'youth culture', 'pop culture', 'black culture' or 'drug culture'. There is even a 'refugee culture' that apparently explains the motivation of families from troubled or impoverished regions to take incredible risks to seek refuge and safety.

Conceptualising culture

Cultural competence can initially be understood in the context of a desire to improve our practice in order to meet the needs of the growing multicultural and ethnically diverse society developing around us. It assumes that historical and orthodox assumptions about human growth and behaviour have served their purpose in meeting the needs of troubled children and young people in particular circumstances and at particular points in time. Now in the early stages of the 21st century changes are required to address and respond to the psychological and emotional problems of a modern generation of families and offspring who cannot be easily fitted into existing theoretical paradigms. There is increasing evidence for the need to refine and develop our methods and models of assessment and intervention so that they are more relevant and accessible to children and young people from a much wider range of backgrounds than was the case in the not-too-distant past (Madge 2001).

This is not to say that children and young people in the majority ethnic communities do not require improved methods of help and support. They are being socialised and exposed to a quite different society than former generations. The pace of life, enhanced stressors, individualism and consumerism are blamed for producing heightened states of arousal and stimulation. Evidence has begun to emerge of genetic changes, the development of new illnesses and of course a range of new risk factors to their mental health – especially the availability of cheap psychoactive drugs and greater access to alcohol. Depictions of family life, for example, in children's literature has changed dramatically in the past 40 years from misleading idyllic paternalistic havens of safety and security to the grim reality of poverty, child abuse, divorce, mentally ill parents and personal and institutional racism (Tucker and Gamble 2001).

'Ethnicity' requires some clarification as another term that can be used in a variety of contexts but without much thought as to its meaning. Its use alongside the term 'culture' causes confusion especially when the two become almost synonymous. This is because there is no easy definition, but we at least need to know the complexities of the use of the term 'ethnicity' because it perhaps reflects something deeper and more ambivalent about the way we internally manage difference and otherness. Part of the problem lies in mixing up birthplace with ethnic identity. A white person born in Africa and a black person born in Britain can be defined by their ethnic grouping and place of birth. Further confusion has historically prevailed due to the way the official census data have been collated. In the UK, the methods of data collection since 1951 upto 1981 have altered from just recording the country of birth and the birthplace of parents, when there was no question on ethnicity. In 1991 a question on ethnicity offered a range of categories and in 2001 there were further changes to account for citizens with dual or mixed heritage.

The term 'race' is now generally accepted to be redundant as a meaningful scientific category; however, *the idea of race* as a general descriptor of assumed national, cultural or physical difference persists in society (Amin et al. 1997). The concept is embraced at the policy level with legislation such as the Race Relations Act in the UK and institutions such as the Commission for Racial Equality. Legislation such as the 1989 Children Act, the 2005 Children Act and Children's National Service Framework, which contextualise work with children and young people, expects practitioners to take account of a child's religious persuasion, racial origin, and cultural and linguistic background, without adequate guidance as to what is meant by 'race' or

'culture'. The issue becomes more complex when we consider census data that show the increase in numbers of children from dual and mixed heritage backgrounds and consider the particularly complex set of problems they can encounter.

Ethnicity and culture

The linkage between race, ethnic identity and inequality has been repeatedly established in terms of its effect on wealth, status and power. These socio-economic and other environmental variables are recognised as risk factors for the development of child and adolescent mental health problems. The data show that black and other ethnic minority young people and adults charged with anti-social behaviour are more likely to receive punitive or custodial disposals in the criminal justice system rather than community options geared to a better understanding of their causality. High levels of psychological problems are reported from male and female black populations within young-offender institutions. Socially constructed notions of racial difference thus remain a potent basis for identity – our sense of sameness and difference (Bilton et al. 2002). This has led to frequent criticisms of discriminatory and stereotyping attitudes by the legal system.

Earlier scientific work in the 19th and 20th centuries had attempted to conceptualise race and classify people in different countries according to their supposedly inherent superiority or inferiority. Similar comparisons were made on the basis of gender and class, which permitted the tolerance of inequalities based on innate biological differences. A eugenics movement was inspired by these findings whose aim was to improve the genetic stock of the human race by eradicating people with less than perfect genetic dispositions. In the latter part of the 20th century advances in genetic research were able to dismiss these earlier notions of racial hierarchies, classifications and the supposed link between biology and behaviour (Kohn 1995).

However, vestiges of these outdated concepts still survive at the popular level as people try to understand where they fit into an ever-shrinking world where much more is known about other countries, customs and culture. Cheap air travel, faster communication and the creation of refugee and asylum seekers from troubled areas are bringing images, experiences and feelings to our collective consciousness. Skin colour, language and religion are still interpreted as signifiers of more profound differences in abilities and outlook, as well as being used to justify discriminatory practices or outright racism. For some people the notion of white superiority is barely below the

surface especially in the context of a colonial history and latter immigration. Table 1.1 provides an example of the incredible cultural diversity in the United Kingdom that belies populist notions of an Anglo-Saxon monoculture. This is a clear example of an economically successful country that benefits from immigration while perpetuating xenophobia and racist hysteria reflected in popular media. It is

Table 1.1 People born outside Great Britain and resident here, by countries of birth, 1991

Countries of birth	**No. resident in Britain**	**% of Britain's population**
Northern Ireland	245,000	0.45
Irish Republic	592,000	1.08
Germany	216,000	0.39
Italy	91,000	0.17
France	53,000	0.10
Other ECs	133,900	0.24
Scandinavia & EFTA	58,300	0.11
E. Europe & former USSR	142,900	0.26
Cyprus	78,000	0.14
Rest of Near & Middle East	58,300	0.11
Aust, NZ, & Canada	177,400	0.32
New Commonwealth	1,688,400	3.08
Jamaica	142,000	0.26
Rest of Caribbean	122,600	0.22
India	409,000	0.75
Pakistan	234,000	0.43
Bangladesh	105,000	0.19
Rest of South Asia	39,500	0.07
Southeast Asia	150,400	0.27
East Africa	220,600	0.40
West & Southern Africa	110,700	0.20
Rest of the World	566,200	1.03
Asia	231,000	0.42
North Africa	44,600	0.08
South Africa	68,000	0.12
Rest of Africa	34,300	0.06
USA	143,000	0.26
Rest of Americas	42,000	0.08
Total born outside GB	3,991,000	7.27

Source: Owen 1992–1995.

therefore important to understand the specific manifestations of cultural differences in every country rather than try to prescribe a universal explanatory theory. We need therefore to find an explanation for racial inequalities that can attend to the social construction as well as the individual internal construction of difference and the link with cultural competent practice.

Developmental resources

In considering the various ways in which children's mental health is understood, it is useful to consider some of the orthodox theoretical and research-based evidence on human growth and development as part of the standard repertoire of guidance available. Counsellors and therapists are expected to have a sound grounding in these subjects to help inform all aspects of their work with a range of child and adolescent age groups. The theories are vast and to do them justice would require more space than this text permits. Some of the classic authors and contemporary literature need to be critically reviewed as part of a professional and theoretical discourse that is notable for its lack of culturally competent concepts. They illustrate the way conventional child development is conceptualised offering a normative model of childhood that assumes a *universalist* application when it should be used as a limiting starting point requiring adaptation and amendment as you begin the process of engagement with your client.

A good starting point is in a sense where some of the theories end. Wherever the emphasis is placed on the spectrum of the nature-versus-nurture debate and any explanation for human behaviour in the literature, you need to be clear where *you place yourself* as a practitioner – not for the purpose of trying to prove a theory right or to convince yourself of the correct explanation for the behaviour of a child or young person, but to make more explicit your own personal bias. This is not a weakness, but a strength. A practitioner knowing where they stand and understanding there are other perceptions and beliefs about a child's development, and adopting an inquisitive, culturally flexible stance will be acting more in the child's best interests – rather than trying to defend the indefensible or answer the unanswerable.

Recent advances in genetic research and refinement of developmental instruments for assessing children and young people's emotional and behavioural health have concluded that to regard nature and nurture as separate and independent is an oversimplification. A more helpful answer to what shapes children and adolescent's mental health is *both* nature and the environment, or

rather, the *interplay* between the two. Thus it is crucial to incorporate an understanding of culture and the way it can both shape your perception of a child and young person's psychological difficulties and affect that young person's perception of themselves. The multidisciplinary complexion of many staff groups working with child and adolescent mental health problems and the structural/ organisational changes towards more inter-agency and inter-professional working mean that a variety of counsellors and psychotherapists will be familiar with the orthodox developmental theorists. These suffice as a baseline starting point from which to modify and improve upon so that they maintain their relevance in a rapidly changing multicultural society.

Whether the ideas of Freud, Klein, Piaget, Eriksen, Skinner, Bowlby and others help or hinder the process of your work, the important point is that they permit the adoption of some intellectual rigour to the way your work is organised (Mills and Duck 2000, Beckett 2002). This can provide a framework within which the selection of assessment and intervention methods and models can take place. Crucially, it will enable a more systematic process to proceed in a recognisable direction or provide a knowledge base to discuss ideas put forward by other staff. This will be helpful in supervision, case conferences, legal proceedings or report-writing contexts. Sometimes it is helpful to acknowledge that there is no clear-cut explanation, or there are multiple interpretations for a child's emotional and behavioural problems that are concerning others.

Staff with a systemic or psychodynamic perspective can especially utilise theoretical concepts from social policy and sociology to add to their framework of explanation. This distinguishes their contribution from most other agency staff in child mental health work. The combination can be powerful, adding weight to professional arguments and provide authority for interpretations. They can also be burdensome and confusing and should therefore always be used cautiously. They enable a social model of mental health to be acknowledged alongside others and therefore more readily advance a culturally competent practice. The choice is again vast in the area of sociology alone. Marx, Durkheim, Mills, Parsons, Popper, Habermas and others offer a rich and diverse knowledge base (O'Donnell 2002). The important point is that the chosen theoretical preference can be identified and acknowledged, and a plan can proceed consistently within that premise.

The importance of reflective practice whilst undertaking culturally competent work with children and adolescents cannot be emphasised

enough. In the process of using measures of human growth and development, it is crucial. This is because children and young people are constantly changing, as are their circumstances. Your assessment could be out of date within weeks, reliant on too few factors or based on inaccurate referral information. This requires a high level of concentration and alertness to changes that will be unique and unpredictable, as well as changes that appear to conform to a predictable developmental transition. Such changes may have nothing to do with your intervention and some may have everything to do with it. The key is in appreciating that developmental issues are significant and require you to have a good grasp of them (Thompson and Thompson 2002).

Human growth and development theoretical resources should be seen as part of a wide spectrum of potential, rather than deterministic, interactive causative factors in the genesis of child and adolescent mental health problems. Some social psychologists criticise the emphasis in child development theories on normative concepts and suggest enhancing the judging, measuring approach towards one that embodies context, culture and competencies (Woodhead 1998). An illustration of developmental measures is shown in Table 1.2 and should be adapted to every individual situation encountered and always be considered against the white, Eurocentric perceptions they embodied when first constructed. A more recent view of personality development lists five factors that combine elements of the older more classic ways of understanding a child or adolescent together with notions of peer acceptability and adult perceptions. Its simplicity and integrated structure offer a useful addition to other conventional schemas (Hampson 1995, Jones and Jones 1999):

Extroversion includes traits such as extroverted/introverted, talkative/quiet and bold/timid.

Agreeableness based on characteristics such as agreeable/disagreeable, kind/unkind and selfish/unselfish.

Conscientiousness reflects traits such as organised/disorganised, hardworking/lazy, reliable/unreliable, thorough/careless and practical/impractical.

Neuroticism based on traits such as stable/unstable, calm/angry, relaxed/tense and unemotional/emotional.

Openness to experience includes the concept of intelligence, together with level of sophistication, creativity, curiosity and cognitive style in problem-solving situations.

Table 1.2 Summary of developmental concepts

Theory	**Age**				
	1	**2–3**	**4–5**	**6–11**	**12–18**
Eriksen's psychosocial stages of development	The infant requires consistent and stable care in order to develop feelings of security. Begins to trust the environment but can also develop suspicion and insecurity. Deprivation at this stage can lead to emotional detachment throughout life and difficulties forming relationships.	The child begins to explore and seeks some independence from parents/carers. A sense of autonomy develops but improved self-esteem can combine with feelings of shame and self-doubt. Failure to integrate this stage may lead to difficulties in social integration.	The child needs to explore the wider environment and plan new activities. Begins to initiate activities but fears punishment and guilt as a consequence. Successful integration results in a confident person, but problems can produce deep insecurities.	The older child begins to acquire knowledge and skills to adapt to surroundings. Develops sense of achievement, but marred by possible feelings of inferiority and failure if efforts are denigrated.	The individual enters the stage of personal and vocational identity formation. Self-perception is heightened, but there is potential for conflict, confusion, and strong emotions.
Freud's psychosexual stages of development	The oral stage, during which the infant obtains its principle source of comfort from sucking the breast milk of the mother, and the gratification from the nutrition.	The anal stage, when the anus and defecation are the major sources of sensual pleasure. The child is preoccupied with body control with	The phallic stage – the penis as the focus of attention is the characteristic of this psychosexual stage. In boys the Oedipus complex and in girls	The latency stage, which is characterised by calm after the storm of the powerful	The genital stage whereby the individual becomes interested in opposite-sex partners as a substitute for the

Table 1.2 (Continued)

Theory	**Age**				
	1	**2–3**	**4–5**	**6–11**	**12–18**
		parental/carer encouragement. Obsessional behaviour and over-control later in childhood could indicate a problematic development in this stage.	the Electra complex are generated in desires to have a sexual relationship with the opposite-sex parent. The root of anxieties and neuroses can be found here if transition to the next stage is impeded.	emotions preceding it.	opposite-sex parent, and as a way of resolving the tensions inherent in the Oedipal and Electra complexes.
Bowlby's attachment theory	This stage is characterised by pre-attachment undiscriminating social responsiveness. The baby is interested in voices and faces and enjoys social interaction.	The infant begins to develop discriminating social responses and experiments with attachments to different people. Familiar people elicit more response than strangers.	Attachment to main carer is prominent, with the child showing separation anxiety when carer is absent. The child actively initiates responses from the carer.	The main carer's absences become longer, but the child develops a reciprocal attachment relationship.	The child and developing young person begins to understand the carer's needs from a secure emotional base.

Piaget's stages of cognitive development	The sensory motor stage, characterised by infants exploring their physicality and modifying reflexes until they can experiment with objects and build a mental picture of things around them.	The pre-operational stage, when the child acquires language, makes pictures and participates in imaginative play. The child tends to be self-centred and fixed in her/his thinking, believing they are responsible for external events.	The concrete operations stage, when a child can understand and apply more abstract tasks such as sorting or measuring.	This stage is characterised by less egocentric thinking and more relational thinking – differentiating between things. The complexity of the external world is beginning to be appreciated.	The stage of formal operations characterised by the use of rules and problem-solving skills. The child moves into adolescence with increasing capacity to think abstractly and reflect on tasks in a deductive, logical way.

Diversity and difference

Culture defines accepted ways of behaving for members of a particular society. But such definitions vary from society to society leading to misunderstanding and a failure to engage therapeutically in a helping relationship. Klineberg (1971) offered an example of just such a misunderstanding. Amongst the Sioux Indians of South Dakota, it is regarded as incorrect to answer a question in the presence of others who do not know the answer. Such behaviour would be regarded as boastful and arrogant and an attempt to shame others. In addition the Sioux regard it as wrong to answer a question unless they are absolutely sure of the correct answer. A white American teacher in a classroom of Sioux children and unaware of their culture might easily interpret their behaviour as a reflection of ignorance or hostility. In a therapeutic context we can imagine our reaction to exploratory questions which resulted in a silent response with consequent interpretations of resistance, with further attention being paid to that area. An understanding of the role of certainty and respect on the other hand could open up creative possibilities for engagement.

Culture is not static – it is an organic living entity with an external and internal presence. Any attempt to define it or them is bound to be provisional because people – and more especially children and young people – are developing rapidly at many levels of physicality and consciousness. They do so in an equally fast-changing and bewildering societal context that sets the scene for our understanding of culture. It is possible, however, to select some common characteristics that can help us think about the concept of culture in a more useful way that enables us to focus our therapeutic efforts to the best advantage of children and young people (Jenkins 2002):

- Culture is definitely human; it is the characteristic way that humans do things, rooted in our capacity for complex communication and reflexive relationships.
- It carries within it implications of controlled development and change. Culture is the medium within which human individuals grow and become competent.
- Culture is also a matter of differentiating human collectivities, and their characteristic patterns of behaviour, one from another.

It is important to understand the different ways in which child and adolescent development is conceptualised by diverse communities. In Western industrialised countries there is a more clearly defined division between childhood and adolescence compared with

developing countries. The change is less pronounced and shorter in countries where the tradition of further and higher education is less and there is greater sharing of domestic or agricultural labour between adults and younger family members. There is an assumption in Western industrialised countries that adolescence has been stretched so that it covers a much greater time span than in previous generations. This is cited as a cause of much problematic behaviour and psychological problems in contemporary young people. There is also evidence of the earlier onset of puberty in the more affluent societies, and delays in the onset of menarche have been reported in girls who are exceptionally physically active (Beckett 2002). On the other hand children from non-Western countries or whose parents were raised there will have expectations and experiences based on a very different time span. Parents may have been married at the age of 12 or 13 years and perhaps have served as soldiers in civil wars, or been responsible for the care of several younger siblings.

Globalisation and identity

The term 'globalisation' has begun to feature in the literature reflecting profound shifts in the economic and social patterns of relationships between the richer industrialised countries and the poorer developing countries. It involves closer international economic integration prompted by the needs of capitalism, but also has demographic, social, cultural and psychological dimensions (Midgley 2001, Pieterse 2004). Consistent with the link between the social context of child and adolescent mental health problems, it is therefore important to consider the global context in terms of the challenges for building culturally competent practice.

Critics of globalisation argue that its impact is to maintain unequal power relationships between the richer and poorer countries so that patterns of wealth and consumer consumption in Europe and North America can be sustained. This involves the exploitation of labour and other resources in poorer countries, thereby preventing them from achieving a diverse and equitable economic and social structure within which health and social welfare programmes can develop. The consequences of globalisation are being noticed in the way traditional social care systems are taking on the characteristics of business ethics and commercialism (Dominelli 1999, Mishra 1999). One of the side effects of this process is the standardisation and conformity required for consumer consumption patterns in order to

maximise profit. The consequence is the steady and inexorable erosion of traditional markers of indigenous cultural identity combined with the elevation of global branding.

This critique of the latest phase of capitalist development echoes earlier concerns about the impact on economic growth and subsequent erosion of traditional government policies of full employment and social welfare (Corrigan and Leonard 1978, Bailey and Brake 1980). A failure to fully develop social welfare services, or to have them subjected to the gyrations of speculative global financial markets, invariably corrodes the quality and the depth of services designed to reach children and families in personal and culturally appropriate ways. This means that services are pared to the minimum, oriented towards crisis intervention and designed in the narrowest terms to conform with inflexible eligibility criteria that limits access. These features are inconsistent with culturally competent practice that aims to spread accessibility, improve acceptability and enrich our creative potential to respond to a diverse society.

The paradox of globalisation is that as new varieties of cultural expression are encountered and celebrated there is an underlying impulse to impose a sameness by the powerful Western nations on the developing nations. Thus at a supra-national level there is a parallel process occurring – the individual rejection of difference by the powerful countries with the technology and military capacity to influence the majority powerless countries. This must both steer and reinforce the latent fear of the other inside individuals who then feel they have permission to reject black and ethnic minority families. This contradiction is further illuminated by government policies against racism and yet resorting to draconian measures to control the immigration of refugees and asylum seekers.

The globalisation of culture produces deeply contradictory states for individuals and groups, with consequences for the development of an integrated sense of self. Hence we observe the way black youth are regarded as predisposed to violence and disorder, which is interpreted by the police as evidence of anti-social predisposition, resulting in persecutory oppression and aggressive reactions. On the other hand, black athleticism and success in international sport produces a celebratory image masking denigratory undertones (Briggs 2002). White youth can be seen and heard imitating black youth culture in terms of dress and accent, while African-Caribbean youngsters, for example, learn the patois of their grandparents, celebrate Rastafarianism wearing dreadlocks, which some regard as a hostile anti-establishment stance. Young Asian women are torn between the aspirations of their

white peers for sexual independence and socialisation and the expectations of some parents for social restrictions and arranged marriage.

Culturally competent practice

Dilemmas in trends towards cultural competence have been highlighted by reference to the practice of forced/arranged marriages and dowry, genital mutilation of children and harsh physical punishments condoned by some societies (Midgley 2001). These practices can be used to counter the argument for respecting ethnic and cultural diversity and support the notion of universal values as the basis for competent practice. Ethnic rivalries and the pride in national identity on which they are based also sit uneasily with culturally competent aspirations of international collaboration and mutual understanding.

However, rather than seek answers to these difficult issues in an introspective way, this emphasises the need for therapists and their professional representatives to reach out to the international community with service users to continue to debate, discuss and strive for ways to discover solutions. In the area of child and adolescent mental health we need to understand the impact such practices and the beliefs on which they are based are having on the mental health and emotional development of those adults promoting them and the children and young people experiencing them.

Cultural competence has been defined as developing the skills in assessing the cultural climate of an organisation and being able to practise in a strategic manner within it. It has also been broadened to include any context in which workers practise in order to permit effective direct work at many levels (Baldwin 2000, Fook 2002). Whether at the strategic organisational level or the direct interpersonal level we can actively resist those pressures to conformity and routinised practice that, in often discreet and inconspicuous ways, can undermine efforts to practise in culturally competent ways. The requirements of social justice demand vigilance and creativity in order to contribute towards an emancipatory practice that can liberate both workers and service users from prescribed practice orthodoxies. Such practice is the antithesis of stereotyped, one-dimensional thinking and is characterised by

- a commitment to standing alongside oppressed and impoverished populations;
- the importance of dialogic relations between workers and service users;

- orientation towards the transformation of processes and structures that perpetuate domination and exploitation (Leonard 1994).

These characteristics are in harmony with culturally competent practice. They do not imply that therapists should reject statutory practice for the voluntary sector, childcare for community work or psychodynamic theories for advocacy. These simplistic oppositional devices do not help us manage the complexities and dilemmas in seeking different practice orientations (Healy 2002). The possibilities for creative practice within organisational constraints are there. They may be limited and subjected to pressures of time, but in the personal relationship with service users and particularly children and adolescents with mental health problems, the rewards are unquantifiable for both worker and client. Even introducing a small change in practice can have a much larger disproportionate and beneficial impact.

There is growing interest in the development of multidisciplinary and inter-professional working in order to maximise the effectiveness of interventions to meet the diverse needs of multicultural societies and service users (Magrab et al. 1997, Oberhuemer 1998, Tucker et al. 1999). The characteristics of such work apply in a framework familiar to health and social care staff working therapeutically. It begins with assessment, then proceeds through decision-making, planning, monitoring, evaluation and finally to closure. It is argued that this common framework offers the optimum model for encouraging reflective practice to be at the core of contemporary work (Taylor and White 2000, Walker 2003a). Reflective practice offers the opportunity to shift beyond functional analysis to making active links between the value base, policy-making process, and the variety of interventions conducted.

Combining reflective practice with culturally competent practice, we have the opportunity to make a major contribution towards responding to the social policy aspiration of inclusion and anti-oppressive practice. In so doing we can facilitate closer co-operation between professionals coming into contact with vulnerable families on a shared agenda of challenging institutional and personal discrimination (Eber et al. 1996, VanDenBerg and Grealish 1996, Sutton 2000). Drawing together the elements of practice that can contribute towards a model of culturally competent care means it is possible to define cultural competence as a set of knowledge-based and interpersonal skills that allow individuals to understand, appreciate and work with families of cultures other than their own. Five

components have been identified comprising culturally competent care (Kim 1995):

- awareness and acceptance of cultural differences;
- capacity for cultural self-awareness;
- understanding the dynamics of difference;
- developing basic knowledge about the family's culture;
- adapting practice skills to fit the cultural context of the child and family.

These are consistent with other work which critique the historical development of cross-cultural services and offer a model of service organisation and development designed to meet the needs of black and ethnic minority families (Dominelli 1988, Moffic and Kinzie 1996, Bhugra 1999, Bhugra and Bahl 1999). Culture has been defined as the sets of shared cultural perspectives, meanings, and adaptive behaviours derived from simultaneous membership and participation in a multiplicity of contexts such as geographical, religion, ethnicity, language, race, nationality and ideology. It has also been described as the knowledge, values, perceptions and practices that are shared among the members of a given society and passed on from one generation to the next (Leighton 1981). Four particular theories have been identified in modern systemic practice, for example, that attempt to harmonise systemic theory with cultural competence (Falicov 1995):

Ethnic focused – this stresses that families differ, but assumes that the diversity is primarily due to ethnicity. It focuses on the commonality of thoughts, behaviour, feelings, customs and rituals that are perceived as belonging to a particular ethnic group.
Universalist – this asserts that families are more alike than they are different. Hence, universalist norms are thought to apply to all families.
Particularist – this believes that all families are more different than they are alike. No generalisations are possible, each family is unique.
Multidimensional – this goes beyond the one-dimensional definition of culture as ethnicity, and aims at a more comprehensive and complex definition of culture that embraces other contextual variables.

An attempt to elaborate a theoretical framework for multicultural counselling and therapy suggests that an overarching theory needs to be employed that permits different theoretical models to

be applied and integrated. The synthesis between systemic and psychodynamic practice offers a more comprehensive way of achieving this. In this way, both client and worker identities can be embedded in multiple levels of life experiences with the aim of enabling greater account being taken of the client's experience in relation to their context. The power differentials between worker and children and adolescents are recognised as playing an important role in the therapeutic relationship. Clients are helped in developing a greater awareness of themselves in relation to their different contexts resulting in therapy that is contextual in orientation and can, for example, draw upon traditional healing practices (Sue et al. 1996).

Ethnocentric and particularly Eurocentric explanations of emotional and psychosocial development are not inclusive enough to understand the development of diverse ethnic minority groups. Failure to understand the cultural background of families can lead to unhelpful assessments, non-compliance, poor use of services and alienation of the individual or family from the welfare system. By using an anti-discriminatory, empowerment model of practice we are ideally placed to work with other professionals in multidisciplinary contexts to enable the whole team to maintain a focus on culturally competent practice. For example, the increased demand for help from parents and children themselves suffering the effects of mental health problems has prompted policy initiatives to invest in and reconfigure child and adolescent mental health service provision in more acceptable and accessible ways.

The aim is to make them more accessible and acceptable to all cultures by improving multi-agency working (Davis et al. 1997, House of Commons 1997, Mental Health Foundation 1999). However, in order to be effective all staff need to address the different belief systems and explanatory thinking behind psychological symptoms. Skills and values are required to articulate these concepts in such teams. Challenging crude stereotypes, questioning implicit racism and simply ensuring that other staff stop and think about their assumptions can help. Combining with respectful consideration of indigenous healing practices within diverse populations can optimise helping strategies. The traditional methods and models of therapeutic practice have failed to take full account of cultural factors but contemporary literature is attempting to catch up. The following areas offer guidance to enhance your communication skills (Whiting 1999):

- Families may have different styles of communicating fear, grief, anxiety, concern and disagreement.
- Emphasis should be placed on listening with the goal of understanding the family's perspective.
- Care should be taken to explain to the family the agency culture.
- Steps should be taken to recognise and resolve conflicts which occur between the cultural preferences, understandings and practices recommended by professionals.
- Communication is enhanced if you can demonstrate sensitivity towards the family's cultural values.
- Appreciating the family's cultural understanding of the problem will help build a trusting relationship.

Case illustration

A family of Iraqi asylum seekers fled the country before the recent American and British invasion in 2003. The father Mohammad had worked in a civil service position in a government agency connected to the petroleum industry. He had been accused of passing information to the UN regarding breaches of the sanctions imposed on the use of oil revenues. Mohammad claims he was tortured and had death threats made against his wife and three children. The children are all under ten years of age and his wife Saleha is a nursery teacher. Some of the children speak very little English. The family have been dispersed to a market town in a northern county where there are very few Iraqis, or any families from Middle Eastern countries. The local Housing Department have referred the family to your office, following reports of racist attacks on the run-down council estate where they have been housed in emergency accommodation. A teacher has called your team three times in the past fortnight expressing concern about one of the children who is wetting and soiling in class, provoking bullying and humiliating behaviour from other children.

Commentary

Using a systemic perspective your first task is to make a map of all the people, agencies and services connected to this family. You will find it helpful to then make contact with as many as you can within a realistic timescale to start to plan your response. This information-gathering exercise will enable you to begin to evaluate the different agendas and perceptions of other staff working with or concerned

with the family. Your priority is to establish meaningful contact with the family and gain factual evidence of racist incidents for possible criminal prosecution against the perpetrators, as well as offering a caring, sympathetic relationship. Bear in mind that the family are likely to be highly suspicious of your motives and will require a lot of genuine evidence that they should trust you. Their naturally defensive behaviour may come across as hostile/uncommunicative and you need to deal with this in a non-confrontational manner.

A translator/interpreter should accompany you, having been fully briefed beforehand about your task and the different roles each of you holds, to assess their suitability for this particular task. Do not assume that every interpreter is the same, and try to evaluate their beliefs/attitudes and whether there may be ethnic or religious differences between them and the family. For a variety of reasons they might be inappropriate for this task despite having the right language skills. Strict translation of words and terms will be unhelpful, therefore time needs to be spent on the interpretation of the interpretation. Right from the start you can better engage with the family by

- enabling everyone to have their say;
- circular questioning to enable expression of feelings;
- reinforcing the integrity of the family system;
- noting patterns of communication and structure.

Having established a helping relationship, a systemic perspective enables you to locate the family system within a wider system of agencies, resources and a local environment that is generally hostile. Your networking skills can mobilise the statutory agencies to provide what is required to attend to the immediate areas of concern and clarify roles and responsibilities. A case conference or network meeting can put this on a formal basis with an action checklist for future reference to monitor the plan. One option may be to plan some family sessions together with a colleague from another agency such as Health or Education. This could combine assessment and intervention work to ascertain medium-term needs whilst using therapeutic skills to help the family establish their equilibrium. The key is to enable them to re-establish *their* particular coping mechanisms and ways of dealing with stress, rather than trying to impose an artificial solution. Maintaining a systems-wide perspective can help you evaluate the factors and elements building up to form a contemporary picture of their context. Working with them as a family and demonstrating simple things like reliability and consistency will provide them with an emotional anchor – a secure-enough base to begin to manage themselves in due course. What the

above tells us is that the subjects of culture, race and ethnicity are evolving all the time, as society changes and develops according to demographic changes, advances in social science research and the personal internal psychic changes happening as a result of external modifications to the environment, and vice versa. We can observe that previous assumptions about superiority, normality and behaviour among different peoples have been discarded. Thus we need to hold in mind a provisional understanding of what are at present acceptable as terms and descriptions to describe the diversity of populations. These may not be suitable in the changing landscapes of the future (Alibhai-Brown 1999).

Restricted conceptualisations of culture as a set body of information – something to be learned in order to better understand a child or young person – offer a static model for engaging with all troubled children. It is more useful to think of culture as a process for generating frameworks of perception, a value system and a set of perspectives. Knowledge about culture is not something external – to be found, memorised and then utilised. Cultural competence is therefore best understood as engaging in the process of transaction where we encounter difference and try to evolve our meaning-making skills (Tseng 2002).

Holliday (1999) takes up this notion by trying to distinguish between large culture and small culture, in which he emphasises the need to move beyond the orthodox definition of culture as related to ethnicity, national and international characteristics. Small culture is also distinct from subculture, which is normally taken to mean something within and subservient to large culture. Small culture in Holliday's meaning is a way of understanding many cultures in all types of social grouping which may or may not have significant ethnic, national or international qualities. Thus the apparent patterns and characteristics of cultures reveal on closer inspection the variations and variability within and between cultures in reciprocal patterns of influence.

A prescribed, normative and superficial notion of large cultural difference leads to an exaggeration of those differences, resulting in the psychological concept of 'other' reduced to a simplistic, easily digestible or exotic or degrading stereotype (Holliday 1999). An example from ethnographic research in Southall, West London, revealed that people there had a sophisticated understanding of culture and community. When asked what was meant by culture it became clear that a person could speak and act as a member of a Muslim community in one context, in another take sides against

other Muslims as a member of the Pakistani community, and in a third, count himself part of the Punjabi community that excluded other Muslims but included Hindus, Sikhs and even Christians (Baumann 1996). Thus a more enlightened concept of culture accepts it is a dynamic, ongoing group process which operates in changing circumstances to enable group members to make sense of and operate meaningfully within those circumstances. For counsellors and psychotherapists it offers a way of illuminating the full intercultural complexity of our world.

Summary

Children and young people face considerable challenges in maintaining their cultural integrity in the face of institutional racism, homophobia, economic activity or migration patterns. The consequences may lead to significant emotional and psychological problems.

The cultural assets of minority children regularly go unrecognised, denied or devalued within the wider community. Children from migrant cultures are especially vulnerable to feelings of inferiority, resulting in frustration, anxiety and poor school attainment.

Cultural competence can initially be understood in the context of a desire to improve our practice in order to meet the needs of the growing multicultural and ethnically diverse society developing around us. Historical and orthodox assumptions about child development need to change to address and respond to the psychological and emotional problems of a modern generation of families.

Staff with a systemic or psychodynamic perspective can especially utilise theoretical concepts from social policy and sociology to add to their framework of explanation. They enable a social model of mental health to be acknowledged alongside others and therefore more readily advance a culturally competent practice.

Culture is not static; it is an organic living entity with an external and internal presence. Any attempt to define it or them is bound to be provisional because children and young people are developing rapidly at many levels of physicality and consciousness. They do so in an equally fast-changing and bewildering societal context that sets the scene for our understanding of culture.

Critics of globalisation argue that its impact is to maintain unequal power relationships between the richer and poorer countries so that patterns of wealth and consumer consumption in Europe and North America can be sustained. The consequence is the steady and

inexorable erosion of traditional markers of indigenous cultural identity combined with the elevation of global branding.

Combining reflective practice with culturally competent practice, we have the opportunity to make a major contribution towards the social policy aspiration of inclusion and anti-oppressive practice. It is possible to define cultural competence as a set of knowledge-based and interpersonal skills that allow individuals to understand, appreciate and work with families of cultures other than their own.

Ethnocentric and particularly Eurocentric explanations of emotional and psychosocial development are not inclusive enough to understand the development of diverse ethnic minority groups. Failure to understand the cultural background of families can lead to unhelpful assessments, non-compliance, poor use of services and alienation of the individual or family from the welfare system.

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