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Human Services and Cultural Diversity

Tenuous Relationships, Challenges, and Opportunities Ahead

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There are many reasons why family service providers should be interested in cultural diversity. First, human service providers are likely to work with persons of different cultures, as clients, coworkers, or employers, by the nature of changes in population trends in the United States (Smeiser, Wilson, & Mitchell, 2000). Individuals and families in the United States have, as a group, become increasingly diverse. This diversity has emerged from many sources such as changes in immigration patterns, ethnic and racial distribution in the general population, greater inclusion of individuals with disabilities, increased longevity, and broadening views of gender appropriate behaviors (see Chapter 2 in this volume).

Second, many of the problems that human service delivery systems are expected to address are experienced more often by ethnic minorities. There are significant disparities between the socioemotional and physical health of

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the majority population and that of ethnic minorities and non-Hispanic Whites in the United States. Both race and ethnicity are key factors associated with these disparities in health (Keppel, Pearcy, & Wagener, 2002).

Third, ethnic minorities, such as Mexicans, Puerto Ricans, and African Americans, are more likely than non-Hispanic Whites to experience poverty in the United States. Poverty is a pervasive problem that contributes to numerous developmental, socioemotional, and physical health problems (Scott & Simile, 2005). The pervasive impact of poverty also partially explains the overrepresentation of ethnic minorities in the child welfare and criminal justice systems. This disproportionate involvement, however, goes beyond the needs of children and families to biases within these systems (Derezotes, Testa, & Poertner, 2004; Roberts, 2002).

Fourth, in contrast to their overrepresentation in mandatory services, ethnic minorities are underrepresented among those who receive voluntary, supportive, and preventive services (Scott & Simile, 2005). Families of ethnic minorities are believed to be reluctant to seek out professional services for family problems. Issues such as trust, insurance coverage, access to care, and expectations of disrespect, misdiagnoses, and mistreatment contribute to the extent to which families seek out help (Collins, 2000; Mayberry et al., 1999). When they do seek help, the scope and quality of this help may not adequately meet their needs. The quality of care received by ethnic minorities is often inferior to that received by non-Hispanic Whites, even when factors such as insurance coverage and socioeconomic status are equal (HRSA, 2000).

Last, professional organizations such as the American Psychological Association, the National Association for Social Workers, the National Council on Family Relations, and the National Organization for Human Services have standards that require that research with and services to individuals and families of diverse cultures be implemented competently (e.g., Fischer et al., 2002).

This chapter focuses on cultural diversity and human services with children and families within the context of a nonprofit service delivery system. Nonprofit agencies make up a significant segment of the human service delivery system. These agencies typically focus on serving a diverse group of children and families believed to be at risk for social, economic, and educational problems or who are experiencing problems. We believe that the relationship between cultural diversity and human services is tenuous, at best. This chapter highlights why, with so much cultural diversity in the United States, and so many professionals interested in understanding this topic, the needs of many of America's families are still not being met

(Sue, 2003). We offer some potential solutions and hope the reader will be challenged to identify others.

We propose that cultural competence in human services involves ensuring a good fit between the cultural diversity of those families involved in services and a quality human service delivery system. Cultural diversity involves not only the cultures of families receiving the services, but also the cultures represented by the staff and the organizations providing the services and the wider culture that educates those who work in human services. A good fit between families and family services results from addressing culture in purposive and meaningful ways in all phases of programming, including the development, delivery, and evaluation of family services as well as the training of providers.

Cultural competence includes the development and full inclusion of mechanisms for both families and staff of diverse backgrounds to play integral roles in what and how services are developed, implemented, and evaluated so that culture is meaningfully interwoven throughout family services. Correspondingly, cultural competence includes proactively addressing existing barriers to the meaningful inclusion of cultural diversity that contribute to a misfit between a family's cultural values and needs and those of the service intervention or agency. Last, cultural competence involves a reflective, inquiring process that seeks an understanding of culture as a complex, multidimensional construct with no universal, preconceived, singular determinants or qualities. For a discussion of the controversies around the use of the term *cultural competence*, see Dean (2001) and Sue (2003).

For the purposes of this chapter, culture (a) is viewed as an abstract concept that is human-made rather than a manifestation of any natural social order; (b) provides a context for the development and functioning of individuals, families, and communities as well as human service delivery systems; and (c) is characterized by social and instrumental transactions between individuals, families, organizations, communities, and societies over multiple generations as well as within generations. These transactions (a) are influenced by race, class, gender, nation, language, and ability or disability; (b) are influenced by, and contribute to, assumptions and beliefs about individuals and families and the meanings of their behaviors as well as values and beliefs about power, social class, equity, and marginalization; and (c) are characterized by adaptations to demands, stressors, and supports that arise through these transactions. This view of culture builds upon the theoretical frameworks of life course (Hareven, 2000) and developmental contextualism (Lerner & Castellino, 2002) as well as the work of Guzman (2003) and Lonner (1994).

Cultural Diversity and Family Services: A Tenuous Relationship

We propose nine assumptions that are commonly held in the United States about families and human services that lead to difficulties with integrating cultural diversity and family services. These are not exhaustive but illustrative of the major challenges ahead.

Assumption #1: By understanding different groups of people, we can adapt our services to different people, or we can target our services for specific groups.

Approaches to service delivery and cultural competence are often based upon looking at cultural diversity through the lens of group differences. Distinctive characteristics have become associated with specific groups whose members are, for example, monolithically identified by their race, sex, nation of origin, or the nature of their abilities or disabilities. These characteristics suggest (a) ways of behaving and thinking that are rather routinely enacted by members of specific ethnic and minority cultures, e.g., parent expectations and beliefs about parenting; (b) patterns of help-seeking, i.e., how problems are perceived, and views toward appropriate sources and types of help; (c) needs that individuals and families may have and the resources and supports that are typically used to meet those needs; (d) expectations felt by members of ethnic and minority groups of service providers and agencies; and (e) the functions of language and the distinctive uses of language to convey meaning and emotion. Researchers have documented the presence of group differences, and practitioners have written convincingly about the importance of being aware of these differences when working with families (McGoldrick, Giordano, & Garcia-Preto, 2005).

Troubles arise when this way of understanding cultural diversity becomes a stopping point. Attention also needs to be given to the diversity within these groups. Contextual differences related to class and socioeconomic issues, religion, and geographic region of residence (rural versus urban), for example, may be equally important in understanding family functioning. When group differences are taken out of context, there is the danger of stereotyping and misunderstanding. In the good intention to be culturally sensitive to a particular group, certain types of programming may be put into place that may not meet the needs of group members who do not share these group views and practices.

Problematic responses to group differences can also be seen in certain personnel practices. For example, individual(s) of similar race, ethnicity, or

disability (“cultural contacts”) may be hired to address the needs of particular groups of persons. While this helps diversify an agency’s staff, often the unspoken implication is that the other staff of differing cultural membership are not responsible for addressing the needs of clients who are culturally different. Moreover, the cultural contact gets stereotyped as the one to use for cultural matters specific to a particular group and is called upon much less for her other areas of expertise, leading to burnout and resentment.

Group differences may also be applied incorrectly to individuals from one group whose members appear similar to those of another group, such as Mexicans and Puerto Ricans or West Africans and East Africans. In addition, individuals within the same group may experience membership differently in terms of their ethnic identities (Phinney, 1990). Ethnic identity is a multidimensional construct composed of a sense of belonging, involvement in activities associated with one’s identified group, and/or knowledge and interest in one’s heritage. Ethnic identity evolves over time, and the label one uses to describe oneself varies depending upon the setting or circumstance (Phinney, 1996). For example, immigrants from some countries in the Caribbean may self-identify as Latina or African American.

In summary, group differences are one way to understand cultural diversity. While group characteristics may help to distinguish differences and unique characteristics between groups, they may be quite limited in contributing to an understanding of specific individuals and their families within a cultural context.

Assumption #2: There is equal opportunity for all Americans to live the American dream, regardless of culture, i.e., sex, class, race, ethnicity, ability, or disability.

A consequence of the assumption that people are all on an equal playing field in America is that problems are then often incorrectly attributed to failures of the individual, or of a specific cultural group, to take initiative, work hard enough, or be morally strong enough. Culturally competent practice alternatively views behavior as occurring within the context of barriers to equal opportunity, some of which are discussed as follows.

Marginalization

Some people find themselves experiencing marginalization, i.e., being outside the mainstream culture, whether it be defined by race, gender, ethnicity, social class, or ability. Marginalized individuals and their families are at risk for reduced opportunities for accessing and enjoying the social

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and economic resources of the mainstream culture and experiences of prejudice, racism, and oppression. This risk is further compounded by the psychological toll that marginalized individuals and their families experience on their physical health and sense of self (Kagan & Burton, 2005).

Because of *involuntary* conditions, such as ethnicity or minority status or having a cognitive disability, some individuals are predisposed to being marginalized in a society that places higher value and acceptance on other conditions that they do not have (Kagan & Burton, 2005). Marginalization is not a condition of the individual, nor an indication of weakness or fault of the individual, but a phenomenon of interaction between community culture and the individual and family's status in that culture. For example, highly respected citizens within other nations often experience marginalization upon immigration or acquiring a student visa in the United States. Moreover, the marginalized status of an individual or family within a culture may change over time depending upon a complex interplay of factors such as a change in social class or the acquisition of a disability due to an accident or illness.

Born Into Privilege

Culturally competent practice involves understanding the experience of membership in a racial and ethnic minority group in the United States and an awareness of the benefits and privileges that are often taken for granted by White heterosexuals. Whites, for example, rarely experience racial profiling and increased suspicion by police and store security due to their skin color, whereas such experiences are normative across social classes for many people of color. Helms (1992) proposes that Whites have difficulty acknowledging that "it is better to be perceived as White than not" (p. 24) in the United States. "Whites are taught to think of their lives as morally neutral, normative and average, and also ideal" (McIntosh, 1998). White standards have become so much part of the American culture that Whiteness is normative. Subsequently, membership in a majority culture impacts one's perceptions and expectations of the acceptability of minority culture behaviors and ideas.

Born Into Power

Along with privilege comes power. Those who have power, like those who have privilege, would rather not acknowledge and discuss it. Those in power typically assume that this is the normal state of affairs and have little motivation to challenge the status quo.

Power is often associated with one's gender. Normative practices and social policies pair women with caregiving responsibilities for children, ill family members, and elderly parents. It is more natural to assume that men have work outside the home as their primary responsibility (Goodrich, 1991). Such assumptions help support beliefs that women "choose" more virtuous, noble life goals, such as motherhood, not that they are denied the power to build meaningful lives that might expand on these realms. However, when a woman becomes a mother, she does not also "choose" to run into a maternal wall beyond which opportunities for career advancement may need to be traded for responsibilities of family care (Williams & Cooper, 2004). Crosby, Williams, and Biernat (2004) conclude that "mothers' *choices* are framed within a discriminatory system" [italics added] (p. 678). The consequences of these perceptions of motherhood and women as caregivers are perpetuated by a society that enables men to view employment and fatherhood as a right and caregiving as optional.

Born Into Prejudice

Prejudice can have both historical and contemporary significance for individual and family functioning. The oppression of African American ancestors through slavery and racist practices still affects families in very practical ways. For example, the prior economic, political, and social status of African Americans precluded opportunities for African American families to acquire wealth by passing on resources from one generation to another. Today, prejudice negatively impacts the health of African Americans through issues such as stress and the quality of health care services received (Clark, Anderson, Clark, & Williams, 1999). Phinney (1990) concludes that racism and oppression inherently contribute to the identity of African Americans.

Poverty and Classism

Families in poverty live in neighborhoods with higher rates of violence and crime, fewer quality childcare facilities and after school programs, increased chances for exposure to environmental toxins, and limited access to health care. Family caregivers in poverty struggle to raise a family with few financial resources, and many experience stress, depression, low self-esteem, marital conflict over money, and substance abuse (Brooks-Gunn & Duncan, 1997).

In a country increasingly characterized by wide differences in family wealth, social class has become an even greater influence on attitudes and

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values (Lareau, 2003). Social-class differences are similarly reflected in beliefs about services for families of lower socioeconomic status. Those with power and resources, for example, assume that families of lower socioeconomic status need greater initiative (i.e., they are lazy), help with family life (i.e., they don't know how to be good parents), and greater self-reliance (i.e., they want to be dependent on welfare programs) (Friedman, 2000).

A "Typical" World

Children with disabilities and their families experience a world with many challenges including physical barriers, social exclusion, bullying, and attitudinal barriers such as a lack of awareness or knowledge on the part of "typical" individuals (Pivik, McComas, & LaFlamme, 2002). "Typicals" take for granted everyday privileges that those with disabilities struggle with on a daily basis.

Services for Diverse Families

Family services are needed that acknowledge and build upon the strengths of individuals and families experiencing marginalization, support families in challenging and influencing social structures, and join in efforts to change a status quo that supports marginalizing individuals and their families. New human service paradigms are needed to redesign human services so that they address the current inequities that have become associated with cultural diversity. Human services should provide opportunities to validate the client's struggles with inequities, help families strengthen their diverse coping strategies, and assist them in acquiring the resources that are needed to negotiate the differences in opportunities and constraints in their environments (Pinderhughes, 1995–1996). Empowerment-focused intervention strategies are needed to bring about changes in the systems that contribute to oppression and prejudice. While culturally competent interventions with individuals and families are important, changes in social policy, along with changes in who makes decisions and allocates resources, are essential to bring about lasting change.

Assumption #3: Child and family services should be designed to remedy problems and focus on the individual with the problem.

There is a predominant human service culture that views the purpose of human services as remedying individual problems and reducing risky behaviors in order to repair broken families. Social services to families have traditionally followed what has been referred to as a *deficit* model: Services

have focused on identifying problems of the child and parent and then providing services to remediate these problems.

Problems of families are commonly attributed to individual deficits, when many of the causes of problems are actually beyond the family system. People without power, whether women, ethnic minorities, or the poor, are often viewed as defective by those with power or deserving of blame for their inability to be successful. Such a strategy has been referred to as *blaming the victim*. A failure to understand the cultural context of a behavior, for example, can result in an individual's and family's coping behaviors being labeled as dysfunctional instead of being understood as adaptive to a dysfunctional environment. Within this perspective, human services are designed to emphasize remediating or fixing the individual rather than bringing about changes in the systems and other individuals and cultures that contribute to the disadvantaging of persons. Similarly, the strengths of these individuals, families, and cultural practices—and their successful adaptations to difficult and prejudiced environments and cultures—go overlooked.

This culture of service provision that is organized around specific individual problems usually relies upon a diagnosis of a problem or some eligibility criterion specific to a circumscribed problem. Services are carried out by agencies and organizations that have missions that are focused on helping the individual diagnosed with a particular problem. This individually focused service delivery culture is problematic for at least three reasons.

First, problems typically have multiple determinants, associated risk factors, and co-occurring problems. For example, a low-income family caring for a child with a disability may need educational and medical assistance. At the same time, they may also benefit from after-school programs and childcare, housing assistance, and family counseling. However, access to this array of services becomes difficult because services typically focus only on the primary individual experiencing the problem. Services have yet to fully embrace family-centered practices to address the multiple impacts of a problem on the whole family system and its diverse membership.

Second, services are provided within a service delivery culture made up of distinct problem-focused agencies, all with differing eligibility requirements, fee schedules, waiting lists, and culturally different practices. This has encouraged a social service system characterized by specialized turfs, with agencies competing for a limited pool of funding (Minuchin, Colapinto, & Minuchin, 1993). While some progress has been made with efforts to develop systems of care for child mental health problems, these efforts have proven very complex given the pervasive culture and related funding of service delivery systems and the differing abilities of these agencies to address the needs of culturally diverse families.

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Third, compounding the problems of accessing segregated services that are designed to address singular, individual problems, the human service culture in the United States is also organized around the separation of at least two different types of children: “typical” children and those diagnosed with disabilities. It is common for agencies to be segregated through the lens of disability or “typical” (sometimes referred to as “normal”). Some agencies, for example, work exclusively with persons with disabilities. In other agencies, services are oriented toward the needs of “typical” individuals. While these latter agencies do not refuse to serve individuals with disabilities, they benignly defer *primary* responsibility for services to individuals with disabilities to disability organizations. For example, they comply with federal physical accessibility requirements. However, adapting after-school programming to the needs of children with learning and physical disabilities may be perceived as beyond their capabilities and resources. A director of a community center explains: “We serve people with disabilities when it is not at the expense of other families” (Cuevas, 2002, p. 31).

As a result, resources may exist in the community, but a family may face many struggles to access these services. Families with a member with a disability experience significant stress navigating within two highly segregated service delivery systems as well as trying to coordinate services of the two systems in order to meet their needs.

In summary, services would better meet the needs of individuals and their families if needs were not defined by one individual’s diagnosis but were addressed from a family-centered perspective. That is, an individual’s needs should be understood within the context of the family and community and their strengths and resources. Community-based, parent-directed, family support programs have developed, in part, in response to dissatisfaction with the existing individual, problem-focused, segregated service delivery systems. Similarly, there has been increasing interest in programs that promote health and strengths of families, where families are seen as having diverse assets and resources to be strengthened and developed rather than as having “problems to be managed” (Lerner, 2001, p. 255).

Assumption #4: There is sufficient knowledge today about child development, parenting, and family functioning to know what is dysfunctional.

While this may appear true for White middle-class families, it is not the case for families with different cultural backgrounds in the United States. Dilworth-Anderson and Burton (1996) propose that existing theories of family development have limited utility for understanding ethnic minority

families. Prior research has been guided by the assumption of a logical, linear, individual and family developmental progression. Researchers rarely take into account the social structural forces that shape different developmental pathways for families, particularly ethnic minority families. Omission of the context of the lives of families results in the failure to ask different types of questions, to include or exclude persons in research samples, and to accurately interpret the content and scope of what is observed.

Cautiousness is therefore required when applying existing theories and research in human service practice. Nondelinquent aggressive behaviors and “mutual verbal attacks,” for instance, may indicate effective interpersonal skills with peers among African American youth growing up in urban poverty but not with middle-class suburban youth (Luthar & Burack, 2000). Learning how to negotiate the demands associated with being an adult, while still chronologically a teenager, may be a normative task in order for youth in poverty to succeed (Burton, Allison, & Obeidallah, 1995). Indicators of success may be dealing with situations of economic independence, survival, or even parenthood rather than (or in addition to) academic performance.

Immigrant families struggle to pave successful paths that vary, in part, from negotiating a balance between the values, beliefs, and behaviors of their country of origin or their ancestors, and the majority culture in the United States. Even within one immigrant family, there can be multiple adaptive processes co-occurring. Children may become more Americanized than their parents or grandparents and not want to comply with old obligations. Parents may become a squeezed generation, trying to take care of the family’s cultural obligations and be Americanized for their kids. Parents with close ties to their homeland may send financial resources back home and try to immigrate other family members, adding to crowding and economic hardship.

Research has yet to clearly determine the exceptions to majority risk factors for child and family problems. A risk factor for the majority may actually be an adaptive and protective factor for an ethnic minority family. Sleeping arrangements where children sleep in the same bed or same room as their parents may seem inappropriate in regard to some emotional health and safety issues, but typical in terms of custom and nurturance (Fontes, 2005). Fluid and flexible family and household boundaries may be seen as a risk factor for family dysfunction. However, such fluid boundaries may be an expression of closeness of kith and kin (Boyd-Franklin, 2003), and, in the case of immigrant families, a way to respond to the transitions and needs experienced by families with members in two or more countries.

Assumption #5: The nuclear family is still the ideal family structure in America.

Simply put, family diversity is a reality in the United States. Different family structures and processes have evolved over time within various cultures to care for family members. Rather than continually comparing families to the nuclear form assumed to be the gold standard, human service providers need to learn who *families* perceive to be family members and how roles are carried out. Thinking beyond those living in a household or who are biologically related to identify significant family members and caregiving systems is necessary (Jones & Unger, 2000). The importance of kinship, fictive kin, and extended family members is influenced by cultural practices and norms. Roles may vary by gender and age of family members, and these roles may change over time with differing demands related to a family member's needs as well as the family's survival. Not only are those who are present important for understanding a family, those family members who are significant but absent are important also. Boss (1999), for example, describes the ambiguous loss experienced by family members when a significant person is not involved in family activities.

Assumption #6: Good helpers are well-trained professionals who are objective and who leave their issues and values at the door.

Higher Education and Training

In the past decade, there has been an overall endorsement for the importance of cultural diversity in higher education. However, higher educational institutions have not yet mastered cultural competency training. One of the great challenges for accomplishing this is that Eurocentric knowledge is emphasized and taught in most universities in the United States (excluding historically Black colleges and universities, also known as HBCUs). "The fundamental dogma of the American academy seems to rest upon the belief that the European culture is the world's only source of rational thought" (Asante, 1996, p. 22). The teachings and practices of Africans, American Indians, and other people are rarely as centrally included in curriculum as Eurocentric ideas.

Higher education institutions have yet to meet the frequent desire of families to have education providers of cultural backgrounds similar to theirs. Much progress has been made since *Brown v. Board of Education* (1954), and it is typical for predominately White colleges and universities to actively recruit minority students. However, it is much less common for

predominately White higher education institutions to recognize and provide distinctive and unique supports that minority students need once they matriculate. This is particularly a problem for first-generation college students of color. Being African American in a predominately White college can exacerbate and add to the unique stresses and demands involved in coping with college (Brower & Ketterhagen, 2004).

Opportunities need to be provided for students of all cultural backgrounds to engage together in reflective and respectful discussions and exercises about prejudice and discrimination (Gaines, 2004). Such opportunities require an atmosphere of openness to addressing emotional reactions to the issues along with discussions of readings (Mio & Barker-Hackett, 2003). Similarly, students and faculty must feel safe that there will not be sanctions for their opinions by instructors or the academic institution or their peers (Gaines, 2004; Helms, Malone, Henze, Satiani, Perry, & Warren, 2003).

Service learning courses are needed that involve action, and just as important, reflection components. In these courses, students can be exposed to families and service organizations with values and operating principles that differ from the students' prior experiences or textbook readings. In this way, students may learn through "disconfirmatory experiences, which can initiate a reflective process whereby students try to integrate and understand a new and unexpected experience. Such experiences can suggest revisions, expansions, and modifications of preexisting, rules, principles, theories, or schemas" (Stukas, Clary, & Snyder, 1999, p. 5). Institutions of higher education must also achieve greater diversity among faculty, throughout departments, not just within, for example, a Black studies program (Gaines, 2004).

Objectivity and Professionalism

Objectivity has traditionally been a hallmark of professionalism. However, values are an integral part of a person's identity and the way a person views the world. Values are so much a part of a person's worldview that attempting to become objective is not only impossible, it may appear to others of differing cultural backgrounds as inauthentic and disingenuous.

A more realistic goal is for professionals to understand their own values, beliefs, and assumptions about individuals, families, and the nature of problems. Through cultural and life experiences, people develop specific ways of knowing and understanding their environments. This is typically referred to as their worldview or the lens by which they understand themselves and others. Such self-awareness is central for working with people of all cultures.

Professionals need to also rethink their views about relationships between professionals and culturally diverse families. Woolfolk and Unger (2004) describe how some African American families look at professionals who provide parent education and support in the home as taking on roles such as a child's aunt or mother's sister. Minuchin et al. (1993) suggest that social service providers in the child welfare system become part of the family system by the nature of the powerful influence they have over families. Human service providers need to be aware of the family's view of their relationship and the impact of the relationship on the family, regardless of the intentions of the provider.

Supervision and mentoring can help staff to deal with these complex issues and to acquire culturally competent practices (Alvarado, 2004). Time and senior staff should be available to create opportunities to engage in reflective practices and to build climates of mutual respect and support between providers and supervisors. Supervisors also need to know that time devoted to supervision is respected and supported by an organizational climate that values cultural competence as a process requiring ongoing dialogue and commitment to resources (Brunelli & Schneider, 2004).

Assumption #7: A neighborhood is where people live.

The role of the neighborhood is actually quite diverse in the United States. For some, a desirable neighborhood is primarily a safe and affordable place to live; for others it can be an indication of social status or a place for informal support, socialization, and a sense of belonging (Unger & Wandersman, 1981). Cultural competence involves recognizing the complexity of community and its importance to families, particularly ethnic minority families with low socioeconomic resources.

Neighborhoods in low-income ethnic minority urban communities are often seen as places at risk for crime, violence, insufficient affordable housing, and inadequate quality childcare, educational, and after-school services. It is less evident from an outsider's perspective, however, that these same neighborhoods may be communities with infrastructures that strive to maintain and improve the well-being of their residents. Elders serve on church committees, long-standing residents take on city council positions, pastors of storefront churches have children's clothing drives in the winter, parents try to monitor neighbor children's activities, and community leaders commit their energies to keep afloat ethnic agencies (Holley, 2003) that predominately serve the local community. Neighborhood boundaries, often not shown on city maps, are well known by families. A sense of community and attachment to what once was, or what could be, is shared among some residents within these neighborhoods.

Staff in programs designed to provide culturally competent services in low-income communities need to identify and involve community leaders, respect neighborhood history and traditions, and learn about the informal organization and structure of neighborhoods. The ability to develop trusting relationships and legitimacy are critical for the long-term success of a community-based intervention. The success of these relationships may ultimately depend upon *mutual* satisfaction regarding who makes decisions about how the intervention is delivered and who controls the allocation of resources and services (Unger, Antal, Tressell, & Cuevas-Mejia, 2001).

Assumption #8: "If we build it, they will come."

Human service providers in nonprofit agencies frequently experience low attendance and a lack of participation by the underserved population they are trying to reach, even though they have tried to provide a high-quality service. Culturally competent practice recognizes that finding help with a problem is, in part, a social and cultural event (Green, 1982). In fact, even the identification of a situation as a problem or as normal is often culturally determined (Linen-Thompson & Jean, 1997). In the help-seeking process, people turn to family and friends who may use language and labels differently from professionals in the majority culture to identify and categorize a problem. The meaning attributed to certain labels, such as mental illness or disability, may be stigmatizing for some, based upon cultural beliefs and knowledge. The extent to which human service agencies understand and respect the beliefs and practices of the "client culture" will influence whether clients use an agency's services (Green, 1982, p. 30).

Finding help is also a problem of access. Given the disproportionate number of ethnic minorities who live in poverty, they often experience very pragmatic barriers to accessing services. Being uninsured or underinsured limits the types, if any, and quality of services available. Transportation and access to childcare are also major obstacles to obtaining services, particularly when services require repeated visits. Language is a similar significant barrier for those who are not fluent in English, given that many agencies do not routinely have bilingual staff available or materials available in languages other than English. For individuals with physical disabilities, access is more than having a ramp to enter a building. Students with disabilities in after-school programs, for instance, may have limited access because activities are located above the ground floor or because staff do not know how to accommodate their disabilities so they can be included in activities.

Underutilization may also be due in part to mistrust and suspicion (Collins, 2000; Diala et al., 2000). Latino and certain Asian populations may refrain from obtaining services due to fear of deportation. Others may not

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pursue services because of previous experiences with disrespectful agency personnel. Human services can begin to address some of these problems through hiring bilingual staff, involving community leaders in outreach efforts, and building an organizational climate perceived as welcoming by families (Unger, Jones, Park, & Tressell, 2001). Public relations materials need to emphasize the problem through the eyes of the population to be served. For example, Perez-Stable, Marin, and Posner (1998) recommend that smoking-cessation programs targeting Latino smokers emphasize quitting for the benefit of the family's health, rather than focusing on improving personal health. Churches and local community-based ethnic agencies can be important collaborators in reaching out to families as well as in providing services (Holley, 2003).

A culturally competent organizational environment is also achieved through representative leadership (Alvarado, 2004). Representation is key to promoting equity in hiring and decision-making. But representation cannot promote cultural competence

if such representation exists within an inequitable system or environment that values *one* [italics added] set of experiences, knowledge, teaching, and learning methodology over all others. . . . Equity will be achieved when all populations gain the right to share in organizational benefits and are appreciated for the value that they add. (Alvarado, 2004, p. 37)

Assumption #9: Agencies receiving funds to provide family services have the infrastructure to effectively deliver culturally competent services.

Providing culturally competent services requires considerable organizational resources that many nonprofit organizations do not have or are unable to consistently and adequately provide. In the past several years, even fewer funds have been allocated to nonprofits by federal governmental and foundation sources (Boyle & Fratt, 2004). As a result, agencies struggle to provide adequate pay and benefits to maintain a quality staff and subsequently experience frequent staff turnover and disruptions in family-staff relationships (Nittoli, 2003). Agencies serving primarily White clients debate the utility of allocating resources for bilingual staff and translation services. Agency staff who do not view services to individuals with disabilities as the primary mission of their agencies may view devoting resources to increase accessibility as low priority. In an effort to be more cost effective, agencies may adopt a one-size-fits-all programming strategy, compromising the flexibility needed to meet the needs of a diverse population. Another strategy used to save costs is to contract out services to agencies that may provide specialized skills but that may not have the expertise

to meet the needs of a community's diverse population, despite good intentions on the part of the providers. Agencies may also find themselves in competition to be "the" agency that provides services to a particular ethnic or minority group, potentially decreasing the choice of and diversity in services. Funds often are allocated for specific pilot projects to underserved groups, but when the pilot funding is gone, the agency may not be able to sustain these services.

Nonprofit agencies are continually devoting resources to fund-raising and grant-seeking activities. However, smaller ethnic agencies frequently do not have persons with the expertise or time to respond to the increasingly complex requirements of funding organizations (Holley, 2003). The ability to provide culturally competent services is further challenged by the limited time and staff resources available for supervision and mentoring. Agencies often compromise with one-time diversity training workshops.

Social service agencies are held accountable for documenting and producing predefined, desirable outcomes. However, agencies serving ethnic minorities often find their goals and objectives are quite different from those of their funding organizations, such as corporations, that tend to see problems through the worldview of the majority population. They may also have difficulty identifying culturally valid methods and measures to evaluate their programs (Guzman, 2003).

The strains of limited funding and the self-preservation interests of agencies compromise efforts toward representation and equity, a cornerstone of culturally competent organizations. As Meenaghan, Gibbons, and McNutt (2005) observe, "Unfortunately, the culture of many agencies, in today's political climate and the reality of scarce resources, stresses organizational needs and productivity in the context of significant power differentials among staff and managers" (p. 36). These power differences in an organization's culture also can influence the nature of staff and family relationships.

There are no short-term remedies to the economy and corresponding financial struggles experienced by nonprofit organizations. However, increased collaboration and cooperation across agencies may help agencies better meet the diverse needs of families. Through participation in coalitions, agencies may increase their capacity, as a unified group, to leverage resources and how they are allocated. Of critical importance is including community representation and community leaders who provide a strong and loud voice for a diverse group of families. Universities could also develop partnerships with agencies and provide service learning opportunities for graduate students to assist with grant-writing.

Conclusion

Much progress has been made in heightening the awareness and skills of human service providers in the nonprofit sector regarding families and cultural diversity. However, intervention approaches are still needed that are more culturally appropriate and meet the diverse needs of individuals and their families. The future provides opportunities to challenge assumptions underlying current human services that do not fit with the daily life experiences of many ethnic minority children and families. Improving services so they meet the needs of all families not only requires changes in the ways that professionals interact with children and families but also changes in the ways that programs are designed, administered, and evaluated. Alternative views, with sufficient resources, can enable families, together with service providers, supervisors, and administrators in the nonprofit human services sector, to develop and sustain culturally competent programs. Higher-education institutions, in partnership with communities and local leaders, can further impact the future by providing opportunities and environments that embrace learning about diversity.

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