Being a 'Culturally Competent' Social Worker: Making Sense of a Murky Concept in Practice

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Abstract

The idea of cultural competence has been afforded significant importance in the caring professions while also being the subject of considerable debate. It is a prominent discourse in both the health and social work literature as well as being enshrined in organisational policy and human resources training. However, it is a somewhat murky concept in that culture can evoke a multitude of meanings while understandings of competence are context-dependent. Moreover, it is unclear what sense practitioners actually make of such an abstract concept in practice. This article describes an exploratory study conducted with a group of social workers that canvassed their understandings of cultural competence. These practitioners endorsed the idea of cultural competence while also critically engaging with its limitations and ambiguities. In addition, they highlighted organisational and system constraints that thwart their ability to practise in a culturally responsive manner. Although the literature commonly laments the 'cultural incompetence' of social workers, the findings from this study suggest that such an individualised focus detracts attention from the broader system and organisational responses needed to respond appropriately to the needs of clients from diverse backgrounds.

Keywords: Cultural competence, social work, practice

Introduction

Cultural competence is assuming increasing importance in the 'caring' professions such as social work, nursing and medicine, particularly in Western countries with sizeable ethnic minority groups. In Australia, for example, the development of a culturally competent workforce in health has been identified as a priority by the National Health and Medical Research Council (NHMRC, 2006). Similarly, in the UK, cultural competence now constitutes a 'core requirement' for those professionals working in the field of mental health (Bhui *et al.*, 2007). In the social work profession as well, cultural competence has become a prominent discourse, particularly in the USA, where training for cultural competence is now mandated in social work education and is enshrined as a fundamental principle in the National Association of Social Workers' code of ethics (Abrams and Moi, 2009). Indeed, cultural competence is increasingly emphasised as a prerequisite for any job involving personal interaction with a diverse client group, while also being upheld up as a desirable moral value in the workplace.

In essence, cultural competence is about providing culturally responsive services to a multicultural clientele. However, there is not one, but multiple definitions of cultural competence and it appears to be a changeable, evolving concept (National Center for Cultural Competence, 2004). Different disciplines—including social work—have also delineated their own understandings of cultural competence. Abrams and Moi (2009) have traced the development of such discourses in social work, noting that while cultural competence—and its predecessor 'cultural sensitivity'—was originally coined in response to the need to work in a culturally appropriate way with minority ethnic groups, over time, ideas about cultural competence have evolved to incorporate all groups at risk of social exclusion with reference to disability, sexuality and a range of other identity markers.

In line with these developments, the last two decades have seen a proliferation of literature on cultural competence in social work and the human services, which includes texts on how to 'teach' practitioners to be culturally competent. Notably, the lack of cultural competence of workers is a recurring theme in this literature, whereby they are perceived to somehow 'fall down' in this aspect of their work or to be guilty of 'cultural insensitivity' (O'Hagan, 2001; Laird, 2008; Chau and Yu, 2009; Parrott, 2009). For example, O'Hagan (2001, p. 97) claims that 'there is no tradition of cultural sensitivity or cultural competence in health or social care professions, neither in their literature nor their practice'. In a similar vein, Parrott (2009, p. 618) refers to several studies that are 'highly critical of current social work practice in meeting the different cultural needs of service users'.

Culture, however, is commonly equated with 'non-Western or minority groups' in much of this literature or alternatively conflated with the terms

ethnicity, race, religion and nationality (Phillips, 2007, p. 53). By way of example, Parrott (2009, p. 619) refers to a study in which 'women from a range of cultural backgrounds such as African, Irish, Jewish and South Asian, found that domestic violence was either overlooked as something to be explained away for cultural reasons or resulted in increased scrutiny', which would suggest that cultural identity here is equated with a country, region or religion. Similarly, Laird (2008, p. 39) contends that social workers need to 'learn about other cultures' in order to guard against 'unintended racism'. At the same time, these writers acknowledge that cultures are continually in flux and that social workers must guard against one-dimensional or essentialist views of cultural identity. This, in turn, raises the question of what is really being talked about here and, furthermore, what 'sense' workers actually make of such an ambiguous discourse in practice.

More recently, social theorists have contended that culture has become an 'overused' term that is virtually meaningless unless it is understood in terms of its distinct components rather than a set of common characteristics (Kuper, 1999, cited in Bennett *et al.*, 2005, p. 63). Given the apparent indeterminacy of culture, it could be argued that coupling it with a more concrete term such as competence is somewhat oxymoronic. Nonetheless, cultural competence has been embraced in the health and social care sectors on the basis that making workers and systems more culturally responsive will reduce ethnic, racial and other disparities in health status and service delivery (Office of Minority Health, 2001; Bean, 2006*b*; NHMRC, 2006).

How practitioners make sense of cultural competence is the main concern of this paper, which focuses on the findings from a study conducted with a group of social workers in Queensland, Australia. The paper comprises five sections. The first section of the paper attempts to untangle the concept of cultural competence. The second section sets the scene for the study by providing a brief overview of the broader Australian policy context. Next, the methodology of the study is outlined. This is followed by a discussion of the findings in terms of how social workers talk about cultural competence and the perceived impact of the organisational context on their enactment of culturally competent practice. In light of these findings and other supporting literature, the concluding section of the article considers whether cultural competence is a viable construct that is meaningful for workers and highlights further areas for research.

Untangling cultural competence

One of the most commonly cited definitions of cultural competence describes it as 'a set of congruent behaviours, attitudes and policies that come together in a system or agency or among professionals that enable effective interactions in a cross-cultural framework' (Cross *et al.*, 1989,

p. iv). This definition highlights the need for an integrated approach to delivering culturally responsive services and recognises the importance of the organisational domain and broader systems in service delivery. However, while some research has focused on identifying factors that promote cultural competence in worker–client interactions, there has been limited investigation into the impact of organisational factors on the provision of culturally responsive services (Whaley and Longoria, 2008).

Although cultural competence and cultural competency are terms that are often used interchangeably, some writers do differentiate between them. Competence is generally taken to mean capabilities in a broad sense, while competency relates to specific skills and abilities that can be identified and assessed (Guthrie, 2009). In this sense, cultural competence implies potentiality, while cultural competency implies performance. However, Guthrie (2009, p. 18) cautions that given 'the intangible nature of competence', words are insufficient to capture its meaning and instead it is necessary to ascertain 'the extent to which what they mean is widely *understood*'. The murkiness of this concept is further exemplified by Guthrie's (2009, p. 24) contention that competence is context-dependent, where 'what may be regarded as competent in one context may not in another'.

Cultural competence has not escaped criticism in the professional literature. Writers in social work have argued that cultural competence depoliticises race relations and promotes 'othering' (Pon, 2009), assumes workers themselves are from a dominant culture (Sakamoto, 2007) and is based on the flawed assumption that acquiring cultural knowledge will result in competent practice (Dean, 2001; Ben-Ari and Strier, 2010). Similarly, in medicine, Kumagai and Lypson (2009, p. 783) suggest that the language of competence implies fixed outcomes where 'one is competent in interacting with patients from diverse backgrounds much in the same way as one is competent in performing a physical exam or reading an EKG [electrocardiogram]'. Instead of focusing on cultural competence, they argue that educators should assist physicians to develop a critical consciousness of inequality and social justice.

On a related note, Simon and Mosavel (2008) contend that focusing on cultural differences has detracted attention from the role of socio-economic factors in determining health status. Other critics point out that despite being a core requirement for practice in many health and welfare settings, there is limited evidence on the effectiveness of training in cultural competence and whether this form of practice actually improves service delivery (Kleinman and Benson, 2006; Goode *et al.*, 2006; Bhui *et al.*, 2007). To date, no studies have systematically examined outcomes for service users (Bhui *et al.*, 2007) and there has been limited research conducted on what clients expect in terms of culturally competent service delivery (Gentlewarrior *et al.*, 2008).

Moreover, Kleinman and Benson (2006) point out that it is difficult to operationalise cultural competence for research and training purposes.

The skills, knowledge and attributes required for cultural competence are not clearly delineated in most policy documents and recent research suggests a lack of a common understanding of its meaning and relevance (Bean, 2006*b*; Goode *et al.*, 2006). A further complicating factor is that cultural competence can be conceptualised not only at the individual and professional levels, but also at the systemic and organisational levels. In Australia, a report commissioned by the (then) Department of Immigration and Multicultural Affairs noted that cultural competence is 'largely unmapped territory, lacking any widely accepted benchmarks and performance indicators' (Bean, 2006*b*, p. 11). To sum up, it would appear that cultural competence is afforded significant importance in the literature and in policy, but no one is quite sure what it is or what it looks like.

While the above discussion would suggest that cultural competence remains a vague, shifting concept that has been subjected to contestation, the way that practitioners actually envisage culturally competent practice is not well understood and has received minimal attention in the literature. Accordingly, the purpose of this exploratory study was to elicit social workers' understandings of cultural competence and their ideas about the utility of this form of practice. Although the findings reported here relate specifically to the Australian context, given the current importance accorded cultural competence across a range of professions and countries, it is suggested that the themes emerging from this paper may resonate beyond a local context.

Cultural competence in the Australian context

Australia is recognised as a multicultural country and there is a growing demand for cultural competence in public and community (voluntary) sector organisations that has been fuelled by client expectations and policy and compliance requirements (Bean, 2006*a*). Policy at all levels of government reflects a concern with developing a culturally competent public service and providing appropriate services to a diverse clientele. For example, the *Charter of Public Service in a Culturally Diverse Society* attempts to ensure a consistent approach across all states and territories in delivering culturally responsive services, with a particular emphasis on issues such as access, equity and communication (DIMA, 1998). However, what constitutes cultural competence is not made explicit in most policy documents, which are similarly short on 'practical guidelines' for how to translate it into practice (Bean, 2006*b*, p. 2).

Furthermore, practitioners must reconcile their professional understanding of cultural competence with the broader policy and organisational contexts of their practice. In Australia, federal government policy on multiculturalism has waxed and waned over the past few decades. In 2003, the Howard government revised its stance and issued a new policy

entitled *Multicultural Australia: United in Diversity*. This policy gives priority to the maintenance of community harmony, which Calma (2008) equates with a 'call to homogeneity' in the face of the perceived threat of terrorism. A backlash against multiculturalism has been further fuelled by the promotion of the idea that diversity will thwart national unity and social cohesion. The current government has indicated that it will continue to endorse the idea of multiculturalism, but it has not indicated what form any new multicultural policy will take. In the meantime, it has promoted a new social inclusion agenda that focuses predominantly on poverty and disadvantage, but does not recognise culture as a key factor in social exclusion (Calma, 2008).

On a state level, however, the Queensland government's policy *Multicultural Queensland: Making a World of Difference* (2004) has been described as having some success in making government services more culturally responsive (Opper, 2007). Government departments are now required to develop and implement Multicultural Action Plans. Most departments have developed such plans, which focus on strategies such as cultural competence, promoting workforce diversity and making service delivery more responsive. For example, some health services have established dedicated positions to ensure that services are delivered in a culturally appropriate manner. Nonetheless, the Ethnic Communities Council of Queensland has noted several shortcomings of the policy, including the fact that the state government has not made any funds available to departments to develop and implement their action plans (Opper, 2007). Accordingly, how social workers make sense of their professional responsibility to practise in a culturally competent manner while operating within such an ambivalent policy context is not clear.

Background to the study

The findings presented here form part of a qualitative study carried out in South East Queensland, Australia, in 2009, which aimed to, first, examine how cultural competence is variously defined and understood in the social work and broader literature and, second, explore how social work graduates understand cultural competence in practice. In the first stage of the study, a literature review was carried out to identify the range of conceptual frameworks used for understanding cultural competence, what educational approaches are employed to promote this form of practice and what best practice models of cultural competence exist on both a national and international level. This review spanned both social work specific and more general texts on cultural competence, as well as government documents and policies.

In the second stage of the study, focus groups were conducted with social workers who had graduated within the past five years in order to elicit their

understandings of cultural competence. The rationale for focusing on this cohort related to the contention that this group would be able to reflect more readily on what—if any—understandings of cultural competence they had gained from their professional education, and how this compared to their understanding of cultural competence in the field. It was further anticipated that recruiting social workers from a range of agencies would allow for an exploration of the impact of organisational context on the enactment of culturally competent practice.

Focus groups were chosen as a data-gathering method because group dialogue is recognised as being an effective stimulus for generating new ways of thinking about more abstract topics (Krueger and Casey, 2000). Another benefit of such groups is that they allow for discerning shared and divergent meanings that emerge through group interaction. However, in the recruitment stage of the project, some individuals expressed a preference for individual interviews and this preference was taken into account in the study. In total, three focus groups and four individual interviews were conducted, with a total of twenty practitioners participating in the study. Sixteen of the participants were women and four were men. They aged in range from twenty-six to fifty-three years. Six of the participants had been born overseas and later immigrated to Australia. These overseas born participants originated from Germany, India, Japan, Scotland and the former Yugoslavia. All of the participants had gained their social work qualifications in Australia and, at the time of the study, were employed in practice, education or policy positions. They worked in a broad range of work environments spanning both the government sector (community health, mental health, children's services, local government community work, corrective services) and the non-government sector in areas such as community development and migrant settlement.

A topic guide was derived from the literature review and these topics were then formulated as trigger questions and used as prompts in the focus groups. They included questions such as 'What does the term cultural competence mean to you?', 'Can you give examples from your own practice?' and 'How does the organisational context of your work impact on this type of practice?'. Prior to data collection, ethical approval for the study was obtained from the Behavioural and Social Sciences Ethical Review Committee at the University of Queensland.

An independent facilitator conducted the focus groups, which were audiotaped and transcribed. The transcripts were checked independently for accuracy, coded and analysed thematically using the literature on cultural competence as a comparative template. Two independent coders were involved in this process and, along with identifying themes, attention was focused on the amount of time devoted to different topics and interactional factors such as how participants built on each others' ideas (Vicsek, 2007). For example, it is not unusual in focus groups for respondents to interrupt each other and finish each other's sentences. In this sense, focus

groups are more concerned with the collective dynamic in meaning making rather than individual meaning making (Vicsek, 2007). Both common and divergent themes were identified, and a summary of the findings were forwarded to participants for comment.

What is the 'culture' in cultural competence?

To practise in a culturally competent manner presupposes that culture is a meaningful concept for people. In all three focus groups, participants spent considerable time discussing the complex nature of culture and the difficulties in defining it. Traditions, customs, lifestyle, values, language, legislation, history, gender, background, environment, birthplace, beliefs (including religious beliefs), sexual orientation, age, ethnicity and race were all nominated as aspects of culture. One interviewee, who worked as a community worker, commented that the elements of culture are so exhaustive that it would be more difficult to define what culture is *not*:

> If you ask what is not part of culture, that also is difficult because everything is part of culture. For me it is a very broad and all-embracing concept.

All of the respondents viewed language and culture as inextricably linked. Language was described as being 'embedded in culture' as well as 'a tool to maintain culture'. It was seen to play a part in how individuals perceive and understand their environment. Several participants suggested that culture provides individuals with a framework to understand the world. However, at the same time, they acknowledged that cultures evolve and that these frameworks are not fixed. Personal experience, friendships, the environment and global mobility were all cited as factors that may promote cultural change.

In addition, it was acknowledged that individuals do not always think and act in ways that are consistent with their cultural background and that they may contest or resist cultural practices. Although culture was seen to be both an individual and a broader group construct, it was recognised that there may be 'cultural variances' within a group that arise through individual experience such as travel or intercultural marriage. Some respondents, however, argued that culture is predominantly an individual matter. For instance:

> You can get four people from the same family and get four different views of that culture.

It is noteworthy that many participants used themselves as an initial reference point when expounding on what culture means, which would suggest that the idea of culture is somewhat self-referential. For example, it was not uncommon for participants to expound on their own background and how this led them to understand culture. For several participants who had immigrated to Australia, their own ethno-cultural identity had

become something they were more acutely aware of since moving overseas. For others, however, culture evoked ideas about difference, which, in turn, were context-dependent. For example, the following interviewee, who worked in corrective services, viewed culture in terms of difference from his own white, Anglo-Saxon background, which perhaps reflects the fact that some particular ethnic groups are over-represented in the prison population he works with:

> For me, when I think about it in a work context, it means cultures other than white Anglo-Saxon.

In summary, culture was viewed as playing a role in constructing people's identities, interpretative frameworks and perceptions of others, while also shaping social interactions and behaviours. Culture was associated with the normal and mundane aspects of people's lives—in other words, something that applies to everyone—but it equally evoked particular ideas about difference and indeterminacy. It would appear, then, that for these participants, culture can mean anything and everything. In this regard, it could be asked how meaningful a concept it actually is for practice, especially when it is coupled with the term competence. In the following section, participants relate their understandings of and views on cultural competence.

How do social workers talk about cultural competence?

Participants suggested that cultural competence pertains to policies, attitudes and behaviours, and that the term implies valuing diversity, an openness to understanding other cultures and being able to work with people from different backgrounds. In this sense, cultural competence is equated with both concrete organisational directives as well as more abstract qualities that workers need to develop. One participant suggested that 'cultural competence is about being aware of what you don't know'. The influence of an individual's background, in terms of originating from a dominant or minority culture, was also discussed with regard to the impact of this on interactions with clients. Being at ease with uncertainty, testing personal assumptions, asking questions in a respectful manner and recognising personal fallibility were all associated with cultural competence. For example:

> It's important to be OK with being uncomfortable, to know that working cross-culturally the ground is never going to be stable, it's always going to be shifting…. And if you are not sure that there's nothing wrong with asking. So there's that respectful inquiry. We are going to make mistakes. I'm making assumptions all the time and making mistakes. You'll kind of feel that rupture in your rapport, and you'll go, 'I'm afraid I've done something wrong'.

The issue of language was a prominent topic of discussion, particularly in terms of its exclusionary powers and the difficulties encountered by

clients who are not able to communicate in the dominant or majority language. Some respondents suggested that the significance of language in this respect is frequently underestimated in professional education. Mention was made of the importance of ensuring that people's right to an interpreter is recognised, as this was not always the case in practice. However, discussion equally focused on organisational constraints to locating appropriate interpreters and 'having the control of the situation taken out of your hands'.

While endorsing the general principles associated with cultural competence, most participants expressed ambivalence about the use of the term itself. They suggested that it is ambiguous, implies an end point and is suggestive of something that can be measured. The issue of 'competence' versus 'incompetence' was also raised, and on what basis and whose authority someone's practice could be deemed to be culturally incompetent.

For others, cultural competence was seen to be tokenistic or, worse, exclusionary because it implies the 'other'. One participant argued that it does not acknowledge the role of context and suggested that a more appropriate term may be 'cultural context competence'. Other nominated terms included 'acceptance', 'tolerance', 'cultural sensitivity', 'cultural curiosity', 'cultural awareness' and 'cultural appropriateness'. However, the difficulty inherent in assessing these qualities was commented on and there was no consensus on what alternative nomenclature should be used. Most respondents voiced ambivalence about 'tolerance' and 'acceptance', noting that they imply a hierarchy of cultures with regard to their importance and validity, and imply 'putting up with' difference. Concern was also expressed that solely focusing on personal attributes such as cultural awareness would encourage a passive approach to service provision, whereby a worker could be culturally aware but not necessarily do anything about it. As one participant pointed out, 'cultural awareness and cultural sensitivity do not imply action'.

For other participants, however, it was not so much what terminology was used, but what value base underpinned it that was most important. For example:

> From my perspective you can call it what you want. To me, it's about respect and non-judgementalism.

A tangential theme that emerged in some discussions was that 'universal human values' and 'a person-centred perspective' are more important than cultural competence. These discussions centred on broader constructs such as the importance of 'treating people as individuals' and respect for difference, the implication being that what cultural competence really symbolises is an ethical stance on practice.

What is noteworthy here is that these practitioners demonstrated an awareness of what cultural competence is meant to signify, while also critically analysing its ambiguities and limitations. For example, they readily

named the worker qualities believed to underpin cultural competence, but also pointed out that this discourse could inadvertently reinforce existing 'othering' processes. The question was then posed as to whether it is possible to learn to be culturally competent. The key ideas that emerged from this discussion are canvassed below.

Can you learn to be culturally competent?

In principle, participants agreed that it is possible to learn to be culturally competent, but several qualifying factors were mentioned. These included the preparedness of a person to learn about, and to apply, the principles of cultural competence, and of an individual's ability to empathise with others. The importance of self-awareness and the ability to self-reflect were also mentioned. However, while subscribing to the idea that people can learn to be culturally competent, less confidence was expressed in the effectiveness of formal training and education in this area. In particular, ambivalence was expressed about training approaches that focus on cultural awareness. The following conversation illustrates these misgivings:

> Speaker 1: People tend to think of culture as country specific or race specific or ethnic specific . . . I think that [the training] creates a barrier in someone's head.
>
> Speaker 2: It creates that 'other' that you mentioned.
>
> Speaker 3: You're learning about 'something else', and well, we all have culture.
>
> Speaker 1: And if it's that other, it's too easy to dissociate from it.
>
> Speaker 3: And I've seen that happen.

In this discussion, the respondents noted that calling training 'cultural awareness' immediately creates a barrier for potential learners in that it establishes an 'other', which makes disassociation from the topic easy. One participant employed the metaphor of the 'Lonely Planet Guide to Cultures' to demonstrate how such training could serve to inadvertently exoticise culture. These participants concurred that such training should have a more generic title that implies working with people in different contexts rather than making overt reference to culture. For another respondent, coupling the term 'culture' with 'competence' was problematic in training because of the assumptions underpinning the notion of competence:

> It implies an expertise. You assume that there's some kind of benchmark or skill that can be measured, and maybe that's expecting a bit much when really the intent is more around a consciousness of cultural frameworks that affects whatever situation it is that you're in. So it's really more about reflectiveness than competence.

Other participants asserted that it is not possible to teach cultural competence because of the challenges inherent in doing so. For instance, the

question was raised as to *what* cultures should be taught. Similarly, if culture is not static, how can you teach about a particular culture? For these respondents, there were dangers associated with this form of training because it may detract from the importance of individual experience. For example, one participant pointed out that people may 'think they are culturally competent and know everything about Indigenous people because they did a course on it'. Others expressed the fear that culture would be invoked to explain different behaviour, which would just perpetuate stereotyping and promote a fixed, prescriptive view of culture.

In contrast to imparting content-based knowledge, critical thinking, openness, reflection, respect and non-judgementalism were cited as key capacities that workers need to develop in order to work effectively with people from different backgrounds. Interestingly, the importance of experiential learning in developing cultural competence was also endorsed by all participants. Many of them described this type of learning as having the biggest impact on them during their own professional education.

While most participants made mention of attending workplace-based training on cultural competence or cross-cultural practice, fears were expressed that such training is often treated as a tokenistic exercise by the agencies concerned. As one respondent remarked, 'you tick it off and then you're done'. Workers' perceptions of the organisational context of practice and how it impacts their ability to provide culturally responsive services is explored further in the following section.

The perceived impact of organisational factors on cultural competence

The organisational context was seen to be very influential in determining how effectively practitioners worked with clients from different backgrounds, sometimes thwarting workers' attempts to respond appropriately to their needs. Deadlines and time constraints were considered to be impediments to culturally competent practice. For example, one participant who worked in a hospital described this as 'external pressure' to 'perform' within a certain time frame:

> Certainly within the system that I work in, there are timeframes . . . you have to have a diagnosis by this time, or you have to have a report written up by this time. So there's a lot of external pressure on us to perform that isn't necessarily congruent to the way we need to work with people from different backgrounds.

How the organisation prioritised tasks was cited as another factor that could work against the provision of culturally responsive care. For example, another participant reported that bed management takes precedence over cultural competence in the hospital where she works. Other organisational

constraints mentioned by participants included bureaucratic barriers, where 'policy often gets lost' in large organisations, administrative tasks become paramount or staff become 'worn out' by new policies. Alternatively, participants nominated the organisational culture as an inhibiting force, where there is a pervasive idea that practising in a culturally competent manner is simply 'too hard'.

The move to specialisation in many government organisations was cited as another impediment to culturally responsive practice:

> I think certainly the organisation does play a big role in terms of the capacity to work flexibly and creatively when needed. That's often, though, dictated by the way funding is granted. So that's where you get your specialisation.

It was further pointed out that this kind of specialisation could create competition between services that worked against agencies collaborating to support families and individuals. On a related level, participants described situations in which the particular service model employed by their organisation could thwart their attempts to offer the services that were needed. For example, a worker may identify the need to work with a whole family, but is required by the organisation to work solely at an individual level.

Funding constraints were implicated in situations in which clients did not receive the services they needed, and particular mention was made of the problems and costs associated with securing appropriate interpreter services for clients. Access to and knowledge of services were seen to be additional barriers for some clients from culturally and linguistically diverse backgrounds, especially where information was not made available in relevant community languages. A small number of participants also mentioned racism in the workplace as a factor that worked against responsive service delivery.

Only two participants noted minimal organisational constraints in their work. They reported that the community-based agencies where they work allow practitioners adequate time to get to know people and build relationships, which they believed was integral to good practice with a diverse clientele. It was pointed out that some government departments now have designated positions to promote an understanding of cultural issues in the workplace and improve service delivery. However, concern was expressed that this may place the bulk of responsibility on these particular workers to make services more responsive. As one respondent quipped, 'it is like having one person on the team dedicated to worrying about culture'.

Participants reported that most workplaces have policies, mission statements and/or procedures that refer to cultural competence, although not necessarily couched in this language. Such documents refer to the diversity of the workforce and client group, data collection (it was noted, however, that although statistics on clients' backgrounds are regularly collected, analyses of these are rarely made available to staff), equal opportunity, training and access issues. However, there was a strong perception that a

substantial gap exists between policy and practice in most workplaces, and the difficulties inherent in measuring cultural competence were also raised.

It is worth noting that in all focus groups, a considerable amount of discussion time was devoted to the organisational context of practice and how it influences workers' ability to respond to the needs of a diverse clientele. While most contemporary writings on cultural competence do draw attention to the importance of organisational and structural factors, along with the need for congruence between behaviours, attitudes and policies, it is questionable whether this integrated approach actually occurs in practice. From the perspective of the workers in this study, unless an organisation has the commitment, time, resources and mindset to promote cultural competence, policies and action plans are unlikely to produce any real and meaningful change for disadvantaged groups.

Concluding comments

It would be easy to dismiss cultural competence as a bit of empty rhetoric given the vagueness of the term culture, which can be employed to mean a multitude of things. However, it is noteworthy that the social workers in this study could appreciate the symbolic value of cultural competence while at the same time recognise its ambiguities and limitations. Symbolically, cultural competence was equated with respect for difference and the inclusion of marginalised groups and individuals. In terms of its ambiguities, the participants demonstrated an understanding of the complex, indeterminate nature of culture and the problems associated with operationalising it as a competence. As for its limitations, it was claimed that despite the best intentions of workers, organisational factors can work against responsive service delivery to a diverse clientele. Fears were also expressed that cultural competence could promote 'othering' and reinforce existing inequalities. Accordingly, these practitioners simultaneously endorsed and critically engaged with the idea of cultural competence.

It is not so much what cultural competence is called that mattered to these workers, but rather what it stands for in terms of its value base and how this translates into practice. There was a strong moral undertone to much of the discussion, where 'values talk' dominated and respect for difference was cited as a key ingredient of good practice. This aligns with more recent critiques of cultural competence that seek to expand its ambit to include an ethical dimension (Ben-Ari and Strier, 2010). However, these workers equally offered an insightful analysis of organisational constraints to providing culturally and linguistically responsive services. In this sense, the organisational context was seen to strongly influence how well these values are translated into practice.

The practical concerns of these practitioners contrast with the critical preoccupations of academics writing about cultural competence who have

engaged in debates about its ideological underpinnings or, alternatively, berated workers for their failures in this area. As mentioned earlier, the perceived lack of cultural competence of social workers is a recurring theme in this literature. Nonetheless, both the literature and policy actors tend to downplay the impact of the organisational context on service delivery and instead present cultural competence as predominantly a product of individual behaviour. Despite the fact that on a theoretical level, the importance of an integrated systemic approach to cultural competence is acknowledged, it tends to be depicted as something that individual workers do well or badly, in turn overlooking resource constraints and the role of the organisation and broader systems. Viewed in this way, a lack of cultural competence can easily be addressed via training, and the growth of the cross-cultural training industry suggests a contemporary boom in this field of work (Littrell and Sallas, 2005).

All the participants in this study described attending some form of cross-cultural training on the job, but they were equally sceptical about some of its professed benefits while highlighting some of its dangers such as perpetuating cultural stereotypes. The tendency to explain individual behaviour in terms of culture, particularly in non-Western groups, has been critiqued on the basis that it presumes the unity of cultures and negates individual agency (Phillips, 2007). Moreover, in a review of different models of cross-cultural training (CCT), Littrell and Sallas (2005, pp. 305–6) point to unresolved 'controversies surrounding the goals, content, effectiveness, implementation, and processes of CCT'. Yet, such training is still routinely employed in the workplace. The role of organisations such as training agencies is perhaps under-recognised in the professional literature on cultural competence, which gives much weighting to professional education but does not consider how this marries with on-the-job training.

There are a number of limitations to this study that need to be acknowledged. First, it is likely that the practitioners who elected to become involved in the study have a particular interest in this topic, which means that their views are not necessarily representative of the broader population of social workers. Second, it is an exploratory study with a limited sample and it is not possible to generalise the findings to other contexts. However, rather than develop generalisable knowledge, this study aimed to open up new conceptual ground on cultural competence by identifying themes and meanings that emerged from practitioner perspectives.

Essentially, this paper has juxtaposed practitioner accounts of cultural competence with representations of cultural competence in both the academic and policy literature. There is arguably a need for more research in this area that targets a broader and more diverse sample, uses a range of data-gathering techniques and takes into consideration the specific organisational contexts of people's work. The embedding of cultural competence in government and organisational policy would suggest that—at least on paper—it has become a mainstream issue that has moved beyond

just being the concern of agencies representing the interests of minority groups. However, it is questionable whether a preoccupation with building workers' cultural awareness is enough to address disparities in health status and service delivery for these groups, especially since the disadvantaged position of some minority groups is determined more by structural factors than cultural difference (Phillips, 2007). Both the literature and the findings from this exploratory study suggest that multiple intersecting factors are implicated in the provision of services to such groups. In this sense, there is a need to move the spotlight from individual workers' cultural competence and investigate in more detail the influence of organisational factors and broader systems that work against responsive service delivery for a diverse clientele.

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