

## Introduction to the Cultural Competence Organisational Review (CORE)

### What is the Cultural Competence Organisational Review (CORE)?

The Cultural Competence Organisational Review (CORE) is a tool that uses a combination of qualitative and quantitative methods to establish a profile of an organisation's current practices and policies in relation to its services to clients and communities from refugee and migrant backgrounds. The findings are used to inform any re-orientation of services or internal policies or procedures needed to strengthen organisational cultural competence.

### Development and purpose of CORE.

CORE was developed in partnership by Merri Community Health Services, The University of Melbourne, and the Centre for Culture, Ethnicity and Health using a combination of existing cultural competence tools and tools developed specifically for a research project called Teeth Tales<sup>1</sup>. It was developed for use in the community health sector and adapted for local government and may have relevance to other service provider settings.

The aim of CORE is to provide organisations with a **profile** of their current policies and practices in relation to service delivery to culturally and linguistically diverse (CALD) groups (including refugee and migrant communities) and facilitate the re-orientation of services delivered by community health and local government where required to strengthen organisational cultural competence.

Specifically, CORE aims to enhance organisational cultural competence in order to increase service access and appropriateness for people from refugee and migrant communities.

### Who is CORE designed for?

CORE is designed for small to medium sized organisations that work with culturally diverse populations and who seek to improve the ways they address language and cultural barriers. CORE is particularly suited to organisations within the health sector that have a service delivery component, such as community health services.

### What is Cultural Competence?

Cultural competence is 'a set of congruent behaviours, attitudes, and policies that come together in a system, agency or amongst professionals, and enables the system, agency, or those professionals to work effectively in cross-cultural situations' (Cross et al 1989). It is more than an awareness of cultural differences, as there is an emphasis on the capacity of the health system to improve health and wellbeing by integrating culture into health service delivery (NHMRC 2006). Becoming culturally competent is a process and progression occurs along a continuum of increasing competence that involves ongoing evaluation/assessment, and reflection.

---

<sup>1</sup> Teeth Tales was a university-community-government partnership project which aimed to promote child oral health in refugee and migrant communities based in two local government areas in Melbourne. The research incorporated health promotion and community based participatory research, which actively involves the community at all stages of the process. For more information, refer to the article "An exploratory trial implementing a community-based child oral health promotion intervention for Australian families from refugee and migrant backgrounds: a protocol paper for Teeth Tales." Available at: <http://bmjopen.bmj.com/content/4/3/e004260.full>

## What is Organisational Cultural Competence?

Organisational cultural competence requires organizations to: 1) value diversity, 2) conduct self-assessments, 3) manage the dynamics of difference, 4) acquire and institutionalise cultural knowledge, and 5) adapt to the diversity and cultural contexts of the individuals, families and communities they serve.

Culturally competent health organisations also;

- work in partnership with communities to identify and respond to diverse community needs
- deliver equitable, accessible and appropriate care
- enrich organisations and communities with shared social capital
- remain dynamic and accountable in response to the community through a variety of continual improvement programs.

Culturally competent organisations need to incorporate the above in all aspects of policy making, administration, practice, service delivery and systematically involve consumers, families, and communities.

## Why should organisations strive for cultural competence?

*‘All Australians have the right to access health care that meets their needs. In our culturally diverse society, this right can only be upheld if cultural issues are core business at every level of the health system...’ (National Health and Medical Research Council, p.1)*

Cultural competence is recognised and prioritised by the World Health Organisation, and the Australian and Victorian governments through several of their current policies. The policies consistently emphasise the importance of cross-sectoral partnerships, equitable service access and community engagement. Cultural competence encompasses and supports the achievement of all three of these key strategies alongside other important strategies such as workforce training.

Organisations that strive for cultural competence can lessen the impact of the language and cultural barriers that reduce equitable access to services by refugee and migrant communities. These communities already face additional challenges to meeting basic needs for education, housing and employment which can contribute to reduced health for these communities.

Input from the community is highly important and an essential element of organisational cultural competence. The views of clients and/or community representatives will help guide an organisation’s plans to improve and strengthen their cultural competence. It will help ensure that the specific needs and priorities of clients are considered which will enhance the value and usefulness of the process.

## Framework: Organisational Cultural Competence Domains

The following 7 domains are used to assess an organisation’s cultural competence (based on ‘A Framework for Cultural Competence’ by the Centre for Culture, Ethnicity and Health<sup>2</sup>). Each area should show evidence of cultural competence within an organisation.



**Organisational vision & values:** the value of cultural competence should be demonstrated in the organisation and be incorporated into every aspect of service and workplace management

**Governance:** an organisation-wide approach to planning, implantation and evaluation is required. Cultural competence should be embedded within the organisation’s advisory bodies, policies, standards and goals.

**Planning, monitoring & evaluation:** programmatic and operational plans need to address cultural competence issues. These plans also need to be monitored and evaluated and remain dynamic to population change.

**Communication:** effective and culturally appropriate information exchange between the organisation and its clients, and between staff members is imperative.

**Staff development:** staff members and other service providers should have access to and support for ongoing skills development, training and knowledge.

**Organisational infrastructure and partnerships:** financial and personnel resources are needed to plan, deliver and evaluate culturally competent services. Culturally competent partnerships enable organisations to address common goals, achieve sustainable resource use and share learnings.

**Services and interventions:** delivery or facilitation of clinical, public health or health-related services needs to be conducted in a culturally competent manner. Health services are more effective if they acknowledge and work with clients’ cultural knowledge, life experience and community resources.

<sup>2</sup> ‘A framework for Cultural Competence’ by Centre for Culture, Ethnicity and Health adapted from Linkins, K. et. al, The Lewin Group for United States Department of Health and Human Services, Health Resources and Services Administration (HRSA), ‘Indicators of Cultural Competence in Heath Care Delivery Organizations: An Organizational Cultural Competence Assessment Profile, April 2002, pp 1-10 .

## The CORE Process

CORE uses a combination of qualitative and quantitative methods to develop a profile of an organisation's current practices and policies in relation to its services to clients and communities from refugee and migrant backgrounds.

The methods consist of:

### *Staff Survey*

- Baseline survey of organisational staff and managers relating to their experiences of organisational practices

### *Document Audit*

- Identification of relevant organisational policy documents – conducted by senior manager/s of organisation (can be guided by external facilitator<sup>3</sup>)

### *Community Feedback*

- Community feedback appropriate for the organisation e.g. focus group(s)<sup>4</sup> with local community/consumer groups, client surveys.

### *Analysis*

- Analysis of survey responses using scoring template provided
- Analysis of document audit using scoring template provided (can be conducted by external facilitator<sup>3</sup>)
- Analysis of client feedback using appropriate descriptive analysis for the method used

### *Reporting*

- Feedback of survey, document review, and client feedback outcomes to managers and staff within the organization.

### *Action planning and implementation*

- Development of a cultural competence action plan by staff from the organisation, informed by the reported outcomes of the CORE assessment (can be guided by an external facilitator<sup>3</sup>).
- Implementation of action plans by management and staff with support from an assigned cultural advisor within the organisation.

### *Follow up and evaluation*

- Follow up staff survey, document audit and assessment of achievement of action plans 12-18 months after baseline to monitor organisational change over time and to inform the next stage of action planning as part of the continual improvement process.

---

<sup>3</sup> The Centre for Culture, Ethnicity and Health provide support on a consultancy basis to organisations implementing CORE (<http://www.ceh.org.au/>)

<sup>4</sup> Refer to the CEH Conducting Focus Groups Tip Sheet:  
[http://www.ceh.org.au/downloads/CEH\\_TipSheet2\\_Mar2011\\_Web.pdf](http://www.ceh.org.au/downloads/CEH_TipSheet2_Mar2011_Web.pdf)

## **Implementation of CORE at your organisation**

It is recommended that staff responsible for implementing CORE participate in a cultural competency course and CORE administrator training workshop both conducted by the Centre for Culture Ethnicity and Health (CEH) (<http://www.ceh.org.au/>). CEH also provides a fee-based service assisting organisations with the implementation of CORE.

## **Practical tips for the successful implementation of CORE**

These suggestions have been provided by staff and researchers involved in the implementation of CORE at their organisations;

- Align or embed CORE with existing organisational planning, accreditation or quality processes where appropriate
- Integrate executive support i.e. from the organisation's senior leadership team
- Involve staff from different areas of the organisation in the action planning and implementation phases, and include staff from different levels within the organisation e.g. managers and staff
- Organise regular meetings to develop, implement and monitor action plans to strengthen cultural competence.

## **Community Feedback**

The community feedback mechanism will be chosen by your organisation depending on available resources and time. This may be in the form of client surveys or focus group interviews with local consumer/community groups. Such mechanisms may already exist within your organisation. The following questions to clients/consumers can be used as a guide.

1. How do you feel when you enter the service?
  - How welcoming is the service to you?
  - Do you feel respected by the staff at the service?
2. Do you feel that the service values your language and your culture? How do they do this?
3. Can you communicate effectively with staff at the service? Why or why not?
4. Is written and verbal information clearly provided to you by the service and its staff members? Is it available in your language?
  - Do you feel that someone is willing to listen to you?
  - Do staff have a good understanding of your needs?
5. How do you feel about the quality of the services you have used?
  - What things make the services easy or hard to use?
  - Have you been asked by the service about your experiences there?
  - Have you given the service any ideas and comments?
6. What do you like about the service? What do you dislike?
7. Is there anything about the service you would like to change?

## Self-rating CORE results

The aim of CORE is to provide organisations with a **profile** of their current policies and practices in relation to service delivery to culturally and linguistically diverse (CALD) groups and facilitate the re-orientation of services delivered by community health and local government to strengthen organisational cultural competence.

The results of CORE can be used to provide broad indicators of the strengths of the organisation in relation to cultural competence and areas that require improvement. Each domain has two ratings, one for the staff survey and one for the document audit.

The following rating system can be used as a guide\*:

	Staff survey	Document audit
Performing well	All questions within the domain received highly positive responses from participants i.e. above 80%.	The evidence provided (including organisational policies, procedures, plans, and assessment of tools) satisfactorily demonstrated the organisation's commitment to cultural competence in all indicators within the domain. The organisation was able to demonstrate that there is an organisation-wide response to cultural competence that incorporates both planning and reporting directives.
Could be strengthened	All questions within the domain received moderate to highly positive responses (i.e. at least 60%), or there were a mix of highly positive and low to moderate responses from participants	There was insufficient evidence in some of the indicators within the domain. Supporting documentation that was 'under development' and 'yet to be implemented' was counted as evidence and placed in this category. The organisation was able to demonstrate that there is an organisation-wide response to cultural competence that incorporates both planning and reporting directives.
Suggested area for action	The majority of questions received low to moderate responses (i.e. below 60%).	There was a lack of evidence for the majority of indicators within the domain. The organisation was unable to demonstrate that there is an organisation-wide response to cultural competence that incorporates both planning and reporting directives. The organisation undertakes to continue working independently or with the facilitating organisation to identify and address existing gaps.
Action strongly recommended	The majority of questions received low responses (i.e. below 30%)	There was a lack of evidence for all of the indicators within the domain. The organisation was unable to demonstrate that there is an organisation-wide response to cultural competence that incorporates both planning and reporting directives. The organisation undertakes to continue working independently or with the facilitating organisation to identify and address existing gaps.

\*Additional notes to self-rating:

- i) *Although a domain/area has been rated as 'performing well', it is important to note that organisations are encouraged to maintain their strengths and continue to excel and innovate, including sharing knowledge, to becoming a culturally '**proficient**' organisation.*
- ii) *The organisation should also consider community input/feedback when interpreting the results of the staff survey and document audit. For example, highly positive staff survey results may not be reflected by feedback from the CALD client/consumer experience. If possible, incorporating client input e.g. suggestions for improvement into the action planning process, will further strengthen the process and assist with community accountability.*