Conducting Culturally Competent Evaluations with Immigrant and Refugee Children and Families

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• Since 1990, the number of children with at least one immigrant parent has more than doubled from 8 million to 16.4 million (as of 2008).

• Children of immigrants represent 23% of all children living in the U.S. (increased from 13% in 1990).

• More than half (56%) of children of immigrants are Latino.

• Although a small number of children of immigrants are foreign-born, most (86%) are U.S.-born citizens.

• However, among children of immigrants, nearly one-third (31%) live in mixed status families, where children are citizens, but at least one parent is not.
Unauthorized immigrants (11.1 million) 30%

Naturalized citizens (11.5 million) 31%

Legal permanent residents (LPR) (10.5 million) 28%

Legal temporary residents (1.3 million) 3%

Refugees (2.6 million) 7%

Demographics: Authorized and Unauthorized Immigrants and Refugees

37 million foreign-born in 2005 (Passel 2006)
Demographics: Most Children of Immigrants are U.S. Born Citizens

- Children of Natives (57.9 Million) 79%
- U.S.-Born Children of Immigrants (12.7 Million) 18%
- Legal Immigrants (1 Million) 1%
- Undocumented (1.8 Million) 2%
- Naturalized (0.3 million) 0%
- Nonimmigrants (0.1 Million)

73.9 Million Children in 2005
Migratory Trends: Immigrant Population Growth

Source: Urban Institute, 2006
Since 1995, the percentage of Latino children confirmed as victims of maltreatment has more than doubled from 10.0% to 20.8% as of 2008.

Similarly, the population of Latino children in foster care has more than doubled from 8% in 1990 to 20% in 2008.
Children of immigrants are often considered at increased risk for maltreatment due to stress associated with immigration and acculturation.

Sources of risk include financial challenges, loneliness, isolation, language difficulties, fear, hopelessness, along with the loss of previously established community and social support systems.

The presence of children of immigrants in the child welfare system is unknown, as these data are not collected uniformly at the state or national level.

Little is known about the characteristics, risk factors, incidence of maltreatment, or service use among children of immigrants who come to the attention of this system.
Children living with a foreign-born parent comprise 8.6% of all children who come to the attention of the child welfare system. More than 4 out of 5 (82.5%) are U.S.-born citizens. More than two-thirds (67.2%) are Hispanic. Non-Hispanic White (14.8%), Non-Hispanic Black (10.0%), and Non-Hispanic Asian (7.5%).

In some cases, children are not living with a biological parent, but rather with another adult relative (e.g., grandparent, aunt, uncle, adult sibling). Inclusive of these children, 9.6% of children who come to the attention of the child welfare system are living with a foreign-born primary caregiver.

Source: Dettlaff & Earner (2010)
The Role of Cultural Competence in Evaluation
Historically, program evaluation activities in the U.S. have been designed and conducted from the perspective of the dominant culture, with a pervasive white standard often used to measure, assess, and evaluate non-white populations.

It is important when working cross-culturally to use an evaluation model that is meaningful and relevant to the specific population.

Evaluations that impose ideas from the majority culture can be restricted by a number of factors – conceptual mismatches, language barriers, different values, differences in the meaning and manifestation of emotions.

This can lead to poor or limited data, resulting in an ineffective evaluation.
Evaluation in Child Welfare

• Given changing demographics, evaluation needs to be culturally competent to ensure outcomes of safety, permanency, and well-being are accurately measured.

• Development of programs and practices has primarily focused on U.S.-born populations and prior discussions on cultural aspects have primarily focused on U.S.-born ethnic groups.

• Similarly, evaluation of child welfare outcomes has primarily been approached from a nationalistic perspective, with the achievement of positive outcomes guided by predominant U.S. values and norms of child and family well-being.

• Yet, it is important to understand the complexity of issues faced by immigrant families, and to consider those issues when planning for services and evaluating outcomes.
Becoming a culturally competent evaluator involves different aspects of knowledge, attitude, and skill development that vary along a continuum.

### The Cultural Sophistication Framework

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<th>Culturally Incompetent</th>
<th>Culturally Sensitive</th>
<th>Culturally Competent</th>
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<td>Cognitive dimension</td>
<td>Oblivious</td>
<td>Aware</td>
<td>Knowledgeable</td>
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<td>Affective dimension</td>
<td>Apathetic</td>
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<tr>
<td>Skills dimension</td>
<td>Unskilled</td>
<td>Lacking some skills</td>
<td>Highly skilled</td>
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<td>Overall effect</td>
<td>Destructive</td>
<td>Neutral</td>
<td>Constructive</td>
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Cultural Competency vs. Cross-Cultural Competency

• The term “cultural competence” is sometimes misconstrued to mean that it applies only to someone who knows all there is to know about a specific culture.

• It is more feasible to equip evaluators with knowledge and skills to work with people from different cultures by having an open mind, learning how to ask the right evaluation questions, and developing and adapting evaluation methods and instruments appropriately.

• Evaluators need to invest time learning about the history and culture of the population to understand what questions need to be asked, what methods are culturally appropriate and what data best reflects a program’s outcomes.

• Involves significant input from and collaboration with community based stakeholders with expertise in the social, cultural, and historical contexts in which the program is based.
Evaluation planning begins at the initial point of program planning!
The goal of cultural competence in program evaluation is to increase the scientific accuracy of evaluation findings when working cross-culturally.

Cultural incompetence occurs when concepts are transferred across cultures uncritically and when translations of tools or instruments correspond exactly to the original without necessary adaptations.

- Language
- Conceptual equivalence
- Measurement
• Language is a part of culture, and as result, needs to be considered in every aspect of program development, implementation, and evaluation.

• At the most fundamental level, evaluators need to communicate with members of the community for whom a program is developed to design and implement an evaluation.

• But beyond this, attaining cultural equivalence often requires translating evaluation tools and instruments into languages other than English.

• While professional translation services are essential to this process, merely translating instruments does not ensure cultural equivalence.
• Conceptual equivalence refers to the extent to which a word or construct has the same meaning across cultures and across languages.

• Evaluators need to be able to ensure that the data they are collecting has the same meaning across cultures, or the findings can be deemed inaccurate and unusable.

• The meaning of certain constructs can vary considerably across cultures, and are often embedded within the economic and political contexts of a particular society.
Measurement

• Inadequate translation or adaptation of research instruments can result in lower reliability of the translated instrument as compared to that of the original instrument, resulting in inappropriate or inadequate findings.

• Studies implementing cross-cultural evaluations have described methods to ensure conceptual equivalency when translating standardized instruments including extensive consultation with community members or the use of cultural translators.

• Others, however, have discussed the challenges and barriers associated with the use of standardized instruments, particularly when they have been required by external funding sources, and have advocated for the use of original instruments that are developed in collaboration with community members and cultural guides in order to ensure cultural equivalency.
Measuring Outcomes in Culturally Competent Evaluations
Measuring Outcomes in Culturally Competent Evaluations

• First, in terms of time orientation, the choice of an evaluation method must suit the before-during-after timeframe of data collection. The evaluative question to be posed is "Does the client show any improvement from one time period to the next?" The use of different timeframes to compare the client's change is essential because practice evaluation must include an intervention process, not just a treatment.

• Second, the intervention process represents the application of various approaches to suit the needs of the individual client, taking into account the client's unique culture that may provide strengths or constraints to the success of treatment. This requires a thorough understanding of the client's view of the problem and its possible solutions.

Third, an assessment of the client's view is linked to the intervention focus defined in this process as related to the client's cultural background and expectations. This focus takes the client's perspective into consideration through an evaluative question: "Does this intervention bring about change that is culturally acceptable and reinforced?“

Fourth, the intervention outcomes will show measurable change based on the problem definition determined jointly by both the client and the practitioner. If the measuring procedures and methods are presented clearly to and agreed upon by the client, this will further enhance the client's participation in the intervention process and produce visual impact when time series data are collected and plotted.

Finally, the *cross-cultural exchange* must take place in a multicultural environment. The practitioner's role is not only to implement services or intervention but also to help clients and practitioners learn how different cultures may view the same evaluative results in different ways. By providing evidence-based results with respect to cultural relevance, the client will be encouraged to share how the outcomes may lead to self-directed behaviors interacting with the multifaceted environment.
Developing Evaluation Tools
Challenges for Using Existing Instruments

• When using standardized instruments, challenges to reliability and validity remain even when efforts are made to achieve cultural equivalency.

• The use of existing instruments also lacks the participatory engagement of stakeholders in this aspect of evaluation planning and may serve as a barrier between the evaluator and the program community.

• The development of culturally appropriate evaluation tools as part of a participatory and collaborative approach to evaluation offers the opportunity to receive stakeholder input on the cultural validity of instrumentation.
Developing Evaluation Tools

- Ensure tool addresses both linguistic equivalency and conceptual equivalency
- Work with a cultural translator that assists in learning and understanding the nuances of the culture of the program community (ideally from the community)
- Conduct discussion groups with members of the cultural group that explore the meanings of words and concepts both in English and in the group’s native language to facilitate item and question development.
- Discuss appropriate response categories, as some literature indicates that Likert-type scales may not be appropriate for use with some cultures
- Pilot test questions and instruments
Adapting Evaluation Tools
Reasons for Using Existing Instruments

• Safety, permanency, and well-being:
  – Although defined from a nationalistic perspective, they are required to meet not only federal guidelines, but also most state laws addressing the welfare of children.

• Requirements of funding source

• Needed to obtain funding
Translation of Existing Instruments

- Translation and back-translation approaches are often not sufficient to obtain cultural equivalency as they do not capture the cultural differences in meaning and interpretation.
- When resources only allow for this, steps should be taken to ensure the most rigorous model of translation and back-translation is used.
- A preferred approach requires a minimum of two translators who work independently through a multistage process.
- The first translator independently creates a translated version, and a second translator translates that version back to the original language.
- Both of the translators then work together to identify words and phrases that reflect different connotations or are awkward when translated back to the original language.
- If the original and back-translated versions are identical, some confidence can be held that the translated version is equivalent in meaning.
Cultural Equivalency Model

• Semantic equivalence
  – The meaning of each item in the instrument is similar in the language of each cultural group.

• Content equivalence
  – The content of each item is relevant to each cultural group.

• Technical equivalence
  – Requires that the original and translated versions yield comparable data when used in different cultures.

• Criterion equivalence
  – The interpretation of the results from the measure is similar when evaluated in accordance with established norms of each culture.

• Conceptual (construct) equivalence
  – Requires that the relationships with other theoretical constructs across cultures are confirmed.

Cultural Equivalency Model

Original Instrument

Feedback may lead to revisions in the original instrument

Translation by a professional translator

Final adapted version

Review of the translation by a bilingual committee.

Fine tuning of the culturally adapted instrument according to the results of the reliability and validity testing

Subsequent review by a Multi-National Bilingual Committee (MNBC)

Test of reliability and validity of the culturally adapted instrument

Focus Group discussions of the translated instrument

Review of the back-translation by the MNBC

Discussions of the findings of Focus Groups by MNBC and incorporation of accepted changes into the translated instrument

Back-translation of the instrument
Specific Challenges for Evaluation in Child Welfare Settings
Throughout the literature, themes to ensure cultural competence in evaluation include:

- Use of cultural guides/translators to learn about population and build trust
- Community collaboration in program planning and implementation
- Community buy-in and participation in defining goals and outcomes to be measured
- Ensuring linguistic and conceptual equivalency in constructs and measures
- Providing timely and regular feedback through culturally appropriate methods
Specific Challenges for Evaluation in Child Welfare Settings

- Principles of safety, permanency, and well-being
- Statutory definitions of maltreatment
- Risk and safety factors that indicate the need for child welfare intervention

Each may conflict with cultural values and traditions of immigrant families, particularly as they concern parenting styles, expectations, and discipline

- Given the mandate of child welfare systems, these policies and constructs are generally not negotiable

- However, this does not suggest that community buy-in, collaboration, and participation are not essential when planning for and conducting a culturally competent evaluation.
Specific Challenges for Evaluation in Child Welfare Settings

• Rather, increased efforts to facilitate community collaboration and participation need to occur to ensure cultural competence.

• Cultural differences between the target community and the mandates of the child welfare system need to be fully understood, with evaluators and program planners understanding the cultural values and perspectives that result in these differences and members of the target community understanding the role of the child welfare system and the need to adapt to these norms while residing in the U.S.

• Although outcomes of safety and well-being may not be negotiable, the means of achieving those outcomes should be fully driven by the cultural values and context of the community.
Specific Challenges for Evaluation in Child Welfare Settings

• An additional barrier results from the perception of child welfare agencies within many communities, particularly minority communities.

• Further, when working with immigrant populations, child welfare systems need to overcome concerns that immigrants may have regarding their immigration status and fears that child welfare agencies will report those who are undocumented.

• In order for culturally competent programs to be implemented and evaluated, child welfare systems must address their negative perception within communities before meaningful collaboration can occur.
Spanish-speaking Maria was 29, a mother of two children ages 3 and 5, when she was deceived by a family member and was coerced to leave her home in South America. She involuntarily traveled to the United States where she was a victim of human trafficking, forced to be a domestic help in an American household, for 10 years before she was finally freed and reunited with her children. She is anxious about reuniting with her family and not sure her and their needs will be met. The social worker in the local social service agency is aware that a culturally competent evaluation is necessary in order to effectively serve this refugee client.
1. During the first couple of months (months 1-4) what were your needs?
2. Did the agency meet your needs at this time? Yes or No?
3. Did the agency meet your physical needs? Is yes, how?
4. Did the agency meet your housing needs? If yes, how?
5. Did the agency meet your emotional or counseling needs? If yes, how?
6. Did the agency meet the needs of things that you do in your home country, like take you to the grocery store to find your favorite foods or take you to church?
7. Overall, if the agency met your needs, how did the agency do it?
8. During the middle couple of months (months 5-8) what were your needs?
9. Did the agency meet your needs at this time? Yes or No?
10. If yes, how did the agency meet your needs?
11. If no, how did the agency not meet your needs?
12. During the last or the ending couple of months (months 9-14) what were your needs?
13. Did the agency meet your needs at this time? Yes or No?
14. If yes, how did the agency meet your needs?
15. If no, how did the agency not meet your needs?
16. How did the agency prepare you to learn to access community resources independently?
1. What kind of preparation did you receive from the agency about how things are different in the US from your home country?
2. Was this preparation helpful? Or not helpful?
3. What was missing from the preparation?
4. What are your long-term needs?
5. How has the agency met your long term needs?
6. What needs are still unmet?
7. How has the agency prepared you for when your family is back together?
8. What was helpful?
9. What was not helpful?
10. Is there anything that can be improved?
11. How did the support you received from the program change once you became recognized as a refugee?
12. Is there anything that you wished the agency had done differently in helping you after you were recognized as a refugee?
13. What has been the most difficult challenge since being recognized as a refugee?
14. What do you still need?
Questions for Discussion

• How might you negotiate concepts of safety, permanency, and well-being with immigrant families?

• How can you ensure that immigrant family strengths are incorporated into interventions?

• How do you address mistrust present within immigrant communities, related to both the role of government agencies and how information concerning their immigration status will be used?

• What resources are you aware of that can assist in cultural adaptations of interventions and cultural competence in evaluation?