



# CULTURAL CUES

## WORKING WITH CULTURAL DIVERSITY IN AOD INTAKE AND ASSESSMENT SETTINGS

### PURPOSE

This tip sheet outlines some key issues for consideration when working with clients from culturally and linguistically diverse (CALD) communities in AOD Intake and Assessment services. It draws on information obtained from five different communities across Victoria<sup>1</sup> as well as consultations with key AOD and allied health service providers as part of the Victorian Alcohol and Drug Association (VAADA) CALD AOD Project, and builds on existing resources currently available to workers within and outside of the AOD sector.

### WHO IS THIS TIP SHEET FOR?

This tip sheet has been developed for use by staff providing AOD Intake and Assessment services across Victoria.

**Note** - As you read this material focus on what you and others at your agency can do to promote a sense of welcome and cultural safety.

### TAKING ACCOUNT OF THE PERSON'S ETHNICITY AND CULTURAL IDENTITY

- There are various ways to make sense of a person's CALD background (such as country of birth and/or preferred language spoken). It is important to recognise the heterogeneity within CALD communities and avoid assumptions based on such indicators. Enquire about how the person defines for themselves their ethnicity and cultural identity
- Ask your client how they would like to be addressed, including their name, how it is pronounced and word order

### MIGRATION EXPERIENCE

- Take note of their migration experience, including year of arrival, reasons for migrating and who they migrated with
- Proceed with care, especially for clients who arrived as asylum seekers/refugees. Steer away from undue disclosures of past trauma

### ENGAGEMENT: BUILDING RAPPORT AND TRUST

- Building trust and rapport is especially important when working with people from CALD backgrounds, given the shame and stigma associated with AOD use and often what is a reluctance to come forward due to concerns about being identified in the community

- Explain and emphasise client-worker confidentiality, client consent, choice and control
- Be mindful of gender considerations, including where necessary gender matching, eye contact and appropriate physical contact
- Ensure that you seek client consent to exchange information with bi-cultural workers, community representatives and/or family members
- Wherever possible, offer a flexible and tailored response where Intake and Assessment can occur together in a face-to-face setting. If possible, offer to undertake the Intake and Assessment off-site at a location of their choice
- If Intake must occur over the phone, explain the process clearly and inform your client about the types of questions you will be asking and why it is important to gather such information
- If the client is ineligible for treatment explain the reason/s and take the time to explore alternatives

### PREFERRED LANGUAGE AND HEALTH LITERACY

- For many people from CALD backgrounds concepts such as counselling or harm reduction are entirely unfamiliar. It's therefore important you avoid jargon and attempt to explain AOD terms and concepts in a clear and concise manner
- For clients with low English proficiency engage a professional interpreter. This can be done via the Victorian Interpreting Translation Service. Information on how to make a booking can be found on your organisation's secure My Agency site
- Be aware that a telephone interpreter may be preferred for confidentiality reasons – especially if your client is from a small community or language group. In this situation you may wish to seek out an interpreter located elsewhere in the state
- If using an interpreter speak in short intervals and allow time for the interpreter to interpret what has been said
- Regularly check in with your client as to their understanding of what has been discussed. Consider using the 'teach-back' technique. For more information on this technique refer to CALD Prompt Cards. Available from VAADA at [www.vaada.org.au](http://www.vaada.org.au)

<sup>1</sup> Including the Afghan Hazara, African, Arabic speaking Muslim, Pacific Islander and Maori and Vietnamese communities

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### BELIEFS AND UNDERSTANDING OF AOD USE, DEPENDENCE AND TREATMENT

- Remember we all bring our own 'cultural lens' based on our own cultural background, beliefs and experiences. How does your cultural background inform your views as a worker?
- Focus on providing holistic and person centred care by responding to the whole person, not just their AOD use. This will help you avoid generalisations about culture and concentrate on the person's individual life experience
- In many CALD communities there is a popularly held view that abstinence is the only viable option. It is therefore important to explain what harm reduction is and why relapse prevention approaches are so important to ongoing behaviour change
- Consider and enquire about how different drugs and methods of administration may be viewed within and across your client's community

### FAMILY AND OTHER SUPPORT NETWORKS

- Enquire about your client's family and other support networks – understand that in many CALD communities there is a divide between those people whose views on AOD contradict traditional cultural values and norms, resulting in many people feeling torn between two cultures as they keep things hidden from their family, elders and others in the community
- Consider that in many CALD communities the rights of the individual may be overridden by a sense of duty and obligation to their family and community as a whole. Workers may need to manage family expectations on information sharing and treatment planning

### RELIGIOUS BELIEFS, OTHER CULTURAL PRACTICES AND TREATMENT PLANNING

- In some CALD communities religious beliefs and other cultural practices are of paramount importance. As you work through the various treatment options encourage your client to consider what is the 'best fit' for them taking into consideration the agency's capacity to cater for the client's specific needs

### REFERRALS TO OTHER SERVICES FOLLOWING AOD ASSESSMENT

- Consider where you might be referring your client after AOD assessment. When making referrals, explain clearly to your client what information will be shared and for what purpose
- Provide a comprehensive handover to the individual or agency receiving the referral paying special attention to cultural considerations raised during treatment planning
- You may also like to refer to other tip sheets in VAADA's Cultural Cues series for residential withdrawal and AOD counselling

### FURTHER READINGS

Australian Drug Foundation (ADF) – factsheet series on working with CALD communities from an AOD perspective. Available from: [www.druginfo.adf.org.au](http://www.druginfo.adf.org.au)

Centre for Culture, Ethnicity and Health (CEH) – information sheets on enhancing health literacy, culturally appropriate health assessment and providing language service support. Available from: [www.ceh.org.au](http://www.ceh.org.au)

Centre for Multicultural Youth (CMY) – factsheets and other information on working with CALD youth. Available from: [www.cmy.net.au](http://www.cmy.net.au)

Drug and Alcohol Multicultural Education Centre (DAMEC) – resources on culturally appropriate AOD treatment and responding to access issues for CALD communities. Available from: [www.damec.org.au](http://www.damec.org.au)

Victorian Refugee Health Network – 2012 desktop guide on caring for refugee patients in general practice. Available from: [www.refugeehealthnetwork.org.au](http://www.refugeehealthnetwork.org.au)