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Conducting Culturally Competent Evaluations of Child Welfare Programs and Practices

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As the population of the United States has changed over the last two decades, so has the population of children who come to the attention of the child welfare system, resulting in increasing calls for cultural competence in all aspects of child welfare programming and practice. Given the changing demographics among children involved in the child welfare system and the increasing need to address the racial and ethnic disparities observed in this system, the need for culturally competent approaches to evaluate the outcomes of services for children and families is essential. This article discusses the challenges in conducting culturally competent evaluations and provides strategies to address those challenges within a child welfare context.

Within the United States, the number of children with at least one immigrant parent has more than doubled since 1990, from 8 million to 16.4 million in 2007 (Fortuny, Capps, Simms, & Chaudry, 2009). Children of immigrants account for almost the entire growth in the population of children between 1990 and 2008, and now represent nearly one-quarter (23%) of all children living in the United States, of which more than half (56%) are Latino (Urban Institute, 2010). Children in immigrant families face numerous challenges that may impact their health and well-being, including poverty, linguistic isolation, and lack of access to health care (Pine & Drachman, 2005; Segal & Mayadas, 2005), as well as additional stressors resulting from their families' experiences with immigration and acculturation (Finno, Vidal de Haymes, & Mindell, 2006; Hancock, 2005).

As the population of the United States has changed over the last two decades, so has the population of children who come to the attention of the child welfare system, resulting in increasing calls for cultural competence in all aspects of child welfare programming and practice. Since 1990, the population of Latino children in foster care has more than doubled from 8% to 20% in 2008 (U.S. Department of Health and Human Services, 1998, 2009). Further, data from the National Survey of Child and Adolescent Well-Being (NSCAW) indicate that nearly 9% of all children who come to the attention of the child welfare system are living with at least one immigrant parent (Dettlaff & Earner, 2010). And while the population of African American children involved in child welfare has slightly decreased since the 1990s, the persisting overrepresentation of African American children in foster care has led to significant efforts to develop policies and programs to address this issue. Given the changing demographics among children involved in the child welfare system and the increasing need to address the racial and ethnic disparities observed, the need for culturally competent approaches to evaluate the outcomes of services for children and families is essential.

The Role of Cultural Competence in Evaluation

Historically, program evaluation activities in the United States have been designed and conducted from the perspective of the dominant

culture, with a pervasive white standard often used to measure, assess, and evaluate nonwhite populations (Sayre, 2002). However, over the past several decades, there has been increasing awareness that the specific social, cultural, and historical contexts of program participants need to be embedded within program development, implementation, and outcomes. As a result, it is important to use evaluation models that address those contexts and are meaningful and relevant to the population being served. Evaluations that impose ideas from the majority culture can be limited by a number of factors—conceptual mismatches, language barriers, differing values, or differences in the meaning and manifestation of emotions—each of which can lead to poor or limited data, resulting in ineffective evaluations (Sayre, 2002).

Given the changing demographics of the child welfare population, particularly in states experiencing growing refugee and immigrant populations, it is important that evaluation activities are culturally competent to ensure that outcomes of safety, permanency, and well-being are accurately measured. Within the child welfare system, the development of programs and practices has primarily focused on U.S.-born populations and prior discussions on cultural aspects have focused on U.S.-born ethnic groups (e.g., African American, Asian American). Similarly, the 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 (Dettlaff & Lincroft, 2010). Yet, given the rapid growth of the immigrant population in the United States, it is important to understand the complexity of issues faced by immigrant children and families and to consider those issues when planning for services and evaluating outcomes.

Thus, effective evaluation of programs designed for diverse cultures requires not only program evaluation competence, but also cultural competence. Program evaluators need to understand how a group of individuals perceive an intervention, communicate their views and experiences, and respond to knowledge gained from the intervention (Lee, 2007). Further, evaluators working with diverse cultures need to understand a number of different variables within those cultures, including differences resulting from country of origin, level of acculturation, and socioeconomic status. For example, although Latinos

share a colonial past, language base, and similarity of some values, they are a highly diverse group, representing more than 20 countries of origin with different economic and educational backgrounds, political concerns, employment opportunities, immigration histories, and patterns of entrance into the United States (Rumbaut, 1995). This understanding of culture is necessary for evaluators to gather appropriate data, make accurate conclusions, and ensure that evaluation findings are used appropriately.

Yet, the notion of cultural competence is sometimes misinterpreted to imply that an individual must know everything there is to know about a particular culture to be culturally competent. This interpretation of cultural competence may not be practical, as it is not possible to be perfectly competent in every culture for which one might be involved in an evaluation. Rather, evaluators need to have skills working cross-culturally that allow them to have an open mind, avoid making assumptions, and gather the appropriate data to draw conclusions. Evaluators need to invest time learning about the history and culture of the target population to understand what questions need to be asked, what methods are culturally appropriate, and what data best reflect a program's outcomes. This will involve significant input from and collaboration with community-based stakeholders with expertise in the social, cultural, and historical contexts in which the program is based.

Thus, evaluation is involved in all aspects of program design, rather than solely an afterthought conducted following program development. This is of particular importance in child welfare, as consideration of the influence of culture in program design is critical in addressing issues of maltreatment. Research indicates that both childrearing practices and ideologies are influenced by and vary across cultures (Jambunathan, Burts, & Pierce, 2000; Roer-Strier, 2001). For example, the lack of understanding of the influence of culture has been cited as the primary barrier to adequate assessment and effective intervention in cases of child maltreatment among immigrant families (Shor, 1999). If an understanding of culture is not involved in the development of programs that serve diverse children and families, programs may not meet their needs and intended outcomes may

not be met. Thus, conducting a culturally competent evaluation of a culturally incompetent program will have little to no value.

Yet, despite the growing body of literature that addresses the knowledge and skills necessary to conduct culturally competent evaluations, the application of this literature to child welfare programs is limited. This article will address this gap, by discussing the challenges in conducting culturally competent evaluations and providing strategies to address those challenges within a child welfare context. Challenges include language barriers, cross-cultural conceptual equivalency, time orientation, cross-cultural exchange, and measurement issues, each of which can affect reliability and validity of evaluation designs. Following this, guidelines will be provided for creating evaluation instruments and adapting existing instruments to ensure cultural and linguistic competence. Finally, the paper will address specific challenges facing child welfare systems and strategies to address these challenges.

Conceptual Framework

Definitions of Cultural Competence

Cultural competence is the knowledge of, attitudes toward, values understood, and skills used in working with ethnic minority clients, services, and organizations (Fong, 2004; Fong & Furuto, 2001; Fong, McRoy, & Hendricks, 2006). According to Lum (2010), a framework for cultural competence focuses on three areas: cultural awareness, knowledge acquisition, and skill development. Cultural awareness is the “cultural self-awareness of the worker and the cultural other awareness of the client” (p. 125). Culturally competent evaluation involves an intersectionality framework (Guadalupe & Lum, 2005; Hendricks & Fong, 2006) that takes into account the variables of gender, race and ethnicity, sexual orientation, age, religion, education, social class, culture, family background, migration experiences, and legal statuses. Becoming a culturally competent evaluator involves different aspects of knowledge, attitudes, and skill development that vary along a continuum. Butterfoss and Francisco (2002) proposed a “cultural sophistication framework,” which provides a continuum of

characteristics that describe evaluators who are “culturally incompetent,” “culturally sensitive,” and “culturally competent.” The culturally competent evaluator is knowledgeable, committed to change, highly skilled, and constructive.

Evaluation Competence

There are different kinds of evaluation (e.g., formative, process, outcome, summative) and varying aspects within a kind of evaluation (needs assessment, efficacy analysis, impact assessment, etc.). According to Cheung and Leung (2008), when the focus is on micro-practice there are components that become particularly important: (1) in needs assessment, the emphasis is on intake and case assessment; (2) in formative evaluation, the emphasis is on formulation of goals and objectives; (3) in efficiency analysis, the emphasis is on selecting treatment; (4) in process evaluation, the emphasis is on monitoring progress; (5) in outcome evaluation, the emphasis is on evaluating treatment success; (6) in summative evaluation, the emphasis is on comparing treatment outcomes; and (7) in impact assessment, the emphasis is on the net effects of the treatment.

Cheung and Leung (2008) have developed an overall conceptual framework to practice evaluation, beginning from the problem statement and intake and case assessment to outcome study and net effects of treatment. Beginning with the problem statement, culturally competent practices need to be used to understand the problem from the client’s perspective, especially if the client comes from a culture different from mainstream America. Treatment goals and objectives have to be compatible with the cultural values of the ethnic client. When services are being considered in how to approach and resolve a problem, those services need to be selected in a way in which the client sees the value of the services and has a place in their worldview to understand and accept them. Services may be offered to clients that are culturally competent in respect to religious practices, cultural traditions, language preference, or gender or sexual orientation. Treatments need to include interventions that reflect biculturalization of interventions (Fong, Boyd, & Browne, 1999), a

process whereby the ethnic cultural values of a client or family need to be compatible with the western intervention selected to address the problem. Indigenous interventions also need to be included so there is not a mono- but biculturalization of interventions, reflecting culturally competent practices.

It is in all of these subcomponents or stages of evaluation that cultural competency needs to be heeded. The language spoken by the evaluator or written in evaluation instruments is critical to determining effectiveness of treatment. The sameness in the meaning of ideas or concepts to ensure equivalency is important for congruency and accuracy in interpretation and information dissemination. Evaluation questions need to be asked to understand the backgrounds and cultural contexts of the programs, as programs are grounded in the contexts of their agencies, ethnic communities, and sociocultural environments. The measurements used to indicate the essence of clients' lives, values, and problems are to be well selected to convey the critical importance of meaningful and accurate data.

Issues in Program and Practice Evaluation

Fundamentally, the purpose of program evaluation is to understand and improve social programs so that they are more responsive to the needs of participants (Chouinard & Cousins, 2009). Program evaluation collects and analyzes information about outcomes of programs to improve effectiveness, to allow policymaking and program expansion, and to clarify direction and reduce uncertainties. 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 version without necessary adaptations (Rogler, 1999). Thus, considerable attention to issues including language, conceptual equivalence, time orientation, cross-cultural exchange, and measurement is required to ensure that cultural equivalence is achieved.

Language

Language is a part of culture and needs to be considered in every aspect of program development, implementation, and evaluation. At the most fundamental level, program evaluators need to communicate with members of the community for whom a program is developed to design and implement an evaluation. Professional translation services are essential from the earliest stages of program development when working with non-native English speaking populations. But beyond this, attaining cultural equivalence will often require translating evaluation tools into languages other than English. While professional translation services are essential to this process, merely translating instruments does not ensure equivalence.

Conceptual Equivalence

Conceptual equivalence refers to the extent to which a word or construct has the same meaning across cultures and languages. When working cross-culturally, evaluators need 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. For example, Clayson, Castañeda, Sanchez, and Brindis (2002) discuss the different interpretations of concepts such as trust, civic engagement, and self-sufficiency among Latinos depending on their citizenship and generation status in the United States. They conclude concisely, "Translation without contextualization can lead to miscommunication" (p. 39).

Time Orientation

Time orientation in evaluation is typically associated with pre- and post-results of an intervention in a predetermined, fixed time. But when a biculturalization of intervention model is used and both Western and indigenous interventions are chosen for treatment, the linearity of the intervention processes needs to be carefully monitored and examined (Fong & Furuto, 2001). As Cheung and Leung (2008) warn, "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” (p. 71). Thus, process evaluation and outcome evaluation may both be warranted to capture these differences. For example, when folk healing is used with Western medicine, the time orientation would be focused around the processes involved in the healing and the outcomes. The use of shamans or herbal medicines or acupuncture would be evaluated along with the Western medications. The standardized process and outcome evaluations would include qualitative data grounded in and explained by the cultural contexts of the indigenous interventions.

Cross-Cultural Exchange

Culturally competent evaluation involves evaluating the client whether it is an individual, family, agency program, or organization in a manner that respectfully takes into account the ethnic culture and social environment during the evaluation experience. Data collection and interpretation, explanation of results, and reporting and distribution of findings all require a cultural lens to exemplify understanding and acceptance of the findings. As Cheung and Leung (2008) state,

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. (p. 71)

Measurement

Issues of language and conceptual equivalence are of particular importance when designing or adapting instruments for use in cross-cultural evaluations. A number of studies (e.g., Alkon, Tschann, Ruane, Wolff, & Hittner, 2001; Clayson et al., 2002; Coppens, Page, & Thou, 2006) have documented the importance of ensuring that

instruments are validated with the specific population being studied, since standardized instruments, even when translated, may not have the conceptual equivalence required to interpret data accurately for the specific ethnic group. Inadequate translation or adaptation of research instruments can result in lower reliability of the translated instrument as compared to that of the original, resulting in inappropriate 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 (e.g., Bevan-Brown, 2001; Letiecq & Bailey, 2004). Others, however, have discussed the challenges associated with the use of standardized instruments and have advocated for the use of original instruments that are developed in collaboration with community members to ensure cultural equivalency (Clayson et al., 2002; Coppens et al., 2006; Lafrance, 2004; Small, Tiwari, & Huser, 2006).

Creating Evaluation Tools

Several authors have discussed the challenges of using standardized instruments in cross-cultural evaluations, even when efforts are made to achieve cultural equivalency, as challenges to reliability and validity remain (Clayson et al., 2002; Coppens et al., 2006, Small et al., 2006). 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 community. Thus, 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. Although the development of culturally competent evaluation tools remains understudied in the literature (Chouinard & Cousins, 2009), several important concepts have emerged.

One of the most important aspects of creating an evaluation instrument is ensuring both linguistic and conceptual equivalency. As a first step in facilitating these elements, culturally competent evaluators should identify and work with a cultural translator that assists

in learning and understanding the nuances of the culture of the program community (Endo, Joh, & Yu, 2003). A cultural translator has an expertise in the culture of the group being served because of his/her own experiences as a member of that culture and assists in “translating” the language, concepts, and behaviors that need to be understood to develop a culturally equivalent instrument. Ideally, a cultural translator will come from the particular community being served to facilitate an understanding of the local context of the program; however, a member of the cultural group who is not from the program community can be used as a cultural translator if a particular area of expertise warrants this.

Beyond the involvement of a cultural translator, culturally competent evaluators should engage in considerable dialogue with members of the cultural group being served. Discussion or focus groups with community members should be part of the overall plan for engagement and collaboration, but particular groups should focus on the substantive issues related to instrument development. These groups can explore the meanings of words and concepts both in English and in the group’s native language to facilitate item and question development (Smith, 2002). Issues concerning appropriate response categories should also be addressed, as literature indicates that Likert-type scales may not be appropriate for use with some cultures (Flaskerud, 1988; Pinzon-Perez, Moua, & Perez, 2005).

Once a draft instrument is developed, this should be pilot tested with members of the program community, followed by opportunities for those individuals to provide feedback on individual items and the instrument as a whole. This not only allows for additional refinement of the instrument, but also engages the community in the design of the evaluation and instrumentation.

Adapting Evaluation Tools

Although the development of culturally grounded instruments is recommended in most literature on cross-cultural evaluation (Chouinard & Cousins, 2009), it is often necessary to use existing standardized instruments when assessing program outcomes. This

may be particularly true in a child welfare context as constructs of safety, permanency, and well-being, although defined from a nationalistic perspective, are required to meet not only federal guidelines, but also most state laws addressing the welfare of children. The use of existing evaluation instruments may also be required when working with external funders. When the use of these instruments is required, significant efforts need to be made to ensure that these evaluation instruments are adapted to ensure cultural equivalency.

Models for translation of research instruments have been developed over the years, most notably by Brislin (1970, 1986). These models recommend a series of translations and back-translations of the original research instrument that continues until the original and back-translated versions demonstrate accordance in meaning. However, research in cross-cultural evaluation has demonstrated that translation and back-translation methods are often not sufficient for ensuring cultural equivalency of an instrument as they do not capture the cultural differences in meaning and interpretation that can lead to erroneous conclusions (Hilton & Skrutkowski, 2002; Jones, Lee, Phillips, Zhang, & Jaceldo, 2001; Rogler, 1999). Yet, when resources allow only for this model, 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 (Erkut, Alarcon, Coll, Tropp, & Vazquez, 1999; Jones & Kay, 1992). The first translator independently creates a translated version, and a second translator translates that version back to the original language. Both of the translators work together to identify words and phrases that reflect different connotations or are awkward when translated back to the original language. Once these issues are identified, adjustments are made. If the original and back-translated versions are identical, some confidence can be held that the translated version is equivalent in meaning.

However, even through these efforts, differences in cultural equivalence may exist. The Human Services Research Institute (HSRI) has developed a model of translation and adaptation that goes beyond translation and back-translation that considers the sociocultural

context of a given phenomenon to facilitate cross-cultural equivalence (Chavez & Canino, 2005). Although more rigorous, this model combines the techniques of translation and back-translation with the techniques of creating new instruments to achieve the highest level of confidence in cultural equivalency when the use of existing instruments is required. The steps in this model include (1) translation of the original instrument by a professional translator, (2) review of the translation by a bilingual committee consisting of experienced researchers familiar with field under study, (3) subsequent review by a multinational or culturally diverse bilingual committee to ensure equivalence across subgroups within an ethnic minority, (4) focus group discussions of the translated instrument with a sample from the target client population, (5) review of focus group findings by the bilingual committee and incorporation of recommended changes, (6) back-translation of the instrument by an independent professional translator, (7) review of the back-translation by the bilingual committee comparing the translated version to the original, (8) tests of reliability and validity of the adapted instrument, (9) fine-tuning according to results of those tests, and (10) adoption of the final adapted version.

As in all aspects of evaluation and program planning, the methods that are used to adapt or create research instruments have to be considered in the context of the available time and resources that can be devoted to these tasks. However, when the most rigorous and evidence-based models are not used, it is essential that the limitations of the chosen methods are explicitly stated and that decisions based upon evaluation findings are made within the context of those limitations.

Challenges for Child Welfare Systems

Throughout the evaluation literature, themes to ensure cultural competency in evaluation include (1) the use of cultural guides/cultural translators to learn about the population and to build trust within the community, (2) community collaboration in program planning and implementation, (3) community buy-in and participation

in defining the goals and outcomes to be measured, (4) ensuring linguistic and conceptual equivalency in constructs and measurement instruments, (5) fostering collaboration and agreement across stakeholder groups, including the community, agency partners, and external funders, and (6) providing timely and regular feedback disseminated through culturally appropriate methods (Chavez & Canino, 2005; Chouinard & Cousins, 2009; Huang, 2000; Lee, 2007; Sayre, 2002; Symonette, 2004).

Yet, challenges exist to the development of culturally competent evaluations in child welfare due to the multitude of federal and state laws that govern this system. At the federal level, child welfare systems are governed by the principles of safety, permanency, and well-being, while at the state or county level, statutory definitions of maltreatment define what is considered abuse and neglect of children. Additional agency policies define what characteristics constitute risk, which indicate the need for child welfare intervention. The definitions of these constructs guide the development of most child welfare programming and the outcomes to be assessed. These laws and definitions are primarily based on a nationalistic, Western perspective, with the achievement of positive outcomes guided by predominant U.S. values and norms of child and family well-being. These norms may conflict with the cultural values and traditions of many non-U.S.-born populations, particularly as they concern parenting styles, expectations, and discipline (Earner, 2007; Fontes, 2002; Mendez, 2006). Even among U.S.-born populations, there may be cultural differences between minority groups and the policies of child welfare systems in issues such as appropriate parenting and child discipline (Dettlaff & Rycraft, 2008; Dodge, McLoyd, & Lansford, 2005).

Given the mandate of child welfare systems, these policies and the conceptualization of constructs concerning abuse and neglect are, for the most part, not negotiable with the populations served by child welfare systems. However, this does not suggest that community buy-in, collaboration, and participation are not essential when planning for and conducting a culturally competent evaluation. Rather, increased efforts to facilitate community collaboration and participation need to occur to ensure cultural competence in both program-

ming and evaluation of outcomes. 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 United States (Fong & Berger, 2010). And 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.

Beyond this, an additional barrier results from the perception of child welfare agencies within many communities, particularly minority communities. Within many communities, the local child welfare agency is viewed negatively as solely an agency that removes children and separates families, rather than one that provides support and helpful resources (Dettlaff & Rycraft, 2008). Further, when working with immigrant populations, child welfare systems must overcome concerns that immigrants may have regarding their immigration status and fears that child welfare agencies will report those who are undocumented. Thus, for culturally competent programs to be implemented and evaluated, child welfare systems must address their negative perception within communities before meaningful collaboration can occur.

As stated previously, culturally competent evaluation begins at the point of program development. The development of a culturally competent intervention that leads to meaningful outcomes requires buy-in, collaboration, and participation from those in the community being served. To facilitate this, child welfare agencies need to develop a strategic plan for community engagement through a coalition of child welfare administrators, community service providers, community leaders, and other stakeholders including community members and families. This will require substantive changes within child welfare agencies and in how they approach service delivery. Meetings and forums should be held with community groups, churches, schools, and other community stakeholders on a consistent basis. Agency administrators should establish connections with

community agencies to develop collaborative partnerships that work toward the common goal of protecting children and families. Community members should have advisory roles on committees and other oversight efforts. Additional strategies include the establishment of satellite offices within communities and the development of community-based family service centers that emphasize community support and prevention. While these activities are not directly related to culturally competent evaluation, efforts such as these are essential for creating a system that is able to facilitate meaningful engagement and participation from the communities whom it serves. Until meaningful community engagement and participation is possible, culturally competent program development and evaluation cannot occur.

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